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**ИНОСТРАННЫЙ ЯЗЫК
(АНГЛИЙСКИЙ):**

**MATERIALS FOR
SOCIAL WORK STUDENTS**



МИНИСТЕРСТВО НАУКИ И ВЫСШЕГО ОБРАЗОВАНИЯ
РОССИЙСКОЙ ФЕДЕРАЦИИ

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«ПЕРМСКИЙ ГОСУДАРСТВЕННЫЙ
НАЦИОНАЛЬНЫЙ ИССЛЕДОВАТЕЛЬСКИЙ УНИВЕРСИТЕТ»

Е. А. Гриценко, С. В. Полякова, Томас Уолз

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MATERIALS FOR SOCIAL WORK STUDENTS

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This book is an intermediate to upper-intermediate course intended for social work students who study English, but can be easily adapted for pre-intermediate students as well. It is based on the interviews by American social work practitioners from the state of Iowa. It presents an authentic source of information covering various aspects of social work in the USA, thus contributing to raising students' awareness and understanding of cross-cultural differences.

The textbook is suitable for both self-study and classroom use.

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Издается по решению ученого совета

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Уолз Томас, 2021

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***Dedicated to Peggy Stokes, a former medical social worker,
who provided needed assistance in the preparation of the book***

Peggy Stokes was employed for 24 years at the University of Iowa Hospitals and Clinics as a medical social worker before her untimely death. She had worked at the Center for Disabilities and Development with children and their families. Peggy on two occasions was a visiting professional at the Social Work Department in Perm.

The Perm State University Social Work Department and the University of Iowa School of Social Work had an exchange program at the end of the 90-s and the beginning of the 20-s initiated by professor Thomas Walz. In 2016 the schools won a grant in the framework of the Russian-American University Partnership, Eurasia Fund, to do a research on the topic "SW Students' Field Experience in the Framework of Competence Approach"

This book is presents an authentic source of information covering various aspects of social work in the USA, thus contributing to raising students' awareness and understanding of cross-cultural differences.

The aims of the course are:

- to familiarize the students with some of the activities of social workers in the US.
- to expand learners' general and social work English vocabulary.
- to improve their ability to read and understand social work texts.
- to strengthen their speaking skills for professional and everyday purposes.
- to improve their ability to express the main ideas of a text in writing.
- to improve their listening comprehension skills.

These aims are achieved through different kinds of exercises and tasks specially devised for this course. The "Discussion" rubric offers students questions for discussing social work problems in Russia which gives them an opportunity to compare the two social work systems. Each unit includes a "Language Focus" section for practicing vocabulary and grammar use. There is a tape scripts and answer keys section.

The appendix at the end of the book includes the history of the unique project that was launched at the University of Iowa School of Social Work called "Bill's Coffeeshop" and some information about the social work with elderly people in Great Britain. The information is given in Russian but the questions after the text are presented in English. This kind of activity is a common type of exercise which is directed towards improving speech habits in English.

Acknowledgements

We would like to thank all the interviewees who kindly agreed to share their experience and expertise:

Linda Severson – Coordinator and Planner, Department of Human Services Iowa City, Iowa

Mike Townsend – Director of Goodwill Industries of Southeast Iowa, Iowa City, Iowa

John Stokes – Support Services Manager for Goodwill of the Heartland, Iowa City, Iowa

Cathy Lamb – Family Counselor, Families Inc., West Branch, Iowa

Mike Bandstra – Attorney at Law, Priave Practice, Des Moines, Iowa.

Sonny Vierling – Public Health Worker, Well Child Clinic, Des Moines, Iowa

Kathleen Ruyle – Private Social Work Practice, Iowa City, Iowa

Peggy Stokes – Medical Social Worker, University of Iowa Hospitals, Iowa City, Iowa

Cathy Lowenberg – Hospital Social Worker, University of Iowa Hospitals, Iowa City, Iowa

Patricia Kelly – Professor Emeritus, the University of Iowa School of Social Work, Iowa City, Iowa

Sharon Bandstra – Family Therapist, Catholic Social Service, Des Moines, Iowa

Mary Kay – Family Counselor, Families Inc., West Branch, Iowa

Miriam Landsman – Director of National Resource Center for Family Centered Practice, Iowa City, Iowa

Lisa D'Aunno – Child Welfare Trainer, National Resource Center for Family Centered Practice, Iowa City, Iowa City, Iowa

Tom Walz – Professor Emeritus, University of Iowa and Director, Extend the Dream Foundation, Iowa City, Iowa

Carol Bates – Manager, Elder Care Services , Iowa City, Iowa

Bruce Teague – Administrator, Caring Hands and More, Iowa City, Iowa.

James Hunter – Executive Director, Legacy Pointe Assisted Living, Iowa City, Iowa

Michael Newman, Program Specialist, Senior Center, Iowa City, Iowa

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Unit 1
SOCIAL SERVICES

**An Interview with Linda Severson – Human Services Director,
Iowa City**

This interview provides some information about Linda Severson’s work as a Human Services Coordinator.

Pre-reading

Check the meaning of the following words in your dictionary or with your teacher.

capacity	to mandate	utilities	to occur
to charge (legal)	law enforcement		to handle
a benefit	to facilitate	to redress	transition

Study the following word combinations. They will help you understand the text better.

A free lunch program, a financial payment arrangement, the Federal Social Security program, a social service type problem, local social service agencies, funding process, Home Fund housing program, low income housing development, a food rescue program.

While-reading

1. *Read the text quickly (scanning) and choose the most suitable heading (A-E) for each passage (1-5).*

- A. Grant Programs
- B. Financial Provision of Agencies
- C. Food Programs
- D. Family Violence Prevention
- E. Social Service programs

2. *Jigsaw reading.*

Step 1. Pair work. *Your teacher will tell you what paragraph to read. Read your passage carefully, use a dictionary if necessary. Focus on the following questions:*

- 1. What services and programs are described in your text?
- 2. What agencies does the department work with?
- 3. What are their sources of funding?

4. What services and programs do you find most interesting and useful?

Step 2. Group work. *Now get together and share the information you have learned in your passage with the rest of the group.*

Part 1

The agency I work for is called the Johnson County Council of Governments. We are a planning agency. Most of our staff, six of us, work on transportation and social services. By transportation we include transportation planning for cars, buses, pedestrians, people who walk, and bicyclists, in effect all forms of transportation. In my position I am a Human Services Coordinator. A major part of my job is connecting people in need with resources.

In this capacity, I work with a variety of agencies and answer questions from the general public. For example, someone may call and say, "I have this need", and hopefully we can connect them with the appropriate services.

I also work with elected officials. In Iowa we have both City Government and County Government who both fund Human Services. In Iowa, the counties, of which we have ninety nine, are mandated to provide Human Services, largely to poor people. The cities are not mandated to provide services, but they on occasion provide some funding to non-profit agencies. For FY (financial year) the funding period begins July 1st. The City's (Iowa City) social service budget amounts to \$425,000 dollars. We provide some funding to approximately fourteen agencies and the amounts vary from about seven thousand dollars a year to about sixty-two thousand dollars a year. To receive funding, the agencies fill out a form that indicates information about the agency: who is on their board of directors, what are their finances, etc. The form amounts to a 12- 14 page application, giving us information about the agency, and how they will be spending the City and County money. Sometimes the funding is used as a match, whereby some other source of funding matches what the City gives. We have some grants from private foundations or the government. For instance, the Free Medical Clinic, which has doctors and nurses, and dentists who volunteer their time, and they can get medications from pharmacy companies, but they may not have funds for some basic expenses like utilities. We can help them fund this type of operational expense. The Free Medical Clinic uses the local United Way (1) (a fund established from contributions of individuals and

businesses for social welfare assistance) to help cover some of their expenses for which they have no other source of funds.

Notes

(1) United Way: The national federation of local organizations established to systemize and coordinate voluntary fundraising efforts. The money raised through the United Way is used to fund social agencies, nonprofit human service organizations, and some health, education, and recreation programs in local communities. The organization was established in 1918.

Part 2

As you can see, we work with a variety of agencies. I am involved in the number of groups or coalitions in which people come together around the common interests. Two examples: one, is the local groups who serve the homeless – service providers, churches and individual volunteers. Second, is the domestic violence shelter. Both shelters are available to anyone who meets some simple criteria, can't pay for a place to stay or in the latter instance are in danger of domestic violence. Deeply involved in providing shelter is our County Housing Authority. They offer rental assistance to poor people.

There is a free lunch program that operates out of a local church daily for those with no money to buy food. In my coordinating role groups come together around the issue of homelessness or hunger and we plan how we can meet their needs in the most effective way and how, perhaps, we can prevent these needs from occurring.

The latter example, the Johnson county Coalition Against Domestic Violence is a group of people with the common interest of preventing domestic violence and educating people about domestic violence. Included in this coalition are the people who operate the domestic violence shelter. In this latter group, we have the University of Iowa Hospitals and Clinics represented, because a lot of times people suffer injuries from domestic violence. Another group involved in the coalition are representatives from law enforcement. In Iowa City we have a police officer dedicated to domestic violence. He comes to the meetings. Likewise, we have someone from the County Attorney's office. They are prosecutors. If someone is charged with a crime, the County Attorney's office pursues that charge in court. Others include representatives from group trying to educate people about what domestic violence is, where to find resources and how to train those involved about handling domestic violence.

Yearly we have an award recognition given to an individual or a group who's helped with the issues of domestic violence. Among the awardees have been a former county attorney and an electrician whose company provided free electrical services to the domestic violence shelter. Another thing that we do through the Coalition is to provide a training course called Domestic Violence 101, an introductory course that takes about half a day, open to anyone who works with individuals or families where there might be domestic violence. We try to educate the human services staff that go into the homes and work with families so they might better identify when domestic violence is occurring or may occur. In effect the Coalition helps other human service agencies understand what domestic violence is, the different levels at which it occurs and the best ways to deal with it. They need to be particularly sensitive to children caught up in domestic violent homes or where the child is the target of violence. This is not to minimize the need to educate the broader community about domestic violence.

Part 3

There are so many different social service type programs. It is difficult to explain them all. The Department of Human Services offers benefits such as food stamps and a family investment program, the latter of which is a financial payment arrangement for poor families with children in the home. Then there are the various health care options such as **Medicaid** (health care for poor people) and **Medicare** (health care for the elderly and disabled.), The Federal Social Security program provides insurance payments to all persons over 65 and a special income supplement to individuals who are poor and disabled. As you can see, some programs are initiated at the local level, some at the state level and some even at the Federal level. It is a very complicated program of services and supports which probably explains why communities need someone like myself to coordinate the flow of information and facilitate the understanding of how the social service system operates.

In my position I work with elected officials, the City Council and County Board of Supervisors. Many times citizens will ask them for information about a social service type problem. If they don't know the answer, they would contact me. I also update the Council on different social service issues. In my discussion with City Council members, I will talk about gaps in services, recommending things that need to be done to redress the problem.

Part 4

Our Division is also involved in some grant programs in which Federal funds are made available to local communities to help fund low income housing and to assist local social service agencies to make a competitive application for support. A citizens' volunteer committee will review their requests and make recommendations about which agencies should be funded and in what amounts. In my job as coordinator of Human Services I help move this process along.

An example of this funding process and program is a request from a local Mennonite Church (2) which provides space for a child care program in their church. The program is called **Home Ties** and is a time limited child care service for up to ninety days for families who are in transition. The staff at Home Ties helps the families find other child care if they are still in need of child care after the ninety days. The Mennonite Church needs to add on space to provide this community service, but lacks the funds to do so. The grant program just mentioned is a source of funding they may successfully compete for to achieve the goal of adding on room (space) at the Church for more child care.

The same Federal grant program includes what is called **Home Funds**. These are funds that may be granted to both non-profit or for profit agencies to develop and administer low income housing. The housing units may be individual homes or apartments. There are also funds available to rehabilitate existing housing to make them safer and more rentable. Along with these grants, there are also loans that can be made available through this Home Fund housing program. The latter are usually low interest loans repayable over a long period, a sort of guarantee to the banks that the City will back any loan made to an individual or a housing developer. Low income housing development remains a constant need in our community.

Notes

(2) *Mennonite church*: a protestant sect that don't believe in the use of electricity or modern conveniences. For example they use horse and buggies instead of automobiles.

Part 5

Food access programs are critical in our community where food prices are exceptionally high. One such food program is called **Local Foods**. It's a program run by a part-time coordinator who links families with local farmers selling their products in a local farmers market. These poor families will receive some commodities free, usually fresh vegetables

from the producer. Frequently these urban families will be invited to visit the farms and see how the vegetables are grown.

Among the food programs in our community is **Table-to-Table**. This program is called a food rescue program where they get damaged or dated food items from local grocery stores and bakeries and recycle these food items to organizations who are feeding low-income persons. The program has only several paid staff, the rest of the people who work in the program are volunteers from the community. In the past ten years, Table to Table has collected 5 million pounds of food that otherwise would have been thrown out.

The Crisis Center, which I mentioned earlier, also has a food bank where food is available to low-income or food needy families. The food items at the Crisis Center are donated by persons in the community and supplemented by Table to Table. They often prepare food for people to sample, especially when the food item is not commonly familiar. The Crisis Center has its own garden and raises organic foods it will sell to whomever. One of its services is to help persons with special diets select food from their storehouse.

I think it is wonderful that you are taking the time to get to know our many social service programs. They should be of interest to your students in Social Work.

Listening I

You are going to listen to what Linda Severson is saying about some other programs they have in her agency. Tapescript is provided at the end of the book.

Pre-listening

Study the following explanations. They will help you understand the text better.

A bus pass – a bus ticket issued for a week or month.

A referral – the social work process of directing a client to an agency or resource.

Landfill (dump) – a lowland built up with layers of trash and garbage alternating with layers of earth.

Rummage sale – a sale of second – hand goods to raise money for a charity.

To recycle – to convert (waste material) into a form in which it can be reused.

While- listening

Listening 1

Listen and say what three programs Linda Severson is describing.

Use the prompts below:

1. T.....
2. F..... P.....
3. R..... S.....

Listening 2

Listen and answer questions 1-4.

1. Why is transportation a social service?
2. Who has the right to receive free furniture?
3. When do they have a rummage sale?
4. What can you buy at a rummage sale? How much does it cost to buy at this kind of sale?

Listening II

You already know that the agency Linda Severson works for provides a wide range of services.

Listening 1

Listen to her story about one more important service they have for people in the community. Entitle the story.

Listening 2

Listen and complete these sentences.

1. We produce brochures about _____ issues.
2. A directory (a book containing a list of telephones, business firms, etc) has _____ pages.
3. The directory is updated (to bring up to date) _____ years.
4. The free _____ is offered every day except Sundays.
5. The brochures about the shelter(s) and other programs are _____ throughout the community.
6. Many persons in our community have _____ to computers nowadays.

7. You will find information on the Crisis Center , an agency that offers _____ to people experiencing an _____.

Post-reading/listening

Think of a service or program you would like to have in your city. Write a letter to your local Human Services Department in the form of a proposal, explaining:

- why you feel this service / program is important for your city
- what groups of people it would help
- what sources of funding might be used for its development (do not forget about volunteers).

In your letter you will have to give your opinion and make recommendations.

Use the following phrases:

I ***feel we should...*** (e.g. I feel we should be open from 7am).

I ***recommend that we...*** (e.g. I recommend that we employ a physiotherapist in our agency).

I ***propose (suggest) that we (the agency, the city government)...*** (e.g. I suggest that we consider extending our opening hours).

An Interview with Mike Townsend, Director of Goodwill Industries of Southeast Iowa

Pre-reading

1. *With your partner research the words and phrases below and then predict what the story is likely to be about with these words. Use a dictionary if necessary.*

vice-president, deinstitutionalization, employment opportunities, stores, independent living skills, the “whole person” approach, look into, paraprofessionals, back up, non-profit organization, house- wares...

While-reading

1. *Now read the interview and say whether your predictions were right. Use the following expressions:*

On the whole our predictions were...

We were not quite right.

We were right (wrong) to think that...

2. *The numbers in the box appear in the text. What do they refer to?*

1966	10%	200	90	10	1400	26	360	20
------	-----	-----	----	----	------	----	-----	----

3. *Find out what Mike Townsend says about...*

- a) deinstitutionalization and its effect on the people in the community.
- b) four basic principles his organization follows.
- c) the ways of financing the agency.
- d) their employees' educational background.

4. *Peggy Stokes also participates in the talk. What does she say about...*

- a) United Way and how this agency operates.
- b) Mental retardation. Why is it politically incorrect to use this phrase?

My name is Mike Townsend and I am a vice-president of Goodwill Heartland, Iowa. We serve clients in Eastern Iowa and Western Illinois. We were founded in 1966 by a group of parents. We were part of a movement sweeping the country to address the return of large numbers of disabled persons from institutions back into the community, a political movement referred to as deinstitutionalization. As a result, disabled children started to attend regular schools. The parents needed some place for their children for a couple of hours after school. Goodwill was founded by the Association for Retarded Citizens and soon became a place with a mission to provide employment opportunities for persons with disabilities along with other social services. One main source of employment is the operation of stores in which used items are sold, after being repaired and organized by Goodwill clients.

About 10% of those we serve do not have documents for their disabilities, and most of them are homeless. We serve probably 200 homeless people a year. 90 percent of services we offer have to do with employment, assessment, evaluation, and training. The other 10 percent are related to living in the community. Goodwill doesn't provide apartments, but they [clients] often have a place to live, so we assist them with independent living skills, financial issues, shopping, management, legal issues, and such. Last year, we served almost 1400 people.

There are four basic principles that we follow. One is the integration between people with disabilities and people who do not have disabilities

and barriers. Another one is empowerment, such as teaching people how to make their own decisions. The third principle is individualization. We try to treat people individually. We develop a service plan for each individual which is different for everybody. The last principle we follow is a comprehensive approach. We look at the person as a whole – the “whole person” approach. We help them find housing and more often how to get a job, as well. State institutions and agencies pay for the services we provide.

Interviewer: Do your clients come to your agency?

Some do. But mostly we reach out to them where ever they are at the moment. We go to their worksites or to their apartments. We are a not-for-profit agency, but we do need to earn income like any other corporation. Our mission is to help people. If we want to have money to support our services, we need business. The way we make money is through our stores where we sell a variety of goods that are donated to us by people in the community. We also do contract work for local businesses. They give us some of their work to do here. We do a lot of documentation – paper work. We have a standard manual. We have an accreditation body and they’ll come and look into how we apply these standards. We are accredited every three years.

Interviewer: Who backs you up in terms of finance?

Most of our income comes from store sales and recycling. The businesses depend on donations. People give us clothing primarily, but also house wares and some furniture. Some people receive a tax reduction for giving to a charity. We have good items in the stores and add new items about three times a week. If we keep our merchandise fresh, our customers will return to buy more. We also receive some grants, both from the government and from foundations. We charge for our services. The University of Iowa has a hotel called Iowa House where we clean the rooms and they pay us. Some supplementary funds come from a community-wide program called United Way.

Peggy: United Way is a big organization that raises money for a number of non-profit organizations within the community. Every year they have a fund campaign and you as an individual employer can pledge 20 dollars a month or more, and that goes into the United Way’s fund. These funds are then distributed among the agencies in the community.

What background do your employees have?

There are different groups of employees. We have a group of people who are responsible for different aspects of our program, such as creating a program plan, monitoring, or communicating with their customers. They usually have Master's degree and experience in social work field. Then we have a group of paraprofessionals (a person who works as an assistant to a professional), and we have people who do training. Our workers are not required to be licensed, but some form of certification is usually required. For example, any of our workers who monitor and manage medication must have a certificate.

We've just started a new program called rehabilitation for recreational education.

Peggy: *The clients need to have activities outside their home. They can't be at home all day. They need to be out in the community.*

Mike: We are a growing organization. When I first started, there were 26 staff people and now we have 360.

They say mental retardation is not a politically correct word. What word do you use instead?

Peggy: *People don't like this word because of the connotation. People have different levels of mental retardation. They can either be high functioning or very low functioning (they cannot do anything for themselves). So parents are very sensitive to the diagnosis of mental retardation. The person may be border-line, or have a mild form of mental retardation, and some may have simply moderate mental retardation. The severity is measured through cognitive testing. It can be very deceiving because some people can function much higher than what you think their cognitive level is. It's a difficult diagnosis. There is a form of retardation called Autism, a diagnosis that is more acceptable for parents.*

Post-reading

Discussion

1 *Think of the information that you find most interesting or important in this interview. Share your ideas with the rest of the group.*

2 *What do you know about financing social agencies (e.g. non-governmental organizations NGOs) or social projects in your country (city)?*

An Interview with John Stokes, Support Services Manager for 'Goodwill' of the Heartland

You are going to listen to John Stokes's interview about his work at Goodwill.

Pre-listening

1. Check the meaning of the following words in your dictionary or with your teacher.

To reduce, to be in charge of, to release, to acquire, to show up, to attain

2. Match the words on the left with their definitions on the right.

- | | |
|--------------|--|
| 1 essential | a training with much repetition |
| 2 store | b related to trade or profession |
| 3 fleet | c the selling of goods to the general public |
| 4 vocational | d very important |
| 5 retail | e shop |
| 6 drills | f managing |
| 7 running | g a number of ships or buses |

While- Listening

1. Listen to the first part of the interview and fill in the gaps.

1. I am currently safety director which large _____ organizations must have to reduce _____ amongst their workers. 2. Goodwill has a 24 million dollar _____. 3. We had programming that was called an _____. 4. It was decided that individuals who were released back into their community needed the _____ to progress and acquire skills that would allow them to be _____ regular citizens. 5. We moved from operating an activity center to a _____, learning skills, being given _____ with expectations to show up for work every day and become _____ over time.

2. Match the beginnings (a-f) with the ends of the sentences (1- 6).

Then listen to the second part of the interview and check.

- a) It is a fact that some individuals
- b) Goodwill is a leader to get involved

- c) In this program clients can
- d) Our program is popular with our clients
- e) Prevocational training is for the individuals that need
- f) The Goodwill movement started in Boston

1) in what's called Day Habilitation Program with performance standards set by the State.

2) because the individuals enjoy it.

3) are not able to attain even the entry level skills.

4) combine work with some recreation.

5) where people in need were given programs supported by the donation of second-hand goods to Goodwill.

6) help in everything from interviewing for a job to dressing.

3. *Here are lines taken from the third part of the interview. Choose words from the box to complete the sentences. Compare with a partner. Then listen and check your answers.*

drills	properly	running	facility	happens	safety
--------	----------	---------	----------	---------	--------

1. One of my responsibilities is to be sure that all areas of our business address all the _____ issues.

2. You have to take care of personal safety as an essential component of _____ a program like ours.

3. We do safety _____ where I or others initiate a fire alarm or say that a tornado is coming.

4. If something _____ you have to know what to do.

5. Every four months we check the _____, e.g. to see that the electrical outlets are all working _____.

Post-listening

Internet search

From John Stokes's story you learn that Goodwill has become an international movement. Find more information about this program in other countries. Share your findings with the rest of the group at the next lesson.

Notes

1. ***Herbert Hoover:*** the 31st president of the US (1929 – 1933), was born in West Branch, Iowa, near Iowa City.

Language Focus

Giving advice and recommendations

A question regarding ‘suggestions, advice and recommendations’ may require you to be diplomatic and polite. You have to choose your language very carefully to achieve the right effect. (Amanda French, CAE Testbuilder).

Look at the pairs of sentences below and choose the sentence which sounds the most polite.

1. a) I **think** that our advertising might need some changes.
b) I **was thinking** that our advertising might need some changes.
2. a) **Could** we go to a different venue?
b) **Would it be possible to** go to a different venue?
3. a) **Perhaps** we could encourage younger people to join the group.
b) **Maybe** we could encourage younger people to join the group.
4. a) I suggest **you should reduce the prices** if possible.
b) I suggest **that the prices should be reduced** if possible.
5. a) If we **offer** our visitors a range, I feel certain that there **will** be far fewer complaints.
b) If we **offered** our visitors a range, I feel certain that there **would** be far fewer complaints.

Word formation 1

Read the sentences below. Use the words to the right of the sentences to form one word which fits in the same numbered space in the sentences. The exercise begins with an example (1).

The grant program just mentioned is a source of funding they may (1) <i>successfully</i> compete for to achieve the goal of (2) room at the Church for more child care.	(1) success (2) add
Others include representatives from the group (3) to educate people about what domestic violence is, where to find resources and how to train those (4) in handling domestic violence.	(3) try (4) involve
They have doctors and nurses, and dentists who (5) their time, and they can get medications from pharmacy companies, but they may not have funds for some (6) expenses.	(5) volunteer (6) basis
It's a program run by a part time (7) who links families with local farmers (8) their products in a	(7) coordinate (8) sell

<p>local farmers market. It is a complicated program of services and supports which (9) explains why communities need someone to coordinate the flow of information and facilitate the (10) of how the social service system operates.</p>	<p>(9) probable (10) understand</p>
--	--

Word Formation 2

Complete the sentences by using prefixes or suffixes from the box to rewrite the words in brackets.

Prefixes: in para non dis	Suffixes: less tion ment ness
----------------------------------	--------------------------------------

One main source of (1) **employment** (employ) is the operation of stores. Most of the people we serve are (2) ____ (home). We have a group of (3) ____ (professionals) and we have people who do training. We assist our clients with (4) ____ (dependent) living skills. One principle is the integration between people with (5) ____ (abilities) and people who do not have barriers. If we want to have money to support our services, we need (6) ____ (busy). Some people receive a tax (7) ____ (reduce) for giving to a charity. It is a big organization that raises money for a number of (8) ____ (profit) organizations. One of the principles is (9) ____ (empower), such as teaching people how to make their own decisions.

Vocabulary

Fill the gaps using one of these words from the text:

common capacity needs benefits funding redress staff
income available violence community

1. In this _____, I answer questions from the general public.
2. To receive _____, the agencies fill out a form that gives information about themselves.
3. I am involved in the number of groups in which people come together around the _____ interests.
4. We plan how we can meet their _____ in the most effective way.
5. Others include representatives from group trying to educate people about what domestic _____ is.

6. The Department of Human Services offers _____ such as food stamps.

7. I will talk about gaps in services, recommending things that need to be done to _____ the problem.

8. Our Division is involved in grant programs in which Federal funds are made _____ to local communities to help fund low _____ housing.

9. Low income housing development remains a constant need in our _____.

10. The _____ at Home Ties helps the families find other child care if they still need it.

Vocabulary: distinguishing meaning

1. Which word in each group is the odd one out? You may need to consult a dictionary to distinguish the differences in meaning.

- | | | | |
|----------------|----------|---------------|-------------------|
| 1) provide | give | supply | <u>supplement</u> |
| 2) retardation | handicap | acceptability | disability |
| 3) intensify | raise | grow | increase |
| 4) merchandise | goods | delivery | commodities |
| 5) monitor | select | control | watch over |
| 6) support | back up | bolster | consult |

Vocabulary: Word choice

For questions 1-10 read the sentences and then decide which word below best fits each space.

This program is called a food (1) _____ program where they get damaged or dated food items from local grocery stores and bakeries and recycle these food items to organizations who are feeding low (2) _____ persons. In this (3) _____ I work with a variety of agencies and answer questions from the general public. The counties are (4) _____ to provide Human Services, largely but not exclusively to poor people. They can get medications from pharmacy companies, but they may not have funds for some basic (5) _____ like utilities. We plan to meet their needs effectively and how we can prevent these needs from (6) _____. At that time a lot of people in Iowa were (7) _____ from state institutions where they were in a hospital type of setting. We have an accreditation body and they'll come and (8) _____ how we (9) _____ these standards. Another principle

is (10) _____, such as teaching people how to make their own decisions.

- | | | |
|-------------------|------------------|----------------|
| 1 A continuation | B rescue | C elimination |
| 2 A profit | B money | C income |
| 3 A capacity | B ability | C facility |
| 4 A told | B forced | C mandated |
| 5 A sources | B expenses | C incentives |
| 6 A occurring | B carrying out | C establishing |
| 7 A taken away | B asked to leave | C released |
| 8 A describe | B look into | C discuss |
| 9 A apply | B reject | C take |
| 10 A independence | B explanation | C empowerment |

Grammar

There is one mistake in each sentence below. Find and correct it.

1. These are funds that may granted to both non-profit or for profit agencies.

2. This program provides insurance payments to all persons over 65 to individuals who poor and disabled.

3. If they not know the answer, they would contact me.

4. This training course is an introductory course that take about half a day.

5. There are so many different social service type programs it is difficult explain them all.

6. Some programs initiated at the local, some at the state level and some even at the Federal level.

7. We have an award recognition gave to an individual or a group who's helped with the issues of domestic violence.

8. Others involved in the coalition are representatives of law enforcement.

9. We can help them fund this type of operate expense.

10. The form amounts a 12 or 14 page application, giving us information about the agency.

11. There is a free lunch program operates out of a local church every day.

12. For example, a person may call and ask for help, and hopefully we can connect them with the appropriate services.

Grammar: Participles

Complete these sentences. Put in an active or passive participle of these verbs:

sell, recommend, involve (2), give, try, catch up, dedicate, establish.

1. The form amounts to a 12 or 14 page application, giving us information about the agency.

2. In Iowa City we have a police officer _____ to domestic violence.

3. A part time coordinator links families with local farmers _____ their products in a local farmers market.

4. Others include representatives _____ to educate people about what domestic violence is, and how to train those _____ in handling domestic violence.

5. In my discussion, I will talk about gaps in services, _____ things that need to be done.

6. Deeply _____ in providing shelter is our County Housing Authority.

7. This is a fund _____ from contributions of individuals and businesses for social welfare assistance.

8. They need to be particularly sensitive to children _____ in domestic violent homes.

Unit 2

SOCIAL WORK WITH CHILDREN

An Interview with Cathy Lamb, Family Counselor

Pre-reading

Check the meaning of the following words in your dictionary or with your teacher.

A counselor, a sibling, appropriate, behaviors, a disorder, a peer.

While- reading

1. Look through the interview and say what group of clients Cathy Lamb works with.

2. Describe the types of activities she does to help her clients.

3. Name the most common types of issues she deals with when working with children.

Hi, my name is Cathy Lamb, I am a family counselor for the agency Families Incorporated. I've been at this agency for ten years. I work with children with behavior problems.

How many children do you usually work at a time?

I usually work with one child at a time, though I may deal with that child and the child's brother or sister in addition. That happens quite often, but for clients, it's one client at a time.

As a counselor what do you do with the children, what kind of activities do you do together?

I have several different kinds of cases. In some cases I take the children out to the community to have fun and/or do things with their friends. I help them make friends, keep friends and do socially appropriate things. With other kids I am working on behaviors. I get them involved in games that are therapeutic, (e.g. anger management) or where we play out sensitive situations. Also I have a number of workbooks and we review that information.

What are the most common problems the children you work with have?

Most of them have behavioral issues (e.g. fighting with students in school) or in some cases attention deficit disorders where you need to help them focus a bit more. Many of the children have anger management problems. They get angry easily and you help them learn how to reduce their anger and how to calm down when they are angry. Other children have problems socializing with their peers. Here you try to teach them skills on how to get friends and keep friends. These are the types of issues that I usually work with most of my kids.

Post – reading

*What are the most common problems that Russian children have?
What do counselors do in this country to help these children?*

An Interview with Mike Bandstra, Attorney at Law

You are going to listen to a story by Mike Bandstra about his work as a lawyer which is related to social work.

Pre-listening

Match the words on the left to their definitions on the right.

- | | |
|---------------|----------------------------------|
| 1 abandon | a to fail to take proper care of |
| 2 abuse | b to cause damage |
| 3 neglect | c to go away, to leave |
| 4 harm | d to give evidence |
| 5 cope | e to treat badly |
| 6 testify | f to cause |
| 7 raise | g to deal successfully with |
| 8 precipitate | h to bring up |

While – listening

Listening 1

Listen and list words and phrases under the headings below.

The legal system

Attorney
in trouble with the law

Family and Adoption

neglect
permanent home

Listening 2

Listen to the first part of the interview and answer questions 1–3.

1. What category of clients does Mike work with?
2. What kind of legal work is he involved in?
3. What does “permanency planning” mean?

Listen to the second part of the interview in which Mike describes two adoption cases.

What makes one of the adoptions happy and the other one sad?

Post – listening

Discuss the following questions.

How does Mike describe the social work profession?

Describe your attitude towards this profession?

How do people in your community view social work?

How do you feel about the adoption of Russian children by foreigners?

An Interview with Sonni Vierling – Public Health Worker, Well- Child Clinic

Pre-reading

What do you think 'well- child' means?

Write down five words related to the topic. Share your words with the rest of the group.

While- reading

1. *Read the text quickly, then match these phrases (a-c) with the paragraphs (1–3).*

- a connecting families with community resources
- b the child's development
- c prevention work

2. *Read the text and decide whether these statements are true or false.*

1. Our mission is to concentrate on how the child develops.
2. The Department of Public Health is developing a program for parents and teachers.
3. The child's emotional problems can lead to suicide attempts.
4. Well-child exams can help to get information about the parents' problems.
5. It is the doctors who make referrals to community resources.

1. Hello, my name is Sonni Vierling and I am married to Mike Bandstra. You just read what he does as a children's attorney. He works on the intervention aspects of family issues and naturally on the legal issues. I work in a State department, a government agency called the Department of Public Health. We work on early childhood mental health issues . For example, we are developing a public health program for private children's providers (e.g. doctors, pediatricians, family practice physicians). Our role is to focus attention on the importance of looking at the child's social – emotional development. We know that their physical development and their cognitive development is important. It is for this reason that we promote an annual well-child's exam for all children. We call them annual check-ups which each child must take before entering school for the next year.

2. There has been a lot of emphasis placed on child's social and emotional development and the relationship between that and the child being ready for school. When the child in the classroom can't focus on class

work, it may be because they are coping with some emotional issue. This distraction could prevent them from studying and concentrating. This can lead to classroom problems and unacceptable behaviors. What we are doing is preventative since we are trying to link those children to services early on, while their brains are still developing. We encourage primary care providers to do well-child exams and explore whether there are problems in the child's development. Sometimes the primary caregivers can identify important information about problems being experienced by the parents, which, in turn, may be affecting the child's emotional situation.

3. The well-child exam is guided by a questionnaire that is designed to get at both the child's situation and the family situation. The responses to these questions sometimes trigger a referral to our Public Health agency. This referral is likely to have come from a physician who did the well-child exam. In the referral the doctor may indicate that the mother in a family is suffering from depression. The doctor is asking us to connect the depressed mom with mental health services that could support her. The care-coordinator at the Public Health Agency will be the person to link this mom to resources in the community. Typically, doctors' offices don't have the time or staff who can make such referrals.

Post-reading

Write a summary of the passage. Use the following questions to guide you.

What is the role of the Department of Public Health?

What measures does the Department undertake to help children?

Why is the well-child exam important?

An Interview with Kathleen Ruyle, a Private Social Work Practitioner

Pre-reading

1. With your partner research the words and phrases below and then predict what the story is likely to be about with these words.

Toys, video, imagination, assessment, sand, dog, hyperactive, treatment, abuse, therapist.

2. Test your vocabulary. Complete the questions with the words in the box.

agency	therapy	behavior	discover	service	abuse	assessed
--------	---------	----------	----------	---------	-------	----------

- a) What kind of _____ does Kathleen Ruyle use in her work with children?
- b) What is one of the best parts of her _____?
- c) What is _____ during a play therapy?
- d) How did the therapist find that the little girl she was working with had not experienced _____?
- e) How does the therapist _____ that abuse takes place? What examples is she giving?
- f) What is the role of a _____ dog?
- g) What changes occurred in another client's (a boy) _____?

While-reading

1. Read the interview and answer the questions in ex.2 above (pre-reading section).

2. Say whether your predictions in ex.1(pre-reading section) were right.

3. Comprehension check: match the beginnings with the endings.

1. We have lots of toys and we always have things that are able to be manipulated...

2. We had a whole big family to talk...

3. You ask the children to create...

4. The Department of Human Services was concerned because of ...

5. When they start, ...

6. In my first session with her she was able to take family members...

7. Sometimes children who have been abused will put adult figures... with a small child in a bath tub or a bed.

8. The therapist can take the dog...

a) ... with a small child in a bath tub or a bed.

b) ... in many different ways.

c) ... to the hospital to visit people.

d) ... about a lot of issues and problems that were going on.

e) ... things her nine year old brother told them.

f) ... and put them in appropriate places in the house.

- g) ... their world in the sand on the tray.
- h) ... you'll often see they are experiencing chaos.

I am in private practice with two other women and another woman who is a play therapist. We each are paid individually, but share the expenses of running our office. My office is big enough that I can meet with the whole family, like the other night when I met with four adults: a mother, her ex-husband, his wife and her husband and their two children. It was great because we had a whole big family to talk about a lot of issues and problems that were going on. I showed them our playroom. That's one of the best parts of the place. We just have lots of toys and we always have things that are able to be manipulated in many different ways. We don't want anything that's mechanical, or video, or any of those kinds of things because we want the children to use their imagination.

This afternoon we are going to have a little girl who is only two and a half with whom we will do play therapy. I am really doing an assessment of her emotional condition because the Department of Human Services was worried that she may have been sexually abused. We have a doll house and a sand tray. We let the kids use any of the toys. You just ask the children to create their world in the sand on the tray. When they start, you'll often see they are experiencing chaos, there's a lot of fighting and struggling. If treatment is successful their sand trays will reflect this. The children make figures in the sand. Then you ask them to tell you a story about what they have made. I can show pictures on the computer.

The little girl that was here today is two years and a half. She was here basically for me to assess whether or not she had been sexually abused, or had seen sexual material at her father's house. The Department of Human Services was concerned because of things her nine year old brother told them. I've seen the girl just two times and I found nothing that indicates any kind of sexual abuse. She doesn't seem sad or angry in any way. She is really fairly well-adjusted, extremely verbal for a child her age. She was able to answer the questions appropriately. In my first session with her she played the entire time with the doll house and was able to take family members and put them in appropriate places in the house. I did not see anything that was inappropriate. For example, sometimes children who have been abused will put adult figures with a small child in a bath tub or a bed, or in places where it would not be appropriate. I won't see her again unless something comes up in the future because she seems to be doing just fine.

Also we have a service dog here. Louise owns a dog. She had to go through a training with her dog. The dog can then be used to work with patients. The therapist can take the dog to the hospital to visit people. I think she takes the service dog to the cancer ward. Here in our office, she does much for everybody who comes in. I was telling you about a little boy who was overexcited, hyperactive. Every time he came in, he would lie on_top of the dog and pet him. In the last three months the boy has calmed down so much. Even at school they said they noticed a difference in his behavior.

Post-reading

Discussion

In small groups discuss the question below. Then share your ideas with rest of the group

What other forms of therapy with children are you familiar with?

Writing

Put the answers to the questions in the pre-reading section (ex.2) together to make a summary. Add any other information you think appropriate.

An Interview with Peggy Stokes, a former Medical Social Worker

You are going to read a story by Peggy Stokes who used to work in a children's hospital.

Pre-reading

1. a) *What are the functions of a medical social worker?*
b) *What settings (agencies) do social work practitioners work in your country?*
2. *Match the words on the left (1-12) with their explanations on the right (a-l).*

- | | |
|---------------|--|
| 1 outpatient | a an interval of rest |
| 2 audiologist | b assessment |
| 3 overall | c worry |
| 4 coverage | d a person who visits a hospital but does not remain there |
| 5 evaluation | e intense |
| 6 cognitive | f a supply of money for a particular purpose |
| 7 concern | g a specialist in the science of hearing |

8 comprehensive	h including everything, total
9 severe	i affect
10 impact	j insurance against loss or damage
11 fund	k including much or all
12 respite	l perceiving or knowing

While-reading

1. *Match the headings (A-F) with the sections of the text below (1-6).*

- A Assessment of a Child’s Health Status
- B Services Available for Families
- C Team Approach
- D Functions of a Social Worker in a Medical Setting
- E Ways of Payment for the Services
- F Student Supervision

2. *Read the interview and answer the questions after each section.*

3. *Are these statements true or false according to the information in the interview?*

1. In the outpatient clinic Peggy Stokes works with both healthy and disabled children.
2. They also see children adopted from abroad.
3. The hospital serves children even if their parents cannot pay.
4. When the children are seen for the first time, they go through an overall assessment of their development.
5. They help the schools examine children with challenges more thoroughly.
6. The social worker is supposed to know about different types of community and funding resources to help families in need.
7. The social worker is not responsible for explaining medical issues to parents.
8. A family is able to buy various services using grants.

1) I am Peggy Stokes and I am a licensed independent social worker holding LISW and a Master’s degree. I work as a medical social worker at University Children’s Hospital of Iowa. I work in an outpatient clinical setting for children that have developmental disabilities and other types of medically related problems. The outpatient clinic operates on what we call an interdisciplinary team approach. That’s where we have people from various disciplines see these children when it is appropriate. I’ll name the disciplines. We have a developmental pediatrician that has had additional

training in dealing with children, specifically with children with disabilities. We have nurse practitioners. We have dietitians. We have occupational therapists, physical therapists and a speech pathologist. We have a child psychologist, audiologist, education consultant, and we have social workers. Not everyone that I have named sees the child every time they come in. But they all have relevant contributions to make to the overall health and development of the child. We see children from all over the State of Iowa, as well as, other states surrounding Iowa, and sometimes we even have families that bring their children in from foreign countries. We've had children from Egypt, Korea, the Middle East and China. We also have newly adopted children from foreign countries that we see for developmental and health reasons.

What specialists does an interdisciplinary team consist of?

2) The children come to us in various ways, either from school, they may refer a child if they are struggling at school and don't seem to be able to learn as the other children in their classes do. Or they will be referred by a physician, or sometimes the parents themselves. Most of these children have to have some type of health insurance for payment. That's one of the things that has changed over the past few years. As medical costs have increased and state budget has decreased we cannot serve children any more unless they have some type of insurance coverage. That can be the state coverage for families of low income. Anyone can come here but they have to have some kind of payment arrangement in place. So those kids will come in for a day-long evaluation where the doctor or the parent has already expressed some major concern for the child. Normally, when the people are seen for the first time or are seen for a comprehensive developmental evaluation, the psychologist will do a cognitive functioning test on the child, a speech pathologist will explore their communication skills, and the medical doctor will take a good accurate birth history as well as their current medical history including any medications that they may be taking. If there are concerns about their motor skills, whether it's their fine motor skills or their gross motor skills, we will also assess their walking and mobility skills.

Who refers children to the clinic?

What changes have lately occurred in the US medical system?

What kind of evaluation is being done by a team of doctors when they see a client? What examples does Peggy Stokes provide?

3) We see children of all ages. We will see them anywhere from a couple of months of age through eighteen or older. We don't normally follow children once they become adults. But in some circumstances we still do follow them because there are no real adult medical specialists that are knowledgeable about their particular kinds of disabilities. So they come in for a day-long evaluation, and it's during that time, and if they need them, they will have further medical testing done, such as blood testing, chromosomal studies. Some children will need to go to orthopedics to have a good review of their skeletal status. Otherwise, we will make our diagnosis based on their cognitive functioning, and make recommendations for the schools. The schools are seeking new information, because they don't know how to help this child anymore. We can test them to a finer degree than what the schools are able to do. In doing so, we can sometimes find language problems or other kinds of learning disabilities. Maybe they have one or two weak areas. Sometimes memory is an issue and they aren't able to comprehend and remember what they learn.

What ages of children does the clinic work with?

What kinds of other testing can children have at the clinic?

4) Now I shall talk a little bit more specifically about what role social workers play on this interdisciplinary team. Once a child is diagnosed and found to have some type of disability, it will be either a mental disability or some kind of severe health problem (e.g. disabilities such as autism, attention deficit hyperactivity disorder, Down syndrome, mental retardation and a whole number of chromosomal disorders). The social worker's role when a diagnosis is made for a child, is for them to be knowledgeable of the different types of funding resources to assist families back in their home communities and help them find the resources that will benefit the child. I talk with the families to help them understand what the diagnosis means and how that's going to impact on their family life and their future, because many of these disabilities are life long issues that families are going to have to address. As a person ages and gets older, I help them find the services they need, especially health care services, a big issue for families. There are some services that the state funds.

What are the roles of a social worker in the team?

5) Through state grants a family may purchase a service from private agencies to have staff that goes into the homes and will provide assistance to the families: such as bathing, feeding; helping work on daily

living skills: learning how to dress themselves, brush their teeth, etc. Also to help them with babysitting services called respite care. We know all parents need to have a break from their children, especially children with disabilities who may require constant supervision and attention. This respite care is provided by the state for up to eight hours a week. Respite care is a popular service for parents. It helps to keep the families stable and thus better able to manage their child. It keeps the child in their home where they can continue to have a more normal family life.

What services are provided to help families that have children with disabilities? Who finances these services?

6) Another thing that I do is to work with social work graduate level students during their one year practicum. If we graduate students interested in developmental disabilities, I am one of the social workers that helps to supervise them.

What important function does an experienced medical social worker perform?

Post-reading

1. *Using the prompts, take notes (the first note is done for you) under the heading:*

Role of Team Specialists

1. Dietitian: consult / diet / child to consult on the diet for a child.
2. Occupational therapist: use / arts and crafts / help / persons with disabilities
3. Physical therapist: provide / exercise / rebuild / strength / damage by / illness or trauma
4. Speech pathologist: help / people / improve / speech
5. Audiologist: work / evaluate/ hearing loss / recommend ways / compensate / such losses

2. *Using the information in paragraph 4 take notes under the heading:*

Role of Social Workers

1 to know about different types of funding resources

2 _____

3 _____

4 _____

3. Give a summary of the text using the statements in 1 and 2, and your answers to the questions after each paragraph.

An Interview with Cathy Lowenberg, a Hospital Social Worker

Pre-Listening

1. These words appear in the interview. Check their meanings in a dictionary or with your teacher.

to take charge of, to qualify for, insurance, adjustment, severe, a denial, a waiver, a stipulation.

2. Study the following explanations. They will help you understand the text better.

1. **Medicaid:** the *means-tested* program, established in 1965, that provides payment for hospital and medical services to people who cannot afford them. Funding comes from federal and state governments.

2. **Supplemental Security Income (SSI):** the federal public assistance program, established in 1972, that provides a minimum cash income for poor people who are old, disabled, or blind. Funding comes from the federal treasury and is usual supplemented by state funds.

While-listening

You are going to listen to **Part 1** of the interview.

Listening 1

Listen and answer the questions below.

1. What are the main issues that Cathy deals with as a hospital social worker?
2. What programs does she help her clients qualify for?
3. What is NF?
4. What kind of problems do patients with NF face?
5. What knowledge is a hospital social worker supposed to have?

Listening 2

Match 1- 8 to a- h. Then listen again and check your answers.

1. My name is Cathy Lowenberg ...
 2. What I do is to help these families ...
 3. There are numerous other medical services ...
 4. It's a special system we have ...
 5. Our children may also qualify ...
 6. This causes ...
 7. We have as many as a thousand patients a year ...
 8. It causes a lot of anxiety ...
-
- a) figure out insurance issues.
 - b) for children who have significant health problems.
 - c) psychological distress and other medical problems.
 - d) and I work part – time as a social worker.
 - e) for families because they don't know what to expect.
 - f) that the child requires.
 - g) for Social Security.
 - h) that have some form of NF.

Part 2

1. The words and phrases on the left appear in parts 2 and 3 of the interview. Match them with their explanations on the right.

- | | |
|-------------------|---------------------------------------|
| 1. in place | a) when everything else has failed |
| 2. in the interim | b) to settle judicially |
| 3. a perpetrator | c) between childhood and maturity |
| 4. to adjudicate | d) in the right position |
| 5. last resort | e) an intervening period of time |
| 6. to forward | f) the person who initiates the abuse |
| 7. adolescent | g) to send |
| 8. meet the needs | h) to satisfy the demands |

2. Study the sentences in this part of the interview where the following phrasal verbs appear (you can see them in bold in the text) and try to understand their meaning.

- to figure out to block out to drop in
to set out to show up

3. Read part 2 of the interview. What does Cathy say about

- 1) the children she worked with in the foster care system;
- 2) why it is important for the child and the parents to see the social worker on a regular basis;
- 3) what kind of program they have for the juveniles;
- 4) what a consent decree is;
- 5) the cases where the juvenile is sent to a residential program.

In my private practice, I am a licensed mental health counselor. In the state of Iowa, the state behavioral science board licenses psychologists, social workers, family therapists and mental health counselors, along with physicians. My background has been working with children who originally were in the foster care (*1*), *see the notes after the text*) system. Over ninety percent of the children I saw had all histories of sexual abuse. This either happened in their homes of origin or in foster homes, either by the foster parent or by another child in the home. Sometimes the child was not identified as being a victim. The foster parent may not have been told that the child had been abused, so appropriate supervision was never put in place. This is still the case today. As a result I had **to figure out** how to work with these situations.

Sadly I have had to take children as young as three for abuse intervention, often sexual abuse. Many are people who do not receive treatment as children and, later, **blocked out** the trauma. They may not remember the abuse until they are adults and something occurs to trigger the memory. I had one mom whose child was going to kindergarten and much to her and her husband's amazement, she would not let that child get on the school bus. She didn't know why she was so terrified at letting the child go on the school bus. Then she remembered her own abuse. It had occurred on a bus.

My experience is that the length of time for treatment is probably the same for the victims and the perpetrators. Usually the length of treatment is between a year and a year and a half. They are like two sides of the same coin. Victims and perpetrators are both in denial.

How often do you see children?

Once a week as a rule. I won't see them unless the parents can bring them every single week. There is no point in seeing a child if the parents don't participate in the treatment. Treatment is really about ensuring a trusting relationship between the parents and the child. If they are just **dropping in** now and then, the continuity isn't there. So many things happen between sessions that it is not therapeutic to not to meet regularly.

The juveniles I see in therapy have a juvenile court officer to whom they are assigned. They sign a contract with that officer and the contract **sets out** lots of stipulations, such as what time they have to be in every night, with whom they may associate, plus a requirement that they go to school every day. Another part of the contract is that the juvenile must **show up** at therapy every single week. If you break your contract, you have what's called a consent decree. It's sort of an agreement they go to court about. The court says it will not adjudicate the juvenile if they follow the rules, live out the contact. If you follow the rules, the court may remove the offense from your record. If you agree to follow these rules you will have to stay in treatment until the therapist says you are finished. This usually takes between a year and a year and a half. It could go longer. The reason it usually does not go longer is that if they are not participating, the court may choose to place them in residential care (2), *see the notes after the text*) instead of allowing them to have outpatient treatment. Residential care is expensive and is used only as a decision of last resort.

Are these statements true or false according to part 2 of the interview?

1. Adults always remember the abuse they experienced in their childhood.
2. In terms of the time, treatment is the same for the victims and the perpetrators.
3. Treatment ensures a relationship of trust between the parents and the child.
4. Even if a juvenile follows the rules, the court cannot remove the offense from their record.
5. Residential care is not cheap.

Part 3

Read part 3 of the interview and find the information about the following issues:

1. Why is it important to have social workers involved in the treatment of adolescent offenders?
2. What is a founded case?
3. What does CINA stand for? When is it used?
4. What is the role of a guardian?

What we have needed is a stronger prevention approach. Once we get a juvenile in treatment it costs a lot of money, both tax payer dollars and

the pain of suffering of the victims and their families. Statistically, we know that adolescents who are sexual abusers do better in sex offender treatment than older adults. We still don't have in the state of Iowa a particular protocol for treatment of adolescent sexual offenders that is different than for adult offenders. We know that adolescents have different issues from adult offenders, which suggests that the approach should be somewhat different. We are still in that process of experimenting with different approaches. There is a committee established to study an issue and make recommendations in the state of Iowa that is pursuing a research base alternative for the treatment of the juvenile offender.

It's helpful to have social workers who are not part of juvenile court services involved in the treatment of children and adolescents. There are cases where a child is in a foster home or is in a family with lots of problems and as a result the family may come to the attention of the Department of Human Services. For example take a child who steals something from the store or gets caught with drugs, then juvenile court services will take charge of the child who has committed a crime. The police will then call the juvenile court and explain the nature of the crime committed by the youth.

My dealings are mainly with social workers in the private practice who have identified child abuse. We rely upon the Department of Human Services to investigate reports of child abuse of any kind. The Department of Human Services by law intervenes in a family where there is a founded case of child abuse. A *founded case* is where there is a confirmed case of abuse. It means that there is evidence to prove that abuse happened and may be likely to happen again. The courts also have a legal determination called 'child in need of assistance', (CINA) for short. This happens when there is not a founded child abuse report, but enough evidence to say that abuse is likely in this situation. I had a case like this yesterday where I sent an alert to the County Attorney's Office.

The county attorney's office covers both domestic violence and child abuse cases. When I send a report of an assessment of an abuse situation to the county attorney, they may file a 'child in need of assistance' petition. Once the petition is filed and if it is accepted at the court, then it is in effect until the county attorney says the situation has been resolved to the satisfaction of the court. In the case that I have just filed, the department didn't feel as though they could make a founded report, but felt there was imminent danger of future abuse or a situation of 'child in need of assistance'. In this case I hope the court will stipulate that the children involved will have a therapist and enter into treatment. The assumption is that in a safe clinical environment, the child may have some measure of protection against future abuse.

The court may also appoint a guardian “ad litem” for the child (a type of legal substitute parent). That person serves as an advocate for the child. The guardian has the right to talk to the child’s therapist, to parents, the DHS worker, to the County service provider, to the teacher or to virtually anybody they want. Their role is to represent the best interests of the child. In reality the guardian can make a recommendation even though the adolescent disagrees with the guardian’s decision. The parents are expected to visit the child and follow up with the therapist’s recommendations.

Choose the best answer according to the information in part 3 of the interview.

1. It is helpful to have social workers when it comes to the treatment of adolescent offenders
 - a) because children steal and use drugs.
 - b) because treatment of adolescent offenders is different from that of adult offenders.
 - c) because families of such children have a lot of problems.

2. The Department of Human Services intervenes in a family where there is case of child abuse
 - a) because they want to help families.
 - b) because there is a law to intervene.
 - c) because they do not want the abuse to happen again.

3. If there is danger of future abuse, the court will stipulate that
 - a) the children have treatment.
 - b) the children have a lawyer.
 - c) the children are sent to hospital.

Post-reading

Work in small groups of 3 or 4. Discuss the issues below. Then share your ideas with the rest of the group.

What courts deal with juvenile offenders in Russia?

What programs do they have for young people in correctional institutions?

What is the role of a social worker in the criminal justice system in this country?

Do you think Russian laws are too lenient / too harsh for the crimes committed by juveniles?

Notes:

(1) Foster Care: the provision of physical care and family environments for children who are unable to live with their natural parents. Foster care is typically administered by county social service departments. Their workers evaluate children and their families to help legal authorities determine the need for placement, evaluate potential foster homes for placing the particular child, monitor the foster home during the placement, and help the legal authorities and family members determine when to return the child to the natural family.

(2) Residential treatment (program): therapeutic intervention processes for people who cannot or do not function satisfactorily in their own homes. Such treatment typically occurs in medical centers or penal institutions. It includes individual or group therapy, formal schooling, social skills training, recreation etc.

Language Focus

Vocabulary: distinguishing meaning

Which word in this group is the odd one out? You may need to consult a dictionary.

- 1 lawyer bailiff attorney
- 2 research study academy
- 3 pick up give up abandon
- 4 testify give evidence give support
- 5 permanent long lasting
- 6 physician doctor surgeon
- 7 examination exploration testing
- 8 link relationship kinship

Key Vocabulary

Fill the gaps using one of these key words from the texts:

preventative grow up cognitive mental
foster adoptive referral witness

1. If they can't go home we try to find them an _____ home.
2. The responses to these questions sometimes trigger a _____ to our Public Health agency.
3. We are doing a _____ kind of work since we are trying to connect those children with services as soon as possible.
4. We know that their physical and _____ development is important.

5. The oldest girl was called as a _____ at the adoption hearing.

6. Research indicates that _____ homes (temporary homes) are not very successful.

7. We work on early childhood _____ health issues .

8. This is a sad adoption because the children will _____ in separate families.

Vocabulary: Jumbled words

Below are some definitions. The letters of the words that belong with each definition are mixed up. Put the letters in these words in the correct order. The first letter of each word is given for you.

1. Improper behavior intended to cause physical, psychological, or financial harm to an individual or group. **A** _____ (EUBAS)

2. An amount of money that you pay for your medical treatment, expenses. **C** _____ (TSOCS)

3. The slowing of an individual's physical or mental development or social progress. **R** _____ (DETRATANIO)

4. An ability to do something well. **S** _____ (KILSL)

5. A service for parents of a disabled child which gives them an opportunity to have a rest. **R** _____ (TERSIPÉ)

6. A verb which means to estimate the worth or quality. **A** _____ (SESSAS)

7. A verb which means to help. **A** _____ (STISAS)

8. A hospital that a person visits but does not remain there. **O** _____ (PITAOTUTEN)

Word Formation

Complete this table by filling in the correct noun and adjective form.

Verb	Noun	Adjective
adopt		
prevent		
refer		
supervise		
lose		
clarify		
secure		
experience		

Grammar: Phrasal verbs

Grammar: Verb forms

Complete the sentences below using the correct form of the verbs from the list.

design cry adopt encourage abuse walk focus leave

1. Last week all the children _____ by one other family.
2. If children _____ and neglected, we work with their parents to get those children back into their home.
3. We _____ care providers to explore whether there are problems in the child's development.
4. When the adoptive mom _____, the child _____ down to hug her.
5. The questionnaire _____ to study both the child's situation and the family situation.
6. When the child can't _____ on class work, it is because they are coping with some emotional issue.
7. The father of the three children _____ previously _____ their mother.

Emphatic constructions

English offers a number of ways to make sentences more emphatic. Here are some of the examples. What makes them emphatic? Rewrite these sentences to make them less emphatic.

1. **Not only do we have** an effort to get children adopted, but we also try to keep siblings together.
2. One doesn't have to be a Catholic to use the services of this agency, **nor does** one have to pay for services unless they can afford it.
3. **Rarely have they** explored all of the possibilities, which why they have come to a therapist.
4. **What we are doing is preventative** since we are trying to link those children to services early on, while their brains are still developing.
5. **It is for this reason that** we promote an annual well – child's exam for all children.

Verbs

Complete the sentences using the verbs in the box.

provided	teach	developing	see	varies
answer	show	going	diagnosed	help

1. The social worker's role is to help families find the resources that will benefit the child.
2. She was able to _____ the questions appropriately.
3. Respite care is _____ by the state for up to eight hours a week.
4. Another part of the contract is that the juvenile must _____ up at therapy every single week.
5. You try to _____ them skills on how to get friends and keep friends.
6. Once a child is _____ and found to have some type of disability, it will be either a mental or physical disability.
7. We are _____ a public health program for private children's providers.
8. The availability of funding the family strengths program _____ from county to county.
9. In the genetics clinic, we are _____ to open up NF (neurofibromatosis) project.
10. I did not _____ anything that was inappropriate.

Unit 3

SOCIAL WORK WITH FAMILIES

Pre-reading and listening

1. *Read these sayings about family and friendship, then match them with their meanings below.*

- a) Charity begins at home.
- b) Blood is thicker than water.
- c) Home is where the heart is.
- d) Birds of a feather flock together.
- e) Two's a company, three's a crowd.

1. People of the same character often stay together.
2. Look after your family and friends first.
3. Two people can be happy together. A third can get in the way.
4. Wherever your loved-ones are, that's where your home is.
5. Family relationships are the most important.

2. *Which of the sayings do you like best? Discuss your choice with a partner.*

**An interview with Patricia Kelly – Professor Emeritus,
the University of Iowa**

You will hear Patricia Kelly talking about her private practice experience.

Pre-listening

Study the following explanation. They will help you understand the text better.

1. **Case management:** A procedure to coordinate all the helping activities on behalf of a client or group of clients. The procedure makes it possible for many workers in the agency, or different agencies, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of services offered.

2. **Respite care:** An interval of rest. Respite care can help parents with their difficult job. For example, if a mother of a disabled child is exhausted, a respite program may take care of the child for a weekend.

While-listening

Listening 1

Listen to the interview and complete these sentences.

1. I maintained a private practice doing _____ and _____ therapy once a week.
2. My practice consisted of seeing families in _____, doing marriage _____ or helping children who were having _____ problems.
3. When I _____ I gave up the private practice.
4. Nonetheless, I continued to do private consultations working _____ my office in my home and seeing social workers and _____.
5. Now I am working with two people who work for a _____.

Listening 2

Listen again and choose the correct answer A, B or C for questions

1 – 3

1. Patricia says she gave up her private practice because
A she was very tired.

B it was difficult for her to go to another city very often.

C it was hard to talk to people.

2. Patricia saw social workers and family therapists since

A she needed their help.

B they wanted to be good specialists.

C they had to have a license.

3. According to Patricia, hospice workers

A provide a variety of services.

B help clients with spiritual needs.

C consult people with their financial problems.

Post-listening

Discuss the following questions:

1. Is it common to use hospice services in this country?

2. What do you know about hospice services in this country (in your city)?

3. Who cares for the elderly and sick in your community?

An Interview with Kathleen Ruyle, a Private Practice Practitioner

Below is a short interview given by Kathleen Ruyle about mediation.

Pre-reading

What do you know about mediation?

Who can be a mediator?

Is this kind of conflict resolution used in your country?

While-reading

Read the text and answer the questions that follow.

Mediation is used for people who have small claim disputes with each other. Local farmers can do mediation if they have a dispute with each other. We use it specifically in divorce cases for settling a dispute over a property and for working out a schedule of time for each of the parents to see their children. We have found through the research that mediation is so important because it keeps people from going back to court. Court actions are costly both to the people and to the court systems which has to be supported with public money. Also our court systems are already overwhelmed. People may have to wait six to nine months to get a court date for a divorce hearing. Mediation helps cut back on that and we find

that people are more likely to follow and stick to an agreement that they come to themselves. When they are given an order by a court, usually someone is unhappy and they are more likely not to follow the order.

1. In what cases is mediation used? What examples does the author provide?

2. What does the study on mediation show? What are the three specific reasons that make people use mediation?

Post-reading

Internet search

Find more information about mediation in the USA.

What does a law on mediation in your country specify?

Summarize your findings in writing.

An Interview with Sharon Bandstra – Family Therapist, Catholic Social Services

Pre-reading

What kind of issues does a family therapist deal with?

Make a list of positive and negative feelings family members in therapy may experience. Give examples of the situations where these feelings occur.

While-reading

Below are the questions that the interviewer is asking Sharon. Scan the interview and match the questions (1-4) with the right answers (passages A-D) on the next pages.

1. What kinds of problems do you deal with in your clients?

2. How many sessions do you have with one family, one couple or an individual? Does it matter how many sessions do you usually have with your clients?

3. Do clients pay for the services your agency provides?

4. What are the qualifications for a social worker in the United States to do therapy?

Now answer the questions above.

Read paragraph C and focus on the following issues:

1. What is one of the methods that Sharon uses to help her clients?

2. What negative feelings (reactions) do problem couples have as described by Sharon?

3. What is important for marital therapy to be effective?

A I am a therapist in an agency that is operated by the Catholic Church. Anyone and everyone can come for counseling. I am not a member of this church. They hired me to work for them because of my professional competency. One doesn't have to be a Catholic to use the services of this agency, nor does one have to pay for services unless they can afford it. Many people in the United States have insurance that would pay for some of our services, but most do not. Most people tend to pay something and we encourage that because they will treat the service we give more seriously if they are helping to pay for it. Still there are some people we see who cannot simply afford the service.

B To do therapy I had to undertake two years of graduate training beyond my college degree. This had to be followed by an internship of another two years under the supervision of a "master" therapist. I also had to take a state exam to get a certificate to practice as a therapist. Once licensed, I am free to call myself a therapist and to bill for services covered under an insurance policy. Passing the state exam allows me to call myself a licensed independent social worker. I've been practicing as a social work therapist for thirty years.

C There are all kinds of problems associated with family stress. I think right now a lot of people are losing their jobs because of the economy. Unfortunately they don't come and talk about their job that they lost. Instead they discuss their domestic conflicts and some new patterns of "escape". They have hidden their real feelings about their job loss. It is my job to get them to look at what is really bothering them. To achieve this I begin with having them do a family diagram, asking them about their job and other patterns of communication and family issues. This begins to open up the real reasons for their frustrations and how the timing of the job loss set off the family troubles.

Others come with depression or some sexual issues, or with troubles handling misbehaving children. In any situation, the focus must begin with the parents. As noted previously I want to begin with them drawing a family picture (the diagram I spoke of earlier). I ask each of the couple to describe the nature of the family tree and the relationships of the people to each other. This tends to bring out where the tensions lie. If a wife comes in to talk about her husband and her marriage, you get only one side of the picture and it becomes difficult to do marital therapy. But if you have the couple in the room with the therapist, the differing points of view on their

situation surface rapidly and the opportunity for clarifications present themselves. The opportunity also presents itself for denial and disagreement, leading often to major name calling and verbal fighting in the presence of the therapist. It takes a lot of skill to manage these situations effectively and to help them to better hear the other side of the story. You can do marital therapy with one person, but it is not nearly as effective as having the couple present. Each can share their own view of their relationship and help to identify the trouble spots. The therapist uses their interactions as the basis of intervention. There will of course be severe tensions and angry outbursts. The therapist has to be careful to set the boundaries before each session, the rules of the counseling situation. As the couple moves beyond their complaints and recriminations, the therapist must turn to problem solving, what can each person do to improve their situation, in effect improve their relationships. The therapist must be prepared for the typical response that “I have tried everything and nothing works”. Rarely have they explored all of the possibilities, which is why they have come to a therapist. They are in search of a fresh perspective.

People are very interesting in terms of how they respond to their problems. Sometimes they would do it differently than I recommend. But to observe how they think through their problems and attempt at solutions is essential.

The couple usually has a dominant person, one who does most of the talking, the other partner often remains quiet or answers in a perfunctory manner. In these situations, the therapist will work to get a better balance in the sharing of information and feelings, for example, getting the quieter one to talk more and the talker to listen more. Since there may be domestic violence in a troubled marital relationship, the therapist has to be prepared to deal with this issue. The therapist has to guard against making presumptions of who is doing violence to whom. Women are quite capable of being the attacker. I have had situations where a woman who was tiny and petit while her husband was a big football player, huge. After several sessions she stopped me and said, “I need to tell you something. I am the one that caused the fight and I keep hitting him and he doesn’t hit me back until he’s had too much. Then he hits me and I call the police.” I’ve had a client who when she gets mad, gets right in the husband’s face: talk, talk, talk (repeating many times). It is really a form of verbal abuse. If the male isn’t good at talking, he may hit her, almost as a form of self defense. It isn’t right to hit her, but I think it’s really important to talk about who precipitated the argument.

D That’s a very good question but I don’t have a very good answer. You know sometimes you see a couple only once. They come in for an

initial session and then don't come back. I have to ask myself, "Did I go too fast or did I go too slow?" Did I scare them away? A good therapist is constantly reflecting on how they have proceeded in a marital session. On the other hand, sometimes a couple comes in just once and they leave a little calmer. So they think we don't have to come again. The issue isn't really solved, but it was enough to get them over the issue of the moment. I may see them years later and they will comment on how much I helped them. Another couple may keep coming for a long time. I may see them once every two weeks. If they are really stressed, I may see them twice weekly for a while and later suggest that we meet less often. Much depends on how they are coping with their relationship. So the number of sessions is variable. It depends on the client and on the condition of their relationship at the moment.

Post-reading

1. Vocabulary – find the word

1. (Par.C) Find the word which means 'done as a duty but without much care or interest'.
2. (Par.C) Find the word which means 'angry accusation'.
3. (Par.C) Find the word which means 'a statement that a thing is not true'.
4. (Par.C) Find the verb which means 'to cause'.
5. (Par.C) Find an adjective which means 'of marriage, between husband and wife'.
6. (Par.C) Find a noun which means 'to get oneself free from control'.
7. (Par.D) Find a phrasal verb which means 'to frighten'.
8. (Par.D) Find a phrasal verb which means 'to deal successfully

2. Draw a diagram of your family. Describe the relationships between the members of your family, their patterns of communication, some family issues.

Project work

Group work. Choose one of the topics below.

1. Case management in this country.
2. Programs for children with behavioral problems.
3. Marriage counseling.

You are going to interview your instructors about the topic you have chosen. Before the interview: in groups discuss the questions you would like

to ask. During the interview: take notes of all the answers to your questions. After the interview: write a report covering your findings. Share them with the other groups at the next lesson.

An Interview with Mary Kay Townsend, Family Counselor, Families Inc

You are going to read an interview with Mary Kay who works for the agency that provides family-centered services.

Pre-reading

Test your vocabulary. Complete the sentences with the words below. Use a dictionary if necessary.

removal load bill attorney remedial reduce delinquents
orphanage adolescents

1. You might have only four families on your case _____.
2. You want to avoid placing children in institutions like _____.
3. We used to _____ in cases for staff visits to a school.
4. The number of agencies was _____ to ten agencies.
5. We want to avoid the breaking up of the family, especially the _____ of children.
6. Our mission is to keep track of the kids adjudicated as juvenile _____.
7. Sometimes the social worker has to talk to an _____ on behalf of the family.
8. We provide mental health services to _____ involved with juvenile court.
9. We have so-called _____ services for children with mental health needs.

While-reading

1. Read part 1 of the interview and answer the questions after each paragraph.

Part 1

I've worked at Families Inc. for 25 years now. Families Inc. was organized in 1974 and was the first agency in Iowa and the second in the United States to provide family-centered services. Family centered services is where you go into the home of a troubled family and try to deal with their problems without removing the children from the home while maintaining the resources that exist in that home. You want to avoid the breaking up of the family, especially the removal of children by having them placed in institutions like orphanages. This program has evolved a lot since then. Back then we used to have two therapists to work with every family and it would be intense work with them. You might have only four families on your case load and you would see them three or four hours a day every day. Gradually, due to funding changes, the time given each of these families was reduced. When I started in 1984, we still usually had two therapists on each case, but we had bigger case loads with briefer visits.

What is the mission of the agency?

What problem did social workers face in working with families?

It had always been more efficient and less costly to provide in-home services than to keep a child in foster care. In this new approach, they (some agency) could refer the whole family to us and we could do whatever the family needed to stay together, e.g. parenting skills, marriage counseling, or even helping them clean their house. You might have several cases in one family because each child had different issues. We had to bill, however, only according to the family. We used to bill for staff visits to a school on behalf of a child or if the social worker had to talk to an attorney on behalf of the family, now we can only bill for direct face to face contacts with a family member. Other changes in the family in home delivery system also took place. Recently it was decided that rather than have 200 agencies provide family-based services in the state for DHS cases, the number was reduced to ten agencies. Each district has only one or two agencies delivering family based services. There was some effort to contract with other agencies which were qualified to do family-based care, but the costs were prohibitive. Those agencies that are still delivering family-based services are doing only the bare minimum. At that point, in 2007, the State started the so-called "remedial" services for children with mental health needs. This resulted in the opening up of services to a wider range of children with needs, not just those with abuse histories. Before, to get services you had to have child abuse report. Today when we get referrals

from Peggy Stokes or from some other places, like schools, we can serve them as long as a child has mental health needs. Now we use remedial services under what is known as a mental health **waiver** (*see note 1 after the text*). To qualify the child must have an official mental health diagnosis. Under the waiver program we are able to do therapy and provide a variety of family community supports. We are even allowed to provide respite care (e.g. baby sitting services) for the family. Our agency currently provides family-based care for abused or mentally ill children in about eight or nine counties. In several of the counties, we work with the juvenile court as well. We have started a fairly new evidence-based program called Functional Family Therapy. It's been pretty effective for some cases. This involves tracking the juveniles who are referred by juvenile court. Our trackers might call every night to see if the kids are home before the **curfew** (*See note 2 after the text*), help them get jobs, use a community service and make sure they go to school. We also provide the juvenile with some direct face to face counseling. Our role is to keep track of these kids adjudicated as juvenile delinquents.

What new approach related to service delivery is Mary talking about?

What changes have occurred recently in a service delivery system?

What kind of support is provided by remedial services?

What makes Functional Family Therapy effective?

In some other counties we have a grant to provide mental health services to adolescents involved with the Department of Human Services or the Juvenile Court. Through the United Way (special social services funding body) in the five counties we have a "building family strength program" where we can serve a family in the home up to six months at no cost for them. Here, we can do whatever the family needs. It doesn't have to be based on the mental health needs of one child or one person in the family. Even if they have health insurance, it is at no cost to them. The availability of funding the Family Strengths Program varies from county to county. We currently have twenty counselors. They all work out of their homes. The social workers schedules are crazy. Most of the kids they are seeing, especially now that we have remedial services, are being seen after school or in the evening when the parents are at home. Most of our staff are busy from like three o'clock in the afternoon to nine o'clock in the evening. Some of our staff work on the weekends, partly to avoid having to work so many evenings. With remedial services, some agencies see kids in the school more than we do, and I have some difficulties with that. We took

over a case where another agency was seeing the child in the school and the parents even didn't know about it. We see kids at school once in a while for an individual session and then see the parents too. They all have to have a mental health diagnosis, mostly ADHD (attention deficit disorder), but there are some children with behavior disorders, contact disorders and depression. Remedial services for children and adolescents may be extended to age 21. We can see them as young as three and sometimes even younger. For remedial services we teach them the skills for everyday functioning. With the two-year-olds, especially if they have communication difficulties, they have to pick a skill and make improvements. The social workers are not working with autistic children because they feel they are not going to make improvements. To continue remedial services the children have to show progress. You can't teach just parenting skills, you must teach skills directly related to the mental health diagnosis and the skills that they lost or never had.

Who sponsors the "building family strength program" and what services are provided by this program?

Mary describes the social workers' schedules as "crazy". What makes their work challenging?

What mental health issues do social workers deal with in their clients?

2. Are the following statements True or False according to the text?

1. The agency was the first in the United States to provide family-centered services.

2. Family-centered services go into the home of a troubled family and try to remove the children from the home.

3. In the past we used to have two therapists who worked intensely with every family.

4. To keep a child in foster care has always been less expensive than to provide in-home services.

5. The number of agencies that provide family-based services has been recently reduced.

6. The waiver program allows us to do therapy and provide a number of family community supports.

7. Functional Family Therapy provides only counseling.

8. Families that use the "building family strength program" do not pay for the services provided.

9. To receive remedial services, it is not necessary for a client to have a mental health diagnosis.

Notes

(1) **Waiver:** the waiving of a legal right (an exception).

(2) **Curfew:** a signal or time after which people must remain indoors until the next day.

Part 2

You are going to listen to and read part 2 of the interview.

Pre-listening /reading

Before you listen/read match the interviewer's questions and Mary's answers.

Questions

1. How long can children be on this program?
2. Can children return to this program, can they go through it twice?
3. You've mentioned functional therapy. What kind of therapy is it?
4. What background does your staff have?
5. Is it the only program of this kind in Iowa City, do you have branches in other counties?
6. Is your agency financed by the state?
7. Do you have volunteers?
8. Who reports to your agency? How do you find your clients? And how do they find you?

Answers

a) It is basically a short-term therapy, about three months in duration and is based on building relationships.

b) All of us must have at least bachelor's degree in psychology or social work or some related field and two years' experience.

c) We get referrals from the school, from DHS workers, from the hospital where Peggy works. We put some brochures around and from case managers through DHS, but the remedial case referrals come mostly through contacts in the community.

d) We do keep trying to write different grants and find money other than state funding.

e) You can close the case and then in six months something new comes up, something happens, you can open it again.

f) There are quite a few other agencies that do what we do. Compared to some agencies, we rent our building in West Branch and it's a pretty small town, we don't have a lot overhead.

g) We have a volunteer board of directors, but we don't use many volunteers.

h) We plan for six months. But we've had kids in treatment for as long as six years.

While-listening /reading

Listening /reading 1

Now listen to / read the interview and check your answers.

Listening /reading 2

Listen /read and complete the tasks for:

Question 1

What is necessary for the child to be able to stay in the program for more than six months?

Question 2

Listen /read and complete sentences a–c.

a) These are kids that have severe _____. Some of the parents aren't _____ and so that's why some of them get services for so long.

b) There is usually a _____ list to get accepted for services.

c) We teach kids _____ in a group _____ which is really helpful.

Question 3

Mary says that this kind of therapy is really laid down. What does to lay down mean:

a) to use as the basis of the treatment.

b) to establish as a rule or instruction.

c) to put in a certain position.

Question 4

You can hear /read Mary say that the child welfare services are doing terrible.

What reasons does she give for this situation?

What examples of the low quality work does she provide?

Question 5

Mary stresses that their staff are fairly independent people.

What does she mean by saying that?

What is required from every staff member?

What devices do they use to teach their clients different skills?

Question 6

Complete the following sentences.

a) In 2007, we were making a big change from _____ over to remedial and _____ waiver.

b) We try to conserve more people _____ to themselves.

Post-reading

Discussion

1. *In her interview Mary Kay briefly describes the program called Family Functional Therapy which deals with young offenders. What program(s) for this category of youngsters do you have in your country (city)? What is being done by the state (your region, city) to prevent juvenile crimes?*

2. *Another important issue that Mary Kay touches upon is the burnout problem among young social workers. What do you think can be done to avoid this problem?*

An Interview with Miriam Landsman, Director of National Resource Center for Family Based Services

Pre-Reading

The sentences in the following exercise contain some vocabulary from the interviews below. Each of the words is given in boldface, in the context in which it occurs, together with three possible definitions. Use the context to help you choose the best definition. You may need to use a dictionary.

1. My second research area is exploring permanency planning for children who are removed from their families due to usually abuse and neglect.

to remove means:

- a) to get rid of b) to dismiss c) to take away

2. The idea, however, lost some **credibility** over time.

credibility means:

- a) credence b) reliability c) liability

3. Child welfare workers have a high rate of **attrition**.

attrition means:

- a) reduction b) harassment c) attack

4. Much of the Center's work is **figuring out** ways to keep good workers.

figuring out means:

- a) measuring b) understanding c) taking care of

5. I began my career doing training for social workers on how to **testify**.

to testify means:

- a) examine b) to test c) to give evidence

6. I began my work in this field around twenty-five years ago trying to **blend** social work and law.

to blend means:

- a) to mix b) to bless c) to cycle

7. The law has a **crude** way of looking at substance abuse issues.

crude means:

- a) misunderstood b) vulgar c) not well worked out

8. My work in educating lawyers and judges is to **map out** the process of recovery.

to map out means:

- a) to draw a map b) to plan in detail c) to stop planning

9. We need to focus on the **incremental** strength of the family and then teach judges, lawyers and social workers how to measure family capacity and how to measure progress.

incremental means:

- a) increasing b) lifting c) spiral

10. Not all of our training is for certification. This particular one is fairly **rigorous** and the students have to produce some portfolio and then they get certification.

Rigorous means:

- a) mild b) serious c) easy

While-reading

1. *Choose the best answer according to the information in the interview with Miriam Landsman.*

1. One of Miriam Landsman's areas of research deals with

- a) removing children from their families.
b) finding a permanent home for children.
c) administering the center she is working at.

2. The idea of working with families in their homes appeared

- a) as a result of the large number of children being removed from their homes.
b) to prevent poverty and substance abuse.
c) to prevent a removal of the child from the home.

3. The "family preservation" approach lost some credibility over time

- a) because it was expensive and not quick enough.
b) because policy makers decided it was not effective.
c) because it led to a quick termination of parental rights.

4. The Center's clients are:

- a) families that have problems with children.
b) social workers and administrators.
c) children that suffer from domestic violence.

5. The Center is engaged in

- a) training parents to work with children.
b) teaching teenage girls to avoid pregnancy.
c) training social workers to work with families.

My name is Miriam Landsman, I am an associate professor of social work at the School of Social Work and I also serve as the Executive Director of the National Resource Center for Family Centered Practice . The Center has been a project of the School of Social Work for more than thirty years. The Center promotes “family-centered” social work practice through research, training and providing family based information. I have a dual role in being a professor and also administering the Center. My work at the Center, in addition to being the general manager, is as a child welfare researcher. I have particular interest in the professional child welfare workforce: how we retain people working in child welfare. My second research area is exploring permanency planning for children who are removed from their families due to usually abuse and neglect.

Let me tell you a little about the Center. It's been at the University of Iowa for thirty years. It has had a lot of influence on the development of child welfare services focused on the family. The Center grew out of a concern about the large number of children being removed from their homes and placed in foster care situations without any meaningful prospects of either reunifying with their family or finding some alternative way for children to have parents and families. It was then that the idea of working with families in their homes emerged. First of all, to prevent a removal of the child from the home if services were made available to the family in their home. If they had problems in the family related to issue of poverty, substance abuse, and mental health, the idea was to bring a social worker into the home to work with the parents and do what was necessary to achieve a safe home environment .This turned into a movement called “family preservation” and was very prominent in Child Welfare in the United States for a number of years. The idea, however, lost some credibility over time. Perhaps the approach was too slow and costly. So the movement shifted away from prevention towards a “quick” permanency – do whatever to make sure the child would be legally under someone's care. So instead of reunification being the primary objective, policy makers became concerned about resolving permanency (getting the child under some form of parent type custody) quickly. This also meant a quick termination of parental rights, with an eye towards finding an adoptive home for the child.

Reunification is still the primary desired outcome in child welfare, but there has been a shift away from making every effort possible to keep families together to one of focusing on a permanency outcome. Of course, we are always trying to get back to focusing on the family and all of its members needs.

Do families or parents come to your Center?

Our Center is not a direct service provider. What we do is train people to work with families and train their supervisors and managers to develop effective strategies for engaging and working with families. When you find people who are good at this form of child welfare work, you want to keep them. Unfortunately, child welfare workers have a high rate of attrition. Many workers don't stay long. Much of the Center's work is figuring out ways to keep good workers. The other aspect of what we do is to conduct research and do "permanency" evaluations. As part of our child welfare mission, we also do work in juvenile justice, in schools, in public health and with pregnancy prevention. We don't directly provide services to clients. Our clients are professionals: Child Welfare workers and administrators.

2. Answer these questions.

1. What roles does Miriam have at the Center?
2. What kind of problems do social workers deal with when working with families in their homes?
3. According to Miriam what are the advantages of "permanency" as opposed to "family preservation"? What do you personally think about these two approaches?
4. Miriam is talking about a high rate of attrition among child welfare workers. What do you think the reasons are? Do social workers in this country face the same problems?

An Interview with Lisa D'Aunno (Introduced concurrently with Miriam)

Lisa D'Aunno has a legal background, and like Miriam, she works at the National Resource Center for Family Centered Practice.

Pre-reading

1. Match the questions (1-9) the interviewer is asking Lisa D'Aunno with her answers (a-i). Then read the interview and check.

1. Do you do anything as a lawyer for this Center?
2. How many training courses do you provide?
3. Do the courses qualify as professional development or continuing education for those child welfare workers who attend?
4. Upon the completion of the course do students get a certificate?
5. Is your center financed by the state?

6. Is it autonomous?
7. How big is your staff? How many people work for your center?
8. Do you have online courses that you offer?
9. Do you serve many counties around?

- a) There are many of them with many different trainers.
- b) For the most part, yes.
- c) By the time I came to the Center three years ago, I had given up my law practice.
- d) It is financed through contracts with agencies or government units.
- e) Not all of our training is for certification.
- f) We are the only one like ourselves though there are other Centers doing similar training.
- g) The number is always changing.
- h) We are being pushed to do that direction, but currently it's not our approach.
- i) Yes, it is, in terms of financing, not in making everyday decisions.

My name is Lisa D'Aunno. I am the Director of Training at the Center Miriam just described. I am a lawyer by training. I began my work in this field around twenty-five years ago trying to blend social work and law.

Do you do anything as a lawyer for this Center?

No, I began my career doing training for social workers on how to testify, how to maintain confidentiality, how to prepare records that would be appropriate for the court, how to go to the court with creative proposals for protecting children in their own homes with certain types of court orders that would allow the state to watch carefully and demand certain things from parents. I enjoyed that work, but little by little I let go of my law practice and moved towards being a full time trainer. By the time I came to the Center three years ago, I had given up my law practice altogether and was doing training and some program development. The ways in which I would use the law now, would be in training child welfare workers professional ethics. Part of the American system is that licensed social workers have to continue to have professional training throughout their professional lives. I design courses for them. Substance abuse is one of my specialty areas. a big concern in child welfare. Somewhere between 60% and 80 % of families involved in the Child Welfare system have substance abuse problems.

I develop new programs and educate the court about substance abuse. The law has a crude way of looking at substance abuse issues. The case begins with a court order from a judge saying: the parents may not use substances any more and that makes everyone feel good in the courtroom, but has nothing whatsoever to do with the process of recovery from substance abuse. What it does from the beginning is set up a tension between the parent and the court system. The parent will always be viewed failing in some way. One of the Center's principles is that child welfare must be "strength – based" with families. Families are to be seen as having the capacity to contribute immeasurably to solving their own problems. So my work in educating lawyers and judges is to map out the process of recovery by focusing on the incremental strength of the family and then teach judges, lawyers and social workers how to measure family capacity and how to measure progress. In our legal system they want to see permanency for the child achieved quickly. In Iowa the goal is to resolve permanency for the child within six months. As we know, a long-term substance abuse problem will not be cured in six months.

How many training courses do you provide?

There are many of them with many different trainers. I am only one of the trainers. The training staff consists of professional trainers made up of social workers and therapists who have been teaching at the Center for many years. The training courses range in length from a day to a week. We have courses where we certify professionals in a particular field, like family development and supportive supervision. One of my jobs is to manage the training course sequence. Training is going on every month, but not always by me.

Do the courses qualify as professional development or continuing education for those child welfare workers who attend?

For the most part, yes, but there is another population we train outside of the child welfare system. These are the folks who may not have professional training in Social Work, but are assigned to programs that do home visiting and parent education in group setting. Most are in some way connected with the Income Maintenance program. Parents seeking financial assistance from the government to take care of their kids, may be referred to a program, such as home visitor program. We call them family development and self-sufficiency programs.

Upon the completion of the course do students get a certificate?

Yes, there are certificate programs for people who don't have college degrees. We developed a course and certification that would be appropriate for someone who didn't have college degree.

Not all of our training is for certification. This particular one is fairly rigorous and the students have to produce some portfolio and then they get certification. They also have to pass a test. Sometimes we are asked to come to an agency and provide two days of training on supervision. And in most cases the agency will pay us a set fee to come in their agency and train; in other instances, we open a registration and people will send a check to us. Generally the employing agency will pay the tuition of someone taking the training. Scholarships are available in some cases.

Is your Center financed by the University?

No, it is financed through contracts with agencies or government units. The Center is not funded by the University of Iowa

Is it autonomous?

Yes, it is all autonomous in terms of financing and in making everyday decisions. Still we are part of the university, and everything goes through the university, only the University does not fund our Center. For the most part, we are self-supporting.

How big is your staff? How many people work for your center?

The number is always changing, depending on available funding. We have training consultants that work for us on an 'item by item' basis. We don't consider them regular staff. We have about six full – time workers on regular staff and also some part – time people and students who work with us. What makes us important to the University is the experience we can offer students and the graduates of the Social Work program. With a Federal grant, we can hire graduate assistants up to a half time basis and pay part of their tuition. The students will have the benefit of working under the supervision of one of our experienced staff.

Do you offer any online courses?

We don't yet. We are certainly being pushed to do that direction, but currently it's not our approach. We are trying to learn about technology that allows everyone to be in front of a computer at the same time or to join groups in rooms with one camera and then they can talk to each other. Iowa is a big state, mostly a rural state, we don't usually train in Iowa City because we are not centrally located. We teach mainly at the Center so

people have to travel far to get to us. This will change the new information technology. There is too much time and expense involved in travel to courses.

Do you serve many counties around?

In the United States there are other child welfare resource centers with different foci. We are the one of a number of Centers doing training throughout the United States. We were actually the first national resource center in Child Welfare funded by the Department of Health and Human Services. There is a resource center on the organizational improvement and a resource center on child protection, also a resource center on foster care. They may have different specialty areas. We are the only one that focuses on family-centered practice.

2. Decide whether these statements are true or false according to the information in the interview.

1. Licensed social workers in the US have to continue professional training throughout their professional lives.
2. The law has a cruel way of looking at substance abuse issues.
3. One of the Center's principles is that child welfare must focus on families' strengths.
4. The training staff consists of social workers and therapists.
5. All of the training that the Center offers is for certification.
6. The Center is a part of the university, and everything goes through the university.
7. They have only full – time workers on regular staff.
8. The Center is the only one that focuses on family centered practice.

3. Answer these questions.

1. In her interview Lisa is saying that she is trying to blend social work and law. What examples does she give?
2. What is the focus of her attention when she teaches lawyers and judges?
3. Which is one of the biggest problems that the Center is trying to solve through providing training courses?

Post-reading

*You are going to work in group of three or four. Choose on of the topics below and prepare a presentation using visuals (a power point presentation, a poster, a diagram etc.) You might need to **Google** for the information you need.*

1. Family department in this country (region, city). Its structure, roles and functions.
2. Local and regional programs oriented toward helping families.
3. Any other topic(s) that you may offer.

The following phrases will help you structure your presentation.

- The purpose of this presentation is to...
- I'd like to give you some information about...
- I'll begin by looking at... Then I'll explain...
- So, first of all, I'd like to ...
- My next point is ...
- I'd now like to turn to ...
- As you can see from this table (graph), ...
- In conclusion, ...
- My recommendations, therefore, would be to...
- I am open to all your questions.

Language Focus

Vocabulary

Fill the gaps using one of these words from the interviews.

training mental insurance dominant removal
orphanages mediation Child Welfare environment attrition

1. These are the folks who may not have professional _____ in Social Work.
2. Between 60% and 80 % of families involved in the _____ system have substance abuse problems.
3. Child welfare workers have a high rate of _____.
4. We have a grant to provide _____ health services to adolescents involved with DHS.
5. We want to avoid the breaking up of the family, especially the _____ of children and having them placed in institutions like _____.
6. The couple usually has a _____ person, one who does most of the talking.

7. We have found that _____ is so important because it keeps people from going back to court.

8. Many people in the United States have _____ that would pay for some of our services.

9. The idea was to bring a social worker into the home to work with the parents and do what was necessary to achieve a safe home _____.

Word formation

Use the words to the right of the sentences to form one word which fits in the same numbered space in the sentences. The exercise begins with an example.

Each district has only one or two agencies delivering family (1) <u>based</u> services.	1 base
For children's mental health (2)....., they have 20 hours of training.	2 waive
It is (3)that the staff attend conferences.	3 mandate
We do try to provide training at every (4)staff meeting.	4 month
With (5)services, some agencies see kids in the school more than we do.	5 remedy
The (6)of funding the family strengths program varies from county to county.	6 available
You go into the home of a (7)family and try to deal with their problems.	7 trouble
Even if they have health (8)....., it is at no cost to them.	8 insure
There is usually a (9)list to get accepted for services.	9 wait
We still would like salaries to be (10)than they are.	10 high

Use of prepositions

Fill in the blanks with one of the following prepositions.

- | | |
|-------------|------|
| in front of | for |
| without | from |
| into | in |
| to | at |
| for | with |
| under | of |

1. The students will have the benefit of working _____ the supervision of one of our experienced staff.
2. We are trying to learn about technology that allows everyone to be _____ a computer at the same time.
3. Parents seeking financial assistance _____ the government to take care of their kids, may be referred _____ a program, such as home visitor program.
4. The training courses range _____ length from a day to a week.
5. It has nothing to do with the process _____ recovery from substance abuse.
6. In our legal system they want to see permanency _____ the child achieved quickly.
7. The Center has been a project of the School of Social Work _____ more than thirty years.
8. This turned _____ a movement called “family preservation”.
9. When you find people who are good _____ this form of child welfare work, you want to keep them.
10. A large number of children are being placed in foster families _____ any prospects of reunifying _____ their family.

Verbs

Complete these sentences using the verbs in the box.

returned keep make raise making moves evolved had
are started

We provide training at every monthly staff meeting and also 1) **raise** money for conferences.

We don't 2) _____ track of people's schedules. You get more money if a child is 3) _____ home within a certain period of time. This program has 4) _____ a lot since then. FFT starts with building relationships and then 5) _____ into some other phases. These 6) _____ children that have severe behavior problems. But we've 7) _____ kids in treatment for as long as six years as long as you can demonstrate the children are 8) _____ progress. We have just 9) _____ a group where we teach kids social skills in a group setting which is really helpful because they don't know how to 10) _____ friends or how to keep friends.

The Passives

In this exercise you have to complete each sentence by using the correct form of one of the following verbs. Use each verb once only.

<i>assign</i>	<i>make</i>	<i>ask</i>	<i>view</i>	<i>involve</i>
<i>cure</i>	<i>see</i>	<i>remove</i>	<i>push</i>	<i>fund</i>

1. It is possible to prevent a removal of the child from the home if services were _____ available to the family in their home.
2. We were the first center which was _____ by the Department of Health and Human Services.
3. We are being _____ to do online courses but currently it's not our approach.
4. Sometimes we are _____ to come to an agency and provide two days of training on supervision.
5. These people are professionals in Social Work, but are _____ to programs that do home visiting and parent education in group setting.
6. The parent will always be _____ failing in some way.
7. Families are to be _____ as having the capacity to contribute to solving their own problems.
8. Substance abuse problem will not be _____ in six months.
9. Between 60% and 80 % of families that are _____ in the Child Welfare system have substance abuse problems.
10. My second research area is exploring permanency planning for children who are _____ from their families.

Unit 4

PROGRAMS FOR PEOPLE WITH DISABILITIES

An Interview with Tom Walz, former Professor Emeritus, University of Iowa and Director of Extend the Dream Foundation – A Micro-Enterprise Development Program For Persons with Disability

*You are going to listen to /read **part 1** of Tom Walz's story about the program he developed for people with disabilities.*

Pre-listening

1. *Check the meaning of the following words in your dictionary or with your teacher.*

retarded inmate venue handicapped
Mall legacy parlor host
complementary release salvation

2. You will hear /see the phrase below in the interview. Study its definition.

foot traffic: refers to customers who come in the store to buy, traditional customers, since many books are sold over the internet and are shopped from home.

Listening 1

Listen to the first part of Tom Walz's story and complete these sentences.

1. Bill Sackter was a _____ man whom I helped start a _____.
2. Bill became so _____ that two movies were made about him.
3. Bill can serve as a metaphor about what a person can become – _____, _____, _____.
4. The small Mall has micro _____ operated by persons with _____.
5. The small Mall is home to _____ anonymous _____.
6. We attract both the musicians who _____ in bars, plus bands and programs featuring _____ musicians of high school age.
7. We sell more books on the _____ than we do in the shop.
8. The Internet has become our _____ salvation.
9. The price of our _____ in-store sold books is only _____.

Listening 2

Listen again and answer questions 1-7.

1. How long did Bill stay in an institution?
2. Why did he become popular?
3. How many and what enterprises comprise the small Mall?
4. What is the Mall proud of?
5. Who can come to perform in Open Mic (microphone)?
6. What does Tom call selling books on the Internet?
7. Where do they get books from for selling?

Part 2

You are going to listen to /read part 2 of the story about the Extend the Dream Foundation.

Pre-listening

1. The words below appear in parts 2 and 3 of the story. Match them to definitions 1 – 10.

parent (organization) fiscal chore odd dimension
bid recur revenue indispensable accommodate

- 1) financial _____
- 2) essential _____
- 3) routine task _____
- 4) leading _____
- 5) extent, scope _____
- 6) unusual _____
- 7) an offer of a price in order to buy something _____
- 8) annual income _____
- 9) to happen again _____
- 10) to adapt _____

2. You will hear /see the phrases below in the interview. Study their definitions.

- 1) **hand-dipped ice cream:** traditional ice cream, solid and scooped from a container; much of today’s ice cream in America is “soft ice cream” and comes out of a machine.
- 2) **shipping and handling:** wrapping up boxes and sending them.
- 3) **to refinish:** to take the old finish off a piece of furniture and restore the wood to its original look.

While-listening/reading

As you listen /read take brief notes about the following micro – enterprises which are part of the program. The first one is done for you

- EDF (e.g. a non-profit organization with 15 volunteers)
- Sackter House Media Productions
- E-Commerce Center
- Mick’s Workshop
- Ramp – chore

Part 3

Read part 3 of the story. As you already know the small Mall is operated by people with disabilities. One of them is Mick.

1. Say:

What his health problem is?

What kind of jobs he does for the Mall?

2. Focus on the interviewers' questions and Tom's answers. What other examples does Tom give about people who work in the Mall and the functions they perform?

3. What are the functions of the administrator of the program?

Each of the owners of these businesses is a person with a disability. Mick, for example, owns Micks workshop. He is 57 years old and has been an alcoholic since he was 15. He worked for his father who was once mayor of Iowa City and chief of police. Mick completed high school, but never read a book again. He is not academically gifted, but he is a talented craftsman. Mick has been with the project from the very beginning. He built everything in the small Mall. He tore out the walls, put in the framework, modified most of the building. He struggled for many years with drinking, but then he stopped drinking completely. He fell in love with a woman who runs the bookstore, which contributed to a change in his health and personality. The administrator of the Extend the Dream Foundation, also performs the functions of the general contractor for Mick's Workshop and RAMP. He negotiates the projects, writes out the bids and oversees most of the construction projects.

Peggy Stokes: *How is that related to people with handicaps?*

All of the owners and workers have disabilities. Many of these disabilities are mental so, for some, they have the physical skills they need. Mick, for example, is both an alcoholic and a person with mental health issues, plus he fell off a roof and broke virtually every bone in his body. Like Mick, most of the other workers suffer from alcoholism along with other health issues. They may receive mental health services, but they are physically able and they have their skill. Still others may have serious physical challenges, but they work in other businesses that can accommodate their disabilities.

Peggy Stokes: *Give me other examples of how one can be disabled yet work physically.*

A case in point is my son who works for Mick. He is mentally retarded, but has good athletic skills and has learned how to refinish furniture. In spite of his low intelligence, he has learned how to take care of himself. He has his own small house and a truck which he safely drives.

The man who is in charge of our maintenance today has some form of autism (Aspergers syndrome). He, nonetheless, can function in his job. He still lives at home with his aging parents. He, too, drives a car. There is a woman and a young man doing the gardening outside, she is mentally ill and he has a brain injury that requires an implant to ward off severe epileptic seizures. They are here every day and take care of the flowers.

Interviewer: *How many handicapped people are part of your organization?*

In all, we have eleven owners and co-owners and about nineteen others that get some pay plus many others who volunteer. The other volunteers are students. We have a large number of students, but no paid staff. The owners get a share of the profits and it's very modest.

Peggy Stokes: *Do your owners and workers get a disability pension?*

They get SSI (a supplemental Social Security payment). What they earn from us is extra money. We have a few people like Mick that are provided all living expenses, but no pay check. He prefers this because of the dangers of his alcoholism and the risk he faces with his creditors. He owes our hospital system hundreds of thousands of dollars from his treatment when he fell off a roof. If he worked for pay, the collection agencies would take most of his paycheck. Since the government disability pensions are so small, what they earn from us allows them to have a higher quality of life (e.g. being able to afford cable television or an internet hook up).

Post-reading

1. Mick's story can be called a success story. Do you know other stories where people were able to overcome their challenging situations and start a "new life"? Share your stories with the rest of the group.

2. Present the Extend the Dream Foundation program in a diagrammatic form.

A Group Home Tom Walz's Story

The following text presents some information about a government program for people with disabilities.

Pre-reading

1. *What is a group home?*
2. *The words in column A appear in the text. Find their explanations in column B.*

A	B
1) mortgage	a) limited
2) accessible	b) place of residence
3) confined	c) the amount of money borrowed from a bank to buy a house
4) domicile	d) able to be reached or used

3. *Read the text and decide whether these statements are true or false.*

1. The mortgage payment is a combination of government subsidy and help from family members.
2. Persons from different families cannot qualify for the program.
3. The house has no barriers for physically disabled people.
4. Building houses wheel-chair accessible is not only a popular movement but also a law.

Another of the things that we do is managing a private home that we call Sackter House. This home is being purchased by three handicapped people who are low-income. They have qualified for a housing subsidy and combine their disability income with a subsidy from the government to make the mortgage payments on their home. So instead of paying rent to a landlord, they are buying their own home and building up equity **(1)** in it. While this special government program (rent to own) is designed to house families, the three unrelated adults who are buying the property are considered a "family" and were therefore qualified as buyers. The house which is new, was designed to be barrier free, accessible to physically handicapped individuals. One of the owners is a man with cerebral palsy **(2)** and confined to a wheel-chair. Living in an accessible house allows him to live in the community and not in an institution. The idea of designing homes to be barrier-free is a big movement in our community. There is a new law that requires that all homes be designed for future wheel-chair accessibility.

The realization is that someday we will all grow old and the domiciles in our community should be able to accommodate our growing limitations.

Notes

(1) **equity**: the value of the house (over and above what you may owe on it) that the bank would be willing to give you a loan on.

(2) **cerebral palsy**: церебральный паралич

4. Using the statements in 3, give a summary of what this particular kind of group home is. Do not forget that when you summarize you use own words. You may begin your summary in the following way:

Sackter House is a private home which was bought by three low-income disabled people.

Speaking

The Extend the Dream Foundation has its own web site that covers weekly what happens in the program. Check them out on Web at <http://www.uptownbills.org> and on <http://myspace.com/uptownbill> to see what events they had during the last two weeks. Report on what you have learned and say what significance the events had for the community.

Discussion

Work in small groups of 3 or 4. Discuss the questions below. Then share your ideas with the rest of the group.

What do you think about the programs described in this unit?

Do you think it is possible to organize similar programs in this country? What do you need if you want such programs to become a reality?

What programs for people with disabilities do you have in your country? How are such people integrated in the life of society?

What kind of program(s) would you like to have created in your city for people with disabilities?

Language Focus

Vocabulary – opposites

Use prefixes to form the negatives of these adjectives:

- | | |
|----------------|--------------|
| 1) expensive | 6. alcoholic |
| 2) qualified | 7. complete |
| 3. talented | 8. profit |
| 4. related | 9. academic |
| 5. dispensable | 10. paid. |

Key Vocabulary

Fill the gaps using one of these key words from the text:

Retarded inmate low income free
AA meeting hook up ward off handicapped

1. Bill had been forced to spend 44 years as an _____ in an institution.
2. 35 people, many young women, gather every day at noon for an _____.
3. The house was designed to be accessible to physically _____ individuals.
4. Bill was a mentally _____ man whom I helped start a small coffee shop in the School of Social Work.
5. They can earn from us is some extra money for a higher quality of life (to have cable television or an internet _____).
6. This home is being purchased by three handicapped people who are _____.
7. Being alcohol _____ we can attract musicians of all ages.
8. He has a brain injury that requires a surgery to _____ severe epileptic seizures.

Use of prepositions

Complete the sentences below using the prepositions in the box.

in of to to to with with on up from at
--

1. Due ____ funding changes, the time given each of these families was reduced.
2. ____ this new approach, they could refer the whole family ____ us and we could do whatever the family needed to stay together.
3. We had to bill, however, only according ____ the family.
4. That's been kind of an issue ____ the beginning of our being so heavily reliant ____ state dollars.
5. They have twenty hours ____ training in the first year.
6. We can serve a family in the home ____ to six month ____ no cost for them.
7. You can work ____ the parents and the family.
8. They hire people ____ a high school education to do some of this work with families.

Grammar 1

Conditionals – present unreal (Describes a situation that is not true or not real at the present time).

Fill the gaps in the sentences, using the words given.

1. If he worked for pay, the collection agencies would take (the collection agencies / take) most of his paycheck.

2. If the house was not designed to be barrier free, _____ (it / be difficult) for people with physical handicaps to live in it.

3. Handicapped persons would not be able to buy and sell on the internet, if _____ (the Center / not / train) them.

4. If _____ (they / not / sell) books on the Internet, _____ (the Mall / not / do) well financially.

5. _____ (They / not / have) a higher quality of life, if (they / not / earn /) from us.

6. If _____ (the three unrelated adults / be / not considered) to be a “family”, _____ (they / not / be qualified) as buyers of a house.

Grammar 2

Use the correct form of the verb in brackets.

1. The house _____ (designed / was designed) to be barrier free.

2. He _____ (is owed / owes) our hospital system hundreds of thousands of dollars.

3. This home _____ (is purchasing / is being purchased) by three handicapped low income people.

4. He has a brain injury that _____ (requires / is required) an implant.

5. The three adults who are buying the property _____ (consider / are considered) to be a “family.”

6. We are able to _____ (be trained / train) about twenty five handicapped persons a year.

7. The movies told the story of how he _____ (was forced / had been forced) to spend 44 years in an institution.

Unit 5 PROGRAMS FOR THE ELDERLY

An interview with Carol Bates, Manager for Elder Care Services

Pre-reading

What services do they have for elderly people in this country?

While –reading

From the interviews below you are going to learn about some programs for the elderly in the US.

1. Read Part 1 of the interview and

a) say what the main purpose of “Eldercare” is;

b) list a number of functions that Carol Bates performs as a case manager.

E.g. She visits clients in their homes.

2. Read Part 2 of the interview interrupted with Tom Walz’s and Elena’s (the interviewer) questions and comments. What answers does Carol give to his questions?

Part 1

My name is Carol Bates and I work as a manager for the Elder Services in Iowa City, Iowa. I am a specialized case manager **(1)**. Within Elder Services, I work for the Elder Abuse Initiative which is funded from Federal and State grants. Elder Abuse Initiative is headquartered in Cedar Rapids. I have about thirty clients that I visit who have been referred by the Department of Human Services, police officers, the University of Iowa Hospitals and Clinics, as well as anyone in the community for what we call "protective services", elderly endangerment. When I get a referral, I call the client and I go out to their home to visit them. If they say I can't visit, then I just offer them services over the phone so they can stay in their homes. Often times with elderly people, they can't keep up with their housekeeping. I try to provide them with services to make their home a safe environment by getting them housekeeping services. Our headquarters can authorize funding to pay for an emergency housekeeper.

Part 2

Tom: *Are you the only one in town who does adult protective services...is it contracted through Elderly Services for adult abuse?*

Our contract comes through the **Heritage Aging on Aging** which supports services in seven Counties. It is through them that the Elder Abuse Initiative case manager is contracted. I am the only elder abuse case manager in Johnson, Cedar, Benton and Iowa counties. So I get calls from all those counties. I am the one that goes out and makes the call. If I get the person stabilized in their home, I transfer them to another case manager here in my agency or in that county. But I am the only Elder Abuse Initiative case manager in those four counties. I take the lead and make the initial visit.

Tom: *Does the Department of Human Services no longer do adult protective service?*

Yes, they do. We work with the Department of Human Services (DHS). DHS originally did only child abuse investigations, but later when elder abuse was identified as a problem, they were assigned by law to do those investigations as well. They are obligated to provide adult protective services to dependent adults, where an adult or older person is unable to protect themselves from abuse. Because DHS is so overworked and understaffed, my position as an Elder Abuse Initiative case manager came into being. I became in effect the elder abuse investigator and set up a protective service plan using other resources.

Tom: *What is the most common kind of adult abuse that you are finding, would it be self-abuse?*

Yes, self-neglect is the most common situation I face. As you know many of our clients suffer from dementia and do not have family or friends to help them with decision making. We may not necessarily be in a position to take over for them, most want to remain self-reliant, but at least we know they are vulnerable and we can monitor their situation.

Tom: *Do you ever make recommendations to the county attorney to place someone in a nursing home for their own protection?*

We can make such recommendations; I don't have the power to do that as a case manager. In such instances we look for conservators (2) or guardians to act on behalf of the older demented person. If they don't have someone who can make decisions for them, the best we can do is stay in contact with the person and make recommendations. We do have a lawyer

that can help us with some of the legal decisions. The lawyer can advise me about what I can and can't do as far as the client is concerned.

Elena: *How many clients do you serve?*

Right now I have 21 clients.

Elena: *How many case managers work for this agency?*

There are four case managers.

Tom' comment: *Carol has to cover four counties, which is a pretty broad area and so there's a lot of travel time, it's hard to have them handle a lot of elderly persons in need.*

Notes

(1) Case management: A procedure to coordinate all the helping activities on behalf of a client or group of clients. The procedure makes it possible for many workers in the agency, or different agencies, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered.

(2) Conservator: A court –appointed guardian or custodian of the assets or property belonging to someone who is judged unable to manage them properly. The conservator may be an individual or, in some jurisdictions, a public or private agency.

Post-reading

Summarize in the form of notes your knowledge of the work of a case manager. Use the tasks from the While-reading section to help you.

An Interview with Bruce Teague, Administrator of Caring Hands and More

Pre –reading

Match the words and word combinations on the left with their definitions on the right.

- | | |
|------------------|------------------------|
| 1) in the event | a) repayment |
| 2) to pass away | b) to use |
| 3) reimbursement | c) an interval of rest |
| 4) to utilize | d) to die |
| 5) respite | e) if it happens |

While-reading

Below are the questions that Tom Walz is asking Bruce. Read the interview and find the information that Tom is requesting.

1. What departments do you have and who is on the staff of your agency?
2. Where do your referrals come from?
3. What would you do with end – of- life service for hospice clients?
4. Do you contract with hospice or does the hospice contract with you and pay you through the hospice reimbursement program?
5. Are you serving mostly upper income elderly?
6. How much are your home-help worker paid?

My name is Bruce Teague and I am the CEO (Chief Executive Officer) of Caring Hands and More here in Iowa City. Caring Hands and More is a home-care agency which offers family services, home help and some elder services. All our services include home-help care. We provide a parent helper service in partnership with the University Hospital and University school. We offer pet care, professional housekeeping and professional long term care. In all, we have five departments under our auspices. I manage the care of the clients and I have two other professionals on staff; a master-degree social worker and a Human Resources manager who handle the hiring of the housekeeping and related staff. The social worker is a master's level worker with 37 employees that work in the community under her supervision. Ours is a hands-on method of helping people.

In home-help care, each department has different referrals because they are financed from different funding sources, and in some cases are served by different disciplines as well. As for home-help care, a lot of our referrals come from the Elder Services Agency who comes in contact with elderly persons in need of home-help services. We also have a large percentage of end-of-life clients. Most of those referrals come through Iowa City Hospice, the agency that works with terminally ill persons.

We partner with Hospice Inc. on cases where the client care needs are more than the family or hospice can provide. Hospice staff, home helpers, licensed practical nurses, or registered nurses fill in the medical needs at the moment and they are always available by phone to give family direction and assistance. However, if the family of the dying person needs hours away from the hospice client (some respite), hospice does not provide this nor can the hospice volunteers; however, our caregivers can. Or, a client may even need a 24-hour care and still want to remain in their home

until they die. Our agency partners with Iowa City hospice make this possible.

Hospice is one of the Medicare services. Hospice does not pay us directly, hospice does have some waiver services that the client will have to qualify for. We are a Medicaid certified agency, so we would be paid through Medicaid if the clients have those benefits. If we have a Medicare **(I)** client and the client has Medicaid benefits, Medicaid pays for the care we give; if our services exceed that daily amount in the hospice, a hospice waiver may be granted to the client and the cost of services paid for through this mechanism. Some of our clients are private-payers, some have long-term care insurance or other types of insurance which can help with their cost.

For the most part, home care in general is going to be a service that people would want to pay for. It is expensive per hour, but if you look at the overall cost of remaining in our home versus going a nursing home it is cost effective. We bill \$18.50 an hour.

Our home-help worker's salary varies according to the client fee and according to the experience of the home-help worker. Like any other business we have a fee scale. The home-helpers are probably paid about half the fee, the other half goes to cover our administrative costs.

Notes

(I) Medicare: The national health care program for the aged, established in 1965. Funding comes from employer-employee contributions as part of the individual's social security, from *earmarked taxes* (taxes that are placed on particular products, e.g. gasoline, liquor) and from general federal revenues. Eligibility is not based on need but on reaching the age of 65.

Post-reading

Discussion

Work in small groups of three or four to discuss the questions below.

What do you know about hospice programs in your city?

Would you like to work in a hospice setting? Why/why not?

An Interview with James Hunter, Executive Director, Legacy Pointe

Pre-listening

You will hear the following phrase in the interview. Study its definition.

Independent living facilities: Complexes for elderly persons to live, but they must be able to handle their daily tasks of living (cooking, dressing, bathing, etc).

Listening 1

Listen to the interview with James Hunter. Complete the questions that Tom Walz is asking.

1. What is your _____ capacity?
2. What level of income would a person need to be able to _____ assisted living?
3. What kind of staff _____ do you provide for \$4000 a _____ rent?
4. What is your _____ ?
5. How long can _____ stay here.
6. What's the _____ between a one-person assist and a _____ assist?
7. In your _____ do you not have to be licensed as a nursing home _____ ?

Listening 2

Listen again and focus on the answers. Choose the correct answer.

1. *The assisted living is for*
 - a) persons with disabilities
 - b) old people
 - c) both the elderly and the disabled
2. *The facility can house*
 - a) seventy-three people
 - b) sixty-eight people
 - c) eighty-six people
3. *The income level is normally*
 - a) fifty dollars
 - b) fifteen dollars
 - c) fifty thousand dollars

4. *The facility is like*

- a) a good hospital
- b) a good hotel
- c) a good home

5. *In order to work in this kind of facility you need to have a*

- a) a certificate
- b) a license
- c) a diploma

Post listening. Internet search

Look for more information about assisted and independent living facilities, and nursing homes in the USA. Report about your findings at the next lesson.

**An Interview with Michele Newman, Program specialist
at the Iowa City Johnson County Senior Center (1)**

Pre-reading

The words below appear in the interview with Michel Newman.

Yoga religion television studio insurance
therapeutic poetry fifty philosophy

1. *Which situations do you think these words refer to?*
2. *Scan the interview to see whether your predictions were correct.*

Begin your answers with the following phrases:

I was right/not right when I said....

I was right/wrong to think that...

On the whole my predictions were...

While-reading

Read the interview carefully and fill in the table on the kinds of services the center provides.

Sport activities	Education programs	Activities for fun	Help and assistance

Elena (the interviewer): *Please tell me something about what you do for this center? What kind of clients you serve, work with?*

1. We work with people 50 years and older and provide opportunities for a life-long learning and community involvement. We offer a wide range of classes and programs such as fitness classes, Thai Chi, Yoga, Latin dance and other foreign dances, fitness training classes, and aerobics. We have well-equipped fitness rooms along with fitness training. We offer painting classes, basket weaving classes, and ceramics and pottery instruction. On another level we offer literature, philosophy and religion classes. We have a computer lab and offer computer classes. We even have a television studio where people can volunteer to learn how to use a digital camera and do programming for rebroadcast on television. At the Senior Center we hold art exhibitions, have clubs and groups where you play cards. There is a walking group and a hiking group where they take nature walks at different times of the year. We both have classes in the Center and in other facilities throughout the community.

2. A lot of our activities are just for fun. Last night we closed off the street in front of our Senior Center and had a street dance. We had people playing music from the early 1970-s which we called "the baby boomer (2) bash" (bash: a party, a festive good time). The first of these baby boomers are now seniors. We have a quilting group and a gift shop so people can volunteer and give back to the community. In our Senior Center we offer meal programs, both home delivered meals and a daily congregate meal (3) right at the Senior Center. The Physician and Nursing groups have office space in our building and they offer therapeutic massage and various specialty clinics. We are designed to be a "**one-stop shop**" for seniors, so they can come here and get all of their needs taken care of. We do our best to maintain a one-shop idea, but we can't do it all with such a growing population.

3. I should also mention that we have services for people to help with their income tax returns and to get information on senior health insurance. We also offer some legal help and help in preparing their wills and advance directives (message to health care staff about the wishes of a dying person). We have in the Senior Center a small library where people can come and check out books. There is a book club, where they pick a book to read and later discuss it. On occasions we hold poetry readings.

4. Basically, it's our philosophy that if there is something that someone wants to do and we don't have it, we'll try to arrange it. So we really are always changing, with changing needs of the population. We do invite the general public to certain events so you don't have to be over 50 to come to some of our dances. We try to do some intergenerational

programming because we see the importance of connecting the whole community to an activity of mutual interest.

Elena: *How many people come here every day?*

5. Well, I don't have a number to tell you exactly how many people come each day. I can tell you that we do have a membership fee which is basically a user fee to come. There are over 1200 people who have purchased a membership to come here. How often they come is really up to them.

Elena: *Do they pay for the classes?*

6. In some cases, yes. We do have some classes where there are a materials fee or an instructor's fee. The seniors would pay the instructor for the class and then the instructor might share some of the revenue with the Center. Mostly we work with volunteer instructors. We never turn anyone away from our Senior Center.

Notes

(1) Senior Center: A central meeting place and service for elderly people, funded partly by the city government, and partly by memberships (all seniors pay a fee to use their service).

(2) Congregate meal: A federally funded program for seniors to have a place to congregate and have a hot noon meal, seniors can eat free but encouraged to pay \$3 per meal, available in most communities in the US.

(3) Baby boomers: Persons born in the US between 1946 and 1955.

Post-Reading

Answer the questions

1. How do you understand a "one-stop shop" concept?
2. What is the philosophy of the Center?
3. Who organizes similar services for senior citizens in this country?

Project Work

With your partner/partners think of an agency you would like to create for elderly people in your city. What position would you hold in this agency. What functions are you supposed to perform? Prepare a poster or a brochure describing what services your agency provides.

Language Focus

Vocabulary – Find the word

Look in the interview with **Michel Newman** and find the word or phrase that means:

- 1) vessels and other objects made of baked clay (par.1)
- 2) a party, a festive good time (par.2)
- 3) a padded (pad: a piece of soft material) bed cover (par.2)
- 4) get together (par.2), *in the interview used as an adjective*
- 5) a formal report (par. 3)
- 6) a message to health care staff about the wishes of a dying person (par. 3.)
- 7) to buy (par. 5)
- 8) annual income from taxes (par. 6)

Vocabulary

Choose the correct word below to complete the sentences.

protective	conservators	available	environment
end-of-life	home	insurance	assistance
programs	terminally	referrals	contact

1. I try to provide them with services to make their home a safe _____.
2. They are obligated to provide adult _____ services to dependent adults.
3. In such instances we look for _____ to act on behalf of the older demented person.
4. We also have a large percentage of _____ clients.
5. Hospice staff, _____ helpers, licensed practical nurses, or registered nurses are always _____ by phone to give family direction and assistance.
6. Some of our clients have long-term care _____ or other types of insurance.
7. They have some nursing _____ and recreational _____ along with all the features of a good hotel.
8. Most of our referrals come through Hospice, the agency that works with _____ ill persons.
9. A lot of our _____ come from the Elder Services Agency who comes in _____ with elderly persons in need of home- help services.

Grammar – Verb forms

Put the verbs in brackets in the correct form.

1. It(cost) about four thousand dollars a month to stay here.
2. What kind of staff assistance.....(you provide)?
3. Last night we..... (close) off the street in front of our Senior Center and.....(have) a street dance.
4. We.....always.....(change).
5. If there is something that someone wants to do and we..... (not/have) it, we.....(try) to arrange it.
6. I..... (be) with the company over five years.
7. Over 1200 people..... (purchase) a membership to come here over the last few years.
8. A hospice waiver..... (may grant) to the client.

Grammar – Reported Speech

Look at the interviewer's questions and the interviewees' answers, and then write them down as reported speech.

Examples: Tom: What is the most common kind of adult abuse?

Tom asked **what the most common kind of adult abuse was.**

Carol: Self-neglect is the most common situation I face.

Carol said (**that**) **self-neglect was the most common situation she faced.**

1. Tom: Are you (Carol) the only one in town who does adult protective services?
2. Tom: Does the Department of Human Services do adult protective service?
3. Carol: We can make such recommendations.
4. Tom: How many clients do you serve?
5. Tom: Do you contract with hospice?
6. Bruce: We offer pet care, professional housekeeping and professional long term care.
7. Tom: Are you serving mostly upper-income elderly?
8. Tom: What is your actual bed capacity?
9. James: We provide most basic services.
10. Tom: What's the difference between a one-person assist and a two-person assist?
11. Michele: How often they come is up to them.

Unit 6 VOLUNTEER WORK AND CHARITY

An interview with Patricia Kelly, Professor Emeritus, the University of Iowa

You are going to read / listen to Patricia Kelly talking about her experience as a volunteer.

Pre- listening

1. Have you ever volunteered? If so what exactly did you do?
2. Check the meaning of the following words in your dictionary or with your teacher.
severe, to thrive, to sustain, expertise, amenity

While- listening / reading

1. Listen to / read the recording. Here is a list of points that can be made about volunteering. **Tick** the points that are mentioned and put a **cross** beside the points that are not mentioned in the interview.

1. There is a lot of information that supports the fact that people with mental illness do better when they companionship.
2. We try to match the volunteers and mentally ill people that have similar interests.
- 3 My role was to help organize workers to do therapy.
4. Local musicians played music free of charge and helped draw an audience.
5. This event helps to educate the public about the needs of the mentally ill.
6. Donations came in to pay for books, paper and the like.
7. This same year I became president of the faculty Emeritus Council.
8. The shelter offered no mental health treatment.
9. It is a large national organization which works to invite professional leaders from abroad to share their expertise.
10. We live on a tiny planet or as they say we live in a global village.
11. We entertain our visitors and introduce them to the cultural amenities of the city and university.

2. Listen / read again and answer the following questions.

1. What group of people does COMPEER help?
2. What kind of activities do COMPEER volunteers organize?
3. What was Patricia Kelley's job as a member of the agency board?
4. What are the sources of funding for this agency?
5. What organization does she currently work for and what is its mission?

An Interview with Cathy Lowenberg

Below is Cathy Lowenberg's story about her Activities as a Red Cross Worker.

Pre –reading

Match the words and phrases on the left with their definitions on the right.

- | | |
|-----------------------|-------------------------------|
| 1) call center | a) plenty |
| 2) to wander | b) a gift of money |
| 3) a perfect stranger | c) crisis center |
| 4) a donation | d) to go from place to place |
| 5) to pick | e) a person one does not know |
| 6) distraught | f) to choose |
| 7) loads | g) greatly upset |
| 8) refugee | h) a person who seeks shelter |

While –reading

1. Read the story about the Twin Towers disaster (paragraph one) to find out:

- a) *what the call center did to help people;*
- b) *what Cathy's mission was at the center.*

2. Read Cathy's story about hurricane Katrina (paragraphs 2-8). Answer the questions after each paragraph and have a discussion.

1. A few months before our 9/11 (in American English the number of month comes first: 9-September, then comes the day-11; 9/11 means September 11th), the Twin Towers disaster, the 2001 tragedy, I became a Red Cross volunteer. Because I am in mental health, I signed up for the disaster mental health intervention team. I was sent to Virginia, outside D.C. where a call center was set up. The people that were involved in the tragedy, the pilots, flight attendants and people on the ground were experiencing a lot of trauma. Many were afraid to go back into planes. Also

the families of people who were killed in the collapse of the twin towers would call. Our call center operated 24 hours a day and took calls from people experiencing the effects of the disaster (post-traumatic stress). The center served as a crisis-line for these people. My role in the center was to help organize workers to do therapy or what we call crisis intervention. We listened to the people's stories about their concerns and fears.

2. After 9/11 came another tragedy, hurricane Katrina which devastated New Orleans. I was sent by the Red Cross to Alexandria, Louisiana, north of New Orleans. I arrived three weeks after Katrina hit. What happened in these three weeks' time is that people whose homes were destroyed made decisions to relocate. Many went off to different states. The people that were left were the people who had the least amount of personal resources in terms of finances, friends, family. Many were chronically mentally-ill. When I arrived I found a shelter which was nothing more than a big round building shaped like a coliseum. Actually it was a sports stadium. The whole inner area was filled with people (refugees) who were strangers to one another. Their children didn't go to school because they were afraid to leave their parents, having just lost everything including their homes. In the refugee camp there was an outbuilding that was set up as a school. Donations came in to pay for books, paper and the like. In this camp, the thing I remember doing the most was parenting. Parents were so absorbed in the tragedy that they were not thinking about their children. So the children wandered by themselves looking for food or water and talking to perfect strangers. I spent a lot of time getting the wandering children back to their parents. The parents were often unhappy about what I was doing. Why should I be caring about their children. There was no point in saying: "Could you please keep a closer eye on your child". In their position it was something they simply couldn't handle at the moment.

a) What did Cathy learn about the people who were left in New Orleans three weeks after the disaster?

b) What kind of shelter did they stay at?

3. The group that seemed best able to cope with the situation were African-American families. They turned the situation into something of a party. They had some music, they read and socialized with each other. These families were really connected. The older kids watched the younger kids. They cared for each other. The teens, like their parents, were trying to decide what to do.

a) How did African-Americans handle the situation?

4. Then suddenly FEMA, the Federal Emergency Management Agency, came in and informed them they were closing the shelter. I will never forget the feeling in my stomach when told about this decision. Where were these people to go? No matter, FEMA had chosen to close the shelter. FEMA sent some officials to inquire where the people would like to go. Many would answer they didn't want to go anywhere. The officials were insistent. You need to pick a place they said. We'll put you on a plane or a bus. You have to leave, so pick a place. Literally people were picking cities they had never been to and were heading off to strange places without identification, having lost everything in the flood. Can you imagine trying to board an airplane without an ID. They were taking people to airports and bus stations, while others waited endlessly in the shelter.

a) What was FEMA's decision about the shelter?

b) What steps did the agency take to relocate people? How were their feelings addressed?

5. I remember children coming to their mother and saying they had to go to the bathroom. The distraught mother was not even listening, preoccupied with where she might be going. One doesn't dare take another's child to the bathroom. Even when I offered help, most of the time I was turned down. The parents were uncomfortable about letting their child go with a stranger. Parents often sought escape, covering their heads and lying down heavy with their depression.

a) How does Cathy describe the psychological state of the parents?

6. There was a small contingent of the truly mentally-ill refugees that agreed to go to another shelter. We went with them. The place they were sent was like a boy-scout camp with wood bunks to sleep on. Everything these people owned was in a suitcase underneath the bed. They had no idea where they would go next. The shelter offered no mental health treatment, no medications and they kept no records. The people there couldn't even tell you what medications they were on and what their mental health diagnosis was. I was sitting outside the shelter one day and talking to some guys and they told me they had been homeless before the flood. They explained they slept on the street in New Orleans. Actually the homeless person in the shelter adapted better, as they were used to being homeless in a way. They just needed food.

- a) What measures were taken in relation to mentally-ill people?
- b) If you were a FEMA worker, what would you do to meet these people's needs?

7. We worked night and day. One issue was getting personal mail to families. Another was waiting for a FEMA check. Actually all of the refugees were supposed to get a government check. The people would say they were not leaving until their check came. Every day when the mailperson came, we would forward the mail to the shelter. People would come waiting and hoping there was a FEMA check for them. The expressions on their faces were so sad when the mail brought nothing. This was one of the shelters among many. Sometimes people were moved from the temporary shelters to hotels outside the city. Here, the homeless had no car and no check. They couldn't even afford to buy food.

a) Judging from what you have read, how would you evaluate the organizational side of the FEMA work?

8. Peggy Stokes, a hospital social worker, is making a comment:

Essentially you were trying to keep things calm as much as you could, meet the immediate needs of people and then help find a more permanent place for them to live and to get treatment.

We were trying to get them a ticket to where, hopefully, they had family and a community church. They might have an uncle with whom they hadn't talked for years. While they may not want to go there, the situation required them to give him a call. Everybody knows that it's a difficult time for mentally-ill people when they are displaced. If they are truly depressed or are having psychotic symptoms, making those kind of adjustments is almost impossible. They would just sit and tell me the story of life and what their losses meant to them. It was an education to hear their stories. It was a situation where a person's world was taken from them, and there was no after-plan. It is one thing to go from school to college or from college to work, because there is a plan. When there is no plan, depending on your age or your mental status and your coping skills, you experience trauma. What is the definition of trauma? It's a condition where you have lost your coping ability.

Peggy: It's like in refugee camps from a war-torn country, where people have lost everything and all that remains is the immediate need to survive.

I found that in therapy there is a need to recapture a time when your life was a whole thing, back before the abuse started or back to when your marriage was good. What I did was an attempt to capture the memories of life prior to the disaster: the good old days, and get them talking about what they did to cope.

Peggy: *Is that how one gets the strength to cope?*

Yes, that's exactly what I am trying to say.

- a) How does Cathy define trauma?
- b) What method does she find useful to help clients overcome trauma?

9. I wish we had a better support network. What we have learned from Katrina and from 9/11 is that we need a prepared way to respond. If something happens in this part of the country, how will the other part of the country respond? How are we going to integrate resources with needs? How do we strengthen this support network? How can we tap the educational community, mental health community, and other parts of the network to respond to these crises? We live on a tiny planet or as they say we live in a global village. We face natural disasters as well as man-made disasters every day. There is a disaster somewhere every day. It's going to impact you, either directly or indirectly. That's why the Red Cross exists, to respond to these disasters and help people cope until they once again can stand on their own feet.

- a) What was the most important thing that Red Cross workers learned from their experience in New York and New Orleans?

3. Are the following statements true or false according to the text (paragraphs 2-7)?

1. The children were able to go to school despite the disaster.
2. The parents were happy about Cathy's help.
3. Black families were closely connected.
4. Many people didn't want to leave the place.
5. Most people lost everything in the flood.
6. As a rule, people knew what their mental health diagnosis was.
7. The homeless persons in the shelter adapted better.
8. All of the refugees were eligible for a government check but very often they did not get any.

4. Choose the best answer according to the information in the interview (paragraphs 8-9).

1. Volunteers were trying to buy the refugees a ticket

- a) to another city
- b) to a place where they had family
- c) abroad

2. People would sit and tell Cathy the story

- a) of the hurricane.
- b) of their future.
- c) of life and their losses.

3. The role of the Red Cross is

- a) to treat people.
- b) to help them overcome stress.
- c) to support them until they can be on their own again.

Post –reading

1. Express your opinion on the activities of Red Cross workers in the US. What are the pluses and minuses of their work? What would you do differently in their place?

Use the following phrases:

In my opinion,

I personally believe (think, feel)...

Not everyone will agree with me, but...

To my mind,...

2. Discussion

- What do you know about the volunteer work of the past and present in Russia?

- If you were asked to volunteer, what kind of work would you prefer to do?

3. Writing: Summarizing

At the beginning of paragraph 8 Peggy Stokes summarizes what was said by Cathy before. Analyze the points she focuses on. Add several more points to make the summary more complete. Use your own words to do that.

An Interview with Nancy LaForge, Member of Tri Delta

Pre-reading

Check the meaning of the following words in your dictionary or with your teacher.

collegiate, alumnae, chapter, worthy, fundraising, vital, to pledge, venue, rummage sale

While-reading

1. *Read the story and entitle each part of it (1-3).*

2. *The figures below appear in the text. What do they refer to?*

130 307 90% 1962 2002 \$10 mln 125

1. Delta Delta Delta was founded in 1888 at Boston University by women students dedicated to improving the quality of the collegiate woman's development. Today, Delta Delta Delta, or Tri Delta has over 130 collegiate chapters and 307 alumnae chapters in the United States and Canada. Membership begins in college and provides opportunities for women to interact socially improve their character and develop their leadership potential.

2. All Tri Delta chapters sponsor fundraising events for various worthy causes. There have been many pancake suppers, rummage sales, silent auctions and road races to benefit the homeless, provide scholarships to deserving students and to support medical research.

In 1999, Tri Delta began a partnership with St. Jude Children's Research Hospital. Today, over 90% of Tri Delta chapters participate in fundraising events which directly benefit St. Jude. The hospital is located in Memphis, TN, and is one of the world's premier pediatric cancer research centers. Founded by the actor Danny Thomas in 1962, St. Jude's policy is that "no child is ever denied treatment because of the family's inability to pay". For this reason, private fundraising is of critical importance. In 2002, Tri Delta raised money to create a Teen Room in the hospital, a place for the teenage patients to interact, play games and listen to music. In 2006, Tri Delta pledged to raise \$10 million for a new Patient Care Floor in the hospital. Named "10 Million in 10 Years", the campaign has been a phenomenal success. As of January 2009, Tri Delta raised over \$6.4 million.

3. My personal journey in Tri Delta began in 1971, when I was a collegiate member at the University of Mississippi. I served my chapter as President and later worked for the national organization as a consultant. Today, I am proudly a member of the Northern Virginia Alumnae Chapter.

There are over 125 outstanding women in our local group, all dedicated to maintaining our social contacts with each other and working together to better our community. For the past two years, I have served as Co-Chairman for the annual Founders' Day celebration which has provided the venue for the silent auction fundraising events.

Many lives, both those of the members and the ones they touch, are forever changed by this amazing organization.

Post-reading

Answer the following questions.

1. What kind of opportunities does Tri Delta provide for its members?
2. What are the main functions of this organization?
3. What forms of fundraising are mentioned in the interview?

Discussion

In her story Nancy calls Tri Delta an amazing organization. What examples does she give to illustrate this statement. What do you personally find 'amazing' in the work of the organization? What do you know about similar activities in this country?

An Interview with Tom Walz

In his interview Tom Walz is talking about private charity.

Pre-reading

1. *What do you know about charity in this country? Think of some examples of charity and share them with your fellow students.*

2. *Check the meaning of the following words in your dictionary or with your teacher.*

forthcoming appropriation tax relief deduction to mandate
to owe with regard to albeit to gear developments income tax to
set up to be credited

While-reading

1. *Read part 1 of Tom Walz's interview and choose the most suitable heading (A-C).*

- a) Charity is a Philosophy
- b) Private Giving and Government
- c) Charity in the US.

2. *In your own words, complete the following sentences according to the information from the text.*

- 1. Private charity is an activity _____.
- 2. Government gives support to _____.
- 3. If a person gives \$100 to cancer research, _____.
- 4. In a democratic society _____.

Part 1

In the United States there is a major distinction between public and private support of social welfare programs. When we speak of private charity we are speaking of individuals making a gift, or of a large corporation making a gift, or of a business making a gift through a private arrangement. It would be independent of any support that might be forthcoming from government for similar purposes. Government does provide a basic support for people who are disabled, poor, or unemployed and all of which is legislated with appropriations coming from government funds. Private giving is as it suggests a very private thing. It's like a person in a household who decides that they want to give 25 dollars to Tom Walz to help him with his Extend the Dream Foundation. That's a personal gift from an individual to a non-profit organization.

The government does encourage private giving for charity. It gives tax relief, a tax credit for a gift from a private source to a social welfare organization. If I give a hundred dollars to cancer research, I will be credited with a deduction on my income tax. The government will not tax me so much for the money that I've earned because they want to encourage private giving. This reduces the social welfare dependency on government and by so doing involves citizens or businesses to become involved in supporting worthy social welfare causes.

The philosophy behind private charity is the belief that "charity" belongs to the free choice of individuals about whom or what they want to support. It's not something mandated by government. In a democratic society there is always an attempt to balance government with community

responses to problems. The attempt is to find a balance between public and private with regard to the social welfare needs of a society.

Part 2

You are going to listen to part 2 of Tom Walz's story.

1. *Before you listen complete the sentences with the words and phrases in the box. Then listen and check your answers.*

organizations	get together	source of funding	personal
needy	donation	box	140 million dollars
profits	requested	fund raiser	Bill Gates
businesses	social	welfare	accountability

There are many different ways in which private charity is carried out. For example, I belong to a service club called The Optimist Club. It's a group of men that (1) _____ for breakfast on Tuesday morning and have a speaker who presents on some community issue or concern. The club also plans a (2) _____ every year. We roast chickens and sell them to neighbors and friends once a year. The (3) _____ from that activity we then distribute to children's (4) _____ in our community.

Another example is when I choose to make a (5) _____ (private) gift to a social welfare organization such as our own Extend the Dream Foundation. Many people in our community do make such gifts. Some are small gifts, a ten dollar bill dropped into a (6) _____ at one of our places of business or even a thousand dollar gift from an individual who wants to support one of the handicapped owned micro (7) _____ that we have helped these owners to establish and operate. Of course, other private individuals may choose to make personal contributions to their social welfare organization of choice. Private giving by individuals is a large (8) _____ for most social welfare organizations in the United States. It is so large that in most communities there is a United Way organization that helps to coordinate private giving, albeit from individuals, corporations or foundations.

Corporations, either business or philanthropic, are viewed legally like "individuals". They may use part of their profits or capital to support (9) _____ organizations of their choice. Often their gifts must be (10) _____ by the social welfare organization through a grant application process. This process is formal and requires an explanation of the funds needed, how they are to be used and what form of (11)

_____ will be made to show how the funds will be used and later how they have been used.

There are some major corporate or philanthropic foundations that are geared towards helping private and sometimes government social agencies start new program initiatives or test out new ideas for helping (12) _____ people. You have major non-profit philanthropic corporations like the Ford Foundation, the Mac Arthur Foundation, the Bill Gates Foundation who are among some of the most notable corporate givers to private charity. (13) _____, who makes all that computer hardware and software is financing through its donations major social welfare developments throughout the world. The owner of Face Book, Zuckerberg, has recently donated (14) _____ to improve the public school system in Newark, New Jersey. Corporate and philanthropic giving is simply part of the culture and the tradition that exist in the United States.

2. *Answer these questions.*

1. What is the main activity of The Optimist Club members?
2. What is one of the biggest sources of raising money in the US?
3. What is another important gift that social work agencies can get?
4. What is the role of big corporations in contributing to social development?
5. What is the United Way agency?
6. Are US citizens free to give to the agency of their choosing?

Part 3

Read part 3 of the interview. Focus on the interviewer's questions and the answers Tom provides.

Interviewer: Is there a special law on charity in the United States? How is private giving encouraged by the government? What non-profit areas are included commonly in charitable giving?

There is no special law on charity other than the tax law that credits private gifts through income tax credits. In the US businesses are encouraged to set up their own business foundation, their own charity, and many businesses have done so. In fact I can not think of any large nationwide business that does not operate and fund a charitable foundation. EBAY, the big buying and selling on the internet service, has set up its own eBay corporate foundation. Hewlett-Packard, the large computer company has set up its own private charity (foundation) and so on. Each company or

corporation then decides how it's going to distribute some percentage of its earnings to charity. In turn, the federal and state tax laws will allow businesses to give money and deduct some portion of their giving from the corporate or business taxes they may owe at the end of the year.

Private charity is an expected part of the way of life of individuals, businesses and philanthropic corporations. Their private giving represents sharing in the responsibility of caring for those who may be poor, handicapped and otherwise with limited family supports. I would add that private charity also extends to private support of education and the arts. Donations may be made to these types of non- profit or governmental organizations to insure a richer cultural way of life.

Summarizing

Define private charity as practiced in the US. Use the tasks to each part of the interview above to help you.

Correspondence

E-mail

Below are two e-mail letters in which Tom Walz is describing a fund raiser that is organized every year to help the Extend the Dream. What kind of fund raiser is it? What is the mechanism of raising money from such events? What is Tom's personal contribution to charity?

From: "Tom Walz" <Thomas-walz@uiowa.edu>
To: <egritsenko@perm.ru>

1. Dear Elena,

this year we get 75% of the funds raised from the race, after they pay their bills, so this means usually a minimum of \$15,000 and possibly more, fund raising by walks, runs, etc. are a common way to raise money for charities, our revenues this month have been good, but our expenses keep growing, anyway. I will tell you more tomorrow.

With best wishes,

Tom

2. Dear Elena,

the runners sign up and pay a fee (\$27) for the privilege of running in this race, the race is well-organized, each runner has a chip in their shoe that automatically records their time when they cross the finish line, the winners receive a prize, but mostly they run because they love the idea of a race and

some because they want to support our Extend the Dream, the race raises over \$15,000 each year and is a major source of funding for us, the notion of individual giving is very much a part of the American culture, actually I gave 10% of my professor income to the University of Iowa Foundation and created an account to use for community development purposes in Bill's name. I gave over the years more than \$150,000 dollars to this account, but I believed in giving.

Best wishes,

Tom

Post-reading

1. *Write an e-mail letter to your teacher about your idea(s) regarding the organization of charity in your city. You may focus on a particular fund raiser you personally would like to organize. Specify a group of population your activity will be intended for and why. You may do this task individually or with one of your fellow students.*

2. *Group work. Prepare a presentation about the history of charity in your country. It can be a traditional or a power point presentation. Google for the information you need.*

Language Focus

Vocabulary 1

Match the beginnings with the endings. The first one is done for you.

- | | |
|-----------------|----------------|
| 1) short (c) | a) better |
| 2) cultural | b) funds |
| 3) draw | c) handed |
| 4) raise | d) career |
| 5) mental | e) off |
| 6) do | f) with |
| 7) professional | g) illness |
| 8) go | h) amenities |
| 9) along | i) an audience |

Vocabulary 2- Find the word

Find in the text about charity (Tom's interview, parts 1 and 3) the word or phrase that means:

- 1) to be made obligatory (part 1)
- 2) government financial assistance to needy persons (part 1)
- 3) not established for the purpose of making money (part 1)
- 4) subtraction (part 1)
- 5) a supply of money, especially that available for a particular purpose (part 1)
- 6) charitable (part 3)
- 7) to establish (part 3)
- 8) tax payable on income (part 3)

Vocabulary 3

Fill the gaps using one of these key words from the interviews:

charity relief source trauma funding
giving welfare disaster deduction tragedy

1. We had no _____ except for what we raised through grants and donations.
2. The race raises a lot of money each year and is a major _____ of funding.
3. Each company decides how it's going to distribute some percentage of its earnings to _____.
4. It gives tax _____, a tax credit for a gift from a private source to a social _____ organization.
5. Private _____ is a very private thing.
6. If you give money to charity, you will be credited with a _____ on your income tax.
7. There is a _____ somewhere every day.
8. _____ is a condition where you have lost your coping ability.
9. Parents were so absorbed in the _____ that they were not thinking about their children.

Grammar – Phrasal Verbs

Match these phrasal verbs with their meaning.

- | | |
|-----------------|------------------------------|
| 1. To set up | a) to reject |
| 2. To go off | b) to create |
| 3. To cope with | c) to leave |
| 4. To turn down | d) to deal successfully with |

Grammar – Active or Passive

Choose the correct form of the verbs in brackets

1. The people that (involved/were involved) in the tragedy were experiencing a lot of trauma.
2. We (were listened/listened) to the people talking about their fears.
3. I (was sent/sent) by the Red Cross to Alexandria, Virginia..
4. When I arrived I (found/was found) a shelter which was a big round building.
5. The whole place (was filled/filled) with people who were strangers to one another.
6. The agency (had chosen/had been chosen) to close the shelter.
7. They (were being taken/were taking) people to airports and bus stations.
8. They (explained/were explained) they slept on the streets in New Orleans.
9. We (face/are faced) both natural and man-made disasters every day.

Verb forms

Complete the sentences below using the correct form of the verbs in the box.

make	mandate	face	write	be	set up	depress
------	---------	------	-------	----	--------	---------

1. A large computer company has _____ its own private charity.
2. Donations may be _____ to non profit or governmental organizations.
3. Charity is not _____ by government.
4. We _____ natural disasters as well as man-made disasters every day.
5. If they are truly _____ or are having psychotic symptoms, making those kind of adjustments is not easy.
6. People were picking cities they had never _____ to.
7. In this capacity I _____ most of the grants to help sustain the organization.

Tapescripts

Unit 1. Social Services

An Interview with Linda Severson – Human Services Coordinator, Iowa City

Listening I

You are going to listen to what Linda Severson is saying about some other programs they have in her agency.

Transportation is also a social service of sorts. The City bus company issues monthly 1200 single bus trip tickets to about 8 of our non-profits which our office distributes. The bus is a fairly reasonable way to get around town. The City bus company sells a monthly bus pass for 25 dollars and you can ride a bus as much as you want. We are helping people through providing them free bus passes so they can get to their appointments. Often times these free passes are provided by a social agency other than our coordinating office. The Crisis Center which I mentioned earlier receives almost 400 free bus trip tickets a month.

Another program we operate is called the Furniture Project. It was started to accept donations of used furniture (e.g. beds, drawers, kitchen tables, so forth) from community people for redistribution to poor people who need furnishings. To get this free furniture the person in need must have a referral from one of the social agencies. If approved, they can go to the Furniture Project and pick up the furniture. Sometimes we advertise an afternoon when anyone can come and select furniture. In a university community like ours there is an endless supply of used furniture. Giving it to people in need is far better than taking it to the County landfill (dump).

In the summer, at the end of July, when the University closes, we have a City center rummage sale downtown. People who are leaving can drop off furnishings and household items and people in need can buy the donated items at a very minimal cost. This has been turned into a fund raiser for social agencies. The agency may provide volunteers to sell the items for one of the ten days the event is on and in turn receive part of monies that were raised that day. Again this serves as a way of recycling materials that might otherwise end up as landfill, often at public expense.

Listening II

You already know that the agency Linda Severson works for provides a wide range of services.

Listen to her story about one more important service they have for people in the community. Entitle the story.

Other things we do in my division is to produce brochures about different social welfare issues. One brochure is actually a directory of social services (300 pages) which lists the social service resources available in our community, plus information about services offered at the state and federal levels. In the directory we have a list of child care facilities and other child care providers. The list includes information about the full range of client needs and matching resources. This service directory called the information and referral directory is available at a small price to anyone interested. The directory is updated every two years. It takes three to four months to update and then we must take great care to assure that the information is accurate. The last thing you want to do is to give someone in crisis a wrong phone number or address.

We have a brochure called food shelter and services for persons who are homeless. It lists the different food programs and free lunch programs that are available in our community. The free lunch program is offered six days a week. The Free Lunch program is served in a downtown church cafeteria by volunteers. Different groups take a certain day of each month to provide and serve the lunch. Many are local church groups. They even offer a vegetarian option for people who don't eat meat.

The brochures about the shelter(s), the free lunch and other food programs are distributed throughout the community. To improve access to this information we have placed the information on the Internet for those persons with computers. Many low income persons in our community do have access to computers these days. There is a section in the brochure for information on emergency services. There you will find information on the Crisis Center, an agency that offers counseling to people experiencing an emotional crisis. This is a telephone counseling/crisis service available to anyone in crisis 24 hours a day, seven days a week.

John Stokes, Support Services Manager for Goodwill of the Heartland

Part 1

My job title is Support Services Manager for Goodwill of the Heartland. I've worked for them for thirty-two years at a variety of tasks. I am currently safety director which large social service organizations must have to reduce injury amongst its workers. When I started at Goodwill in 1977, I was a truck driver in the transportation department. We had two stores and I was in charge of transportation. We now have a fleet of large

trucks to service twelve stores in eighteen locations. Goodwill has a 24 million dollar annual budget. Although my background is not specifically in rehabilitation, I've been very much involved in the work of a human services agency. When I started driving a truck, we had programming that was called an "activity center". At that time a lot of people in Iowa were released from state institutions where they were in a hospital type of setting, and it was decided that individuals who were released back into their community needed the opportunity to progress and acquire skills that would allow them to be tax paying regular citizens (to the limit of their abilities, not to the limit of their opportunities). We were involved with that when I walked in the door in 1977. We moved from operating an activity center to a vocational model where individuals were not just being entertained but would be more in a job oriented environment, learning skills, being given responsibilities with expectations to show up for work every day and become productive over time.

Part 2

It is a fact that some individuals are not able to attain even the entry level skills and you can witness it in Goodwill, for example in Iowa City. Many of those we serve can be found sitting at a table at a *work station* and not paying any attention to anything. They just sit there all day. In the state of Iowa, Goodwill is a leader to get involved in what's called Day Habilitation Program with performance standards set by the State. In this program clients can combine work with some recreation, such as visiting the Hoover presidential museum and other culturally interesting things. We offer so much more than we did in 1977. Our program is popular with our clients because the individuals enjoy it. They have something to do. This is a growing program that started in Iowa City six months ago. Goodwill is about to double its space in Iowa City. Another program is prevocational training. It's for the individuals that need help in everything from interviewing for a job to dressing.

There are (162) Goodwill Programs in the United States of America. Worldwide, I believe, there are (184). Goodwill has developed into something of an international movement. The Goodwill movement started in Boston years ago where people in need were given programs supported by the donation of second-hand goods to Goodwill. They would in turn sell the donated clothing in retail settings to fund vocational and other programs. This model has proved successful in Czechoslovakia.

Part 3

Whether it's prevocational or day habilitation, or whether you are running a store, or whether you are working on contract with some corporation, there should be an expectation that the first thing to be taken care of is the safety of those individuals. At Goodwill, one of my responsibilities is to be sure that all areas of our business address all the safety issues involving both our staff and our clients. You have to take care of personal safety as an essential component of running a program like ours. We have a safety meeting monthly in every department. We do safety drills where I or others initiate a fire alarm or say that a tornado is coming and see how people respond. If something happens you have to know what to do and try to take time to explain it after a crisis has occurred. Every four months we check the facility, e.g. to see that the electrical outlets are all working properly, the fire extinguishers are all charged, and that the lighting works and see that there are no cracks in the ceiling.

Unit 2. Social Work with Children

An Interview with Mike Bandstra, Attorney at Law

1. My name is Mike Bandstra and I live in Des Moines, Iowa, the United States. For several years I was a social worker, but then decided to study law. I have been an attorney in private practice for the past 15 years. I represent children who have been abused and neglected, some who are in trouble with the law, plus I do legal work for adoptions. In the United States if children are abandoned or seriously abused and neglected, we try to work with the parents to get those children back into their home. If they can't go home we try to get them an adoptive home. Research indicates that foster homes (temporary homes) and group homes are not very successful in helping a child. This preference for adoptions is called "permanency planning" for the child, helping the child get a secure, permanent home with legal parents.

In my work I see many sad cases: the worst things that people do to children, but then I also get to see the best. Lena has been able to come and watch how permanency planning operates, how we look for adoptive homes early in the process, then support adoptive parents so they can cope with some of these children, who at times are difficult to raise.

Listen to the second part of the interview in which Mike describes two adoption cases.

What makes one of the adoptions happy and the other one sad?

2. I want to tell you about a story that had happened recently. To appreciate the story you need to understand that not only do we have a push to get children adopted, but we also try to keep siblings together if possible. So just this past week we had four children from the same family, two boys and two girls, the youngest was seven and the oldest was fourteen. They had been harmed in many ways by their family, but last week all were adopted by one other family. All the four children will be able to grow up together. The oldest girl was called as a witness at the adoption hearing, she testified how much she loved her adoptive family and how happy she was to be with them. She started to cry on the witness stand which made her adoptive mom and dad start to cry. When the adoptive mom was crying at the table, the child walked down to the witness stand to hug her. That made even the judge cry. It was a very memorable case.

I have another adoption case right now precipitated by the death of their mother. The father of the three children had previously left her, so her relatives are *stepping in* to care for them. Next week we'll do an adoption by an uncle who will take two of the children and another uncle's family will take the third child. This is a sad adoption because the children will grow up in separate families. The important point to me is that these are cases that make a difference in people's lives. And that's what you folks all do as social workers, I just want to say even though we are in different cultures, I am happy there are social workers in Russia. The training of social workers will make a difference for your generation. In the United States social work is a noble and honorable profession. I wish you the best.

An Interview with Cathy Lowenberg, Hospital Social Worker

My name is Cathy Lowenberg and I work part – time as a social worker at the University of Iowa Hospitals in a clinic for metabolic genetics, that is children who are born with genetic disorders of metabolic nature. What I do is to help these families figure out insurance issues because they often have a problem with their insurance not being adequate to meet the child's needs. There are numerous other medical services that the child requires for which you need insurance coverage.

I also help children to get Medicaid waivers. It's a special system we have in the state of Iowa for children who have significant health problems. It permits us to pay for special services the child may need. Unfortunately,

applying for Medicaid waivers on behalf of a child involves lots of paper work. Our children may also qualify for Social Security such as SSI (Supplemental Security Income) where they will receive government assistance to cover their cost of living. I help them apply for this type of assistance, both children or adults, if they qualify.

In the genetics clinic, we are going to open up NF (neurofibromatosis) project. This will involve working with psycho-social issues of the children and their families. NF is a genetic disorder that causes all kinds of problems, the most serious of which is that they get these fibromas on their skin. The fibromas may be anywhere. This causes, as you can imagine, psychological distress along with a myriad of medical problems. In that clinic, the social worker is a person who knows something about emotional adjustment and family issues surrounding trauma. We have as many as a thousand patients a year that have some form of NF. Some people have mild cases, others have a far more extensive fibromas. One never knows how severe the disease will present itself or even when it is going to show up. It causes a lot of anxiety for families because they don't know what to expect. Most cases are rather mild, but that's no guarantee.

Unit 3. Social Work with Families

An interview with Patricia Kelly – Professor *Emeritus*

You will hear Patricia Kelly talking about her private practice experience.

For years when I was working as a professor, I maintained a private practice in individual and family therapy one evening a week. As a teacher I felt it important to practice what I was teaching. I joined a group private practice in Cedar Rapids nearby, a community 30 minutes from Iowa City. My practice consisted of seeing families in distress, doing marriage counseling or helping children who were having behavioral problems. When I retired I gave up the private practice since it was difficult to maintain regular weekly visits traveling as much as I did. Nonetheless I wanted to keep my hand in the field so I continued to do private consultations working out of my office in my home and seeing social workers and family therapists who needed advanced licensing and required two years of supervision which I could provide. Right now I am working with two people, one a social worker and one a marriage and family therapist. They both work for a hospice agency. I consult with them on

situations that need a second set of experienced eyes. In working with them I've learned a lot about hospice and about how terminally ill people might be helped. I was quite impressed with the services hospice offers them.

The hospice workers go out and help people with their physical needs, they work with families giving them respite care, counseling, and case management which connects them to services they need, or economic counseling they need. I was very impressed with their services. I've had some friends who died in recent years who used hospice services and their families said how wonderful it was.

An Interview with Mary Kay Townsend, Family Counselor, Families Inc.

Interviewer: *How long can children be on this program?*

We plan for six months. But we've had kids in treatment for as long as six years as long as you can demonstrate the children are making progress. If they continue making progress in the skill related to their mental health diagnosis we can continue with our work. As long as you can show you've made progress and identify new goals for the child's improvement, you can keep going.

Interviewer: *Can children return to this program, can they go through it twice?*

You can close the case and then in six months something new comes up, something happens, you can open it again.

Peggy adds: *these are kids that have severe, extreme problems where the parents can't deal with them any more, and, of course, some of the parents aren't capable and so that's why some of them get services for so long. There is a plan for the parents also but sometimes the parents have a lot of trouble living up to the plan.*

We, social workers, offer several services: we serve our children under the child mental health waiver and under remedial services. We can do therapy under the waiver if they qualify. There is usually a waiting list to get accepted for services. You can work with the parents and the family but all that has to be related to the child and the skills that need to be developed. We have just started a group in Cedar Rapids where we teach kids social skills in a group setting which is really helpful because some issues with a child's mental health is they don't know how to make friends or how to keep friends.

Interviewer: *You've mentioned functional therapy. What kind of therapy is it?*

Functional family therapy is basically a short-term therapy, about three months in duration and is based on building relationships. The first step in any kind of therapy or any kind of help to the family is that you have to build relationships and gain alliances. It starts with that and then moves into engagement and then moves into behavior change, but it's really laid down (to lay down: to establish as a rule or instruction) and outlined, outcome- based and evidence-based treatment.

Interviewer: *What background does your staff have?*

All of our staff have a bachelor's degree and at least two years' experience. Several have master's degrees. With functional family therapy there is a team leader, there are four of them, they are required to have a master's degree in social work. All of us must have at least bachelor's degree in psychology or social work or some related field and two years' experience. In the remedial services, some of the other agencies hire people without a degree but I really feel that you need to have a degree and experience. To provide good service you need that. The child welfare services are doing terrible. They hire people with a high school education to do some of this work with families and they overwork them because the pay scale is so low, they hire people for very low money and then they get burned out.

Peggy's comment: *These are sometimes young people that don't have any skills and they have very limited experience in dealing with children and these are children that have severe behavior problems or some kind of severe mental health problem, and so even though the agencies try to train them and prepare them, it's pretty tough.*

One agency across the state now does all the foster care licenses and placements. They pay them if they place a child within two days. They might place a child two hours away from home just to give them place, and then some of their staff have to provide transportation and visitation to the parents. So they don't get visits like they should which makes reunification much harder to do. There's even an incentive for some of those services. If a child abuse report is not made during their time there, they get more money. It encourages the staff not to report child abuse. You get more money if a child is returned home within a certain period of time. It's based on numbers and dollars.

Interviewer: *Is it the only program of this kind in Iowa City, do you have branches in other counties?*

There are quite a few other agencies that do what we do, but of course we do it better, we did it first (Mary is laughing). And we are a little different from the others. Our staff come to the office once a month for staff meetings, we are fairly independent people and we don't see each other a lot. We sometimes meet to share cases, supervision is often over the phone, we don't keep track of people's schedules. People may start at three in the afternoon and work till 10 at night, and might work weekends. So during the day they might be off. Our major expense is mileage because we go to homes. And we do training, for children's mental health waiver, they have 20 hours of training in the first year and 12 hours every year after that. We do try to provide training at every monthly staff meeting and sponsor a conference once a year that our staff can attend the conference free. It is mandatory that they go. We have lots of therapeutic games, videos and handouts that we use to work with children. We have about thirty types of therapeutic games, it's easier to teach skills by using those. Compared to some agencies, we rent our building in West Branch and it's a pretty small town, we don't have a lot overhead. We still would like salaries to be higher than they are but it's social work.

Interviewer: *Is your agency financed by the state?*

For the most part because the remedial and child mental health waiver is all federal and state dollars supplemented by the United Way, DHS (Department of Human Services) and some grants. That's been kind of an issue from the beginning our being so heavily reliant on state dollars, because we never know what's going to happen. In 2007, we were making a big change from child welfare over to remedial and mental health waiver. It was tough for a while with losing all those cases and then starting a new program. We do keep trying to write different grants and find money other than state funding. We try to serve more people at no cost to themselves. FFT (Functional Family Therapy) is funded through the state.

Interviewer: *Do you have volunteers?*

We have a volunteer board of directors, but we don't use many volunteers.

Elena: *Who reports to your agency? How do you find your clients? And how do they find you?* We get referrals from the school, from DHS workers, from the hospital where Peggy works. We put some brochures around and from case managers through DHS, but the remedial case referrals come mostly through contacts in the community.

Unit 4. Programs for People with Disabilities

The Micro-Enterprise Development For Persons with Disability – Tom Walz, Professor Emeritus, University of Iowa and Director, Extend the Dream Foundation

You are going to listen to part 1 of Tom Walz's story about a program he developed for people with disabilities.

Part 1

In 2001, I retired from the University of Iowa. At that time I felt that the biggest contribution I could make with the rest of my life was to keep the “Bill story” alive and help people understand why it was so important. Bill Sackter was a mentally retarded man whom I helped start a small coffee shop in the School of Social Work. Bill became so popular that three major television movies were made about his life. The movies told the story of how he had been forced to spend 44 years as an inmate in an institution before being released to the community where he became one of the best known well loved persons. I was convinced that the Bill story could serve as a metaphor about what we would hope human beings could become – caring, generous and peace loving persons.

To continue the legacy of Bill, in 2001, I opened Uptown Bill's small Mall, a facility that housed four separate micro enterprises owned and operated by persons with disabilities. This included Uptown Bill's coffee-shop, which became later an ice-cream parlor as well, a book-store, a music venue and a

publishing company, Sackter House Publishing Company publishes biographies and materials by and about handicapped people. One feature of the small Mall is that it provides an alcohol and smoke free environment. The small Mall is home to numerous AA (alcoholics anonymous) meetings. In fact we have 11 meetings a week. If you were here about an hour and half ago, you would have seen 35 people, many young women, who gather every noon for an AA meeting, then tonight we have another meeting at 6 PM.

On the weekends the small Mall turns into a music venue. On Friday night we host what is called Open Mic where anybody can come, play and perform. On Saturday night we have concerts. Being alcohol free we can attract both the musicians who normally perform in bars, plus bands and programs featuring younger musicians of high school age. We had a junior

high band here last Saturday night and they brought their parents and their grandparents to listen to them.

In the Mall book store we have a wonderful selection of books that we sell quite inexpensively. Unfortunately the book store suffers from a lack of foot traffic. To compensate for this we sell some of the best books on the Internet. Actually we sell more books on the internet than we do in the shop. The Internet has become our financial salvation. For example, when we can get donations of text-books, we can often sell them for \$50 or more on the Internet. The price of our regular in-store sold books is only \$1.50. I try to talk to University people, professors, into giving us text-books they don't use or need. Most professors get complementary copies from publishers. Our bookstore, owned by a woman with chronic mental illness, is probably the nicest bookstore in Iowa City. We also handle rare and collectable books, but those are sold through another of our micro enterprises, an antique shop in another location.

Part 2

You are going to listen to part 2 of the story about the Extend the Dream Foundation.

We have recently added an ice cream bar to our coffee shop. It offers old fashioned hand-dipped ice cream (1). This has helped us add another dimension to the small Mall. The nine micro-enterprises we support are owned and operated by persons with disabilities. They operate under a parent organization called the Extend Dream Foundation. The Extend the Dream Foundation is a non-profit organization, which functions under the authority of a board of directors, 15 local citizens who volunteer their time and assume fiscal governance for the organization.

Another dimension in the Small Mall is the opening of a new business called Sackter House Media Productions. This is essentially a publishing house that publishes works by and about persons with disabilities.

In another location we have the E-Commerce Center, a building we were able to buy several years ago. The E-Commerce Center houses our antique store, a used musical instrument shop, a shipping and handling (2) service and an Internet training lab. With the computer hardware we have we are able to train about twenty five handicapped persons a year in how to buy and sell on the internet. This allows them to be self employed in their own homes or apartments.

Mick's Workshop and Ramp-Chore are two other programs that we operate. Several years ago we were able to buy two additional buildings across the street from the Ecommerce Center. One became Mick's Workshop, the other a display room for refinished (3) furniture which we sell. Mick's Workshop specializes in refinishing and repairing furniture, especially antiques. Ramp – Chore does small home repairs, plus a lot of small services for older and handicapped persons (e.g. snow removal, window washing, moving assistance, etc). RAMP also builds ramps for people who need wheel chair access where they live.

Unit 5. Programs for the Elderly

James Hunter, Executive Director, Legacy Pointe.

Listening 1

Listen to the interview with James Hunter. Complete the questions that Tom Walz is asking

"Legacy Pointe" is a sixty- eight bed "assisted living" facility. The assisted living is for elderly or disabled persons that need only minor assistance. We house about seventy three residents at this point.

Tom: *What is your actual bed capacity?*

Capacity is sixty eight units, single – one bedroom, studio – two bedrooms. Residents can live two in an apartment.

Tom: *What level of income would a person need to be able to afford assisted living?*

Well, it depends, this is a private pay facility, the level of income is usually around fifty thousand dollars annually as a minimum. We do have other assisted living units which are sometimes a little less or a little more. It costs about four thousand dollars a month to stay here.

Tom: *What kind of staff assistance do you provide for \$4000 a month rent?*

We provide most basic services – housekeeping, social activities, access to some health care, etc. In addition to the housekeeping we provide laundry services and transportation services. Regarding health care we have two nurses in this facility and three to four nurse aides per shift (but only two overnight).

Tom's comment: *They have some nursing assistance and recreational programs along with all the features of a good hotel. Jim, what is your background?*

I have been with the company over five years. My background includes serving as a college administrator for seven years previous to taking this position.

Tom: *How long can your clients stay here?*

They can stay here until death if they can manage with minimal assistance. However, if they require "two person assistance" (meaning not being able to manage well with limited assistance) they would have to leave.

Tom: *What's the difference between a one-person assist and a two-person assist?*

As the label suggests a two person assist is where the resident loses much of his/her independence as has to be helped to perform many of the activities of daily living (getting out of bed, dressed, bathed, etc).

Tom: *In your case do you not have to be licensed as a nursing home administrator?*

Not in the assisted or independent living facilities, although I do have a certificate (not a license) to be an assisted living administrator.

Unit 6. Volunteer Work and Charity

An interview with Patricia Kelly – Professor *Emeritus*

When I retired from the University, I wanted to give back to the community because I had received so much from my community of Iowa City, Iowa. I was invited to join two boards of directors, which I accepted. One was the board of an agency called COMPEER. It provides companions for adults with severe mental illness who are often isolated and lonely and living on a very small government pension. There are a lot of data to support the fact that the mentally ill people who have companionship thrive and do better. The companions give a minimum of one hour a week. They try to do inexpensive activities with mentally challenged persons, for example, they go for walks, go to the movies, go to public concerts, play cards, etc. We try to match the volunteers with mentally ill persons of similar interests.

My job was to serve on the board of COMPEER. In this capacity I wrote grants to help sustain the organization. We had no funding except for

what we raised through grants and donations. I also helped raise funds through special projects which we would undertake once a year. We put on a large concert called the Sound of Friendship. Local musicians played music free of charge and helped draw an audience. Following the performances we offered a special dessert. This event raises a few thousand dollars annually and helps to educate the public about the needs of the mentally ill.

I just went off that board last year because I had taken on two new tasks, one was to return to the School of Social Work to teach a course. This same year I became president of the faculty Emeritus Council which took a lot of work. This council advocates for retired faculty.

The other organization I serve on as a board member is called CIVIC and stands for Council of International Visitors to Iowa City. It is related to a large national organization which works for the State Department to bring to the United States professional leaders from various countries around the world to share expertise. We have had visitors from such fields as education, social services, law, government and in politics. For example, there was a senator from Australia who was a young and an emerging leader. Board members help recruit visitors and plan their visits; we inform the community about who they are and why they are here. We organize entertainment for our visitors, along with introducing them to the cultural amenities of the city and university.

Answer Key

Unit 1. Social Services

Linda Severson – Human Services Director, Iowa City

Read the text and choose the most suitable heading (A-E) for each passage (1-5).

- A. Financial Provision of Agencies
- B. Family Violence Prevention
- C. Social Service programs
- D. Grant Programs
- E. Food Programs

Listening I

Listening 1

Listen and say what three programs Linda Severson is describing.

Use the prompts below:

- 1. Transportation
- 2. Furniture Project
- 3. Rummage sale

Listening II

Listening 1

Listen to her story about one more important service they have for people in the community. Entitle the story.

(Sample answer: Providing Information about Social Services)

Listening 2

Listen and complete these sentences

- 1. social welfare
- 2. 300 pages
- 3. every two
- 4. lunch program
- 5. access
- 6. counseling
- 7. emotional crisis

Post-reading/listening

Look at the pairs of sentences below and choose the sentence which sounds the most polite.

- 1 b
- 2 b
- 3 a
- 4 b
- 5 b

John Stokes, Support Services Manager for Goodwill of the Heartland

You are going to listen to John Stokes's interview about his work at Goodwill.

Pre-listening

Match the words on the left with their definitions on the right.

1 d 2 e 3 g 4 b 5 c 6 a 7 f

While-listening

1. Listen to the first part of the interview and fill in the gaps. Answer the questions that follow each extract.

1. social service; injury 2. annual budget 3. "activity center"
4. opportunity; tax paying 5. vocational model; responsibilities; productive

2. Match the beginnings (a-f) with the ends of the sentences (1- 6). Then listen to the second part of the interview and check.

a) 3 b) 1 c) 4 d) 2 e) 6 f) 5

3. Here are lines taken from the third part of the interview. Choose words from the box to complete the sentences. Compare with a partner. Then listen and check your answers.

1) safety 2) running 3) drills 4) happens 5) facility; properly.

Language Focus

Word formation 1

Read the sentences below. Use the words to the right of the sentences to form one word which fits in the same numbered space in the sentences. The exercise begins with an example (1).

2) adding 3) trying 4) involved 5) volunteer 6) basic 7) coordinator
8) selling 9) probably 10) understanding

Word Formation 2

Complete the sentences by using prefixes or suffixes from the box to rewrite the words in brackets.

2) homeless 3) paraprofessionals 4) independent 5) disabilities 6) business
7) reduction 8) non-profit organizations 9) empowerment

Vocabulary

Fill the gaps using one of these words from the text:

- 1) capacity 2) funding 3) common 4) needs 5) violence 6) benefits
7) redress 8) available, income 9) community 10) staff

Vocabulary: distinguishing meaning

Which word in each group is the odd one out? You may need to consult a dictionary to distinguish the differences in meaning.

- 2) acceptability 3) intensify 4) delivery 5) select 6) consult

Vocabulary: Word choice

For questions 1-10 read the sentences and then decide which word below best fits each space.

- 1) rescue 2) income 3) capacity 4) mandated 5) expenses 6) occurring
7) released 8) look into 9) apply 10) empowerment

Grammar

There is one mistake in each sentence below. Find and correct it.

1. These are funds that may **be** granted to both non-profit or for profit agencies.
2. This program provides insurance payments to all persons over 65 to individuals who **are** poor and disabled.
3. If they **don't** know the answer, they would contact me.
4. This training course is an introductory course that **takes** about half a day.
5. There are so many different social service type programs it is difficult **to** explain them all.
6. Some programs **are** initiated at the local, some at the state level and some even at the Federal level.
7. We have an award recognition **given** to an individual or a group who's helped with the issues of domestic violence.
8. Others involved in the coalition are representatives **from** law enforcement.
9. We can help them fund this type of **operational** expense.
10. The form amounts **to** a 12 or 14 page application, giving us information about the agency.
11. There is a free lunch program **that** operates out of a local church every day.
12. For example, a person may call and say, and ask for help, and **hopefully** we can connect them with the appropriate services.

Grammar: Participles

Complete these sentences. Put in an active or passive participle of these verbs:

- 2) dedicated 3) selling 4) trying, involved 5) recommending 6) involved
7) established 8) caught up

Unit 2. Social Work with Children

Mike Bandstra-Attorney at Law

Pre-listening

Match the words on the left to their definitions on the right.

1 c 2 e 3 a 4 b 5 g 6 d 7 h 8 f

Listening 1

Listen and list words and phrases under the headings below.

The legal system

attorney
in trouble with the law
study law
private practice
represent children
legal work
witness
witness stand
testify
hearing
judge
adoption case

Family and Adoption

neglect
permanent home
foster home
adoptive home
parents
abuse
abandon
help a child
support adoptive parents
cope with children
raise
relatives
grow up in separate families
sibling

Sonny Verling – Public Health Worker, Well – Child Clinic

Read the text quickly, then match these phrases (a- c) with the paragraphs (1 – 3).

a 3 b 1 c 2

Read the text and decide whether these statements are true or false.

1T 2F 3F 4T 5F

An Interview with Kathleen Ruyle, a private practice practitioner

2. *Test your vocabulary. Complete the questions with the words in the box.*

a) therapy b) agency c) assessed d) abuse e) discover f) service
g) behavior

While-reading

3. *Comprehension check: match the beginnings with the endings.*

1 b 2 d 3 g 4 e 5 h 6 f 7 a 8 c

Peggy Stokes, a medical social worker

Pre-reading

2. *Match the words on the left (1-12) with their explanations on the right (a-l).*

1 d 2 g 3 h 4 j 5 b 6 l 7 c 8 k 9 e 10 i 11 f 12 a

While-reading

1. *Match the following headings (A-F) with the sections of the text below (1-6).*

A 3 B 5 C 1 D 4 E 2 F 6

2. *Read the interview and say whether these statements are true or false.*

1 F 2 T 3 F 4 T 5 T 6 T 7 F 8 T

Post-reading

1. *Using the prompts, take notes under the heading:*

Role of Team Specialists

2. Occupational therapist: *to use arts and crafts in helping (to help) persons with disabilities.*

3. Physical therapist: *to provide exercise and rebuild strength damaged by illness or trauma.*

4. Speech pathologist: *to help people improve their speech.*

5. Audiologist: *to work on evaluating hearing loss and recommending ways to compensate for such losses.*

2. Using the information in paragraph 4 take notes under the heading:

Role of Social Workers

- 2) to help parents understand the child's diagnosis
- 3) to help families find the resources that will benefit the child
- 4) to help people with disabilities find the services they need, especially health care services

An Interview with Cathy Lowenberg, Hospital Social Worker

Listening 2

Match 1- 8 to a-h . Then listen again and check your answers.

1 d 2 a 3 f 4 b 5 g 6 c 7 h 8 e

The words and phrases on the left appear in parts 2 and 3 of the interview. Match them with their explanations on the right.

1 d); 2 e) ; 3 f); 4 b); 5 a); 6 g); 7 c); 8 h).

Are these statements true or false according to part 2 of the interview?

1 F 2 T 3 T 4F 5 T

Choose the best answer according to the information in part 3 of the interview.

1 c 2 b 3 a

Language Focus

Vocabulary: distinguishing meaning

Which word in this group is the odd one out? You may need to consult a dictionary.

- 1) bailiff 2) academy 3) pick up 4) give support 5) long 6) surgeon
- 7) exploration 8) link

Key Vocabulary

Fill the gaps using one of these key words from the texts:

- 1) adoptive 2) referral 3) preventative 4) cognitive 5) witness 6) foster
- 7) mental 8) grow up

Vocabulary: Jumbled words

Below are some definitions. The letters of the words that belong with each definition are mixed up. Put the letters in these words in the correct order. The first letter of each word is given for you.

- 1) abuse 2) costs 3) retardation 4) skills 5) respite 6) to assess
- 7) to assist 8) outpatient

Word Formation

Complete this table by filling in the correct noun and adjective form.

Verb	Noun	Adjective
adopt	adoption	adoptive (adopted)
prevent	prevention	preventative
refer	referral	-----
supervise	supervision	supervising
lose	loss	lost
differ	difference	different (differing)
clarify	clarification	clarifying
secure	security	secure
experience	experience	experienced

Grammar – Verb forms

Complete these sentences with one of the following verbs. Put the verb into the correct form.

design cry adopt encourage abuse walk focus leave

1. Last week all the children **were adopted** by one family.
2. If children are **abused** and neglected, we work with their parents to get those children back into their home.
3. We **encourage** care providers to explore whether there are problems in the child's development.
4. When the adoptive mom **was crying**, the child **walked** down to hug her.
5. The questionnaire **is designed** to study both the child's situation and the family situation.
6. When the child can't **focus** on class work, it is because they are coping with some emotional issue.
7. The father of the three children **had** previously **left** their mother.

Verbs

Complete the sentences using the verbs in the box.

- 2) answer 3) provided 4) show 5) teach 6) diagnosed 7) developing
8) varies 9) going 10) see

Unit 3. Social Work with Families

An interview with Patricia Kelly – Professor Emeritus, the University of Iowa School of social Work

Pre-reading and listening

1. Read these sayings about family and friendship, then match them with their meanings below.

- a) 2 b) 5 c) 4 d) 1 e) 3

You will hear Patricia Kelly talking about her private practice experience.

While-listening

Listening 1

Listen to the interview and complete these sentences.

1. I maintained a private practice doing *individual and family* therapy once a week.
2. My practice consisted of seeing families in *distress*, doing marriage *counseling* or helping children who were having *behavioral* problems.
3. When I *retired* I gave up the private practice.
4. Nonetheless I continued to do private consultations working *out of* my office in my home and seeing social workers and *family therapists*.
5. Now I am working with two people who work for a *hospice agency*.

Listening 2

Listen again and choose the correct answer A, B or C for questions 1 – 3

- 1 B 2 C 3 A

Sharon Bandstra – family therapist, private church sponsored agency

While-reading

Below are the questions that the interviewer is asking Sharon. Read the interview and match the question (1-4) with the right answer (A-D).

1 C 2 D 3 A 4 B

Now read paragraph C and focus on the following issues:

2. What negative feelings (reactions) do problem couples have as described by Sharon?

Denial, angry outbursts, frustrations, disagreement, name calling, verbal fighting, severe tensions, complains, recriminations, verbal abuse.

1. Vocabulary – find the word

1) perfunctory 2) recrimination 3) denial 4) to precipitate 5) marital
6) escape 7) to scare away 8) to cope with

An Interview with Mary Kay – Family Counselor, Families Inc.

Pre-reading

Test your vocabulary. Complete the sentences with the words below. Use a dictionary if necessary.

1) load 2) orphanages 3) bill 4) reduced 5) removal 6) delinquents
7) attorney 8) adolescents 9) remedial

While-reading

2. Are the following statements True or False according to the text?

1 F 2 F 3 T 4 F 5 T 6 T 7 F 8 T 9 F

You are going to listen to part 2 of the interview.

Pre-listening

Before you listen match the interviewer's questions and Mary's answers.

1 h) 2 e) 3 a) 4 b) 5 f) 6 d) 7 g) 8 c)

Listening 2

Your teacher is going to stop the tape after each question and answer. Listen and complete the following tasks for:

Question 2

Listen and complete sentences a – c.

- a) These are kids that have severe, **extreme problems**. Some of the parents aren't **capable** and so that's why some of them get services for so long.
- b) There is usually a **waiting** list to get accepted for services.
- c) We teach kids **social skills** in a group **setting** which is really helpful.

Question 3

Mary says that this kind of therapy is really laid down. What does *to lay down* mean:

- b) to establish as a rule or instruction.

Question 6

Listen and complete the following sentences.

- a) In 2007, we were making a big change from **child welfare** over to remedial and **mental health** waiver.
- b) We try to conserve more people **at no cost** to themselves.

An Interview with Miriam Landsman – Director of National Resource Center for Family Centered Practice

Pre-reading

The sentences in the following exercise contain some vocabulary from the interviews below. Each of the words is given in boldface, in the context in which it occurs, together with three possible definitions. Use the context to help you choose the best definition. You may need to use a dictionary.

1 c 2 b 3 a 4 b 5 c 6 a 7 c 8 b 9 a 10 b

While-reading

*Choose the best answer according to the information in the interview with **Miriam Landsman**.*

1 b 2 c 3 a 4 b 5 c

1. *Match the questions (1-9) the interviewer is asking **Lisa D'Aunno** with her answers (a-i).*

1 c 2 a 3 b 4 e 5 d 6 i 7 g 8 h 9 f

2. *Decide whether these statements are true or false according to the information in the interview.*

1 T 2 F 3 T 4 T 5 F 6 T 7 F 8 T

Language Focus

Vocabulary

Fill the gaps using one of these words from the interviews.

- 1) training
- 2) Child Welfare
- 3) attrition
- 4) mental
- 5) removal; orphanages
- 6) dominant
- 7) mediation
- 8) insurance
- 9) environment

Word formation

Use the words to the right of the sentences to form one word which fits in the same numbered space in the sentences. The exercise begins with an example.

- 2) waiver
- 3) mandatory
- 4) monthly
- 5) remedial
- 6) availability
- 7) troubled
- 8) insurance
- 9) waiting
- 10) higher

Use of prepositions

Fill in the blanks with one of the following prepositions.

- 1) under
- 2) in front of
- 3) from; to
- 4) in
- 5) of
- 6) for
- 7) for
- 8) into
- 9) at
- 10) without; with

Verbs

Complete these sentences using the verbs in the box.

- 1) raise
- 2) keep
- 3) returned
- 4) evolved
- 5) moves
- 6) are
- 7) had
- 8) making
- 9) started
- 10) make

The passives

- 1) made
- 2) funded
- 3) pushed
- 4) asked
- 5) assigned
- 6) viewed
- 7) seen
- 8) cured
- 9) involved
- 10) removed

Unit 4. Programs for People with Disabilities

An interview with Tom Walz, Professor Emeritus, University of Iowa and Director, Extend the Dream Foundation: A Micro-Enterprise Development Program For Persons with Disabilities.

Listen to the first part of Tom Walz's story and complete these sentences.

- 1) mentally retarded, coffee shop
- 2) popular
- 3) caring, generous, peace loving
- 4) enterprises, disabilities
- 5) alcoholics, meetings
- 6) perform, younger
- 7) internet
- 8) financial
- 9) regular, \$1.50

You are going to listen to part 2 of the story about the Extend the Dream Foundation.

Pre-listening

The words below appear in parts 2 and 3 of the story. Match them to definitions 1 – 8.

- 1) fiscal 2) indispensable 3) chore 4) parent 5) dimension 6) odd 7) bid
8) revenue 9) recur 10) accommodate.

Pre-reading

The words in column A appear in the text. Find their explanations in column B.

- 1 c 2 d 3 a 4 b

Read the text and decide whether these statements are true or false.

- 1 F 2 F 3 T 4 T

Language Focus

Vocabulary – opposites

Use prefixes to form the negatives of these adjectives:

- 1) inexpensive 2) unqualified 3) untalented 4) unrelated 5) indispensable
6) nonalcoholic 7) incomplete 8) non-profit 9) nonacademic 10) unpaid.

Key Vocabulary

Fill the gaps using one of these key words from the text.

- 1) inmate 2) AA meeting 3) handicapped 4) retarded 5) hook up 6) low
income 7) free 8) ward off

Use of prepositions 1

Complete the sentences below using the prepositions in the box.

- 1 to 2 in; to 3 to 4 from; on 5 of 6 up; at 7 with 8 with

Grammar 1

Conditionals – present unreal (Describes a situation that is not true or not real at the present time).

Fill the gaps in the sentences, using the words given.

1. If he worked for pay, the collection agencies would take most of his paycheck.
2. If the house was not designed to be barrier free, it would be difficult for people with physical handicaps to live in it.
3. Handicapped persons would not be able to buy and sell on the internet, if the Center did not train them.

4. If they did not sell books on the Internet, the Mall would not do well financially.

5. They would not have a higher quality of life, if they did not earn from us.

6. If the three unrelated adults were not considered to be a “family”, they would not be qualified as buyers of a house.

Grammar 2

Use the correct form of the verb in brackets.

1. was designed 2. owes 3. is being purchased 4. requires 5. are considered 6. to train 7. had been forced

Unit 5. Programs for the Elderly

Bruce Teague, Administrator of Caring Hands and More

Pre –reading

Match the words and word combinations on the left with their definitions on the right.

Key: 1 e; 2 d; 3 a; 4 b; 5 c.

Listening 1

*Listen to the interview with **James Hancher**. Complete the questions that Tom Walz is asking.*

1. actual bed 2. afford 3. assistance, month 4. background 5. your clients
6. difference, two-person 7. case, administrator

Listening 2

Listen again and focus on the answers. Choose the correct answer.

1 c 2 b 3 c 4 b 5 a

Language Focus

Vocabulary – Find the word

Look in the text and find the word or phrase that means:

1. pottery 2. bash 3. quilt 4. congregate 5. return 6. advance directive
7. to purchase 8. revenue

Vocabulary

Choose the correct words below to complete the sentences.

1. environment
2. protective
3. conservators
4. end-of-life
5. home, available
6. insurance
7. assistance
8. terminally
9. referrals, contact

Grammar. Verb forms.

Put the verbs in brackets in the correct form.

1. costs
2. do you provide
3. closed, had
4. are changing
5. don't have, shall try
6. have been
7. have purchased
8. may be granted

Unit 6 Volunteer Work and Charity

An Interview with Patricia Kelly

While-listening

1. Listen to the recording. Here is a list of points that can be made about volunteering. **Tick** the points that are mentioned and put a **cross** beside the points that are not mentioned in the interview.

1 tick 2 t 3 cross 4 t 5 t 6 c 7 t 8 c 9 t 10 c 11 t

An Interview with Cathy Lowenberg

Pre-reading

Match the words and phrases on the left with their definitions on the right.

1 c) 2 d) 3 e) 4 b) 5 f) 6 g) 7 a) 8 h)

3. Are the following statements true or false according to the text (paragraphs 2-7)?

1 F 2 F 3 T 4 T 5 T 6 F 7 T 8 T

4. Choose the best answer according to the information in the interview (paragraphs 8-9).

1 b 2 c 3 c

An Interview with Tom Walz

While-reading

Read part 1 of Tom Walz's interview and choose the most suitable heading (A-C).

C Charity in the US

You are going to listen to part 2 of Tom Walz's story. Before you listen complete the sentences with the words and phrases in the box.

- 1) get together 2) fund raiser 3) profits 4) organizations 5) personal
6) donation box 7) businesses 8) source of funding 9) social welfare
10) requested 11) accountability 12) needy 13) Bill Gates 14) 140 million
dollars.

Language Focus

Vocabulary 1

Match the beginnings with the endings. The first one is done for you.

- 2 h 3 i 4 b 5 g 6 a 7 d 8 e 9 f

Vocabulary 2- Find the word

Find in the text about charity the word or phrase that means:

1. mandated 2. social welfare 3. non-profit 4. deduction 5. fund 6.
philanthropic 7. to set up 8. income tax

Vocabulary 3

Fill the gaps using one of these key words from the interviews:

- 1) funding 2) source 3) charity 4) relief, welfare 5) giving 6) deduction
7) disaster 8) trauma 9) tragedy

Grammar – Phrasal Verbs

Match these phrasal verbs with their meaning.

- 1 b) 2 c) 3 d) 4 a)

Grammar – Active or Passive

Choose the correct form of the verbs in brackets

1. were involved 2. listened 3. was sent 4. found 5. was covered 6. had
chosen 7. were taking 8. Explained 9. face

Verb forms

*Complete the sentences below using the correct form of the verbs in
the box.*

- 1 set up 2 made 3 mandated 4 face 5 depressed 6 been 7 wrote

APPENDIX

This Part of the book includes:

1. A story by Tom Walz about Bill's Coffeeshop, a project for people with disabilities which is part of the University of Iowa School of Social Work, and which is called "social work". In Unit 4 of this book you read about a private home that is called Sackter House (It is named after Bill Sackter). In the tapescript section you listened/read about some programs that were developed to keep the "Bill story" alive and help people understand why it was so important.

2. Some information about social work with elderly people in Great Britain. The information is given in Russian but the questions after the text are presented in English. This kind of an activity is a common type of exercise which is directed towards improving speech habits in English.

1

Bill's Coffeeshop

It may come as a surprise to say Bill's Coffeeshop is "social work". But it is.

Bill was a very loving and non-violent man, despite having been forced to live in an institution for persons with mental retardation for over 44 years. He was placed there as a 7 year-old child. After 44 years Bill was discharged from the institution as a result of the deinstitutionalization movement in the 70s.

Bill's Coffeeshop was started in 1974 to give an old mentally retarded man a place to work. It is located in the heart of the University of Iowa School of Social Work. Bill, who loved life and played a harmonica, turned out to be a wonderful man who soon became everyone's friend. He became so popular and such a legend that national network television made three movies about his life: "Bill", "Bill on His Own" and a full-length (90 minutes) documentary "A Friend Indeed – The Bill Sackter Story". By 1981 he was a national celebrity.

Bill died in 1983. He taught us an important lesson: persons with disabilities can have a powerful impact on our lives.

After Bill's death, the School of Social Work decided to expand the Coffeeshop and hire more people with disabilities. Today there are about ten different persons with challenging conditions who have some kind of employment in running Bill's Coffeeshop. Why is this social work? It is

social work because the Coffeeshop provides an opportunity to persons with disabilities to work and socialize with all sorts of persons. Since it is located in a School of Social Work it gives a chance to better understand a variety of disabilities and to get to know the workers as persons. Bill's Coffeeshop is like a living course on understanding disabilities. Finally, it is social work because the Coffeeshop provides an environment that makes us all "richer" as people concerned about one another's well-being.

We have learned not to closet away our clients in institutions. Bill was a good example of how the world benefits from a social work perspective and the actions of social workers in developing programs like Bill's Coffeeshop.

Watch the full award – winning documentary “A Friend Indeed – The Bill Sackter Story” on ***YouTube***:

“Abandoned in an institution for 44 years, Bill Sackter would never see his family again. Forgotten and alone, Bill's life changed through the help and friendship of a young college student, Barry Morrow and several other caring individuals. Barry Morrow later became a Hollywood screenwriter, the author of the famous movie “The Rainman”.

With a harmonica, a warm cup of coffee, and an incredible embrace of life, you can witness the transformation of the real Bill Sackter, from a neglected individual into a national hero for people with disabilities, in Lane Whyrick's (the director of the film) inspiring feature – length documentary about hope, compassion, and the power of friendship.”

Below are some extracts from social work and law students' essays who watched the movie and were very much impressed by it.

Sasha Tsyushtanova

“Bill helped to destroy stereotypes. Public perception of persons with disabilities was changed by Bill.”

Polina Pitkin

“Bill's story proves that people with disabilities can have a normal life and be happy even more than healthy people”. “It proves that mentally retarded people are part of our society and we should not ignore them.”

Ulyana Grebenshikova

I saw this kind of film for the first time. It touched me to the core of my soul for its content and personal attitude to the main character.

I couldn't imagine that in the past people with mental disabilities were kept in closed special institutions in the USA where they couldn't learn and develop the necessary life skills. Of course there are problems and difficulties everywhere.

I think that Barry Morrow, his wife Beverly, Tom Waltz, Jack and many other people are just heroes. Not everyone is capable of such actions. I think it is very important to continue this work with such a special type of people (people like Bill Sackter).

I remember well the last words in the movie: "He made a coffee and played the harmonica... that was enough...". Such simple words, but there is so much meaning in them. To find a vocation in life or a natural talent and to develop it – is enough to provide personal development and a good life for people with mental retardation. It is the greatest discovery that will improve the lives of these people and help other people to understand them.

Arina Syukkya

What do you think about people with disabilities? Not everybody is able to understand and help these people, to find strength to oppose some people's negative attitude to them...

After 44 years in the institution Bill's life begins: he meets friends, he works in the coffee shop at the University of Iowa, he becomes a real 'star'. His life is extraordinary, it is an emotional journey after nearly half a century of being 'nobody'...

'The Bill Sackter Story' is an inspiring documentary created by Lane Wyrick and his team...

The movie and the whole story teaches us to be kinder, to find something deep in our hearts, to be more tolerant not only to people with disabilities, but to everyone.

Elvira Gasanova

I felt proud of Bill, he had nothing and achieved something great. He won people's hearts. Everybody loved him and he loved everybody too. He gave people hope and happiness. He was an outstanding person. I just don't have words to describe how happy I am that such person like Bill became famous, because his life can teach us how to love the world.

Anna Balina

“A friend indeed” is a good documentary film, which helped me understand, that each person with disabilities takes important place in our society and can be more talented than ordinary person.

Maria Girsh

The movie about this strong person has made a strong impression on me. I admire his force, his ability to love this world in spite of the fact that this world very often brought him pain. It admires and causes respect.

P.S. We hope that these students’ reactions will inspire you to watch the movie.

2

ЛИЧНЫЙ БЮДЖЕТ И СОЦИАЛЬНАЯ ЗАБОТА

Если у вас есть инвалидность и Вы уже получаете помощь от социальных служб, или, если Вы прошли оценивание (проверку) на необходимость предоставления Вам услуг и поэтому имеете право на оказание помощи, Вам, вероятно, предложат использовать *personal budget* (личный бюджет), чтобы заплатить за Ваш уход и поддержку. С апреля 2013, каждый, кто получает помощь от социальных служб, будет иметь личный бюджет.

Личный бюджет дает вам несколько вариантов того, как ваши потребности будут удовлетворены и финансированы, а также помочь Вам сделать осознанный выбор. Его цель состоит в том, чтобы дать Вам больше контроля и гарантий, что услуги, которые Вы получите, удовлетворяют Вашим особым потребностям и пожеланиям. Если вы получаете личный бюджет, вы можете выбрать возможность управлять им самостоятельно, получая прямые платежи, или через ваш местный совет, или это может быть другое лицо, выполняющее за Вас эти функции, в соответствии с вашими потребностями и предпочтениями.

Личные бюджеты предоставляют Вам гибкость в том, как Ваши потребности удовлетворяются. Например, Вы можете решить использовать его, продолжая ходить в социальный клуб, который Вы всегда посещали, вместо того, чтобы отправиться в дневной центр помощи инвалидам и престарелым по предложению совета. Вы можете выбрать пойти на обед в паб или в местное кафе раз в неделю вместо того, чтобы всегда получать еду на дому (*meals on wheels* – еда на

колесах), или нанять няню, которая может приехать в удобное для Вас время.

Данное руководство стремится помочь вам узнать больше о личных бюджетах для того, что вы могли решить какие способы организации вашей заботы и поддержки Вы предпочитаете. Руководство также объясняет возможность получения вашего личного бюджета в форме прямых платежей, чтобы помочь вам выбрать, приемлем ли этот вариант для вас. Даже если Вы не слышали о таких терминах раньше, важно выяснить, что они означают, так как государство вводит их по всей стране. Прямые платежи были доступны в рамках предыдущей системы, так что вы можете быть знакомы с этим термином.

В руководстве вы найдете предложения об организациях, которые могут предложить дополнительную информацию и консультации для Вас. Их контактные данные можно найти в разделе «Полезные организации». Контактную информацию об организациях, обычно можно найти в Вашей телефонной книге. Если у вас возникли трудности в их поиске, ваш местный Age UK должен быть в состоянии помочь Вам.

Данное руководство относится только к Англии. Для получения информации о прямых платежах в Уэльсе, обратитесь в Age Cymru для информации о проведении самостоятельной поддержки: прямые платежи в Уэльсе. Личные бюджеты не доступны в Северной Ирландии, и в настоящее время рассматриваются в Шотландии.



Этот символ указывает, к кому обратиться, какие следующие шаги Вам необходимо предпринять.

Personalisation – новый способ управлять заботой

Личный бюджет – сумма денег от Совета (администрации), которую Вы можете использовать для организации и оплаты поддержки и заботы о Вас. Сумма, которую вы получите, зависит от потребностей, выявленных в ходе оценки, и может измениться по мере изменения потребностей

Личные бюджеты – часть нового способа управления уходом и поддержкой, которая называется "*personalisation*". Personalisation является государственной политикой, которая направлена на то, чтобы дать больше полномочий получателям социальных услуг и улучшить

работу местных властей по предоставлению услуг. Personalisation будет в конечном итоге включать медицинскую помощь. Она направлена на:

- заботу и поддержку, которую получает каждый человек, в соответствии с их пожеланиями и потребностями
- получение информации и консультации для всех, кто нуждается в этом.
- то, чтобы Ваш местный совет работал более тесно с поставщиками медицинских услуг, чтобы обеспечить вам необходимую поддержку.

Личные бюджеты – ключевая часть индивидуализации. При новой системе, Вы имеете те же самые права на услуги и совет обязан помогать Вам.

Если вам предлагают личный бюджет, можно организовать получение денег разными способами, в том числе:

- прямая (наличная) оплата (direct payment), которая выплачивается на Ваш счет
- счет, которым управляет совет и, который должен быть потрачен в соответствии с Вашими пожеланиями – совет может обеспечить Вас дебетовой картой, чтобы снимать деньги с Вашей учетной записи
- счет, открытый с поставщиком услуг, но управляемый Вами – это включает *средства индивидуального обслуживания Individual Service Fund (ISFs)*
- оформление опекунства (член семьи, друг и т.д.) от Вашего имени
- сочетание вышеперечисленного

Помните, что Вы сами решаете, как получать личный бюджет – поэтому, если Вы хотите, чтобы совет управлял им за Вас, дайте знать об этом, когда представитель социального агентства будет говорить с Вами, но если Вы хотите взять на себя ответственность, удостоверьтесь, что департамент знает об этом.

Вы можете творчески и гибко обращаться со своим личным бюджетом. Например, вы можете заплатить человеку, который поможет Вам пойти за покупками, вместо того, чтобы это сделали за вас, или проводить вас на компьютерные курсы, чтобы узнать, как поддерживать связь с Вашей семьей онлайн. Если Вы ходите в церковь или, если Вы хотели бы пойти в кафе, чтобы встретиться с друзьями, Вы можете использовать деньги, заплатив тому, кто поможет Вам в этом.

Вы можете обнаружить, что, несмотря на то, что Вы имеете право на помощь, оценка необходимости в помощи показывает, что Вы не имеет права на финансируемую государством помощь. В этом случае, вы, тем не менее, имеете право на поддержку администрации, которая должна Вам помочь решить, как организовать социальный уход. Вы имеете право на получение необходимой информации и совета по принятию решения о том, как услуги будут организованы и профинансированы в вашем случае.

До апреля 2013 года, некоторые местные органы власти будут использовать предыдущую систему социальной помощи. Совет обязан предложить Вам прямые платежи, чтобы организовать собственную заботу, если вы готовы и способны управлять финансами. Для получения дополнительной информации об этой системе, смотрите руководство по получению прямых платежей от Департамента здравоохранения.

Моя история

"Мне понравились мои сиделки, поэтому я действительно счастлива, что была в состоянии платить за их услуги"

Когда Мария перенесла инсульт, который ограничил ее физические возможности, она получила право на помощь от социальных служб. Ей хотелось иметь гибкий контроль, чтобы чувствовать себя более независимой.

"После инсульта два года назад у меня появились различные проблемы. Вначале мне было трудно даже встать с кровати самостоятельно, я с трудом мылась и одевалась. Постепенно мне становилось лучше, но мое восстановление было таким медленным, что я была расстроена и подавлена. Я нуждалась в ком-то рядом со мной всякий раз, когда я выходила из дома из боязни упасть. У моего мужа также есть проблемы со здоровьем, так что он не мог помочь мне. Раньше вся работа по дому была на мне, мне было неприятно видеть дом грязным, я чувствовала себя очень подавленной.

"Сиделка из агентства по уходу приходила каждый день, чтобы помочь мне с личной гигиеной, сделать уборку и сходить за покупками для меня."

"Это очень помогло, но я хотела нечто более гибкое, чтобы я могла иметь больше независимости и контроля."

"Я объяснила это моему менеджеру по уходу, и мы поговорили с моим мужем и моим агентством по уходу о том, что будет лучше для меня. В результате этих обсуждений я согласилась на получение личного бюджета в виде фонда индивидуального обслуживания. Это

значит, что мое агентство по уходу имеет деньги, выделенные советом, а я контролирую, как они тратятся . Мне понравились мои сиделки, поэтому я очень рада, что была в состоянии содержать их.

Я не чувствую себя в безопасности выходя одна, поэтому я приглашала человека, чтобы пойти со мной за покупками, вместо того, чтобы делать покупки за меня. Я вернулась к социальной жизни. Я также снова посещаю социальный клуб British Legion, в который я ходила раньше, в сопровождении человека от агентства».



Получение помощи от социальных служб

Если Вам трудно выполнять повседневные задачи, или, если Вам необходима помощь с личным уходом, Вы можете получить помощь и поддержку на дому. Первое, что нужно сделать, это связаться с отделом социального обслуживания вашего местного Совета и провести оценку ваших потребностей. Если у вас есть инвалидность или, если они могут предложить услугу, которая вам может понадобиться, у вас есть право на оценку.

Оценивание потребностей в социальном обслуживании, как правило, будет происходить в Вашем доме и выполняться персоналом социального обеспечения – обычно это социальный работник, менеджер по опеке и уходу или профессиональный врач. Перед Вашей оценкой, продумайте все, о чем Вы хотите поговорить и о трудностях, с которыми Вы сталкиваетесь, удостоверьтесь, что Вы учли все – даже если они не кажутся важными. Например, Вы можете сказать им, что нуждаетесь в помощи при одевании или раздевании, когда моетесь, готовите еду, или выходите из дома. Человек, производящий оценку, должен обсудить поддержку и уход за Вами, должен с Вами решить, какие услуги могли бы быть подходящими для Вас. Если у Вас есть сиделка, они также имеют право на оценивание. Потребности сиделки будут включены в Вашу оценку, поскольку результат может затронуть их. Некоторые добровольческие организации разработали способы, чтобы помочь Вам оценить свои собственные потребности, но Ваши местные власти должны также выполнить свою собственную оценку.

Если у Вас есть личный бюджет, Вы можете услышать термин *'RAS'* (*“Resource Allocation System“ – Система Распределения ресурсов*). Это – система, которую муниципальный Совет использует, чтобы оценить размер личного бюджета, который необходим, чтобы удовлетворить Ваши потребности. Вы имеете право получить достаточно денег на эти потребности, которые будут удовлетворены, и скорректировать их количество, если оно неправильно.

У Вас проверят материальное положение, чтобы узнать, нужно ли Вам делать вклад на оплату услуг, если да, то сколько.

Наряду с поддержкой, на которую Вы имеете право от социальных служб, Вы можете использовать помощь для планирования поддержки или услуги брокера, чтобы помочь Вам спланировать свою поддержку. Кроме того, Ваша сиделка, друг или член семьи могут быть помочь Вам. Это иногда упоминается как «самонаправленный процесс планирования поддержки».

После оценки Вам нужно предоставить письменный план, детализирующий Ваши потребности, что Вы хотите достичь, как будет

осуществляться поддержка, в которой Вы нуждаетесь и детали того, кто свяжется, если у Вас возникнет проблема или изменение потребностей.

Виды услуг, которые может предоставить Совет: сиделки, чтобы помочь с уходом за собой или работой по дому, персональный помощник с оплатой услуг, посещение дневного центра, обеды на колесах и адаптационные приспособления в Вашем доме. Совет может предоставлять свои собственные услуги, или договаривается о предоставлении услуг через агентство или другие организации. При системе персонализации (*personalisation*) Вы всегда делаете выбор, кто и как будет обеспечивать уход за Вами.

За дополнительной информацией об оценках потребностей и услугах, которые оказывают местные советы, см. наш бесплатный справочник *Care at home (Уход на дому)*

Придется ли мне делать вклад при оплате услуг?

В зависимости от Вашего дохода и сбережений, Вам, вероятно, придется заплатить за услуги социального обслуживания. Однако, любое медицинское обслуживание, такое как медсестра на дому, предоставят бесплатно.

После оценивания Вашего состояния, и после того, как Совет оценил затраты на социальное обслуживание и необходимую поддержку, у Вас проверят материальное положение, чтобы посмотреть, должны ли Вы вносить свои деньги. Сумма, которую вы платите за услуги не должна выше определенной суммы. За дополнительной информацией обращаться к нашему бесплатному информационному проспекту *Paying for care and support at home (Оплата за услуги и поддержку на дому)*.

Если вы чувствуете, что при оценке были рассмотрены не все вопросы или, если Вам отказали в помощи, или, если Вы чувствуете, что расходы причиняют вам трудности, вы можете подать жалобу в Местный совет. Дополнительную информацию см. наш бесплатный информационный проспект «Как решить проблемы и направить жалобу в местные власти».

См. наш бесплатный информационный проспект «Самонаправленная поддержка: прямые платежи и личные бюджеты и оценка местных властей для оказания услуги помощи». Для получения дополнительной информации об оценивании прочитайте бесплатное руководство, подготовленное агентством *Counsel and Care, Assessment and Services (Консультирование и уход, оценивание и услуги)*.

В зависимости от Вашего дохода и сбережений, Вам, вероятно, придется заплатить за услуги социального обслуживания.

Кто может получать персональный бюджет?

Если вы в настоящее время получаете помощь от социальных служб и живете в регионе, в которой уже была принята новая система *personalisation*, Вам должен быть предложен личный бюджет. Если в настоящее время происходит оценивание Ваших потребностей, или Вы прошли такую оценку в прошлом, то Вам также предложат личный бюджет, если Вы имеете право на социальное обслуживание. Личные бюджеты будут реализованы в каждой области в Англии к апрелю 2013.

Человек, с которым Вы говорите о социальном обеспечении, должен объяснить различные варианты и помочь Вам принять решение.

Те люди, которые не в состоянии принимать собственные решения, могут также извлечь выгоду из личных бюджетов. С ноября 2009 прямые платежи (одна из форм организации личного бюджета) стали доступны людям, которые испытывают недостаток в умственных способностях, пока у них есть 'подходящий человек', чтобы управлять ими от их имени. Это должен быть кто-то надежный, кто будет управлять делами в их интересах, как близкий член семьи. Это часто будет, но не всегда, человек, у которого есть доверенность принимать решения за Вас. Местные власти несут ответственность за такого человека, они должны убедиться, что он/она может взять на себя эту роль.

На что я могу тратить прямые платежи (Direct Payments)?

Прямые платежи – один из способов получать Ваш персональный бюджет. Если Вы в состоянии управлять своими собственными финансами и чувствуете себя комфортно, делая это, получение Вашего личного бюджета в форме прямых платежей, может подойти Вам.

Прямые платежи были введены в рамках старой социальной системы помощи, таким образом, местные советы обязаны предложить их для тех, кто имеет право и кто готов и способен управлять ими. Вы и местные власти должны согласиться, что прямые платежи являются подходящими для Вас. Если вы уже получаете помощь от Совета, но не через прямые платежи, вы можете попросить отдел социальных служб об этом.

Однако, прямые платежи не являются подходящими для всех – Вы можете быть довольны тем, что социальные службы организуют заботу о Вас, и хотите оставить все как есть.

Есть правила о том, на что вы можете и не можете использовать прямые платежи. Деньги должны использоваться на удовлетворение потребностей, указанных в Вашей оценке.

Вы можете использовать прямые платежи, чтобы:

- нанять своих собственных социальных работников;
- купить услуги у добровольного или частного агентства;
- купить оборудование или оплатить за специальные приспособления в Вашем доме;
- приобрести другие виды поддержки для удовлетворения ваших потребностей;
- добраться до кафе, чтобы встретить Ваших друзей, сходить в церковь, или другие места, которые важны для Вас.

Вы не можете использовать прямые платежи:

- заплатить супругу, гражданскому мужу, совместно живущему партнеру, или близкому родственнику, который живет в том же доме, что и Вы, чтобы заботиться о Вас (кроме определенных обстоятельств, которые были согласованы с Вашими местными властями),
- купить услуги у своего местного совета
- плата за постоянный уход в доме престарелых. Однако, Вы можете, заплатить за недолгое пребывание до четырех недель подряд в пределах любого 12-месячного периода.

Вы можете использовать прямые платежи, чтобы добраться до кафе, чтобы встретиться с Вашими друзьями, посетить церковь, или другие места, которые важны для Вас.

Следует ли мне выбирать прямые платежи?

Прямые платежи не являются подходящими для всех, и Вы должны тщательно подумать прежде, чем выбрать данный вид оплаты.

Если Вы нанимаете своего собственного социального работника (иногда называемый личный помощник), Вы должны будете иметь дело с налогами и государственным страхованием для них, или можете попросить, чтобы служба поддержки взяла на себя управление этим процессом за Вас. Вы также нужно удостовериться, что Вы застрахованы в случае, если Ваш помощник попадает в аварию.

Если у человека есть Длительная Доверенность (Lasting Power of Attorney) или Постоянная Доверенность (Enduring Power of Attorney), чтобы управлять Вашими делами, он/а может управлять Вашими прямыми платежами за Вас, под наблюдением Совета.

Большинство людей, получающих помощь от социальных служб, имеют право на прямые платежи, но есть ограничительные обстоятельства, при которых они не имеют этого права. Если Вам откажут в прямых платежах, то Ваш отдел социального обеспечения объяснит, почему он решил, что прямые платежи не являются подходящими для Вас. Если Вы не довольны их объяснением, Вы имеете право направить жалобу. За дополнительной информацией о направлении жалобы в совет, см. наш бесплатный информационный бюллетень, «Как решить проблемы и направить жалобу на местные власти».

Если Вы решаете управлять своим собственным личным бюджетом, существует помощь, для того, чтобы найти сиделок и организовать страховку.

Для получения дополнительной информации об использовании прямых платежей, см руководство Министерства здравоохранения «О получении прямых платежей в вашем муниципальном совете»

Моя история

"Я мог выбрать свою собственную сиделку, на которую я мог положиться".

Абдул перешел на прямые платежи, когда понял, что хотел бы иметь персональный вид ухода.

"У меня ревматоидный артрит, наряду с другими заболеваниями, и после оценки социальными услугами моих потребностей они составили план ухода за мной. Это помогло мне с покупками, купанием, одеванием и всеми другими вещами, которые мне были нужны. Они также предоставили «еду на колесах», но мне не нравилась еда, которую мне привозили. У меня было сиделки из агентства, которые приходили каждое утро, семь дней в неделю. Я также имел дополнительные визиты по вторникам, чтобы сделать уборку и по пятницам, чтобы делать покупки. Это было не плохо, но я никогда не знал, кто приедет – это были разные люди каждую неделю. Иногда время посещений было неудобным.

Тогда же я услышал о прямых платежах. Я связался с моим местным Age UK, мне объяснили, что, оформив прямой платеж, я мог выбрать свою собственную сиделку ту, на которую я мог бы положиться. Я нашел ту, которая соответствовала моим требованиям, и теперь она со мной больше двух лет. Я даже дал ей ключи от своей квартиры, потому что я знаю, что могу доверять ей полностью. 'Я должен был открыть специальный счет в банке, чтобы осуществлять

прямые платежи. Местная добровольная организация помогла мне открыть платежную ведомость, чтобы платить заработную плату моей сиделке и оформить страховку. Все, что я должен был сделать, это выписывать моей сиделке чек оплаты один раз в месяц, оплачивать счета и платить налог каждый квартал. В течение двух лет у меня никогда не было никаких проблем ни с налоговой инспекцией ни с советом. Все очень просто, пока у Вас все бумаги находятся в одном месте.

Кто может управлять личным бюджетом от моего имени?

'Подходящий человек' может управлять личным бюджетом в форме прямой оплаты при определенных обстоятельствах, например, когда Вы неспособны принимать собственные решения. Также это возможно для тех, у кого есть Постоянная или Длительная Доверенность. Местный совет несет ответственность за то, чтобы уход и контроль за ним были организованы должным образом.

Тот, кто работает с человеком, у которого есть умственные ограничения, должен действовать в их 'лучших интересах' как это определено законом об Умственных Способностях от 2007г.

Помните, что у Вас есть вариант воспользоваться Вашим местным советом, который может управлять Вашим личным бюджетом. У Вас должно быть столько же вариантов способов получения ухода и поддержки, как если бы Вы управляли этим процессом сами. Вы можете также иметь свой личный бюджет в Индивидуальном Сервисном Фонде или на другом счете Вашего поставщика услуг, контролируя, как тратятся средства.

Кроме того, Вы можете оформить доверенность. Деньги принадлежат Вам, а управляют ими за Вас доверительные лица (опекуны). Это могут быть друзья, семья, юрист, независимого опекуна или другое лицо.

Для получения более подробной информации об умственной состоятельности и обязанностях тех, кто работает с недееспособными людьми, смотрите наш бесплатный информационный бюллетень "*Arranging for others to make decisions about your finances and welfare*" (Организация принятия решений о вашем Финансовом и социальном обеспечении).

Организация собственных услуг

Если Вы выбираете личный бюджет в форме прямых платежей, то Ваш местный совет должен помочь Вам организовать и управлять услугами, которые Вам предоставляют. Родственники или друзья тоже

могут помогать. Социальные службы должны предоставить Вам подробную информацию о местной службе поддержки, имеющей дело с прямыми платежами, чтобы помочь Вам управлять своим персональным бюджетом.

Если Вы организуете собственный уход, то местные власти должны по-прежнему регулярно проверять, что Вы получаете то, в чем Вы нуждаетесь и что Вы не находитесь в опасности.

Некоторые агентства Age UK и другие добровольные организации предлагают планирование поддержки и брокерских услуг, чтобы помочь вам управлять вашими прямыми платежами и организовать вашу заботу и поддержку. Вас направят в эти службы местные власти. Это можно использовать наряду с поддержкой, на которую Вы имеете право от местных органов власти. Если брокерские услуги не бесплатны, вы можете оплатить за них из личного бюджета. Позвоните в Age UK Advice для контактной информации в Ваш ближайший Age UK. Кроме того, свяжитесь с *Disability Rights UK* (Права людей с ограниченными возможностями в ВБ), чтобы найти ближайший службу поддержки.

Есть агентства, которые могут помочь Вам найти подходящую сиделку. Местная организация инвалидов или прямая платежная служба поддержки помогут Вам найти агентство в Вашем районе. Многие из этих агентств будут иметь дело с налогами и взносами в фонд социального страхования для сиделки от Вашего имени.

Когда Вы выбираете кого нанять для ухода, подумайте о:

- какого человека Вы хотите;
- сколько человек Вам нужно будет (включая замену на праздники и отпуска по болезни);
- задачах, которые они должны будут выполнять;
- их умениях и качествах;
- сколько часов они будут работать и когда; заработной плате.

По оценке Ваших потребностей местный совет должен решить, при Вашем участии, какая поддержка вам нужна, и есть ли какие-то риски. Они должны составлять отчеты, чтобы убедиться, что ваши потребности удовлетворяются и прямые платежи расходуются соответствующим образом.

Как справляться с критическими ситуациями

Могут настать времена, когда дела пойдут не так, как запланировано. Составьте план действий в чрезвычайной ситуации и обсудите его с социальной службой, так, чтобы это было включено в

Ваш план ухода. Если Вы нанимаете своего собственного работника по уходу, Ваш план действий в чрезвычайной ситуации может включать связь с независимым ведомством, которое поможет в том случае, если Ваш работник болен или в отпуске.

Некоторые схемы поддержки предлагают резервную помощь, предоставляя персонал в чрезвычайной ситуации. Если есть вероятность, что у Вашей сиделки будут времена, когда она будет неспособна заботиться о Вас – например, если родственник заботится о Вас, или у них есть собственные проблемы со здоровьем – местные власти должны принимать это во внимание, как часть своих обязанностей.

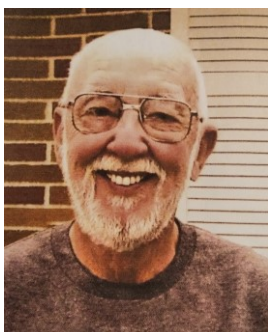
Если местные власти узнают, что Ваши потребности не удовлетворяются, то они обязаны действовать, чтобы решить эту проблему. Они также должны реагировать в том случае, если с Вами плохо обращаются. У Вас должно быть контактное лицо, чтобы обратиться за помощью.

У местного совета также есть обязанность проверять, что Вы не находитесь в опасности. За дополнительной информацией о защите, смотрите наш бесплатный информационный бюллетень «*Safeguarding older people from abuse*» (Защита пожилых людей от жестокого обращения)

Answer the following questions

1. What is a personal budget? What guarantees does it give?
2. What are some of the examples of how a person can use his/her personal budget?
3. What are the ways of receiving a personal budget?
4. What kind of help can a person get from social services in his/her home?
5. Who can get a personal budget?
6. What can direct payments used for?

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