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THE PERCEPTION OF DIFFICULTIES AT WORK AMONG THE PROVIDERS OF PROFESSIONAL SUPPORT MEASURES FOR PARENTS, WITHIN THE COMPETENCY OF CENTRES FOR SOCIAL WELFARE

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SUMMARY

Professional support measures for parents under the jurisdiction of the Centres for Social Welfare have a long tradition in Croatia. Nevertheless, the control component of these measures, and the changes in family legislation, are consistently designed as preventive measures based on expert assistance to parents in a family environment. Although there has been little research in this area, previous studies have pointed to the need for more effectiveness in their implementation and better, systematic training, and other forms of professional support to the professional conducting these measures as family supervisors. Identifying areas of difficulties in their work is of great significance for planning the education and supervision which ought to provide the necessary quality of implementation of these measures, which are covering a wide range of family situations, different constraints and needs of the parents, and different risks to children respective of their age.

The purpose of this paper is to explore the most common difficulties in the implementation of that parental support measure. The study was conducted with a convenience sample of 121 family supervisors from the Centre for Social Welfare (CSW) in Zagreb. Family supervisors perceived as the most difficult their work with unmotivated and uncooperative parents, along with work with families that are experiencing multiple problems e.g. alcoholism, violence, poverty. Following that, they are most affected by the difficulties in cooperation with CSW experts and work with particularly vulnerable groups of parents e.g. promiscuous or HIV positive. More pronounced difficulties in one area of work with families are connected with more pronounced difficulties in

other fields, making for a greater need for professional support from CSW experts, and simultaneously lower satisfaction with collaboration with CSW. Family supervisors express the need for training in work with unmotivated parents, with parents who are dealing with mental health problems, addiction, alcoholism, and violence against children, with work with parents who are in conflict with the law and in violent intimate relations, and with the Roma families.

Keywords: *parental support measures; difficulties in providing professional parental support measures; educational needs of family supervisors; effectiveness and quality of professional assistance to parents*

INTRODUCTION

Just like most of European societies, the contemporary Croatian society is facing an economic crisis that has brought about an increase in inequality, unemployment, and poverty. Poverty is not just affecting a family's level of material deprivation, but is also a significant risk for social exclusion of the family within its community, and for incidence of a number of psychosocial risks for the children, their parents, and other family members. Increased stress brought about by poverty can have a negative impact on the psychological welfare of the parents, and may affect their treatment of children (e.g. violent practices of upbringing, and/or neglect) (Ajduković and Rajter, 2014). These unfavourable processes demand that the services and interventions of the social work and welfare system be adjusted, particularly in those areas that are aimed at protecting the safety and well-being of children. It is commonly accepted that the priorities include prevention and early interventions in the child's family (Ajduković and Radočaj, 2008; Hess, Kanak and Atkins, 2009; McDonald, Moore, and Goldfeld, 2012), as they focus on supporting the family in dealing with the quotidian sources of stress, on enhancing the quality of parenting and relationships within the family. In practice, this type of care for children ought to have a child-focus, and be family-centered, as well as based on an individualized plan of assistance, that is aimed at satisfying the needs of the child and the family, and based on the parents' strengths and community involvement (community-based), as founded in systems theory, while staying culturally sensitive and outcome-focused (Bourdeaux, 2008).

Independent of the changes in family law, for the past 35 years the experts in the social welfare systems have had at their disposal the use of a preventive mandatory measure of professional support to parents. Since the passage of the Marriage and Family Relations Act of 1978 (ZBPO)

(NN, 11/1978), which prescribed this measure for the first time, the measure itself has changed its name on several occasions, as has the category of measures that it was part of. Along with these, the concepts of parental rights and children's rights have seen much change over the years. Nonetheless, over these 35 years, this measure has been consistently interpreted as a preventive measure based on professional assistance to parents, provided within the context of the family, and in a continuous manner over a set time period, the pronouncement of which is within the jurisdiction of the Centre for Social Welfare, and is implemented by the professionals from both within the social welfare system, and those from outside it, who act as measure supervisors.

Brief overview of the history of professional support measures available to Centres for Social Welfare in the area of protection of rights and interests of children

The Marriage and Family Relations Act of 1978 (ZBPO) (NN, 11/1978), in its portion concerning the measures for the protection of the personal rights and interests of children, allows for the *measure of permanent supervision over the carrying out of parental rights*, which was, along with the measure of warning parents of deficiencies in upbringing, described as a "measure of predominantly preventive character, with the aim of providing tools to parents for properly conducting their parental duties" (Ujević-Buljeta, Bujanović-Pastuović and Jambrović, 1987, 96). Both of these measures had at that time been novel to the family law in the country. Along with these two measures the ZBPO also defined two additional measures that had existed in prior legislation, which implied more significant limitations on parental rights, either by means of "removal of child from parental care when the parents have significantly neglected the child or neglected the child's upbringing", or by means of "directing a child to an educational institutions" (Alinčić and Bakarić-Mihanović, 1986, 180 - 182).

In this article, we are going to follow the sequence of development of the then prescribed *measure of permanent supervision over the carrying out of parental rights*], as a preventive measure that is implemented by continuous provision of immediate professional support to parents, over a set period of time. We must again emphasize that the 35 years since the initial introduction of this measure have seen a significant change in the concept of professional support within the social welfare centres, the concepts of parental rights and duties, and in professional standards of "adequate" parenting.

The measure of permanent supervision over the carrying out of parental rights was based on the right of the Social Work Centre (as it was known at the time) as a care provider and guardian to supervise the manner in which the upbringing of children was conducted by parents, and on their duty to assist the parents in "proper upbringing of the child". Specifically, the ZBPO stated that the

Social Work Centre ought to "advise and otherwise assist the parents in the implementation of their parental rights during the period of permanent supervision" (Alinčić and Bakarić-Mihanović, 1986, 180-181). The analysis of the implementation of this new measure in Croatia has shown that the implementation was slow, and that a mere 217 of these have been issued in all of Croatia in 1985 (Ujević-Buljeta, Bujanović-Pastuović and Jambrović, 1987).¹ Faced with these indicators, the then Institute/Bureau for Social Work began a systematic education of the professionals employed by the social work centres and working on these issues, by means of issuing instructions and analyses of particular cases. Another move considered at the time was an introduction of coordination bodies at both the national and the regional levels which would be aimed at protecting the personal rights and interests of children, and whose members would be the employees of the social work centres, police and the judiciary, health institutions, and school and pre-school institutions (Ujević-Buljeta, Bujanović-Pastuović and Jambrović, 1987). With time, the measure became more common, so that, in 1988, for example, it had been issued on 1344 occasions.

The descendent of this measure was again found in the Family Act of 1998² (NN 162/1998; Alinčić et al., 2006), under the heading of "measures for the protection of the personal interest of children". This measure was now named the the "measure of supervision over parental care", and was to be issued by the local Social Welfare Centre in cases of "various and multiple mistakes and omissions in parental care, or in cases when parents require assistance in the upbringing of the child" (art. 111, par. 1, Family Act). As stated by Hrabar and Korać (2003, 6), "the preventive nature of this measure may be observed in its restraint when it comes to limiting the content of parental care, and its orientation towards providing the parents with support in obviating the mistakes and omissions of parental care, and in providing the assistance in upbringing of the child when they require it." In the following period the number of instances when this measure was prescribed had stabilized, so that in 2002 it was issued 1514 times, 524 of which were in cases when the "parents are dealing with a child with a behavioural disorder" (Hrabar and Korać, 2003, 7). Based on their analysis of a sample of *measures of supervision of parental care*, the authors conclude that "the aspect that causes the most concern is the questionable quality of this preventive measure... A general conclusion would be that there is a need for thorough additional education of the centre for Centres for Social Welfare with the aim of standardizing the implementation of not just this measure, but the entire set of protective provisions of family legislation" (Hrabar and Korać, 2003, 17).

The Family Act of 2003 (NN 116/2003) did not alter the circumstances under which this measure

1 In that same year, the measure of warning parents of the deficiencies in the child's upbringing was applied approximately eight times as often, in 1719 cases.

2 The implementation of this Family Act began on July 1 1999.

was to be implemented, but it did alter the name of the measure, which was as of then known as *supervision over parental care* (known under the Croatian acronym of NIRS). The NIRS measure is issued by the Centre for Social Welfare when mistakes and omissions in parental care are found, and are multiple and/or frequent, or when parents require special assistance in the upbringing of their child (Alinčić et al., 2006). Unlike the Family Act of 1998, when supervision could be implemented by the grandparents, this act excludes direct vertical relations, and up to the second degree in the side branches of the family tree (Hrabar, 2003).

This measure has been increasingly important, as it was, for example, issued on 3047 occasions in 2012.³ A year later, its use dropped to 2384. Simultaneously, the number of warnings concerning the mistakes and omissions in parental care and upbringing of the child rose from 4948 in 2012 to 5965 in 2013. These numbers indicate that the drop in the number of NIRS issued was not reflective of a lesser need for them, but was most likely a consequence of the disfavoured measures of the responsible government ministry which has, as a cost-cutting measure, first reduced, and then completely removed the additional payments for the supervisors of the measure implementation in 2012 and 2013, and then repeatedly insisted on revisions and reductions in the renewals of the NIRS measure.

However, the implementation of the measure continued in those cases where the children were exhibiting behavioural problems/disorders. Thus the NIRS was implemented in 1052 of those cases in 2012 (444 of those were in protection of interests of children from age 8 to 14, and 608 for those between 14 and 18 years of age). In 2013, the NIRS was implemented in 938 cases of children/youths with behavioural problems/disorders (430 cases for those aged 8 to 14, and 608 for those older between 14 and 18 years of age). Along with the cases of issuing this measure when the children are exhibiting serious behavioural problems, the responsible government ministry commenced the documentation of implementing it in cases when the matter at stake was "the fulfilment of the child's right to a continual development of relationship with both parents, and to protection from one or both parents' manipulative behaviours". There were 790 of these cases of NIRS being issued in 2012 and 711 in 2013.

In the 2006-2008 period, UNICEF has dedicated special attention to conceptualizing early

3 The source of all statistics is the Ministry of Social Policy and Youth, specifically, their Annual Statistical Report on the Implementation of Rights to Social Care, on the Legal Protection of Children, Youth, Marriage, Family, and Persons Without Legal Capacity, and on the Protection of Physically or Mentally Challenged Individuals in the Republic of Croatia. The main difficulty in using these data is in the inconsistency in the way in which the data are reported. Thus, for example, the 2013 report provides the total number of NIRS measures implemented in 2013, the total number of NIRS measures issued in 2013, and the numbers of measures issued for the first time, and those that were reissued in 2013. These two final groups of data are not available in the 2012 report. Additionally, the sum of subcategories does not match the data about the total number of issued NIRS measures nor the number of decisions on NIRS measures; this is true for both the 2012 and 2013 reports.

interventions and enhancement of supervision over parental care (NIRS) in the "Prevention of Separation and Early Intervention with Families at Risk". During the project implementation phase it came to light that the employees of the Social Welfare Centres have been pointing out numerous difficulties in implementing the NIRS, some of which include being overworked, and difficulties in implementing changes in the established ways of doing things, at both the personal and organizational level. The experts have again shown that the improvement in implementing the NIRS measure requires a different organization of work, and a continuous process of educating and supervising of the supervisors (Ajduković, 2009).

The most recent Family Act, passed in June 2014 (NN 75/2014) introduces a more finely grained conceptualization of interventions in the family and expands the range of measures for the protection of personal rights and welfare of the child that fall within the jurisdiction of the Centres for Social Welfare. Thus the Act states that the measures of professional support to parents are to be conducted at two levels of intensity, based on the assessment of risk in the family and risk for the child. These two levels are meant to provide a differentiation in the application of the NIRS measure. The lower intensity measure is that of *professional assistance and support in the fulfilment of child care* (art. 140), while the measure of higher intensity, as compared to the current NIRS is that of *intensive professional assistance and supervision over fulfilment of child care* (art. 145).⁴ Along with the Act, a Regulation Concerning the Measures of Protection of Personal Rights and Welfare of Children has been issued (NN, 106/2014). This regulation provides the best guidance so far concerning the immediate implementation of these measures.

As can be seen in the most recent Family Act, the *measure of professional assistance and support in the fulfilment of child care*] and the *measure of intensive professional assistance and supervision over fulfilment of child care*] are both based on the key principles of the NIRS measure, which include the idea that, by keeping the child in the family and providing the necessary professional assistance to parent, the child's right to growing up in his/her biological context is respected, as well as the rights to safety and protection from risks that may endanger a child's welfare, broadly defined.

As in the previous periods, the key role in implementing these measures, along with the Centre for Social Welfare team, is that of the supervisor of implementation of the measure, who works directly with the family to achieve the planned and necessary changes in the family (Karačić et al., 2009). This supervisor of implementation of the measure can be a professional from within the Centre for

4 As can be seen above, the names of the measure for the first time since 1978 leave out the reference to parents.

Social Welfare, or an external associate. In practice thus far, these external associates have predominantly been experts in the area of social sciences and the humanities who have had bountiful experience working with children (Petran, 2013). Starting from the key role of the supervisor of measure implementation, and the fact that regardless of the changes in family law (which, in this area, are not affecting the core of the measure) the Centres for Social Welfare will continue to primarily rely in the currently working supervisors of measure implementation, the focus of this paper is on these individuals, and the challenges they face in their everyday work. The conceptualizations of their work have thus far shown that their tasks are indeed numerous: from advising and education on the needs of the child and manners of communication, to assistance in understanding the parental role, guiding changes in the daily schedules of commitments and responsibilities of the family, explanations and guidance, and clear defining of expectations and facing the consequences (Žižak and Koller Trbović, 2008). One can recognise from the very content of these tasks that the supervisors of measure implementation in the families where children are at risk are often found balancing two potentially conflicting roles. On the one hand, they need to be providing support to parent(s) in achieving a higher quality of parenting and overall family surroundings for the child. On the other hand, however, they are meant to supervise, follow and assess the effectiveness of the measure's implementation and report on the outcomes to the Centres for Social Welfare. (Ajduković, 2008; Ajduković and Laklija, 2014).

Researching the difficulties and challenges that the supervisors of measure implementation face when working with families with at-risk children

The initial research on these difficulties in Croatia (Ajduković, 2008) has shown that the following challenges are most common when they work with the families of at-risk children: multiple social problems that the families are exposed to, working with families whose values are different than their own, working with parents who are not willing to change their style of parenting and who show that they are forced into this type of assistance (the so-called non-voluntary clients), neglect of children within the family, and working with families affected by alcohol abuse. The leaders are also facing the difficulties of establishing cooperation with the other social services and institutions, and limited means for assisting the parents. They also state that they are having difficulty with the parents' motivation and their resistance to change, lack of readiness to cooperate, unreliability, lies, non-acceptance or temporary acceptance of the necessary changes.

Given that there are no other similar research projects in Croatia that we know of, we have reached into the international research on preventive programs for family support that are implemented on the home visiting model (home visiting programs or home visitation programs) for the families that are at risk of child abuse or neglect. These programs are characteristic of the Anglo-Saxon countries and are conceived as "healthy beginnings programs" (Ajduković, 2008). As regards the content and methods of work in these programs, they largely coincide with our concept of professional assistance/support/supervision, with three key differences. First, the participation in these programs was found to be, in principle, voluntary. Second, as a starting point, these programs take the circumstances that are risk factors for the appearance of inadequate parenting actions, while the old NIRS measure, and its two successor measures, are issued when these risk factors are present, but also when inadequate parenting has resulted in problems and/or disorders in children's behaviour (e.g. vagrancy, engaging in criminal activity, aggressive behaviour), and when the child requires protection from the manipulative behaviour of one or both parents. Third, while home visiting programs are aimed at younger children, the above discussed measures in Croatia are meant to cover a wide range of ages, from birth to adolescence. Thus, the ranges of situations, parental needs, and the ages of children that require protection, are all much broader in our context. Regardless of these differences, the research on the implementation and evaluation of the home visiting programs are relevant for a better understanding of effects and circumstances of the implementation of these measures in Croatia.

LeCroy and Whitaker (2005) conducted a survey of 91 supervisors of home visiting programs, who were asked to assess the 77 potential difficulties they could be facing in their work. It came to light that they find it most difficult to work with families that have limited financial resources, families where mental illness is present, including suicide threats, families where drug/alcohol abuse are present, and families that are not motivated for change. Factor analysis yielded 5 factors that describe the difficulties that the measure supervisors face when implementing these measures in the family. Three of these concern their personal characteristics: insufficient clinical skills (e.g. working with involuntary or non-motivated clients), lack of experience (e.g. in dealing with new problems, or a lack of experience in working with persons with mental health problems), and personal difficulties (e.g. working with parents whose values are different from those of the measure leaders or handling personal frustrations and failures in providing assistance). The remaining two factors concern the difficulties of responding to particular problems in the family (e.g. problem of dealing with violence in the family, or dealing with multiple social problems that the family is facing), and responding to specific parenting problems (e.g. working with parents who are cognitively challenged, or helping the parents accept their child as it is). The authors conclude that the

advancement of home visiting programs requires that the supervisors' specific competences be defined, matched with the needs of the family they are working with, and that the development of these competences be developed through suitable training and supervision.

Based on a wide analysis of a large number of these programs, Gomby (2007) concludes that the relationship between the parent and the professional engaging with the family is key to their effectiveness. Program/measure supervisors/leaders need to be able to establish a working relationship with the families, and need to be able to respond to sudden crises in the lives of their clients, while simultaneously implementing the planned program. It has been shown that the measure implementation supervisors are often not able to deal with some key risk factors in child abuse or neglect, such as maternal depression, violence among the partners, or drug and alcohol abuse. Simply put, they did not feel sufficiently well prepared to work with these high-risk factors.

Based on a qualitative study of 46 randomly selected female users of a home visiting program, Krysik, LeCroy and Ashford (2008) conclude that the relationship with the measure implementation supervisor is the key characteristic of the program, and that the high quality of the relationship with the child's mother enables them to speak openly about child-endangering and damaging behaviours, thus making the accomplishment of the program more likely, and contributes to the prevention of violence towards children and their neglect.

A comprehensive analysis of the successful home visiting programs by McDonalde, Moore and Goldfeld (2012) emphasizes the necessity of compatibility of the measure implementation supervisor's competences and the expected outcomes of the program. That way, for example, if the program is being implemented in a family where a mother is suffering from depression or other mental health condition, the supervisor ought to have suitable competences for dealing with this type of problem. The authors also stress that working with families that are facing multiple complex problems requires more than basic skills of working with families and children, and that the professionals in these situations ought to have additional skills, such as the ability to work in crisis situations and states, ability to motivate clients for change, but also to hold good organizational skills. They also point to a necessary care for the professional burdens, in the light of a well known correlation between the increased work stress and overworking, and a decreased effectiveness.

Beginning from the basis set by the first research in Croatia that has pointed out the difficulties that supervisors of implementation of professional support measures to parents are facing (Ajduković, 2008), and the new Regulation Concerning the Measures of Protection of Personal Rights and Welfare of Children (NN, 106/2014), which states that this supervisor can be a social worker, psychologist, social pedagogue, educational rehabilitator, and only exceptionally an expert in

another academic field (in one of the ancillary professions), whose competences match the specific needs of the family, and who have the expertise in the field of working with children at risk, this paper aims to provide a better understanding of the experiences and professional needs of the supervisors of implementation of these professional support measures. The research on stress in professional environments show that a long-term exposure to cognitively and emotionally demanding situations at work affects one's perception of one's own competence and effectiveness in the professional role, including the achievements at work (Leiter and Maslach, 2011). The sources of professional stress (and burn-out) may be found in overworking, lack of knowledge and sense of control, feeling of insufficient returns, and conflicts of values (in relation to the users, the system, and similar). With the starting point of findings thus far, it appears that the supervisors of professional support measures to parents are facing an increased risk, due to both an imbalance of the demands of their role, capacities (emotional, cognitive, temporal), and competences of the professional, feelings of pressure, unrealistic expectations, and due to the nature of the system (Lent, 2010).

With all this in mind, the purpose of this article is to explore and describe the difficulties that the supervisors of professional support measures to parents under the jurisdiction of the Centres for Social Welfare are facing. This article will be using the term professional support measures to parents which, regardless of the supervision component contained in the measure, and some differences in concepts and terminology between the current Family Act and the previous ones, since it is the best in describing the essence of the activities of the Centres for Social Welfare in this area of expertise. Recognizing the more difficult and challenging aspects of this type of work is of extraordinary relevance for planning and ensuring education and oversight which are to ensure a high level of quality in this area. This is made even more relevant by the Croatian context, where these measures cover a broad range of situations (e.g. general and protection from neglect of small children, behavioural problems among the 8-18 year-olds, protection from manipulative forms of behaviours by one or both parents during or after the breakdown of their community), different needs of the parents and children, and the wide range of ages of children that are to be protected. Additionally and continuously, since the very introduction of this measure in the family legislation in 1978, and until the new Family Act of 2014, all analyses of implementation and all research point to the need for a better and more systematic training and other means of support for the direct supervisors of these measures (Ujević-Buljeta, Bujanović-Pastuović and Jambrović, 1987; Hrabar and Korać, 2003; Ajduković, 2009).

RESEARCH AIMS

The aims of this research project are:

1. to develop a questionnaire for identification of the difficulties faced by the supervisors of the measure of professional support to families under the jurisdiction of the Centres for Social Welfare.
2. To gain an insight into the most common difficulties faced by the measure supervisors and their satisfaction with the level of the measure's implementation effectiveness.
3. To gain an insight into the educational and support needs of the professional support to parents measure supervisors.
4. To test the correlation between the difficulties experienced in work, the need for professional support, satisfaction with the cooperation with the Centre for Social Welfare professionals, and satisfaction with the supervisor's own effectiveness in implementing the professional support to parents measure.

METHODS

Sample

The survey sample⁵ is made up of 121 (85% or 103 women, and 15% or 18 men) supervisors of professional support measure to parents under the jurisdiction of the Social Welfare Centre in Zagreb. Convenience sampling was used to reach the participants. The participants' age ranges from 26 to 60 (M=43,69, SD=10,9), and years in work range from 0,5 to 42 years (M=16,66, SD=10,88). The number of families that the participants have worked with implementing the NIRS measures ranges from 1 to 30 (M= 8,54; SD=7,91). Social workers make up 53% of the sample, while the remainder is made up of defectologists (13%), social pedagogues (12%), psychologists (10%), lawyers (6%), and others (6% - these are criminologists, professors and nurses). Approximately 2/3 of the sample is made up of individuals employed within the social welfare system, and 70% (54) of them are employed by the Centres for Social Welfare, while the others come from other social welfare institutions). Another 16% of the total sample are employees of the public educational system, and 12% come from the public health system. Among the supervisors who are employed by the Centre for Social Welfare, 17% are in the centre responsible for the implementation of the measure. Most have been employed as NIRS measure supervisors from 1 to 3 years (29%), while 14% have been in the job less than a year, 26% from 4 to 6 years, 17% from 7 to 10 years, and 14%

5 Given that the results described in this paper are part of a wider project of research on the professional needs of the professional support to parents measure supervisors, the description of the process, description of the sample, and of the data acquisition process along with the first two instruments, is the same as in Ajduković and Laklija (2014), where other research problems are analysed and additional measurement instruments are used.

more than 10 years. The proportion of participants that were implementing the measure with one family (34%) is about the same as of those who were implementing them with two (32%) or three families (34%)

Data acquisition process

The survey was conducted with the approval of the Ethics Committee of the Zagreb University Faculty of Law, and the assent of the Social Welfare Centre in Zagreb. Upon receiving the Centre's assent, the leaders of the local departments were contacted with the request for information concerning the number of measure supervisors, and their contact information. Some of the supervisors were reached through the meetings organized in the offices of some local Centres for Social Welfare, some through personal contacts, and some with the assistance of locally responsible social workers. The questionnaire was given to the measure supervisors in an envelope, and was returned in the same manner. The data acquisition process paid particular attention to the explanation of the purpose of the survey and data confidentiality. The data acquisition process lasted from May to August 2011.

Measurement instruments

A Questionnaire on socio-demographic and professional characteristics of the NIRS measure supervisors was prepared for the purpose of this project. The first part is made up of a series of socio-demographic variables: sex and age of the supervisor, their educational attainment, working status, length of work experience, and the institution that employed them at the time. The second part of the questionnaire was aimed at professional characteristics and experience of the NIRS measure supervisors, and includes the following: the length of time working as NIRS supervisor, the role through which the person has become a NIRS measure supervisor (e.g. an employee of the Centre for Social Welfare or an external associate), the number of families that each supervisor is working with up to the point when the survey was conducted.

The supervisors also answered questions about their experience in designing the program for the implementation of the NIRS measure, experience in participating in training prior to commencing supervision, and satisfaction with the training they took part in.

A Questionnaire on the difficulties faced by the parental support measures supervisors was also designed for the purpose of this project. There were 45 questions in this questionnaire, all of which were designed using the available theoretical and empirical sources (Petr, 2003; Ajduković, 2008), and through immediate communication with the measure supervisors by one of the authors

while conducting oversight of the measures. The measure supervisors ranked the described situations on a scale from 1 to 5, where 1 meant that a particular situation was not representing a difficulty in their work, and 5 meant that a particular situation was exceptionally difficult. If a measure supervisor had no experience with a particular situation, there was also the option of choosing 0, meaning "I have not encountered this situation in my work". The theoretical range of the answers starts at 0 and has a maximum at 225.

A Questionnaire on the perceived professional support from the Centre for Social Welfare employees was made up of two parts. The first one contained questions about the supervisors' need for various types of support to be provided by the Centre. For any of the areas of support, the participants could choose a score ranging from 1 to 5, where 1 indicated that they do not feel the need for a particular type of support, and 5 indicated that they very much need that type of support. The theoretical range of total scores on this part of the questionnaire was 4-20, where a larger total score indicated a greater need for professional support to measure supervisors.

The second part of the questionnaire concerns the assessment of satisfaction that the measure supervisors feel in their cooperation with the experts at the Centres for Social Welfare, and the level of satisfaction they feel in relation to their own actions as measure supervisors, operationalized through satisfaction with personal involvement, time spent, and effectiveness in working with the family or families. This segment of the measures was also used to gather data on the NIRS measure supervisors' involvement in training and education, and on their educational needs.

RESULTS AND DISCUSSION

Difficulties faced by the supervisors of professional support measures to parents under the jurisdiction of the Centre for Social Welfare

Given the large number of questions (N=45) contained in the initial form of the questionnaire, a principal components factor analysis was conducted so that the key areas of difficulties may be identified. With the help of the scree test, four significant components (factors) were identified (Table 1). While defining the optimal structure, 22 variables were excluded as they were projected on multiple components or were found not to have a significant level of saturation (the criterion was >0,40). Some of the variables representing moderate work difficulties were thus excluded, such as working with parents that deny alcohol or drug abuse, responding to child abuse in the family, working with parents who are suffering from depression or exhibiting aggression, parents who have

psychological problems, and those who forcefully express their emotions.

Table 1: Extraction matrix of the principal components

Factors	% extracted variance			% rotated variance		
	TOTAL	% variance	Cumulative %	TOTAL	% variance	Cumulative %
1	6,407	27,855	27,855	3,660	15,913	15,913
2	2,894	12,580	40,436	3,518	15,297	31,210
3	2,468	10,731	51,166	3,463	15,058	46,268
4.	1,523	6,621	57,787	2,649	11,520	57,787

The extracted principal components were rotated using the Varimax rotation. In order to achieve a clearer structure, the variable and component correlations exceeding 0,50 were considered significant in the interpretation of results. The proportion of explained variance is 57,79%.

The principal components analysis found that the latent structure can be reduced to four factors.

1. Cooperation with the experts at the Centre for Social Welfare and other institutions.

Questions 16, 17, 18, 19, 20, 21 and 22 were saturated on this factor, and 15.91% of the variance was explained. Cronbach's Alpha was 0,84.

2. Working with vulnerable parents and in professionally sensitive situations.

Questions 7, 8, 12, 13, 15 and 23, were saturated on this factor, and 15,30% of the variance was explained. Cronbach's Alpha was 0,82.

3. Working with families that are facing multiple problems.

Questions 1, 2, 9, 10, 11 and 14 were saturated on this factor, and 15.06% of the variance was explained. Cronbach's Alpha was 0,84.

4. Working with unmotivated and uncooperative parents.

Questions 3, 4, 5, and 6 were saturated on this factor, and 11,52% of the variance was explained. Cronbach's Alpha was 0,78.

Table 2 shows the factor loadings for the 23 questions that were included in the final form of this

questionnaire which can be used in the future for assessing the difficulties faced by the professional support to parents measure supervisors.⁶ The same table lists the means and standard deviations for each of the difficulties. The possible answers range from 1 to 5, where a larger number represents a greater difficulty.

A challenge for naming the factors was found on the second factor, where the highest loading was found on six rather disparate difficulties, such as (1) working with promiscuous parents or parents prone to prostitution, (2) working with families which have an HIV-infected member, (3) working with parents who threaten murder or suicide, (4) working with families that have difficulties in understanding due to cognitive/intellectual challenges, (5) working with families that have had recent experiences of death in their midst, be it a parent, partner, or child, (6) working under threats and pressures from the parents, such as threatening to include/invite the press. What was recognized as a common denominator of all of these situations was the vulnerability of the parents that can stem from a lack of understanding and social judgement, or even ostracism, as in the cases of promiscuous behaviour or HIV infection. These are circumstances that are professionally sensitive precisely because there may be media attention or a very specific professional responsibility, as in the cases of threats of suicide. For all of these reasons, we named this factor "Working with vulnerable parents and in professionally sensitive situations".

Table 2: The rotated matrix of principal components (Varimax rotation) of the questionnaire on the difficulties faced by the parental support measures supervisors. Answers range from 1 to 5.

	Component				M	SD
1. Working with family members who are intoxicated	088	062	013	096	2,40	1,76
2. Working with families where alcohol abuse is present	034	096	077	097	2,31	1,59
3. Working with parents who are unwilling to change their parenting style	065	032	061	068	3,44	1,22
4. Working with parents who are not motivated to change	007	016	083	058	3,69	1,08
5. Working with parents who clearly show they are	061	092	081	037	3,17	1,36

⁶ The electronic version of the questionnaire is available upon request, from the authors.

involuntarily participating						
6. Working with parents who do not honour agreements	77	56	43	33	3,17	1,34
7. Working with parents who are promiscuous or prone to prostitution	94	30	06	64	1,50	1,76
8. Working with families in which one of the members is HIV-infected	28	65	22	046	0,88	1,54
9. Working in a situation that requires a response to one of the partners' violence	103	64	56	55	2,64	1,60
10. Working in a situation that requires a response to child neglect	10	56	22	33	2,78	1,59
11. Working with multiple social problems in a family	29	29	34	48	2,96	1,44
12. Working with parents who threaten murder or suicide	029	61	12	069	1,99	2,13
13. Working with parents who have difficulties in understanding due to mental or cognitive challenges	69	36	94	28	1,69	1,69
14. Working with limited material means of helping the family/child	82	61	89	027	2,58	1,56
15. Working with families that have recently experienced death of a close one (partner, child, parent)	80	86	87	36	1,42	1,64
16. Working on setting up communication with other institutions (e.g. school, hospital, prison)	69	93	60	003	1,71	1,16
17. Directing parents to other institutions	29	128	62	019	1,96	1,15
18. Writing/managing the necessary documentation	04	028	82	54	1,92	1,19
19. Proposing the needed measures to the Centre for Social Welfare (e.g. financial measures, experts' assessments, medical treatment, and similar), as necessary for a particular family	81	06	026	076	1,74	1,15
20. Proposing changes to the program and plan for the implementation of the measure of supervision of parental care	00	88	099	098	1,53	1,14
21. Ensuring cooperation with colleagues at the Social Welfare Centre under whose jurisdiction the supervision takes place	27	90	021	021	1,39	0,86
22. Fulfilment and consideration of your opinions by	47	12	142	56	1,60	1,02

the experts from the Social Welfare Centre under whose jurisdiction the supervision takes place						
23. Working under parents' pressures and threats of including/inviting the media	31	33	49	97	2,02	1,79

Table 3 shows the difficulties faced by the supervisors of the professional support measures to parents, based on the individual factors, i.e. specific aspects of working with the family.

Table 3: Total results and the sub-scale average of the areas of activity of the supervisors of the professional support measures to parents (N=121). Answers range from 1 to 5.

Factor/Area of Difficulty	Total result		Average result	
	M	SD	M	SD
1. Cooperation with the Centre for Social Welfare and other institutions' experts (7 questions)	11,84	5,49	1,69	0,78
2. Working with vulnerable parents and professionally sensitive situations (6 questions)	9,50	7,70	1,58	0,26
3. Working with families that are dealing with multiple problems (6 questions)	15,65	7,13	2,61	1,18
4. Working with unmotivated and uncooperative parents (4 questions)	13,47	3,89	3,36	0,97
5. Total perception of difficulties in work by the NIRS measure supervisors	101,81	34,12	2,26	0,76

The supervisors of the professional support measures to parents (Table 3) find that moderate difficulties in their work are found in dealing with involuntary and uncooperative clients ($M=3,36$; $SD=0,97$), and in working with families that are facing multiple problems, such as for example, addiction and violence in the family ($M=2,61$; $SD=1,18$). Cooperation with the experts at the Centres for Social Welfare and in other institutions ($M=1,69$; $SD=0,78$), and working with vulnerable parents and in professionally sensitive situations, such as threats by parents in socially sensitive cases where the health, safety and lives of the clients may be endangered ($M=1,58$; $SD=0,26$), were found not to be posing great difficulties for most of the supervisors.

The need for education and professional support, satisfaction with cooperation with the Centres for Social Welfare, and satisfaction with one's own performance as measure supervisor

Before starting work as measure supervisors, 85% of participants have not taken part in education or training that would prepare them for this particular role. Among the few participants that have taken part in such training (N=18, or 15%), 55% consider that training to have been unsuccessful in preparing them for their role, 34% find it has been moderately successful, and only 11% think that the training fully prepared them for their work.

When asked about the need for education and training, the measure supervisors found that the greatest deficiency is in the area of working with unmotivated or involuntary clients (55,4%), followed by working with families where a member is dealing with mental illness, such as depression or psychosis (40,5%), working with families where addiction is present (38,8%), where there is violence against the children (31,4%), where parent(s) are in conflict with the law or away serving a prison sentence (29,8%), families of Roma ethnicity (24%), and finally those families where alcoholism is present (22,3%). These are also the areas in which the survey participants found the greatest difficulties in their work.

The professional support of the Centres for Social Welfare is an important resource for the measure supervisors, but it is also important in ensuring the quality of provided services. And yet, 21,5% of the supervisors state that they are not receiving sufficient support from the Centre for Social Welfare experts (Table 4).

Table 4: Professional support measure to parents supervisors' perception of availability and frequency of the support they get from the Centre for Social Welfare experts

Perception of the availability of support	f	%	Perception of frequency of support	f	%
I get no support	3	2,5	Regularly	38	31,4
I get support, but not enough	23	19,0	Often	28	23,1
I get the support that I require	95	78,5	Very rarely	52	43,0
			Never	3	2,5
UKUPNO	121	100,0	UKUPNO	121	100,0

When speaking of professional support in the context of this project, it is important to note that we are talking about subjective assessments, which need not always properly represent the available and received support. However, since the project's focus is on supervisors, their assessment of availability and frequency of support from the centres is a relevant indicator of their potential isolation in working with the families. In relation to the perceived frequency of receiving professional support from the experts at the Centres for Social Welfare, a large proportion of supervisors, 43%, state that they only receive it very rarely (Table 4), but the data in Table 5 indicate that their need for specific support is only moderate.

Table 5: The extent of the need for some forms of professional support to the supervisors of the support to parents measure. The answers range from 1 to 5.

Supervisors' needs	M	SD
1. For information regarding the available ways for solving the problems faced by the family they are assisting ;	3,32	1,06
2. For establishing better cooperation with the other experts at the Centres for Social Welfare who work on the issues that concern the families that are supervise;	2,84	1,15
3. For alleviating their own emotional difficulties stemming from the stress of working with the supervised family;	2,55	1,30
4. For resolving the difficulties in working with other experts resulting from differences in opinion regarding the suitable solutions for the supervised family.	2,56	1,17

On average, the measure supervisors express the most clear need for professional support from the Centre for Social Welfare's experts in the area of informing them of the available ways for solving the problems faced by the family they are assisting ($M=3,32$; $SD=1,06$). However, the need for establishing better cooperation with the other experts at the Centres for Social Welfare who work on the issues that concern the families that are supervised is expressed in moderation ($M=2,84$; $SD=1,15$), as are resolving the difficulties in working with other experts resulting from differences in opinion regarding the suitable solutions for the supervised family ($M=2,56$; $SD=1,17$), and alleviating their own emotional difficulties stemming from the stress of working with the supervised family ($M=2,55$; $SD=1,30$).

Table 6: The measure supervisors' satisfaction with the cooperation with the Centre for Social Welfare experts (N=121). Answers range from 1 to 5.

Satisfaction with the ...	Min	Max	M	SD.
...extent to which the centre experts take their opinions into account when it comes to the supervised families.	1	5	4,02	1,01
...support received from the centre related to the difficulties of supervision.	1	5	3,92	0,95
...fulfilment of their cooperation with the centre experts.	1	5	4,07	0,89
...financial compensation for the measure supervisors.	1	5	2,14	1,07

As can be seen above, the measure supervisors express satisfaction with the fulfilment of their cooperation with the centre experts ($M=4,07$, $SD=0,89$) and with the extent to which the centre experts take their opinions into account when it comes to the supervised families ($M=4,02$, $SD=1,01$). Their satisfaction with the support received from the centre related to the difficulties of supervision is just a bit lower ($M=3,92$, $SD=0,95$), while the lowest level of satisfaction is reported for the financial compensation for the measure supervisors ($M=2,14$, $SD=1,07$).

When assessing their own work (Table 7), the supervisors express satisfaction in the area of their own involvement in working with the family and the support they provide. A somewhat lower level of satisfaction is expressed in their own allocation of time and fulfilment of the cooperation with the family. The satisfaction with own effectiveness and achieved outcomes in working with the family is merely moderate (neither satisfied nor dissatisfied) ($M=3,43$; $SD=0,81$).

Table 7: The measure supervisors' satisfaction with certain aspects of personal activity (N=121). Answers range from 1 to 5.

How satisfied are you with...	Min	Max	M	SD.
... your own involvement in working with the family.	1	5	4,01	0,73
... the support you provide.	1	5	4,01	0,78
... your own allocation of time for working with the family.	1	5	3,88	0,83
... fulfilment of the cooperation with the family members.	2	5	3,79	0,78
... your own effectiveness and achieved outcomes in working with the family.	1	5	3,43	0,81

The relation between the perception of difficulty, need for support, satisfaction with the cooperation with the Centres for Social Welfare, and personal effectiveness in implementing the measure

The results shown in Table 8 show a significant relation between the variables related to the perception of difficulty of work, and the needs and satisfaction expressed by the measure supervisors, and the satisfaction with their own personal activities and performance.

Table 8: Correlations between the perception of difficulty of work, and the needs and satisfaction expressed by the measure supervisors, and the satisfaction with their own personal activities and performance.

	2	3	4	5	6	7	8
1. Area of difficulty: Cooperation with the CSW experts and the experts from other institutions	,339**	,243**	,271**	,543**	,402**	-,343**	-,163
2. Area of difficulty: Working with vulnerable parents and in professionally sensitive situations	–	,472**	,205*	,727**	,202*	-,090	-,023
3. Area of difficulty: Working with families that are dealing with multiple problems		–	,427**	,807**	,225*	-,090	-,070
4. Area of difficulty: Working with unmotivated or uncooperative parents			–	,581**	,329**	-,181*	-,133
5. Total perception of difficulties by the NIRS measure supervisor				–	,390**	-,210*	-,165
6. The need for professional support by the CSW experts					–	-,359**	-,064
7. Satisfaction with cooperation with the CSW experts						–	,300**
8. Satisfaction with personal activity and performance in implementing the measure							–

* p < 0.05

** p < 0.01

The more pronounced the difficulties in one area of working with the families, the more pronounced they are in the other areas of the NIRS measure supervisors' work. Some areas of difficulty are in an expected significant correlation with the overall perception of difficulty (range is between 0,543 and

0,807). The range of correlation coefficients' values is between 0,202 and 0,427. The largest correlation is that between the difficulty in working with families that are experiencing multiple problems and the difficulty in working with unmotivated and non-cooperative parents. These positive and significant correlations indicate that the supervisor who experiences difficulties in one area is more likely to experience them in other areas, and will consequently be experience greater difficulties overall.

When the perception of difficulties in work is more pronounced, the need for professional support from the Centre for Social Welfare experts is more pronounced as well. The overall perception of difficulties is negatively correlated with the satisfaction in cooperating with the centre experts. Therefore, those supervisors who have greater difficulties are also displaying more dissatisfaction with their cooperation with the Centres for Social Welfare. Simultaneously, the extent of the difficulty is not significantly correlated with the satisfaction with personal effectiveness and performance in implementing the measure.

CONCLUDING CONSIDERATIONS

The professional support measure to families supervisors are perceiving work with unmotivated and non-cooperative parents and working with families that are facing multiple problems as medium difficult. Lower on the list of difficult work tasks are working with experts at the Centre for Social Welfare and other institutions, and working with particularly vulnerable groups of parents (HIV-infected, engaging in prostitution, etc.), as these are situations that the supervisors do not encounter as often. Our results are in line with the previous findings of Ajduković (2008), who conducted her project with measure supervisors from all of Croatia, and found that the greatest difficulties were found in the parents' lack of motivation and resistance to change, unwillingness to cooperate, and inability to honour agreements. Given the consistency of these findings and the fact that there had not been a systematic investment in the measure supervisors, it would be inappropriate to assume a change in the perceptions of work difficulties by the measure supervisors.

These findings are partly in line with LeCroy and Whitaker (2005), whose study of home visiting program supervisors that the greatest difficulties were in working with families that have limited financial resources, families where mental illness is present, including suicide threats, families where drug/alcohol abuse are present, and families that are not motivated for change. We may assume that our results would be even more in line with these findings if the factors analysis of the

results in the initial questionnaire did not lead to the exclusion of those variables that related to working with parents exhibiting depression or aggressive behaviour, parents who are suffering psychological problems, or those who strongly express emotions. In the light of these findings, it appears that the questionnaire on difficulties perceived by measure supervisors ought to be in continued focus of research, and that it may need to be expanded upon by adding the variables that relate to problems of mental health and parents' expression of emotion.

Viewing our results as a whole, it is clear that, even though the measure supervisors are having difficulties working with unmotivated parents and families experiencing multiple problems, such as addiction and violence in the family, their need for specific support from the Centres for Social Welfare' experts is moderate, and mostly aimed at consultations regarding the potential ways of solving the problems in the family. Additionally, most of the supervisors (78,5%) state that they are receiving the support they need from the Centres for Social Welfare. On the other hand, they are merely moderately satisfied with their own effectiveness and the outcomes they achieve in working with the family. How can these results be explained as a whole? One possible explanation is that 54 of the 121 (44,6%) of the supervisors are Centre for Social Welfare employees themselves and are thus aware of the competences and resources that their colleagues have, and consequently have realistic expectations of support. But is this a true reflection of their needs? In this context, the correlation analysis results are of some interest. To reiterate: the more pronounced the difficulties in one area of working with the families, the more pronounced they are in the other areas of the NIRS measure supervisors' work, and when the perception of difficulties in work is more pronounced, the need for professional support from the Centre for Social Welfare experts is more pronounced as well. Simultaneously, the perception of difficulties is negatively correlated with the level of satisfaction in cooperating with the centre's experts. Thus, those measure supervisors who are having more difficulties in their work are also displeased with their cooperation with the Centres for Social Welfare. Taking these results as a starting point, it is clear that the supervisors' professional needs ought not be neglected, but the question is who may need to take charge of this task, and whether the differences in needs and effectiveness of measure supervisors between those who are centre employees and those who are not should be taken into account.

In line with the expressed difficulties, the measure supervisors express the greatest need for training in the area of working with unmotivated and uncooperative parents, followed by working with families where a member is dealing with mental illness, working with families where addiction is present, where there is violence against the children, where parent(s) are in conflict with the law or away serving a prison sentence, families of Roma ethnicity, and finally those families where

alcoholism is present. With regard to specific knowledge and skills, it is necessary to ensure additional training in the area of motivating the involuntary clients, i.e. the area of working with parents who are not motivated to change. The central concept of this training ought to be the so called motivating interview (Millner and Rollnick, 2013), but there ought to be more attention given to some basic skills in professional conversation with clients (Žižak, Vizek-Vidović and Ajduković, 2012). Additional knowledge and skills are needed in encouraging change in families facing multiple problems, mental illness, alcoholism, and topics related to cultural competences in working with particular groups, such as parents of Roma ethnicity. The Ministry of social policy and youth ought to take these as starting points for planning and organizing systematic training for measure supervisors, which must also include more than the experts within the social welfare system, and reach out to educators in areas of mental health and application of complex communication skills in family systems. It is also necessary that the responsible ministry ensures the so called case oversight for measure supervisors which would simultaneously allow for support and for coordination in dealing with the more complex cases.

The Regulation Concerning the Measures of Protection of Personal Rights and Welfare of Children (NN, 106/2014) is not specific enough in discussing the need for the measure supervisors to be experts "whose competences match the specific needs of the family and who possess the knowledge in working with children and families at risk" (Art. 9). Additionally, even though the Art. 14 of this Regulation states that the responsible ministry is charged with deciding on a plan of training for the implementation of the measure of intense supervision, little can be concluded about the intensity and the timing of this training and oversight. This same type of cautious language can be found in the Art. 10 of this Regulation, which states that the Centre for Social Welfare's team of experts must introduce the measure supervisor with the "need to take part in training and other forms of professional assistance, and in case oversight, when these have been provided".

Given that the necessity and potential models and means of organizing a sustainable oversight over the measure supervisors is discussed in detail in Ajduković and Laklija (2014), we now wish to emphasize that, at this stage, the priority must be the definition of competences of the measure supervisors. Good examples are the guidelines for the competences of the home visitation program supervisors in the five programs adopted in the US (www.pcadelaware.org; 2011). At that, due to the wide range of situations for which these measures are issued, it is necessary to define the specific competences that the supervisors ought to have in the following three common but diverse areas of work: (1) protecting small children from neglect and abuse, (2) working on reducing the incidence of behavioural issues in children aged 8 to 18, (3) protection from manipulative

behaviours of one or both of the parents during or following the breakup of their partnership.

Regardless of a series of useful insights, this survey suffers from methodological and inferential deficiencies. One of these certainly stems from the bias that convenience sampling may be producing. Furthermore, the survey was only conducted in Zagreb, but given that the findings match those of the nationwide survey in Ajduković (2008), this is a minor problem compared to the self-selection and inability to form a representative sample. An objective obstacle to forming a representative sample is that there is no systematized database of all measure supervisors in the country which could serve as basis for a suitable sampling process. Given the lack of such a database, a comparison of this sample's general socio-demographic and professional characteristics with those of the whole population, be it in Zagreb, or in Croatia as a whole, is impossible. When discussing biases, it is necessary to emphasize that our sample relatively over-represents those measure supervisors who are employed by the Centre for Social Welfare: there were 44,6% of them in our sample, while the government data for 2012 and 2013 suggest that the general figure would be between 28 and 33%. This could be causing bias in precisely the part of our findings that concerns the level of satisfaction with the Centres for Social Welfare, which may be attributed to a sense of collegiality. Further research ought to pay attention to at least a suitable representation of those supervisors who are not Centre for Social Welfare employees. An additional limitation is related to the way in which the data were gathered. The measure supervisors were reached through the heads of the local Centre for Social Welfare offices, which may have affected the likelihood of providing socially acceptable answers to the questions that directly concern the cooperation and support of the centre.

Future research ought to focus on the following:

- the area of emotions, attitudes and values held by the measure supervisors, as well as their motives in entering that particular career, level of professional stress and burnout, strategies of coping with stress, expectations of oneself as a supervisor, and similar.
- the area of defining the level of professional competences of the measure supervisors in some of the circumstances in which the measure is issued (e.g. protecting small children from abuse, conflictual divorces and manipulation of children, working with families where the older children are exhibiting signs of behavioural problems/disorders)
- the area of working conditions in which the measures are implemented, such as total time the supervisors spend implementing the measure, on a weekly or monthly basis, characteristics of measure implementation (e.g. understanding the situation of the family for which the measure is implemented, perception of clarity, purpose, and detailedness of the plan for implementing the

measure, the extent to which the deadlines set are feasible, available resources for providing assistance to the family, and similar);

In all of the aspects listed above, it is necessary to verify whether there are differences between those supervisors who come from within the social welfare system, the Centres for Social Welfare in particular, and those who are enlisted from outside the system. Further research should also pay particular attention to those measure supervisors who decide to abandon this particular line of work, since they are a significant source of information regarding the state and circumstances in which this work is conducted, and the extent to which there is order in the measures implemented directly in the family, that are part of the Centre for Social Welfare's jurisdiction. Both qualitative and quantitative approaches ought to be used in addressing these research problems.

On the whole, the data acquired in this project may serve the purpose of better understanding and advocacy of the need for education, training and oversight as means of increasing the level of quality in the systematic support provided to supervisors of measures aimed at protecting the rights and welfare of children, which are within the jurisdiction of the Centres for Social Welfare. This may also serve to ensure a better quality of implementation of all family law measures directed at parents, as is the jurisdiction of the Centres for Social Welfare.

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