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TABLE OF CONTENTS

BETWEEN THEORY AND PRACTICE

RESEARCH

SOCIAL SERVICE – IDENTITY AND DIVERSITY

FROM THE EDITOR

“Social Work in Poland 2017” is a supplement to the 2017 annual “Social Work” which has been published in the Polish language for thirty-two years, previously as a quarterly and since 2007 as a bimonthly journal. It is the only scholarly journal in Poland dedicated to social work issues and social walfare both in the country and abroad. We are open to articles by foreign authors who want to publish in “Social Work” their texts showing approaches developed in their countries to solve global social problems. Our editorial policy is presented:

https://e-pracasocjalna.pl
http://www.aps.edu.pl/uczelnia/wydawnictwo/czasopisma/praca-socjalna
Once accepted, we publish the submitted articles in Polish.

The articles published in this issue were recommended for publication from among fifty considered by the Editorial Board in 2017 to be of interest to foreign readers. Moreover, two criteria were used in the selection: the cognitive value of the article and its communicative message. In principle, articles regarding Polish issues were selected. The only exception is Agnieszka Naumiuk’s article celebrating the 100th anniversary of the publication of “Social Diagnosis” by Mary E. Richmond. We believe that Polish reception of this book which is fundamental for social work may be interesting for readers in other countries as well.

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THE 100TH ANNIVERSARY OF THE PUBLICATION OF „SOCIAL DIAGNOSIS" BY MARY ELLEN RICHMOND – BETWEEN THE TRADITION AND CHANGE IN THINKING ABOUT SOCIAL WORK STANDARDS[1)]

INTRODUCTION

PATHWAYS AND CROSSROADS OF CONTEMPORARY SOCIAL WORK

When asking about the role of diagnosis in helping activities, we contemporarily receive numerous answers confirming merit of its application by social work and social sciences. Developed diagnostic tools allow better and more effective actions' planning, deeper understanding of problematic situations and their causes and also relationships between conditioning factors. Numerous types of diagnostic actions, when considering assumed targets, research perspectives, types of measurements used, and areas of research, display a picture of a seemingly matured diagnostic school of contemporary times. We can see many things more precisely, we have research traditions, we are more experienced in performing analysis and in quicker recognition of beginnings of differently understood social illnesses. For sure, also in this field, there is a lot to improve, especially when considering reorientation of the role of social workers and innovative technologies introduced into social sciences, which, in further perspective, make development of complex analysis and correlation of factors causing

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[1)] Bibliographical note of the first edition: "Praca Socjalna", 2017, No 6, pp. 5–25.

social problems easier. This, in turn, results in more accurate actions aimed at restricting the social problems. It seems, however, that in a period of an increase of studies' potential, which can be used both in theoretical research and in practice, there is a worrisome turning point in an endeavor to professional mastery. When attending numerous meetings of scientists and practitioners looking for answers to questions about helping people, we encounter methodological approaches and research paradigms incredibly diverse. The conclusions are influenced by study's criteria, which forces us to *believe* that a study was actually heading towards something valuable and its results actually serve people who took part in it. The neoliberal approach to the truth's relativity also suggests an interpretative or serving role of researchers for various policies or economics represented by legislative environments, groups of interests, or supporters of liberal market laws. Contradictory studies' results and accompanying recommendations of changes deepen the situation's seriousness. A failed trust in scientific studies and in preparation of researchers is hard to rebuild. Critical approach, whose essence is to implement a precise way of how we picture the reality and to care about moderation in forming judgments, forces upon us an eternal uncertainty about almost every element of a given study. Everything can be questioned – assumptions made, tools chosen, and values declared. Chaos and uncertainty emerge, whether applied methods of preventive work or interventions will not be substituted by other methods gaining popularity in the light of the newest research styles. Distraction and variability of work methods became our everyday reality and *innovation* is a notion designating the characteristics of the leaders of a change in helping activities. Reflection on practice and studies allows us, however, to slow down in this rush for novelty and ask one more time: Where are we heading in these actions? Whom and why do we help? What do we have in common when thinking about helping another person? How much of the essence of our actions was lost in specialization and individual achievements' assessment or in a practice of a scientist?

IMPROVING THE ORGANISATION OF HELPING ACTIVITIES

Last year, similar questions were asked in reference to charities' activities, where specialisation and fragmentation of charity work became an obstacle rather than an assistance in effective actions and solutions of social problems. In Poland and in the world, the turn of the 19th and 20th centuries was a period of radical social changes. Industry and industrial cities' development, population growth, military conflicts, large-scale migrations, and social inequalities constituted a serious problem affecting hundreds of thousands of people every day. Sensitive persons, wanting to help those in need, seemed like angels who carried relief in the suffering. Unfortunately, these actions often were an obstacle in solving social problems, because, without appropriate knowledge and preparation, they perpetuated or even deepened the problematic situation. Awareness of the danger of addiction to help was a turning point in thinking of a part of citizens, who believed that helping activities should be rethought, reorganised, and people in need should be given tools which would serve their helping purpose.

Among those citizens was Mary Richmond (1861–1928), considered to be a pioneer of American social work and a reform of social welfare [*pomoc społeczna*] in the USA. She is well-known by a majority of social workers not only because of her contribution to professionalisation of a *case work* method, but also because of her undertaking of thorough studies on determining environmental and individual causes of social problems touching a given family or person (Cohen, 1958, p. 131). This openness to a person in their environmental context, a willingness to deepen the understanding of their everyday life, is an important source of inspiration for helping practice up to this day, especially in the face of a common rush in diagnosing and quick solutions. When analysing Richmond biography, connections between her childhood experiences and her fascination by emancipation movements during her youth can be seen. Also, we can observe attempts to create a systematic approach in charity organisations' paths towards professionalism, in which she was involved in for many years. Also other elements shaping social-economic-political conditions in the USA in the 19th and 20th centuries can be observed, which influenced Richmond's way of seeing the role of methodology of social and assistance work in the context of times, places, and environments she lived in (Agnew, 2003).

The 100th anniversary of the release of *Social Diagnosis* written by Mary Richmond can be an opportunity to such a reflection with reference to numerous experiences and assessment of work methods with a client in the context of both theoretical solutions and scientific studies, as well as practical applications and changes which occurred in this kind of work. The first publication was in 1917 by Russell Sage Foundation where Richmond worked.[2] When exploring this topic, another important anniversary must be noted – 100 years of Polish independence and a thought interconnected with it. Namely, that we have our independent traditions and we are in a search of identity, also in the context of finding effective ways of "curing Polish social illnesses" (which many believe to be the cause of the partitions and the weakness of the nation). The publication appeared in a perfect moment to be met with enthusiasm by Helena Radlińska, because the book's content corresponded to Polish need of creating conditions for new Polish state, together with a new formula of social services seen as an effective, well-organised system. Generations of social workers brought up on the *case work* method and influenced by the understanding of the need of environmental diagnosis claim, that these rules now constitute the standard for their profession. A professional, however, is obliged to review from time to time all standards in order to ensure that methods and tools used for years are still justified, whether they changed, and, if so – how and why did they change? Professionals should also think about solutions they use, which are different than in the past. This was also suggested by Richmond, who was aware that all the rules of *case work* introduced by her can, with time, become routines leading towards a decrease in passion and interest.

THE ROLE OF STANDARDS IN SOCIAL WORK

Richmond had a completely different social starting point compared to the one we contemporarily have (see Stelmaszuk, 2007). When she was writing her book, there were no textbooks, social work schools, or such rich international thought exchange as today. Helping activities were dissolved and based on individual experiences, they were an effect of given helping resources and a more or less accurate definition of a problem. Therefore, an agreement on chosen solutions or on the assessment of their long-term effects was hard to obtain. Various conjectures about problems' sources led to more frequent attempts of finding appropriate research tools. Just like in any other case, a need for professional identity emerged – a detailed, characteristic outline of a role which was performed by many through all their lives, basing mainly on gathered experiences and reflections on those (Cohen, 1958).

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[2] In Poland, the first in-depth analysis of *Social Diagnosis* by Mary Richmond was presented in 2012 by Jerzy Szmagalski (2012) in journal *Praca Socjalna* (*Social Work*) marking the 95th anniversary of Richmond's masterpiece's publication in the USA.

A question Mary Richmond asked herself was: What kind of common knowledge can a group of social workers have as a professional group? If, just like in the case of doctors or lawyers, there is a set of rules and duties which social workers should follow? After 15 years of practice in a charity organisation and a creation of a network of professional helping groups and organisations (so-called COS – Charity Organization Societies), in her opinion *Social Diagnosis* constituted exactly such needed canon of professional basics connecting helping workers:

> *It seemed to me then and it is still my opinion, that the elements of social diagnosis, if formulated, should constitute a part of the ground which all social case workers could occupy in common and that it should become possible in time to take for granted, in every social practitioner, a knowledge and mastery of those elements, and of the modifications In them which each decade of practice could surely bring.* (Richmond, 1965, p. 5).

She attempted the task twice. In her first attempt, she gathered notes from her own work and professional experiences. In her second attempt, around ten years later, she decided to start extended studies on the methods of working with a case, engaging her coworkers and also analysing certain patterns in the methods of helping practice applied in various American cities as a 'good practice'. In both cases, her systematic way of work, methodological approach to the topic, and classifying phenomena in groups of systems and patterns, were characteristic. Such attitude requires from the author self-discipline, but also an approach to designing studies without a one-time aim, or which are only designed to obtain spectacular results or a radical critique of a given practice. Her masterpiece can be seen as a treaty about good, thorough, and fair research effort on social practice and work, which is not only analytical, meaningful, and sensible in discovering environmental factors influencing individuals' problems, but which also gives hope for their elimination.

> *When a human being , whatever his economic status, develops some marked form of social difficulty or social need, what do we know about him and about his difficulty (or more often difficulties) before we can arrive at a way of meeting his needs?* (Richmond, 1965, p. 26).

When asking this question, Richmond presents us with a fundamental issue of approach which is understanding, non-judgemental, and which is not a hasty helping practice lacking detailed insight into the problem. This approach is a priority of all kinds of professional services, often in contrast to public judgements based on stereotypes, common knowledge, which seek fault in the victims themselves. For Richmond, this form of study resembles an *investigation* into the problem experienced by a given person, understood as a work in progress, and based on gathered facts. She proposes to name it *social diagnosis*, which, in her mind, better captures the definite vision the target of helping work. She thought that a well-made diagnosis was the right starting point of a good treatment process and it allowed to avoid mistakes during the helping process. This trust in the procedures similar to the characteristic of medical diagnosis and obvious analogies, can be observed in the whole book, especially in the references section, where the author cites, among others, medical, psychiatric, and psychological diagnosis, which, in turn, results in acquiring this perspective as a possible pattern of professionalisation of social workers. It is also an element connecting social work with broadly – socially – understood actions of medical service, psychologists, and therapists, who, thanks to methods used also in social work, can better communicate and help their patients. Taking into consideration many aspects of a situation of a person in need of support, changes such a narrow, specialized approach to a creation of a holistic: biological – social – cultural diagnosis methodology, which Richmond supports. In her opinion, it is a way of development, resulting from both difficult beginnings of social experimenting on different cases and from overspecialization of trades, which then no longer correspond to individual's complex needs, because these are a result of many different life aspects. In the first chapter *Beginnings* Richmonds suggested that already the first motives of help were connected with economy – which they pointed to as the cause of the problems. These motives focused on economic resources for people lacking means to live or to treatment (Richmond, 1965, p. 29). The author considered such approach ineffective and unreflective of the real helping power and potential:

> *The treatment they contemplated therefore, looked to the repression of unnecessary demands upon public bounty rather than to the release of energy, the regenerating of character, or the multiplication of Heath opportunities, opportunities for training and the like*. (Richmond, 1965, p. 29).

The beginnings of help she writes about developed in charity organisations in England and in the USA. This is also where the first aspirations towards creation of helping standards occurred, especially in reference to the data gathered in helping practice. Perfectioning of analysing methods and data gathering alone, were not equivalent to a better effectiveness of help. Schools for social workers were created which thought methodical work with a client. It turned out that such approach is characteristic not only for social work, but also it is applied in other domains. Professional mastery cannot be obtained only through reading textbooks or classroom discussions. Richmond pointed out that different domains, which only in the experience of cooperation give meaning to the holistic approach of *case work* method, verify its sense. Such modifying factor is, for example social reform, requiring social workers' implementation of appropriate changes and flexibility of chosen working methods. She aptly summarised the early diagnostic approaches as a "sympathetic study of the individual in his social context" (Richmond, 1965, p. 32). She tried to understand why, after years, some professions have a tendency to drift away from good standards of cooperation towards stereotypical treatment of social workers as administrative help for other services, e.g. medical or judiciary: "They have their traditions, their routine of procedure, their terminology, their sense of professional solidarity" (Richmond, 1965, p. 36). Ignoring the specificity and diagnostic potential of social workers, according to Richmond, negatively influences helping potential , in which a lack of facts derived from social diagnosis results in the restrictions of medical diagnosis' and judiciary analyses' accuracy, which, in turn, can affect the effectiveness of actions based on decisions about corrective and interventive potential of proposed solutions.

MASTERY, PROFESSIONALISM, AND SOCIAL EVIDENCE

The *Social Diagnosis* consists of three parts: part I. Explaining the basic elements of social diagnosis, part II. Showing (in the next fourteen chapters) the basic sources of acquiring information for the diagnosis, part III. Picturing particular situations which should be taken into account as interfering factors in the main diagnostic process. Each chapter consists of bullet points and summaries, which emphasise the textbook character of the publication. It should be beared in mind, that it was written for the last century's social needs, when social work was just in the process of creation as a discipline and which was to be lifted onto a new level of reflection. A contemporary reader would ask him or herself, if such textbook would be useful in learning about social work practice today? Which elements are timeless, and which ones became outdated? We have a tendency to classify publications such as *Diagnosis* as classics, we look for universal, timeless truths and for 'signposts' for our current actions. Such interpretation of a masterpieces as a model for the future happens all the time, especially on the occasion of anniversary and mainly with reference to the works which attempt to define certain notions [see interpretation of *Social Diagnosis* by Mary Richmond and definitions proposed by her as a social work and integration canon, by Andrzej Bałandynowicz (2012) and Jerzy Szmagalski (2012)]. Surely, models are not timeless. Let's focus however on the fragments which we may forget, and which are important not only for the *case work* method but also for other forms of) social work/social pedagogy, and – broadly speaking – for all work which is centered around helping people.

The first important observation made by Richmond (already in the second chapter) is a description of the characteristics, or – as she prefers to call it – the nature of data obtained by social diagnosis. She notices that we handle detailed information based on words, statements, testimonial evidence, which also reflect how people treat each other. Usually this information is not sufficient and its quality requires an additional contact with the source. This is not always possible. Are there any rules, principles of choice, which would help to select and prioritise a large amount of data gathered in loose notes, using word of mouth? Are these rules specific for social work, stemming from the experiences of social workers and are they connected with a special practice? Or are there some general priorities in the methodology of all social experiments, and we can find applicable rules for such diagnosis in law or medicine textbooks? According to Richmond, not preparing charity workers for gathering of diagnostic data and for using those results in – despite good will – so-called *soft discriminations*, which means making decisions based on own logic and common sense, or, if interpreted without an adequate training and without help of experienced teachers, it may lead to a feeling of loss in data abundance, whose value is restricted to a one-time use, which then leads to attempts of managing an excess of details by growing bureaucracy. An inadequate interpretation of information results in impatience and misunderstanding of situation, in which the same information can be treated and used differently. Among social workers, a doubt of other kind exists: plausibility of information that they use to make their decisions to the same degree as other formal/obtained data. What is a difference between such data and information for individual guidance? How to share these data with others? How to be sure that an average judge will, for example, interpret the data adequately? An information 'reading' (and also testing and checking) skills, used to verify its credibility to a degree needed by social workers to make appropriate decisions, does not depend on the rules of making the information available. The information, similarly to scientific or historical knowledge, contains numerous facts, which may seem not connected, but, when presented together, can shed light on an issue, and in the case of social work they can point to helping procedures for a client in a process of reintegration – in particular of desirable relationships with society (p. 39). For example, a speech delay can have no meaning for a child' health condition, however, together with other developmental delays, and a late onset of walking ability or other factors, it can influence the child's mental development. The information gathered by social worker is superior to facts obtained, e.g. in courtrooms, because it contains material of value other than the one used for legal arguments. For example, subjective assessments and gossips cannot be taken into consideration in courtrooms, however, they may be important for a complex assessment of a family's situation, especially with reference to the private functioning. Therefore, using data in social work should be specific for its needs, however, the aim should be similar to scientific domains, which strain towards discovering the truth. Therefore, information should also be verifiable, which will give it power to make a social change.

> *Social evidence may be defined as consisting of any and all facts as to personal or family history which, taken together, indicate the nature given client's social difficulties and the means to their solution. Such facts when duly tested in ways that fit the uses to which they are to be put, will influence, as suggested in the preceding chapter, the diagnosis of physical and mental disorders, will reveal unrecognized sources of disease, will change court procedure with reference to certain groups of defendants, and will modify methods in the school classroom. To certain extent social evidence is already exerting their influence, but the demand for such evidence is likely far to outstrip the supply during this next decade.* (Richmond, 1965, p. 43).

Richmonds notices, that also other domains, (e.g. pedagogy) can use information gathered by social workers as well as diagnostic procedures used by them. Institutions, which are assumed to help children and families, very often employ different, specific for their domain solutions. According to the author, numerous pedagogues (educators), even when they think in social work categories, do not have a tendency to discover the causes of current school problems, for instance in the history of biological, social, and cultural development of a child. As an example, she uses the pedagogical anthropology by Maria Montessori and her recommendations concerning the description of a child's history. In Richmond's opinion, Montessori does not go too far in these recommendations: she does not pay much attention to the credibility of information sources, which is key in deciding whether the information is reliable and can be treated as a social diagnosis element (Richmond, 1965, p. 46). Another issue is using these stories in helping the child. The stories alone, can explain some sources of current problems, but they are not sufficient for a comprehensive planning of helping actions for the child and their family. In many cases, the rules of teaching and an approach to a child in school should be changed in order to achieve planned effects, which is very hard to obtain in schools. Individualisation of education, which refers not only to child's but also to family needs, becomes an important element of social diagnosis, in which – according to Richmond – social workers who help the family should take part. As an example of the potential of using diagnostic procedures of social work in supporting education, she proposes career counseling. Preliminary interview, as well as observation during the interview, and appropriate tests, not only reveal what kind of job a young person could prepare for, but also what kinds of attitudes towards people they should work on in order to be successful in a given professional domain. Many other questions emerge when a client meets a career consultant: whether a health condition allows physical activity, whether work, studies, and conditions of current education will make obtaining a diploma harder or easier? What resources do other institutions have in order to help achieving professional aspirations? How a family can support a young person in such endeavours? Richmond adds, that in social workers practice, there was no sufficient consolidation of diagnostic techniques in order for other domains to recognize them as fully professional.

Richmond starts her analysis from defining social diagnosis and other notions: witness, information sources, social facts, evidence, witnesses' accounts conducive to knowledge organisation. She points out that these definitions should be precise enough not to raise doubts and not to result in significantly different interpretations, which would undermine a scientific approach to the issue. Leaving out many details described by the author (and to which I refer interested readers), it is worthwhile to present how important for Richmond were linguistic precision and typological classification introduced in Diagnosis. In chapter III, which is about social diagnosis' definitions, in subsection II (types of evidence) Richmonds names at least three types of evidence:

1) Real evidence (e.g. exhibits)
2) Testimonial evidence, which constitute witnesses' accounts treated as evidence obtained by observing other people
3) Circumstantial evidence, which consist of indirect information potentially influencing the case

Considering a very low assessment of factual value of evidence, based on witnesses' accounts, which are the least plausible source containing various derivatives and deviations from direct facts and which are influenced by e.g. personal characteristics of a witness, their emotions, more or less permanent memory of details, or other factors decreasing the information accuracy, Richmond reserved chapter IV for the description of testimonial evidence. She points to a necessary carefulness in accepting the information as valid and a necessity of additional analysis, such as: 1) analysis of witness' competencies (a possibility of their knowledge of certain facts, e.g. about the family); 2) analysis of witness attention to the facts type (and memorising facts); 3) memory of facts especially about persons, who elicit certain emotions towards issues and people; 4) witness susceptibility to environmental suggestions; 5) witness' way of facts' assessment depending on the way in which questions are asked. Richmond complements all these important elements with other factors important for diagnosis, such as: national, cultural, and racial differences, which result in various facts' perceptions, and which also influence important behaviours. Habits learnt at family home, education styles, traditions of social and family life, ethical standards, languages of communication, when assessed by a person from a different culture, can seem inappropriate. (Therefore nowadays in social workers' trainings multiculturalism is discussed.) Sometimes, it should also be taken into account, what kind of benefits can a witness gain from a particular presentation of an issue – all of these factors distort an objective picture. Additionally, Richmonds point to numerous issues concerning variations of the diagnostic picture, which result from distortions of the thinking process. Modern psychology can tell a lot about this topic: starting from distortions resulting from the rules of collective thinking, through the dominance of the rule of priority, or elements such as: predisposition for a given type of thinking, mistakes in thinking based on analogy, simplification, and so on. For Richmond, this concern about understanding of the distortions comes from her belief, that in a diagnostic process, mistakes can result in wrong solutions and a too critical client's assessment in the context of their real motives and actions. Presumption of innocence of a client and carefulness of social service were seemingly the fundamental rules assumed by Richmond when writing this and the following parts of her book. Are we nowadays able to treat diagnostic tools with such attention, self-reflection, and self-critique? Do social workers have time and opportunities to understand not only clients' situation but also the process of the shaping of their own assessments and revising the analysis? If not, then what consequences does it have for their clients? After more than a hundred years a lot has changed: the rules of subjectivity, justice, and of respecting client's rights contributed a lot to a change in a helping situation assessment. However, were the mistakes pointed out by Richmond eliminated? Above-mentioned thinking habits, excess of disorganised knowledge, incomplete diagnosis, and institutions unprepared for help individualisation are not new problems. The problems of professional advancement, after over a hundred years, posed in different social, political, economic, and geographical conditions, show that issues described by Richmond are still around. Next chapters only confirm, that information and facts' sources, but also a place of a study and its design should be well thought of. Data gathering method, in order to be as reliable as possible, must be aware of the personal, situational, procesual, cultural, and ecological contexts. Key here is a skill of conducting field interviews in such a way so that they can become a reliable tool of information collection. Richmond is aware of many distortions, but she believes that a worker, similarly to a scientist, is able to control them and to pay attention to their interfering character. Also here, a reflection arises about the role of experience in becoming more skilled as a scientist, and also about the role of supervision as a source of help in gaining such experience, together with self-reflection and critical thinking abilities. Value of the information sources mentioned here, such as: medical documents, neighbours' stories, school documents, working places' interviews, official documents of various institutions, and also personal notes and diaries, photos, letters, phone conversations, all are sources of different kinds of information. Many of them are not used appropriately. It seems that Richmond's publications touches merely on describing the stages of diagnosis formulation, and does not lead the readers towards the following stages of help, fitting this element into the whole of postulated standards. She describes however situations, in which the process starts at the very beginning and can have various versions and types. We would look differently at the situation in which the mother is a widow with a child, a teenager raising her child alone, or in which the mother is mentally disabled, or homeless. Maternity and related duties' picture in the above-mentioned situations varies a lot and applying a standardized tool in non-standard situations raises new reflections about the characteristics of the social workers' profession.

QUESTIONS ABOUT THE ROLE OF SOCIAL WORKERS

One can state the after a hundred years we know about helping significantly more, we can do more and we understand more. Social work, while being more aware of its role and identity, enters new areas of actions for social welfare. A notion of common good is extremely important for Richmond as a direction for mastery and competencies' development (Bałandynowicz, 2012, p. 107).

The *case work* method is well described and is an important element of the everyday work of social workers. They are assessed with regards to the analysis of their professional approach towards clients, understanding of their situation, and their implementation of effective solutions which are changing clients' situation. Surely, the publication of *Social Diagnosis* contributed to the development of professional help: not only by introducing given rules of environmental assessment, but also by discussing the essence of social work and how it should investigate the reality – how to move from the charity model, based on compassion, to the concept of partnership of different services for the wellbeing of families, children, and other people experiencing life difficulties. Richmond's success in convincing the helping system to change the helping style is significant. It is worthwhile, however, to wonder how to continue this task. Social work cannot remain just a domain aspiring for a change. As pointed out by Helena Radlińska, life demands solutions, efforts for change, and an ongoing search for the new role of help. How, therefore, can we improve this domain for the complex future? What tools should we use so that they reliably respond to questions of the modern problems' sources and so that they meet current needs? Can data gathering systems be developed and complemented by new forms delivered by modern technologies? Or maybe today's world asks different questions, delivers different answers, embedded in social-cultural contexts which people are not able to handle yet? What difficulties do we experience, compared to those from a hundred years ago? Richmond turned our attention to the role of knowledge in the development of science and practice, what, according to Tomasz Kazimierczak (2009), is often forgotten in Poland, where we focus on current interventions and tasks and are not open for new problems and social phenomena and for new theories and elements of modern knowledge.

Richmond was 56 years old when her book was published. We can say that this work was a crowning achievement of her lifelong efforts for the charity work to become a solid practical domain which should not be ignored and which should have solid diagnostic bases. Such postulates require not only good research-diagnostic resources, but also a persistent, constant fight for the discipline's identity and for strong relationships with social partners, whose opinions are equally important in helping people. Richmond undertook this and other works while being aware of how many cases were handled wrongly and what consequences and people's tragedies followed. Her hard-work, sensitiveness, and honestly in treating people led her towards stating in 1897 during the National Conference on Charities and Correction, that social work and social welfare need schools of social work for the professional education of workers:

> *In these days of specialization, when we train our cooks, our apothecaries, our engineers, our librarians, our nurses,– when, in fact, there is a training school for almost every form of skilled service,– we have yet to establish our first training school for charity workers, or, as I prefer to call it, "Training School in Applied Philanthropy"*… (Richmond, 1965, p. 181).

She did not forget about social activists and volunteers, but also in case of volunteering work, she pointed out the need for mastery in helping actions towards e.g. older people (described in her book *Friendly visiting among the poor. A handbook for charity workers).*

SIGNIFICANCE OF *SOCIAL DIAGNOSIS* IN THE HELPING PERSPECTIVE CHANGE

When publishing *Social Diagnosis*, Richmond underlined the role of relationships between people and their environment and also how this relationship influences life situation and socio-economic status. She skillfully combined tools used by medical sciences, psychology, and psychiatry in order to recognize a person's situation in a broader sociological perspective of analysis and assessment of social conditions shaping this situation. She tried to point to the surrounding social circles: family, friends, neighbours, and build a picture of a person, whose difficulties have a biological-psychological-social character and are not fully dependent on this person. Sociologists, while agreeing with her, would also point to the fact, that she did not treat these social, economic, and cultural conditions equally and she did not fully recognized them in her recommendation for helping procedures. This however, would no longer be a *case work* method. From her perspective, the question concerned the conditions for help and resources closes to the person, which can be used for help. It seemed then a new, modern approach, which accounted for many processes, which were not considered elsewhere, and which today are a solid part of education for social work (see *Social Welfare History Project*, *2011*). They also contributed to the redefinition of the role of social workers from a social clerk into human rights defender, who is an advisor, an expert, and also an empathetic ally, who understands that difficulties and problems do not always result from the person's fault. They also changed the perspective of a culprit (weak character, moral defect, conformity) into the understanding of a crisis as a more complex picture of various factors and conditions resulting in the final individual problems. This meeting on the way towards social (re)integration considers both individual and social wellness (Bałandynowicz, 2012, p. 108–109). Unfortunately, as shown by the analysis of social practice researchers, the conduction of environmental analysis and the diagnosis of the conditions for groups and individuals' exclusion are underdeveloped in the domain of social work and belong to the postulates' category in Poland (Rymsza, 2012).

CONCLUSION

A critique of the publication points to the lack of a full practical application of the social aspects of working with a case proposed by Richmond, and to the insufficient development of the areas of intervention (Szmagalski, 2012, pp. 16–17). However, popularity of the *Social Diagnosis* and topicality of the questions asked in it, together with international recognition of the author, who is one of the most influential women in the domain of social work in the USA and in the world, can definitely be considered a success.

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SELECTED INSTITUTIONAL AND LEGAL AND ADMINISTRATIVE INSTRUMENTS FOR SUPPORTING PEOPLE WITH INTELLECTUAL DISABILITIES IN POLAND[1)]

ABSTRACT

The article is a review and concerns the issue of selected forms of support for people with intellectual disabilities in Poland. The aim of the article is to present and assess the legitimacy and functionality of basic instruments to support people with intellectual disabilities in the legal and social dimension, as well as to determine the position of this category of residents of our country within the education system, employment and the policy of professional activation conducted against them. I treat issues related to the situation of people with intellectual disabilities in a holistic way, showing tendencies regarding systemic conditions that shape the idea of normalisation and constitute the foundation for the social integration policy pursued towards them.

Keywords: people with intellectual disabilities, legal and social support, vocational activation of the disabled

Nowadays, human values are determined by attributes and qualities a person possesses that are commonly desired by other people. And the more difficult-to-obtain qualities are within the person's reach, the higher is their status and social position. Such values as material goods, education, well-paid work, physical fitness or beauty, etc., underlie the criteria for a person's social evaluation. The place of the individual in the life of the community also determines the level of broadly understood ability. Mostly, there is a tendency to distinguish non-disabled individuals, and in particular characterized by socially beneficial talents. In this context,

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[1)] Bibliographical note of the first edition: "Praca Socjalna", 2017, No 1, pp. 95–112.

a person who not only does not possess these qualities, but is even below the social "norm", has little chance to exist in the consciousness of others as a valuable person. Such a situation concerns, among others people with intellectual disabilities. People deviating from the norm, usually due to the improper treatment of their needs by "normal" people, do not have an adequate start in life. The faulty attitude of society is therefore a barrier that is difficult for the disabled to overcome with their own strengths. Therefore, it is important to recognize and activate various mechanisms, support systems that determine the successful course of social and professional rehabilitation of people with intellectual disabilities (Głodkowska, Giryński, 2006, p. 5). An elementary factor in the process of adapting disabled people to social life is social rehabilitation, which aims to integrate the disabled person with the society (Gierba-Grodzicka, 2006, p. 73). This requires the involvement of various social services with the need to coordinate activities at the level of sectors of social, political and economic life (Głodkowska, Giryński, 2006, p. 6). Therefore, it is necessary this category of citizens is supported by state institutions, non-governmental organisations, as well as the appropriate construction of legal provisions guaranteeing protection and certain privileges that "neutralize" the inequities resulting from physical or mental disability.

Therefore, the article will present revalidation activities organized by professionals and state institutions and the nature of support for mentally handicapped people in the Polish legal system, which favours individual development and use of psychophysical resources possessed by the intellectually disabled individual and aims to include this category of citizens in current of social life (Żuraw, 2008, p. 32).

SOCIAL IMAGE OF A PERSON WITH INTELLECTUAL DISABILITY

People with disabilities are very often assessed as weak, anxious, withdrawn, nervous, insecure, dissatisfied with life, etc. These features are an element of the stereotype and generalized image of a disabled person in society (Ostrowska, 1997, p. 76). By assigning a label of weakness or timidity, they are eliminated from many activities and areas of social life. In advance, such a person "is condemned" to exclusion and marginalisation, and thus to remain outside the mainstream of social life. People with disabilities are perceived as deserving of compassion and not as partners of various life projects. According to Antonina Ostrowska (1997, p. 77), "two categories of factors can be distinguished that reflect the social characteristics of a disabled person. Namely focusing on the individual's weaknesses and limitations, as well as all those features that make it difficult for the person to interact with environment." Such a way of recognizing social disability and perception of people with intellectual disabilities is conducive to maintaining stereotypes as well as grounding negative labels about people with mental retardation. As a consequence, it leads to the creation of barriers hindering or even preventing in some cases the functioning of people with intellectual disabilities in society, which results in their exclusion and marginalisation (Żółkowska, 2004, p. 281). These barriers appear in almost all aspects of life, and they concern, among others, the education system, where division and segregation take place because disadvantaged people have a worse start due to low skills, and also lack of opportunity to acquire them during school education (Barnes, Mercer, 2008, p. 55). In addition, such difficulties are observed in the field of employment and on the labour market, because people with mental disabilities are usually treated as "deficient" employees (even when compared to a group of people with physical disabilities), or are not considered as potential even candidates for work (ibid., pp. 59–60). Though the issues of barriers and limitations can be treated more broadly and the can be related to private life and the intimate sphere of life. There is still a conviction in the society that people with intellectual disabilities do not show interest in this area or simply ignore any associated symptoms, which de facto deprives them of the right to self-determination, independence and autonomy in such sensitive issues like intimate and sexual life. This behaviour of some people in relation to others has, according to the words of Stanisław Kowalik (1989, pp. 160–116) "discriminating nature. According to this author, it manifests itself by denying to people with intellectual disabilities the equal treatment or rights enjoyed by the entire community, this refusal is substantively unjustified, based on the arbitrary inclusion of those people in a specific social category, against which social prejudices are formulated". One of the most important conditions for overcoming the circulating stereotypes and unjustified and not judicially, and on the other hand the opportunity to create conditions for the full participation of people with intellectual disabilities in social life, is the awareness of the environment in terms of social functioning of this category of people, their needs and rights, and above all the values that they can bring into social life (Żółkowska, 2004, p. 269).

The literature on the subject emphasizes that the attitudes of society towards people with disabilities have evolved from “the law of natural selection through discrimination, emaciation, attitudes of isolation, segregation to currently promoted care and integration” (Olszewski, 2005, p. 107). Social integration as a phenomenon concerning various people, social groups is defined as “social content, fusion and harmonisation of elements of the social community, understood as the intensity and frequency of contacts between members of a given community and as acceptance within it of common systems of values, standards, assessments” (Żółkowska, 2004, p. 282). The creation of integration conditions is to a large extent a consequence of the standardisation process, which is an action consisting in using standard measures, recognized as normal ones, to enable disabled people to take on the majority of common social roles (Krause, 2004, p. 47). At the same time, normalisation connects with the provision of life experience and living conditions that are not different from those recognized as typical and normal in a given community. Amadeusz Krause distinguishes four key elements included in the concept of standardisation: the right to be accepted as a full member of society; the right to be treated with dignity and respect; the right to make choices; the right to exercise control over your life (ibid., p. 47).

In connection with the above, the article presents some of the most important forms of assistance and support offered through state institutions, starting from a specialized education system, through instruments supporting people with intellectual disabilities in the labour market, and on legal and administrative protection tools.

PEOPLE WITH INTELLECTUAL DISABILITIES IN THE FIELD OF EDUCATION, EMPLOYMENT AND PROFESSIONAL ACTIVITY

Following the normalisation of the lives of people with intellectual disabilities, equalizing opportunities at the social, professional and personal level, as well as broadly understood integration, there is often a need to prepare a disabled person to fully participate in social life. The process of preparing an intellectually disabled person, called revalidation, aims to develop appropriate physical, mental, social and professional skills that will enable such participation in real terms (Giryński, Przybylski, 1993, p. 7).

For some time now, as Janina Wyczesany mentions (1998, p. 46), the importance of revalidation work with mentally handicapped people has been growing. The reason for this has been and is now, the development of the idea of humanitarianism and scientific progress (especially the achievements of medicine, physiology, psychology, social sciences). In addition, an important role is played – as I have already mentioned – by socio-economic and legal considerations.

In literature devoted to the participation of disabled people in social life, great importance is placed on the education system. Institutions of education are the place where the process of revalidation should actually be implemented (Giryński, Przybylski, 1993, p. 7). “The basic aims of education for the mentally retarded tend to their optimal development and full adaptation to social life within the limits of the individual performance of each individual” (Wyczesany, 1998, p. 47).

According to Otton Lipkowski (1977), the most important principles of revalidation include:

First of all, the principle of acceptance, which consists in shaping the attitude of society to the persons with mental retardations, that in recognizing the developmental difficulties of these people, does not neglect all forms of care and help for them, that is, “that social obligations be undertaken in full readiness to the needs of people deviated from the norm;”

In the second place, it is the principle of help, and hence the care for the activation of biological forces of the ward, in order to become independent and create the right atmosphere in the environment (without allowing excessive protection detrimental to development);

Thirdly, it is the principle of individualisation, that is, adapting teaching to the individual characteristics of the child, and taking into account its own purpose of education (conditioned by various factors, e.g. aptitudes, favourable economic or environmental circumstances);

Fourthly, the author points to the principle of pedagogical therapy, in the first place getting to know the child and developing a diagnosis, and then working together with the environment so as to improve the child’s situation and create the best possible conditions for overcoming difficulties;

Finally, the fifth is the principle of cooperation with the family, concerning the joint, specific action of the school and the home, to support the child’s effort towards improvement and development (Wyczesany, 1998, p. 47).

In turn, Maria Grzegorzewska (1968) mentioned the following principles of revalidation work:

– compensation – which means replacing closed, damaged routes of contact with the world, others available in a given case;

- correction of inefficient disabled organs, and thus their activation and utilisation within the limits of the individual's capabilities using the methods available at that time;
- improvement of all possible activities untouched by the impairment of a given individual, i.e. a resource of the most efficient functions, without any damages or deficiencies, which are to constitute the main basis for the course of revalidation activities. Thus, "revalidation tasks include restoring health, enabling physical development, compensating for deficiencies and damages, correcting, improving and dynamizing actions, (and) general and professional education of the individual, […] mental revalidation […] and socialisation" (Wyczesany, 1998, p. 48).

Assumptions about the goals and tasks of educating mentally handicapped children result from the general principles of the national education policy. It is in the state's interest to provide everyone with the right to learn, be educated and prepared for life. The task of the education system for mentally handicapped children is to create complete conditions for the activation of the psychophysical resources of individual units and their comprehensive development to the individual capabilities of each individual (Wyczesany, 1998, pp. 84–85). The special education school is therefore aimed at restoring people with intellectual disabilities to society as the most autonomous, independent and productive units. In other words, a special school prepares disabled children for life in society. "And although no pedagogy with all its methods can make a child with a normal intellectual level out of a mentally disabled child, it can cause that the child will achieve a good level of social usefulness" (Sękowska, 1982, p. 174).

Andrzej Giryński (1996, pp. 163–164) emphasizes that the school is, next to the family, an educational environment that has a direct impact on the child's development. The school's activities are planned and organized, and therefore it becomes one of the basic educational environments. The special school as an institutional educational environment plays a leading role in the process of revalidation, aimed at creating optimal conditions for causing beneficial changes in the psychophysical and social development of a child with mental retardations (Łaś, 1977, p. 58). Therefore, in the field of special education, there is a division that takes into account the psychological and mental predispositions of a given individual, dividing institutions into those that are intended for children with mild retardation and those who are impaired to moderate and profound levels.[2)]

Regardless of the level and form of special education (for light, moderate and severe disabilities), achieving appropriate educational and educational effects will be possible only if both the school, parents and workplaces become involved in the process. In the last link, which is the possibility of professional activity, the value of the entire school system is verified. "Therefore, it is an important element of vocational education and training, because the individuals with mental retardations, by getting a job opportunity, are fully prepared for social life" (Wyczesany, 1998, p. 87). As emphasized by Aleksander Hulek (1988, p. 380), "one of the basic goals of rehabilitating people with abnormalities is to prepare them, if possible, to take up paid work in normal or special conditions, protected". An important stage in the professional preparation of people with deviations from standards is the choice of work – the direction of education and employment. Physical, mental and social factors are important in the selection of work. They should be taken into account both as regards the disabled person and the profession proposed. On the basis of a list of the qualities and characteristics of such a person with the conditions of the proposed profession, it can be stated whether it is appropriate for him or her, and whether this choice simultaneously took into account the needs of the individual and social needs (Hulek, 1988, p. 380). The work of people with disabilities is a determinant of their place in the social hierarchy, but also a condition for the development of society.[3)] As emphasized by Anna Organiściak-Krzykowska (2001, p. 137), work is one of the most basic ways of rooting a human being in the social structure, enabling access to various institutions. Lack of permanent occupation, inability to find a job, is an additional barrier for people with disabilities to have contact with the environment. Every person, and even more a person with a disability, thrown out of the labour market, loses his or her sense of security, does not participate in public life and is pushed to the margins of social life (ibid., p. 14).

[2)] More about intellectually disabled children education in publications by Janina Wyczesany (1998) and Zofia Sękowska (1982).

[3)] According to Elżbieta Zakrzewska-Manterys (2010, p. 39) mentally disabled persons due to their disability are excluded from the system of goods production and distribution, and they suffer lack of productivity –as the author explains – «without a reason», just because they are who they are."

People with intellectual disabilities can find employment in the open labour market, in other words compete in the field with the abled rest of society. Such "competition" would, however, be doomed to failure without the right legal instruments to protect the interests of people with disabilities and, in the best possible way, to eliminate their deficiencies and dysfunctions.[4] In general, the employment issues of people with disabilities (both physically and intellectually) have been regulated in the Act of 26 June 1974. Labour Code[5] and in the Act of 27 August 1997 on vocational and social rehabilitation and employment of disabled people.[6] The first legal act regulates matters relating to the employment of persons, regardless of whether persons are able-bodied or disabled. On the other hand, the Act on vocational and social rehabilitation and employment of persons with disabilities contains regulations concerning only this social group (Kamiński, 2006, p. 3). In the Act on rehabilitation (of 27 August on vocational and social rehabilitation and employment of disabled persons), the vocational rehabilitation is aimed at facilitating the disabled person to obtain and maintain an appropriate employment promotion and enabling them to use vocational guidance, vocational training and employment services (Głodkowska, Giryński, 2006, p. 6).

In addition to employment in the open labour market, people with intellectual disabilities may take up employment in the so-called protected labour market. It is possible in two forms, as: a supported employment enterprise or a vocational development centre.

The status of a supported employment enterprise can be obtained by an employer who meets the following conditions jointly:

- running a business for a period of at least 12 months;
- employing not less than 25 employees per full-time job;
- reaching the employment rate of disabled persons in the amount of at least 40%, where a minimum of 10% of the total employed are people classified as moderate or severe disabilities or at least 30% blind,

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[4] Elżbieta Zakrzewska-Manterys (2010, p. 92, 106) highlights a low percentage of the participation of people with intellectual disabilities in the labour market, and that vocational activation measures addressed to disabled persons are often lacking empirical basis, and that they repeat schemes of standard (individualistic) society of risk.

[5] Ustawa z dnia 26 czerwca 1974 Kodeks pracy z późniejszymi zmianami. (Dz.U. 174.24.141 z późn. zm.).

[6] Ustawa z dnia 27 sierpnia 1997 r. o rehabilitacji zawodowej i społecznej oraz zatrudnieniu osób niepełnosprawnych (Dz.U. 1997.123.776 z późn. zm.).

mentally ill or intellectually disabled persons classified as moderate or severe disabilities (Kamiński, 2006, p. 13).

On the other hand, a vocational development centre can be created by a district [powiat], a commune, a foundation, an association or other social organisation which statutory task is the vocational and social rehabilitation of disabled people. The unit separated by the above entities, both organisationally and financially, may receive the status of a vocational development centre:

- the costs of establishing and operating a vocational development centre are financed by the State Fund for Rehabilitation of Disabled Persons, local self-government or other sources;
- these centres cannot carry out activities consisting in the production of fuel, tobacco, spirits, wine, brewing and other alcoholic products with an alcohol content of more than 1.5% and precious metal products (Kamiński, 2006, p. 14). The task of the indicated entities is to develop skills and habits in disadvantaged youth, necessary to undertake professional work (Wyczesany, 1998, p. 137). These are jobs of people with generally significantly reduced ability or physical performance, requiring special care and facilities to either adopt them to work that they can undertake in the future in normal establishments, or to permanently employ those who cannot earn a living while working professionally in normal conditions (Wyczesany, 1998, pp. 138–139). Unfortunately, as research shows, people with disabilities show a low level of education and a high unemployment rate. Janusz Kirenko (2006, p. 101) emphasizes that people with disabilities (including those with intellectual disabilities) who are outside the labour market, professionally passive, are subject to strong emotional tensions, and the difficulties of everyday life seem insurmountable to them. On the other hand, professionally active disabled people are more resourceful, resistant to adversities, self-confident and able to cope with different life situations (ibid., p. 100). At the same time, thanks to the possibility of a wider contact with the environment, also with non-disabled people, the idea of integrating this category of people is implemented, which by their conduct gives a testimony of their own value to the rest of the society. “Professional performance of people with intellectual disabilities, their sense of professional suitability, the ability to find a job and to maintain it is a condition for talking about social approximation, about the actual integration process” (Głodkowska, Giryński, 2006, p. 6).

LEGAL AND ADMINISTRATIVE CONDITIONS OF THE SUPPORT SYSTEM FOR PEOPLE WITH INTELLECTUAL DISABILITIES(7)

Intensive activities aimed at comprehensive and at the same time multiple improvement of people with intellectual disability are undertaken by both local and international organisations. Ultimately, these activities are aimed at increasing the quality of life of these people and their families both on a personal and social level (ibid., p. 6). At the same time, it should be emphasized that all such changes of necessity concern the legal and institutional sphere of the state. The cardinal principle is the equality of all citizens before the law. It expresses the aspiration to make social processes more and more real in the integration of people who are fit and intellectually disabled. Integration will be possible then, "if a disabled person in the course of intentional interactions shapes traits and skills important for the process of regulating his/her relations with the environment and taking social roles resulting from its status in social groups" (Giryński, 2006, p. 43). On the other hand, the full and equal participation of an intellectually disabled person in social life is largely conditioned by the person's interpersonal skills (professional, social) that can create an opportunity for social existence (ibid., p. 43).

In this dimension, the aim of the state's activity was to provide people with disabilities with conditions for independent and active participation in professional and social life (Zakrzewska-Manterys, 2010, p. 104). The main "thesis resulting from the ongoing changes is the need to care for people with disabilities as a full member of the community and its subjective and personal treatment on the background of living conditions" (Giryński, 2006, p. 43). Standardisation activities of the state are aimed at improving the conditions and at the same time are treated as the basic obligation of abled people to the disabled ones. However, the very idea of integration is a kind of offer or opportunities created for this particular category of people. According to Beata Nowak (2006, p. 127) "integration processes allows normalisation of the living conditions of people with mental disabilities to such an extent that they do not allow for secondary impairment as a result of isolation in social life". Actions taken in this respect include,

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(7) This piece of the article refers to the content of item 3.1. State policy on people with intellectual disabilities – system solutions found in my book, *Live and work in a social welfare home. Sociological study of the interaction of staff with mentally disabled pupils* (2013).

first of all, the creation of a coherent system of rehabilitation as well as social care. Secondly, they come down to modifying the physical and social environment by "eliminating architectural barriers, making transport and communication available, equipping with appropriate technical aids that facilitate independence, creating or adapting jobs and schools, shaping appropriate social attitudes" (Żółkowska, 2004, p. 168).

Such systemic solutions increase the ability to meet the needs of people with intellectual disabilities and at the same time foster their social integration. At the same time, such actions, in order to be implemented at all, must have strong basis and legitimacy in the norms and laws, which define, among other things, the goals and directions of the state and various entities involved in solving the problems of disabled people (Przybysz, 1997).

In Poland, legal provisions concerning people with intellectual disabilities are represented in all legal fields, and are found in normative acts of various ranking, including statutory ones (Żółkowska, 2004, p. 173). It is also worth mentioning that many, but to a large extent non-binding, documents in the form of recommendations, messages, guidelines and directives obliging EU members to counteract the social exclusion of disabled people, which Poland adopted (Żuraw, 2008, p. 35). However, the essential rights of people with disabilities are guaranteed by national laws.

In the system of Polish law, the highest-ranking act from which the rights of disabled persons can be derived is the Constitution of the Republic of Poland of April 2, 1997.8) Constitutional principles and norms apply to all categories of citizens, including those with intellectual disabilities. According to art. 30 of the Constitution "the inherent and inalienable human dignity is a source of freedom and rights. Everyone, regardless of their sex, race, religion, views, material status or level of intelligence, is endowed with this inherent dignity". In other words, equality before the law, that is, equal treatment of all persons, is the basic value of the Polish legal system (Guza, 2006b, p. 4). On the other hand, there are also provisions prohibiting discrimination, as provided in art. 32 of the Constitution "[…] no one may be discriminated against in political, social or economic life for any reason". In turn, Article 65 of the Constitution of the Republic of Poland provides each citizen with the freedom to choose and practice a job and workplace, and Article 69 indicates that "disabled persons are granted public assistance

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8) Konstytucja RP z dnia 2 kwietnia 1997 roku (Dz.U. 1997.78.483).

in accordance with the act assistance to security, employment and social communication."

The Basic Law also imposes an obligation on public authorities to provide special health care to disabled persons (Article 6 and Article 8) (Żuraw, 2008, p. 35).

One of the first acts of a statutory ranking, which regulated the issues of broadly understood health care and state aid for people with mental disorders and issues of protection of their civil rights, was the Act on Mental Health Protection of 19 August 1994.⁹⁾ From the point of view of the interests of people with intellectual disabilities, this Act covers several key issues. First, it sets out preventive actions in the field of mental health promotion (Article 4). This applies, inter alia, to children and adolescents with mental retardation without adequate stimulation and development conditions, including a sense of security and acceptance, and people residing in social care homes in conditions threatening their mental health. The establishment of specialist institutions dealing with early identification of the needs of children with psychomotor development disorders is particularly important (art.4, paragraph 2). Secondly, healthcare provided within the framework of basic specialist health care in the form of an emergency, ambulatory, day, hospital, community care and social care home (Article 5) is free of charge. Thirdly, learning and revalidation classes for children and young people with mental disabilities should be ensured regardless of the degree of disability. These activities are organized in kindergartens, schools, care and education centres, rehabilitation and education centres, social welfare homes, health care institutions and also in the family home (Article 7 paragraph 1).

The branch of law that shapes the social relations of all citizens to the widest extent is civil law. At the material level, it primarily covers the provisions regulating property relations between two equivalent entities, but also deals with the so-called personal goods, such as: health, honour, freedom, conscience, the secret of correspondence, etc., as well as, at the formal level, regulate proceedings before common courts (e.g. inheritance issues, employment issues, family matters, etc.) (Guza, 2006a, p. 3). People with intellectual disabilities can therefore run a household independently, enter into contracts and incur obligations, as well as enter into a marriage, and have and raise children.

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9) Ustawa z dnia 29 sierpnia 1944 roku o ochronie zdrowia psychicznego (Dz.U. 1944.111.535.).

Everyone has the right to decide about their personal life and to protect their privacy. This means that an intellectually disabled person who is over 18 years old has the right to decide about his sexual, personal and family life (Zima, 2007, p. 9). You cannot take the right to be a parent away from people with intellectual disabilities, although not every intellectually disabled person can be one. The exercise of parental authority depends, inter alia, on the psychological predispositions and not on the degree of disability of a given person. Ultimately, however, the court will decide on the parental power of an intellectually disabled person (ibid., p. 9). At the same time, in family law, there was no diversification of the legal position of disabled and abled children. It is worth mentioning, however, that in the case of marriage, there are some, though few, prohibitions related to intellectual disability, because in justified cases it is the court that allows such a relationship. On the other hand, mentally handicapped people may express their will by sign language or in writing, and a declaration of will may take place outside the civil registry office or even by an attorney (Żółkowska, 2004, p. 180). One of the most important issues regulated by this branch of law is also the issue of incapacitation. This issue is closely related to the concepts of legal capacity and capacity to perform acts in law.10) It is emphasized that as a result of incomplete mental and/or intellectual fitness, the incapacitation of the so-called total or partial (ibid., p. 178). Incapacitation is a civil law instrument intended to protect the legal rights of persons deemed unfit to decide for themselves. It involves deprivation or limitation of the ability to perform legal acts and thus deprives you of the possibility of influencing your life (Zima, 2007, p. 3). It was assumed that the basic goal here is the well-being of an intellectually disabled person for observation in a medical facility. The law does not grant the incapacitated person the possibility of defence by filing an application to repeal or change incapacitation (Żółkowska, 2004, p. 179). In turn, incapacitation limits the responsibility

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10) Legal capacity – is the capacity to be a subject of legal rights and obligations. According to Polish law, every person has the legal capacity from birth to death and legal persons (e.g. the legal capacity of the child allows him to transfer his property inheritance, although he will be able to dispose of it himself only when he is able to perform legal acts).

Capacity to perform acts in law- the ability to perform legal acts on your own behalf, that is, to receive and submit declarations of will aimed at creating, changing or terminating a legal relationship (e.g. ability to buy a car, sign a contract for a specific task, provide an employment contract, make a will etc.). In other words, the ability to shape your own legal situation (to acquire rights and incur obligations).

of a handicapped person, which is to constitute a personal and property protection. Therefore, the law prohibits the exploitation of a mentally ill party and releases it from responsibility if it is in a condition that disables conscious or free decisions and expressions of will because of mental illness or intellectual disorder (ibid., p. 179).

In the case of legal and financial regulations, it can be stated on the basis of the applicable provisions that an intellectually disabled person can undertake economic activity in any scope if it is not contrary to the principles of law (ibid., p. 184). There are no norms preventing or hindering her from taking, for example, running a business. On the other hand, people with disabilities can benefit from many privileges, reliefs and exemptions provided for by law. Some of them are entitled to persons with disabilities directly, others to those who work for their benefit. In the first case, by means of reliefs and redundancies, it aims to improve the disabled. In the second, both natural and legal persons are stimulated to act for the disabled (ibid., p. 259). Legal regulations regarding financial matters also apply to the monetary form of benefits for people with disabilities. Typically, these benefits are provided in the form of: the award and payment of a permanent benefit, periodic benefit, special-purpose benefit, social pension, guaranteed periodic benefit, special periodic allowance, payment of social security contributions, etc. (ibid., p. 255). The system of services for people with disabilities is quite extensive and includes, apart from the mentioned financial forms, also social work, care services, including specialist, local support centres, information on rights and entitlements, crisis intervention centres, benefits in kind, and monetary benefits (ibid., p. 254). A special form of services provided to people with disabilities is specialized care services, whose characteristic feature is adaptation to the specific needs of the person applying for them and not resulting from an illness or disability. Another kind of help addressed to people with mental and / or physical dysfunctions are environmental forms of semi-stationary help (daily) to maintain a person in its natural environment and counteract institutionalisation, in particular: environmental self-help houses, day-care homes, night shelters, etc. (ibid., p. 255).

SUMMARY

Assistance for people with intellectual disability and their legal protection are aimed at enabling them and their families to overcome difficult life situations that they are unable to overcome using their own resources, abilities and rights. The purpose of such support is therefore to satisfy the necessary life needs of people with mental or physical dysfunctions and to enable them to live in conditions corresponding to the human dignity (ibid., p. 250).

A very important form of help provided to people with disabilities is to ensure personal safety. These people face similar threats as well as non-disabled people, but their possibilities to avoid these threats are much smaller. Therefore, they require legal and institutional solutions contributing to increasing personal safety and improving their quality of life (Żółkowska, 2004, p. 258).

The short review of the most important forms of institutional and legal and administrative support carried out by our state presented in the article, allows to say that these solutions constitute a significant contribution to the life situation of people with disabilities. They create conditions conducive to normalisation, as well as the social integration of this category of citizens of our country, opening up opportunities for their full participation in social life. Nevertheless, these are only some tools or specific resources that require proper involvement on the part of the whole society for proper use. Only in this way will the actual implementation of the idea of normalisation and integration of the disabled be possible.

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GERONTOLOGICAL SOCIAL WORK – CONTEXTS, DEFINITIONS, CHALLENGES[1]

ABSTRACT

Gerontology social work is a field of social work that becomes more and more autonomic, and is specific due to the profile of the services recipients. Elderly people, in comparison with other beneficiaries of social support systems, including the social welfare system, differ in terms of the level of resources available, diversified needs, but most of all the huge internal diversity of this group. Their material, social and life-related resources combined with the need to receive support, growing with age, cause that as recipients of assistance activities they become an accessible group, but also a demanding group.

The aim of the article is to show what gerontological social work is in the broader context of social work. The author also attempts to define and find the specifics of its functioning. It shows it in a more substantive than formal context in a wider context than in Poland.

Keywords: aging, the elderly, social problems, social work, gerontological social work

INTRODUCTION

Is old age a social problem? According to the definition presented by Krzysztof Frysztacki (2000, p. 206) "social problems are defined as a threat to values, social norms, institutional rules, general social order or special interests, and finally in extreme cases for the duration of society as such. Defining something as a social problem requires a certain unanimity and implies a belief in the possibility of overcoming this threat. Concrete undertakings, and above all collective actions, are the basic way." Therefore, defining a situation as a social problem must be related to 1) risk for

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the foundations of the community; 2) consent as to the fact of this threat, established between members of the community and 3) the belief in the chances of overcoming it. Are these conditions met in case of an aging population? You can look at this issue by analysing the scale of the aging of society. Social problems may affect small groups or communities, but also occur in a wider scope, such as countries and regions. They may be problems of global nature. Given the analysis of population aging, conducted by global institutions such as the World Health Organization, it is necessary to emphasize the global nature of this phenomenon. If, in turn, we use the prepared by Ryszard Szarfenberg (2001, p. 162) lists of dimensions of social problems, which include: 1) the size of the population affected by the problems and its share in the whole population; 2) the structural location of groups affected by problems; 3) number of persons dealing professionally or socially with a given problem; 4) the reasons for the negative assessment of a given phenomenon; 5) the ability of the people concerned to deal with the problem; 6) assessing the anticipated or real consequences, then we will have nothing but to recognize the aging of societies around the world as a social problem. In one of the key regions of Poland – in Mazovia – according to the Central Statistical Office (*Population forecast…*, 2015), in 2050 there will be 2,382 grandparents per 1,000 grandchildren, and people over 65 will constitute 30% of the population. This upward trend is common in other Polish provinces, but also more or less convergent with demographic forecasts for Europe. Extending the duration of life is a fact.

In addition to demographic facts, we have a psychosocial premise in the context of the old age treated as a social problem. Among them there are negative stereotypes of older people, associating old age with weakness, frustration, ugliness and the end of life. These stereotypes are created on the basis of the current cult of beauty, youth, fitness and illusion of immortality, but also the tabooisation of themes resulting from them: transience, illness, disability and death. This division tolerates little tolerance for “our” seniors (grandparents and other elderly family members) and rejection of “foreign” seniors – accidentally encountered in public spaces of the elderly, who are not treated as indulgently and with understanding as members of the disappearing, unfortunately, multigenerational families. Another factor contributing to the treatment of old age as a social problem is mainly not being able to catch up with the rapidly changing fashions, technologies, styles and ways of life. Older people are often excluded digitally, educationally and socially. In many cases, this is the effect of automarginalisation.

But not only the internal factors of the seniors' population influence their social inactivity; also discriminatory factors included in social policy systems (assistance, health care, housing policy) as well as in market mechanisms (labour market, consumer goods market, services market, especially commercial ones), lead to the withdrawal from economic and social activity of elderly people with the "lasting" of these people and their individual problems in the area of political, economic and social life. This way the old age, treated as a social problem, threatens basic norms, values, institutional rules and social order. Not in the sense of evaluating the old age as a bad phenomenon, but the cause of creating threatening mechanisms of reference to the old age, with a simultaneous tendency to its quantitative domination in the perspective of the next several decades.

In this situation, interventions are necessary, which should be applied in all areas where the problem of aging may occur – in the economy, social policy, but also in social spaces. In this sense, social work, which is supposed to work for the benefit of older people, referred to in the presented article as gerontological social work in the area of aid interactions, may become a tool for such interventions against the social problem (Frysztacki, 2006, p. 23).

The aim of this article is to show a possible understanding of gerontological social work in the broader context of social work. Moreover, the author's intention is to outline the goals, rules, tasks and spaces in which gerontological social work can be useful for solving the problem of an aging society.

THE ORIGIN OF THE SOCIAL WORK

It is assumed that post-working age people have so-called human capital -– social and cultural. Social capital is recognized here broadly as a potential for cooperation, embedded in interpersonal relationships and social norms, which can bring benefits to individuals, groups and societies. Discovery of this potential should be dealt with by representatives of social support professions for whom the change is the superior purpose of the interactions. Undoubtedly, such occupations include social workers and other related support professions – helping professions, which in the case of the analysed area have an impact on the elderly. The concept of helping professions often includes such professions as: therapist, clinical psychologist, vocational counsellor, social educator, school educator, occupational therapist, art therapist, health promoter, rehabilitator, school psychologist, speech therapist, specialist pedagogue, social animator and finally social worker (Himelein, 1999). Considering the Polish reality of the area of education and social welfare [pomoc społeczna], it would be necessary for the social support professions to include family assistants, coordinators of family foster care, street workers, court and social curator, social rehabilitation specialists, and a set of professions convergent with the support of the elderly also gerontologists (social and clinical), geriatricians, assistants of the disabled, assistants of the elderly, carers and other employees of different professions employed in support institutions, where the elderly are staying. It should be emphasized that not all of them are reflected in the catalogue of occupations registered on the list of professions. However, taking into account the registration procedure (a bottom-up petition of people interested in registering a profession), in my opinion, we should not worry about the lack of official registration of a given professional activity. It may be a matter of time for certain activity to be recognized as a professional status.

Social work, as written by Krzysztof Frysztacki and Janusz Radwan-Pragłowski (2009, p. 18), has its "long" and "short story". The latter covers approximately the last hundred and a dozen or so years. The former dates back to ancient antiquity, to the great colonization of the Greeks, which took place during the two centuries between the eighth and sixth centuries BC. It was the Greek polis organization that could contribute to the first rules of social support within a given community (ibid., p. 32). As the mentioned authors show, the first philanthropic ideas were created through myths and poetry (ibid., p. 35–38) and philosophy, which was often a negation of its main assumptions regarding treating philosophers as excluded from actions to improve the social situation of citizens (ibid., pp. 57–62). In the history of social, philosophical and political thought, there is an undefined stream of social philanthropic attitudes, which is transformed into social work, maturing in the course of the progressive history of social interaction. In the shaping of this phenomenon, referred to as social work, the patterns of interactions and theories were taken into account developed in the United States (e.g. the experience of the Settlement House Movement), the United Kingdom (Charity Organization Society), Germany (concepts of social pedagogy), France and Italy (the concept of social assistants), as well as the Polish tradition of social protection and social guardian (Radlińska). It is recognized that social work as such exists and develops its heritage as a discipline from about a century. At that time, many attempts were made to define this phenomenon, by highlighting its tasks, areas of activity, the role of implementers, describing the systems of values and the philosophy of action, entities, institutions implementing social work and other definition criteria.

DEFINITIONS OF SOCIAL WORK

The set of definitions, which is the area of analysis, allows the use of various categories and systematization (Szmagalski, 1999, p. 202; Szmagalski, 2011, p. 170; Szarfenberg, 2011, pp. 43–73; Kaźmierczak, 2006, pp. 95–104; Rymsza, 2012b; Radlińska, 1961, p. 355; Radlińska, 1984, pp. 256–258; Kamiński, 1980, pp. 85–86; Payne, 2008; DuBois, Miley, 1992, p. 5, Wódz, 1999, p. 13; Social Welfare Act of 12 March 2004 [Ustawa o pomocy społecznej]; Wolska-Prylińska, 2010, p. 22; Szatur-Jaworska, 1995, p. 108; definition of the International Federation of Social Workers – IFSW, 2014). They can be divided into: 1) functions of social work; 2) motives / motivation of work; 3) impacts applied; 4) goals of the work; 5) values realized in its course; 6) skills needed to perform it; 7) place in the aid system; 8) impact entity; 9) methods and techniques of applying social work; 10) the subject of its implementation. These categories can be considered as detailed, analysing specific components of the definition and their accents.

The analysed definitions are selected from among those created by Polish researchers and appearing in Polish cultural reality. Thus, I refer to the observation of Jerzy Szmagalski, who writes about two tendencies in defining social work. The first of these can be described as "universalist" and the other "nationalized". The concept of "nationalized" does not appear in Szmagalski's work, I have proposed it only on the basis of his description. The latter method is about the relativisation of functions, methods and theoretical foundations to the cultural, legal, social and economic specificity of a country in which social work is considered a profession or is institutionalized. In the first one, as you can guess, it is about the postulate of working out one common, universal the concept of social work, valid regardless of the factors that are significant for the "nationalized" approach (Szmagalski, 2011, p. 170). Being a supporter of the "nationalized" approach to defining social work, I will begin a review of the definitions, against the chronology of their formation, from the perspectives developed in the area of Polish social thought. As a starting definition for the present analyses, I will accept the one created by Helena Radlińska, who used the concept of social work.

It consists in "extracting and multiplying human forces, on their improvement and organization of joint action for the good of people" (Radlińska, 1961, p. 355). The author further argues that a social worker cannot be identified with a social activist functioning in the field of religious or political ideology, but rather has the task of "planning changes, wonders how to introduce them, organizes social tools devising appropriate ways of working efficiently" (Radlińska, 1984, pp. 256–258). The topic of the objectives of aid interventions, the values guiding them and the recipients of the actions is clearly distinguished here, as well as the prelude to the postulates related to the professionalisation of the heiress of "social work".

Another Polish theoretician of social work, Aleksander Kamiński, using her concept in the context of social pedagogy, from which social work grows in Polish tradition, defines it in the context of education, culture and social self-governance, proposing its use outside traditional social care. Social work is meant to implement actions aimed at satisfying special social, social and living needs as well as cultural and educational needs, while "social work is fundamentally different from social welfare and social service. Freed from the limitations of charity, based on the state budget and large social structures of the socialist state (national councils, trade unions, cooperative societies), social work is provided with a solid material foundation, enabling the development of a broad front of socio-educational activity in the field of equalization) biological, social and cultural deficiencies and supporting the successful development of individuals and social groups. Social activities are supposed to complement the living needs of people (in particular, the reduced possibilities of independent counselling in life difficulties), as well as to strengthen the development opportunities of the wider population, which are provided with appropriate services – also in the field of culture" (Kamiński, 1980, pp. 85–86). The emphasis on the socialist state in the cited quote is purely historical, showing the genesis and determinants of the development of social work. According to Kamiński, social work is a worthy representative of the social pedagogy trend, combining elements of the theory of education with social policy. It is intended to compensate for deficits in the upbringing, family, social and educational environment, to a large extent performing care functions for individuals and socially vulnerable groups It can be helpful in the situation of activating and supporting the development of these individuals, groups, and even whole communities, through education, culture, but also in cooperation with individuals and groups that cannot be described as at risk of marginalisation or marginalised individuals and groups. This universal nature of social work leads to a strongly environmental accent of its activity and ultimately opposes a strictly institutional variant of social work.

There is also a definition current describing social work as a social service implemented within social assistance institutions. This type of description is included in the definition of Szmagalski (1999, p. 202), which claims that social work is "[…] purposeful and organized help of modern societies for its economically, socially or physically inefficient members. In a modern state where social work is carried out, it falls within the broader scope of direct individualized assistance measures, generally referred to as social services". Other contemporary researchers in the field of social policy refer to this term, e.g. Ryszard Szarfenberg (2011, pp. 43–73).

In search of the definition of social work, one should also reach for the one developed by Tomasz Kaźmierczak, who – analysing social work from a sociological point of view – emphasizes its institutionalized area of professional and/or quasi-professional practice. According to the author, it is a consequence of the process of social division of labour. As Kaźmierczak states (2006, pp. 95–104), so understood social work "can be characterized by pointing to its: 1) the essence and area of activity; 2) mission; 3) axiological context; 4) institutional context; 5) practice model". Thus, the author shows the components that demonstrate the autonomy of social work for other professions based on support. While discussing the aspects highlighted in turn, Kaźmierczak states that the essence of social work is the improvement of the social functioning of individuals treated as autonomous entities, as well as members of social groups (family, local community and society). The area of social work activity is the relationship between the individual and the social environment. The mission of social work is social change, carried out as a result of deliberately undertaken and planned activities, which manifests itself in the life of an individual, family, social group, community and indirectly in the whole society. The axiological context is determined by the subject of social work, that is to say by the human being for whom the most important are the values of equality, justice, dignity and freedom. Observing these values and growing out of them: the right to self-determination, the prohibition of discrimination, respect for individuality, partnership and subject matter determine the identity of social work. An activity in which these values are denied cannot be described as social work. As far as the institutional context is concerned, social work is practiced within public institutions or performing public tasks. This is not a freelance job, in which a social worker could be a spokesman for the interests of one party (the recipient). The social worker must always take into account the interests of his/her employer, hence the lack of autonomy and the so-called double responsibility node Finally, the practice model, according to Kaźmierczak, oscillates around the relation of help and the structure of intervention. The first one is a prerequisite for launching an intervention. The second one is dynamic and processual, implemented on the basis of a systematic well-thought out system of interactions, aimed at achieving a specific goal, using the identified resources. Occasionally, the intervention structure is about solving problems (Burgess, 1996). The definition of Kaźmierczak seems to be the most complete in the area of Polish reflection on social work in the academic environment and can be considered as an attempt to seek the uniqueness of this field of knowledge and practice.

The definitions referred to are characterized by one common difficulty, namely the lack of a clear demarcation line separating social work from other assistance professions. The need to cooperate with other specialists "providing help" necessarily produces reduction of this demarcation line, but in order to build the autonomy of professional social work, such divisions must be made. The proposal of solution comes from the concept of Malcolm Payne (2008), who states that social work is defined by four areas distinguishing it from other aid professions – first, the specific area of its practice, and secondly, the institutional amount of its practice, thirdly, the question of belonging to a professional group and finally, fourthly, axiological separateness.

At the end of the quoted Polish definitions of social work, created taking into account the Polish socio-political reality, it is possible to recall the statutory definition presented in the Social Welfare Act [Ustawa o pomocy społecznej] of 2004, which treats social work as a "professional activity aimed at helping individuals and families to strengthen or regaining the ability to function in society by performing appropriate social roles and creating conditions conducive to this goal" (art. 6 of the Social Welfare Act). This definition is supplemented by art. 45 of this Act, in which recipients, methods, techniques and principles of social work are defined. The quoted definition clearly shows the institutional nature of social work, which through statutory regulation becomes an element of the social policy of the state – and hence it is highly institutionalized and formalized.

Informal social work

In the tradition of the notion of social work, one can find its narrower and broader understanding, and also divide definitions of social work into those that retain the formal character of this concept, as well as those that reinforce the informal approach. Writing about formal understanding, I mean such an approach that makes social work one of the tools of the social welfare system through the provisions of the Act and its related regulations. In this sense, social work is "professional activity aimed at helping individuals and families to strengthen or regain their capacity to function in society by fulfilling appropriate social roles and creating conditions conducive to this goal" (ibid.). Social work is included in the catalogue of forms of performing social welfare. In formal terms, therefore, firstly, a social worker works exclusively with people in the wider social crisis, and not with all those who need it (in the light of the belief that social work is a social service and not a community service). Secondly, the social worker is to prepare the client to redirect him to specialist counselling depending on the problems identified (in accordance with the assumption of social welfare). Limiting social work to social services with regard to support for seniors is rather reducing the aid than disseminating it. Formal approach to social work narrows rather than broadens the catalogue of its activities, but also leaves the methods of its implementation imprecise, only postulating effects and impact entities.

There is a second trend in understanding social work, which is based on foreign experience, but also a significant tradition in Polish practice and theory. It is often referred to in the literature of the subject as a work on the borderline of the aid system or specialized social work. This applies to situations in which social work is carried out in institutions in which other "help" specialists are employed (Rymsza, 2012a and 2012b). In the world there are, for example, psychiatric social work, school social work, social work in prison, social work in family and professional counselling, while in Polish tradition we can find both systemic solutions and good social work practices in the local community (on rural areas there is social work in the countryside), in health care institutions, as well as social work in the companies, although this is probably not the most exemplary activity on the outskirts of the system in the Polish backyard of social departments in large state companies in the period of People's Republic of Poland (Szmagalski, 1996, pp. 74–76). It is still postulated to broaden the impact of social work in the prison system, in social rehabilitation and in family counselling (especially towards families that are changing or temporarily in need of support and not permanently benefiting from the social welfare system).

The "informal social work" in the sense presented in this paper is defined by Marek Rymsza (2012b), who, summarizing the research on social workers from 2010, shows that this group of social workers who are working professionally on the limits of the social welfare system, in interdisciplinary teams in institutions and organizations of specialist support, has greater potential for social work and professional development than those who work in traditional aid institutions (social welfare centres [OPS] and district centres for family assistance [PCPR]), considered more bureaucratic. Informal work in this sense does not mean an unprofessional or ad hoc work, without formal rooting in an institution. It is rather about a non-bureaucratic, flexible social work, in which the client's needs are more important than the interest of the system. In informal social work, its control function is reduced, and the support function is emphasized. Both formal and non-formal social work can be classified as professional activities according to Zofia Butrym who states that (1998, p. 10), "The basis for the difference between professional social work and social activities, carried out by private individuals and charity organisations, is the professional education of social workers and their social mandate to perform professional functions, which involves responsibility to society." Informal social work has a more coordinative function than its formal variant, sharing the various forms of possible assistance and managing them. Both in informal and formal social work, social workers are experts in helping, but in formal terms, they are not able to fully demonstrate their expertise, due to systemic (legal) limitations and lack of trust in their knowledge and skills on the part of their superiors and people managing local political systems.

It should be noted that there is a definition gap in the achievements of Polish thought about social work. After the period of its separation from the social pedagogy, "transmitters" of foreign thinking about social work appeared quite quickly. Hence quite a lot of comments and quotations of the definition of social work, coming mainly from American literature, thanks to foreign studies of Polish sociologists and pedagogues, and as a result of translating this literature into Polish. In their majority, the definitions by foreign scientists, mentioned in the presented text, come from the American literature. However, there are no independent, contemporary, adapted to Polish socio-cultural reality attempts to create a definition of social work, unencumbered by the baggage of foreign experience. Perhaps it results from the fact that within the Polish social welfare system there is constant discussion about the role, place, tasks and postulated character of social work. It should also be remembered that social work has been taken over by the social welfare system in the institutional trend, which on the one hand protects and promotes it as a profession, on the other – limits the effectiveness of activities.

In Poland, there is now a rather interesting situation related to people performing social work – formal and real performers of the work. On the one hand, the only legally authorized contractor for social work is a social worker, protected by specific legal provisions, and on the other hand – there are other, real performers of social work (e.g. family assistants or educators in day care centres) who, however, do it within the substantial scope, and not as authorised social workers. In this way, social work leaves its legal framework, which begins to lead to a specific violation of the monopoly on the performance of social work. Of course, this is a situation threatening the professionalisation of work, but for the researcher of the topic, who can analyse social work standards, the motivation to undertake it, the scope of actual and postulated tasks and assessment of social work in axiological, praxeological and ethical categories, the recognition of this phenomenon hidden in Poland becomes an inspiring research challenge.

HUMANISTIC DIMENSION OF SOCIAL WORK

The tool for social work implementation is a man – a social worker, a "helper", a philanthropist, possessing personality predispositions, motivation to work and developing a skills system. Similarly, the subject of influence is also a human – weaker, disadvantaged, unable to function in social situations and relationships. Social work is therefore a relational activity carried out on a human and by a human. Therefore, it has a very strong humanistic character, not only because of the matter in which it operates, but above all because of the principles of its functioning. The purpose of all interventions is change, improvement, development, that is to say progress.

In this sense, social work is a dynamic activity, constantly changing and leading to changes and transformations. It can be said that it is strongly (on many levels and in many its dimensions) processual, associated with constant change, which is the only axiom. The description of processes and microprocesses creates a kind of practice and a micro-practice of social work.

It consists of three contexts that can be distinguished from a broad definition perspective. Social work may be understood as: 1) the method of impact, intervention, change; 2) impact on specific groups of service recipients/clients; 3) organisational and institutional-legal system. Within this division we can also distinguish another division, penetrating the first one, namely three perspectives of social work: a) the perspective of the helper; b) the perspective of the supported person and c) the perspective of the institution. The axis of the first of these perspectives determines the client's needs – both explicit (usually financial needs) and hidden needs, the identification of which depends on the skills and quality of the relationship with the social worker. In the first perspective, there are also resources available to the client – from material, personal and family resources to environmental ones. It is in the interest of the client to meet his/her needs, but also to develop his/her resources. The deepest, inaccessible dimension of the client's perspective is the humanistic dimension, with its axiological contents. The client obviously knows that he/she has more or less rights, but he/she is not fully aware of the basis on which he/she has those rights. At the deepest level of his/her existence, he/she does not fully identify with the dignity that belongs to him/her as a human. It should be noted that often the service recipient may not be aware of the hidden needs, resources and dignity and even becoming aware of them may positively affect the assistance relationship, the process of changing and empowerment. Polish researchers explain the concept of "empowerment" [translated into Polish as "wzmocnienie"] as strengthening, adding strength, strengthening competences and development opportunities, equipping in powers, emancipation, awakening of human strength. There are also voices saying that "empowerment" should be translated as "upełnomocnienie" ("gaining full powers"). This last formula, in my opinion, best accentuates the sense of the word, leaving its character as a voluntary and internal choice of the subject as to actions aimed at regaining strength and power (Gray, Webb, 2012, p. 9; Szmagalski, 2011, p. 176; DuBois, Miley, 1999, pp. 139–141; Gawęcka, 2004).

The second perspective that penetrates all contexts of social work is the perspective of a social worker, for whom both the effectiveness of his/her work and professionalism are important, as well as the comfort of employment, technical conditions, quality of cooperation, horizontal and vertical relations at work, professional development and balance between personal and professional life. This perspective can be most effectively strengthened by the management of the supervisor, who can take care of all these needs, directly or indirectly.

His/her attitude influences the realization of needs in the third perspective, namely in the perspective of the institution/organization. The axis of its needs is effectiveness and duration. The institution operates in a broader social, legal, economic and systemic context, which will also affect its functioning. The solution for such a complicated set of connections is caring for people who create institutions and who benefit from it. Unfortunately, very often, the clash of three perspectives causes tensions, conflicts and then the salvation is effective negotiation of needs in the scope of the three perspectives described.

It is necessary to mention one paradox of social work, which accompanies it from the very beginnings of development, namely the inseparable connection between the emancipatory function of social work and its control function. Social work, apart from the lofty ideals of supporting, helping, making changes, meeting needs, is also to regulate and enforce people's behaviour and attitudes, take care of compliance with social norms, and in the case of violations, enter independently or in cooperation with other social services. Therefore, it has legal powers and a certain authority under which it can exercise this control (Szmagalski, 2012, pp. 251–253; Beckett, 2010, p. 24). In Polish reality, control and supervision tools are scattered in several, if not more than a dozen legal acts. Every social work practice can confirm the need to orientate not only in the Act on Social Welfare, or the Code of Administrative Procedure, but also in many other legal acts, which are additionally extremely often amended.

Summarizing these considerations on the definition of social work, we can also synthesise these definitions, including them in the following sociological categories, treating social work as: 1) social role; 2) institution; 3) service; 4) system; 5) relationship. This division undoubtedly does not exhaust the possible interpretations, but allows a synthetic approach to the phenomenon of social work in a strictly social context. Each of these characteristics could be the subject of a separate, extended discussion, and let the one mentioned here inspire for separate researches.

SOCIAL WORK WITH SENIORS – TOWARDS THE SPECIALIZATION OF THE SERVICE

In the course of the development of social work, its specialization takes place. In Poland, it has only a formal dimension. At the stage of gaining education to become a social worker, students choose a specialization, which they complete as part of their undergraduate or graduate studies Increasingly, within these specializations, the profile of social work with older people appears. In addition, professionally active social workers after working for five years in the profession can apply for the title of the second-degree specialist (the highest degree) and as part of training in this field, complete one of ten profiles of this specialization – social work with elderly people and their families. Unfortunately, having an education profiled to work with elder people or similar specialization does not in fact mean professional support only for this group of clients of the social welfare system. It may even mean that due to the local specificity of social welfare clients, a social worker has little or no contact with the profile of clients on which he/she gained detailed knowledge and skills.

Regardless of which direction the changes and reforms of the social welfare system will be heading, in subsequent years, gerontological social work will become more and more important, not only due to the growing population of elder people, but also to the growing need to support them. What is the difference between social work and elder people as compared to other groups of recipients? First of all, the specificity of the elderly themselves. They are distinguished by several significant features. It is a group that is becoming more and more numerous, and all demographic forecasts confirm this tendency as a constant. It is also a group with relatively stable income (retirement pensions or disability benefits) although at a very different level. In addition, the entire population is characterized by deteriorating health – individuals in good physical condition are rather exceptions confirming the rule. Moreover, this group is extremely diverse in terms of: interests, family situation, social situation, possession, education, previously mentioned income, needs, preferences, life achievements and other indicators affecting participation in social life Moreover, it can be assumed that between successive generations of seniors there will be significant differences in these factors, differentiating seniors within a given generation, and which will change in each subsequent "new" generation of aging cohorts. It is possible to notice the tension between the level of independence and self-determination and the possibilities, even if resulting from the deteriorating health Elder people apart from the financial status also have a richer life experience, achievements and other needs. In this way, emphasis is placed on other elements in the assistance relationship, such as: strengthening, support, acceptance, optimism, interest, closeness, and often compensation of a lack of deficits in family relationships.

When writing about the dissimilarity of social work with older people, it is also necessary to indicate differences in the basic objective of its implementation. First of all, old age is not, at least for the time being, the formal reason for providing support within the social welfare system. Secondly, unlike other groups of recipients – e.g. single or educationally inefficient parents, addicts, homeless, unemployed, victims of disasters, expatriates and refugees – elder people, using social work support, expect help in providing them with funds for maintaining the current standard of living, but above all, the most important goal of social work with the elderly should be a positive life balance. It can be achieved by creating such conditions for everyday activities that will allow us to think about the stage of life, which is old age, about relationships existing, established and maintained, as a positive period, allowing to develop, full of potentials and resources accumulated in the history of life, which during the old age can be a source of development. Thus, the main goal of social work with seniors is change, but the one concerning the balance of life, not change in its quality, to the quality that the senior life has never had. Although there is a fairly limited literature on social work with elder people in Poland, and the available positions juxtapose social work and care (Ray, Phillips, 2014; Chabior, Fabiś, Wawrzyniak, 2014), then the attempt will be made defining what social work with elder people can be and in what wider praxeological context it can be located. The main assumptions of gerontological social work are: 1) striving for normalization of social relations based on equality regardless of age; 2) help in entering into new social roles by seniors; 3) strengthening social skills based on own resources, family, local and systemic environment.

AN ATTEMPT OF A DEFINITION OF THE GERONTOLOGICAL SOCIAL WORK

Before I try to define gerontological social work, it must be emphasized that it is not identical with actions, occasional and one-off events for the benefit of seniors. Such one-off forms of action (projects) can be part of a long-term program, but they cannot be recognized, even in the informal social work, as fully validated methodically and substantively. Often also under the slogan of social work are payment of benefits, provision of care services and specialist care services. It is necessary to separate the care or financial impact from social work, which can be treated as a parallel support tool, or – as it will be shown later experimentally – as a meta-service. In the end, gerontological social work is neither a help from the family or the closest local neighbourhood of seniors, because it is not professional support, nor institutional support, which may influence in an extra-care or non-financial way, but without the conscious purpose of support. I mean, for example, organizing volunteering for all age groups or providing guidance or information, but without taking into account the specificity of functioning of elder people. Therefore, social work with seniors must be teleological from the beginning to the end.

In the light of these comments, I will attempt to define the issue of social work with seniors. Gerontological social work is a professional activity defined in time towards the elderly who are in a situation of necessity or desire to improve their social position, strengthening these people and their families through dialogue, empowerment, counseling, advocacy, information, accompaniment and selection of other services and material benefits in the process of creating by them/for them an optimal life situation, as well as preventive or anti-discrimination activities for the benefit of the elderly aimed at their full participation in social life.

Principles and techniques of gerontological social work

The tools of gerontological social work would be: social projects, intergenerational activities, senior volunteering and volunteering for seniors, financial benefits, care and specialist services, advocacy, dialogue. This definition of gerontological social work would make it a kind of meta service, which, supported by a solid diagnosis of problems, resources and needs, would use existing aid instruments to construct an individualized service package, consistent with the purpose of the support program prepared for each senior individually. Therefore, it could be described as a direct impact in the spirit of empowerment (according Wódz, 1999), supplemented by benefits, services, institutional, organizational and informal support. Diagram 1 (according p. 22) includes tasks that could be implemented by geriatricians in the framework of gerontological social work

Since social work with seniors must be a methodological impact, it is necessary to emphasize the necessary elements that should be included in all social interventions for the elderly, referred to as social work. They include:

1. **Conducting initial assessment (diagnosis), evaluation during (monitoring) and final evaluation (evaluation)** of all impacts – needs, problems, resources, expectations, opportunities, course, effects, outcomes, successes and failures.

2. **Determining and working on the basis of objectives –** possible goals can be a change, positive life balance, integration, empowerment, maintaining the current well-being.
3. **Actions focused on integration –** planning, goals results, methods (activation), evaluation – each action undertaken is to be pro-integration or against isolation, leading to the broadening of the integration of the elderly with its immediate environment.
4. **Involvement –** human, material, institutional resources, time, potential, but also motivating the participants of the intervention to engage.
5. **Self-development –** reflection, critical thinking, reaching for knowledge, improving qualifications and training, self-improvement, supervision.

DIAGRAM 1. Tasks of performers of gerontological social work

Source: own elaboration.

Social work with seniors is guided by similar principles as any other variety of social work, but it is particularly important to emphasize these principles, which in relation to elder people have a decisive significance for the effectiveness of their support. They include:

- The principle of autonomy, self-determination, subjectivity of the elderly, which – although often weaker and in intellectual and physical regress –does not lose the right to decide for themselves. The principle of informing and communicating the truth about the situation is closely connected with these principles.
- The principle of acceptance (sensitivity to differences) – understanding, authentic interest, careful listening, adequate response and respecting the other person's point of view and the related principle of authenticity.
- The principle of positivity, optimism and cheerfulness, which in relation to older people affect the effectiveness of contacts and motivation to cooperate.
- The principle of neutrality and objectivity in assessing the situation and interventions towards the elderly as well as the normalization and egalitarian principle connected with them.
- The principle of controlling the emotional involvement of a person performing social work and the principle of using support, which seems to be important due to natural intergenerational differences.
- The principle of building an integrated system of satisfying needs, which seems to be the expression of the essence of such an understanding of gerontological social work.

When describing social work with seniors, it must be emphasized that it must be a conscious activity, carried out either within social welfare institutions, either on the limits of the social assistance system or under local support systems, not necessarily based on institutions, but obligatory in a professional mode. Social work can cover broadly understood aid interventions within the framework of functioning of helping professions. People supporting seniors must be prepared for this, know the specificity of their functioning and the ways to mobilize them. Social work is to be based on axiological premises, primarily with a view to human well-being, and in this sense it should be selfless. It is also important that this activity is daily, continuous, processual, carried out using the action assessment system.

SUMMARY

Gerontological social work must be:

- based on axiological premises – aimed at the good of a human, selfless;
- voluntary on both sides;
- determined in time, systematic, regular;
- planned – implemented on the basis of the action plan;
- methodically flexible;
- adequate to the needs of the senior;
- based on an assistance contract (informed);
- intentional (in the sense of realizing the intention of helping).

Due to the fact that the subject of its impact are elder people, it is interdisciplinary. This feature is also transferred to the spaces, in which social work with the elderly can be implemented. First of all, in the current situation in Poland, it becomes an element of the work of social welfare institutions, such as social welfare centres, nursing homes or support centres. Secondly, social work with seniors is increasingly dynamically entering social organizations and institutions located on the so-called peripheries of social welfare, such as non-profit organizations or social enterprises. It also enters into the space of social policy and the local support system, and through it into the area of self-organization and self-help. Finally, social work, for example in the formula of social animation or street work, is managed in the so-called an open environment – in the place of the seniors' life, outside the institutional and organizational trend. This way, the essence of gerontological social work is interdisciplinary activity, individualized and at the meeting point of various institutions and organizations.

What recommendations for gerontological development of social work may be possible in a situation where the awareness of unfavourable demographic forecasts and the upcoming silver revolution is growing, there is an undeveloped field between the network of institutions supporting the most vulnerable seniors (nursing homes, care and health centres [ZOL], hospices, hospitals) elite senior clubs, universities of the third age and tendency to increasingly independent and healthy next generations of seniors?

First of all, it is necessary to take care of the greater number of social studies that characterize this social group, its needs, aspirations and possibilities. These studies may also refer to practical solutions related to the methods of social work with seniors, this way social work will be developed as a practical activity, but also will be the output that will make social work a scientific discipline in the future.

Secondly, social work should be profiled with seniors at the level of formal education, but also in such a way to modify system solutions, so that the possessed specialist preparation for working with elder people would translate into the effectiveness of support. Thirdly, it is advisable to undertake activities related to animating the seniors' environment within the existing institutions and organizations of elder people, which may lead to a greater extent to the development of self-help, voluntary and intergenerational initiatives.

Thirdly, it is advisable to undertake activities related to the seniors' environment within the existing institutions, which may lead to the development of voluntary and intergenerational initiatives.

Fifth, the development of the practice of social work with seniors should lead to the development, research and application of increasingly better diagnostic methods in the area of social needs of seniors and ways of communicating with this age group.

Finally, actions are needed to make other age groups aware that the issue of old age is an immanent issue in every generation, that all actions for the elderly are at the same time actions for ourselves, and taking these actions when we still have the strength to do so is a prudent and perspective activity.

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WILL TO POWER TOWARDS VIOLENCE. SOCIAL AND CULTURAL ASPECTS OF THE DOMESTIC VIOLENCE PHENOMENON[1)]

A family is a secret suicide pact
David Cooper, psychiatrist

Abstract

This article refers to the phenomenon of domestic violence examined from the point of view of cultural factors and in the context of negative predispositions of particular social actors to undertake actions motivated by their need for power and domination over others. These issues were analysed in three thematic sketches, which relate to violence against men, women and children. Particularly noteworthy is the first group of recipients of violent behaviour. Violence toward men is in fact a phenomenon so far definitely marginalized in public discourse or even considered to be non-existent. In many cases, it is treated as a kind of cultural schizophrenia of the male social role. Therefore it requires more detailed analysis of the research, however while maintaining the necessary criticism realistically taking into account significance of violence experienced by men as a social problematic issue, not a media sensation and competitive issue in relation to the violent behaviour towards women and children.

Keywords: violence, power, family, society, culture

The "will to power towards violence" mentioned in the article title is an initial concept used to interpret violent behaviours occurring in interpersonal relationships. Referring to the Friedrich Nietzsche's philosophical concept of the "will to power"[2)] highlighting the selfish human

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[1)] Bibliographical note of the first edition: "Praca Socjalna", 2017, No 2, pp. 16–39.

[2)] Upon analysis of many social phenomena, emotional states and human ways of behaving in different life circumstances, Nietzsche concluded that they are generated by the human activity aimed at satisfying the individual will to power (defined by the philosopher aspiration to the maximum mobilisation of the own causative potential of the creator of reality, "the will to power towards violence" reflects the immanent feature of all aggressors (apart from the affective component of their motivation and behaviours), that is to say stressing by them the priority of their own, in many cases a compensatory domination, expressed by the euphemism of the fight for the privilege of being right. According to the psychological analysis of the early development determinants of violence, the psychologist Donald G. Dutton (2001, p. 81 and further), who studied over 700 cases of the violence authors – as a result of humiliating other people, their labile identity is being formed, as Erich Fromm defined "The passionate desire to have complete and unlimited control over a living being, transforms impotence into omnipotence" (ibid., p. 25). So it is about the will to power of aggressors, strengthening their identity, total subordination of the victim and dominance over him/her in situations of conflict to acknowledge the right of one of the parties (ibid., pp. 186; cf. pp. 176–177). This also applies to families and other close relationships. In a family (or a partnership), as in any other group, there is a fight – to a lesser or greater extent – for position, power and influence. It is particularly visible in the behaviour of the spouses or partners towards each other, as well as in the parents-children relations. According to numerous sources, violence used in close relationships by both men and women is closely related to the "phenomenon of struggle for power" and the desire to exert influence on the closest people (Cabalski, 2014, pp. 364–366). Often the creation of a "will to power" of the perpetrators of violence (sometimes resulting in the ruthlessness of their behaviour) and co-existence next to their fear of the weakness identified with the unacceptable helplessness of the victim, is the

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as "the demon of power"), what – in case of life failures is reflected in an insistent search for the guilty ones. Gradually the Nietzsche's "will to power" evaluated towards "general category explaining all changes and all [human] activity". It refers to the "will to power", the condensed force waiting for the right moment to be released. Even though it is the core of the human existence, it is not the will to live (it does not refer to the mere fact of existing or surviving). Life is always a game to win something more – power, domination over others exposing the idealistic fake motivation of the human aspirations, the power performed even in the emotional relationships. According to Nietzsche, the will to power, an immanent and still recurrent component of the human life. It is not only a common feature of all the living beings, but an active driving force, a life energy initiating all human activities (Kudrowicz, 1976, p. 73–75).]

result of unforgiven harm done in the past or coded mechanism of loyalty to people responsible for experienced violence.

Traumatic experiences often become the content of blackmail addressed to the victims by their aggressors: “You know that I had a difficult childhood, and now you want to leave me” (Dyjakon, 2014, pp. 116–117). Sometimes the persecutors prefer the death of the victim rather than the real possibility of separation (Dutton, 2001, p. 17). The violence they use to feel better about themselves (in cooperation with socio-cultural norms) applies mainly to men, but also to women and children. They are both the perpetrators of violence and its victims. The three sketches below present selected aspects of their involvement in violence with particular emphasis on the context of domestic violence, because it is there that the most devaluing of the sense of mutual coexistence in interpersonal relations comes to the fore.

THE BATTERED MEN(3)

As Dutton writes, some men think that the condition of making any kind of life activity, having the proper “causative power” is the status of a “fearless” individual (because the feeling of fear inhibits action), deprived of sensitivity (because it is a blockade to undertaken initiatives), self-centred (because self-centeredness is a guarantee of the rightness of conduct), immune to fear and a sense of dependence (because they limit the freedom of committed acts) – therefore they are suppressed by anger and expansiveness in accordance with the common image of the male social role. The “causative power” here becomes the automatism of realizing selfish, male desires (ibid., p. 144). In modern culture the male potential aggression, along with interpersonal aggression (an example of which is assault) or institutionalized (expressed in warfare) are even mentioned. An example of a demonstration of potential aggression is shaping a male image accentuating physical strength and using gadgets associated with violence (Baldwin et al., 2007, pp. 338–339). Recognition of it (as a social phenomenon) as an exclusive, centuries-old *opus magnum* of men is characterized by an attitude of dislike towards them referred to as misandry (Cabalski, 2014, p. 37). Therefore, the “them”, i.e. men – victims of violent behaviour constitute a group as

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(3) The term „battered” was used conventionally as references to all kinds of violence experienced by individuals of both sexes.

much as a "cultural phenomenon" or "cultural fixation". However, these categories are not determinants of the progress of civilization in this case, but generators of only negative associations. Marian Cabalski (ibid., pp. 40–41) writes that a beaten man is often negated in his victim's credibility or becomes a hero of cabaret skits. He is silent because he is afraid of ridiculing. His honesty would in many cases violate the media's approved pattern of political and moral correctness. After the publication of the book Pär Ströma *Oppression of men and the empire of women*, in his native Sweden it got a lot media attention. The author of the mentioned book dared to state that violence against men is treated as a "moral curiosity", not a real social phenomenon. This statement follows the Ström's thesis about men as victims of the state-monitored feminism, for which the author of *Oppress…* was described as a madman (ibid., p. 349). S. Mielnik (ibid., p. 47), representative of the paternal movement in Poland, noted: "In legal terms, a man faces two major obstacles: firstly it is extremely difficult for him to prove that he is a victim, and secondly – nobody will provide him that he and his children will be properly protected. […] Men very often remain consciously in the role of victims because of their children. […] Most men do not react to cases of violence against them. Often this silence is caused by the fear of ridicule and the conviction that […] [the man's] partner will not be punished, and he will not receive any help".

As Christophe Regina emphasizes, although statistically speaking violence against women definitely dominates violence against men, its existence cannot be denied. Daniel Wezler-Lang in a self-reported study involving between 300 and 400 informants of both sexes on the frequency of violence experienced by men (the study was described in the book *Les hommes violents* published in 2005), stated that "only twenty people were able to explain this kind of practice. For many reasons, it has no greater statistical value. This inversion of a position in marriage is an absolute taboo and it is kept secret. "In connection with this, Wezler-Lang started asking beaten men about it relatively late. As he noted, "the question is delicate and silence on the subject remains the rule. It is difficult to determine the scope of the phenomenon. It seems marginal compared to the number of brutal men; not in numerical terms, but for another reason – the encountered men who are victims of violence do not want to be considered weaklings who are eternally complaining about aggression by women. The male victim of violence is the opposite of the macho, calling for the return of so-called traditional feminine values" (Regina, 2013, pp. 202–203).

Modern women, however, do not want to be "sexually subordinate". On the internet, they admit directly to the use of violence against men, giving the examples of accumulated aggression: "Enough of life in the shade, quite pushing the kitchen, fairly constant proving that we are stupid and kitchen-erotic robots. Punch those guys until the sparks go!" – wrote a user of one of the discussion forums. In the opinion of other Internet users, physical violence is an effective means of equalizing the life chances of both sexes or a tool for women's revenge for their injustices and humiliation. Examples of such justifications are present even in numerous statements of Internet users posted on the Facebook portal operating since July 2012 with an ostentatiously sensational name "Merciless Women" (Cabalski, 2014, p. 305).

In contemporary socio-cultural perception the battered man is, like in the past, the illusion of weakness and cowardice, the shamefully desacralized attributes of masculinity (male attributes), to which the power belongs and the power of those who are to protect the weaker. He is not accompanied – as opposed to beaten women – by his usual compassion, but by mocking reactions, disrespectful and insolent. The social clichés of the macho and woman submissive to the human collective subconscious remain thus unchallenged (Regina, 2013, pp. 203–205). In connection with this – as Regina notes (pp. 213–214) – men are forced to silence because "verbalizing and stigmatizing their suffering undermines the omnipotent and indeed operetta masculinity".

Already in the 1970s, the American sociologist S. Steinmetz (on the basis of interviews with 57 marriages with two children) interested the media about the subject of violence against men, which for years had been a kind of social taboo. The sociologist described the "beaten husband syndrome," then replaced by the "beaten man syndrome", expressing the view that women are responsible only for 50% of acts of physical domestic violence, and violence against men is in fact the most disrespected crime. The literature available on this subject is basically rudimentary, so you can get acquainted with the analysed issue using only the police chronicles and literature. Nowadays, thanks to the Internet's expansion, violent men break the silence, but still with cautious precautions (ibid., Pp. 205–208). By typing "battered women" and "battered men" in Google, you can see a significant difference in the number of people interested in these two topics. Irrespective of this, it indicates a general increase in interest in the mentioned issues (fewer interested parties do not mean less importance of the accented issue). Even so, when one of the Internet forums gave information about the case of a battered man, there was definitely no negative reaction among the comments. Here is one of them: "Let all the little castrates learn the meaning of the word masculinity and behave really like a man [...] what I have read is pathetic [...] what fathers taught you? (ibid., pp. 212–213). Slightly more "stylish" (although the message is basically the same) sounds the simple slogan of the most elite US military formation, i.e. marines: "If you want to teach the boy to kill, you must first kill the woman in him" (Pospiszyl, 1998, p. 52). It is culturally "typical" (i.e. contractual and easily available) reflection of all weaknesses of human nature, or the values not useful for life.[4)] Until the mid-twentieth century, the canon of "true femininity" advised its addressees to prefer domesticity and to strive for the virtues of piety, purity and submissiveness. In turn "real masculinity" was connected with observing four principles: "do not be a girl (no sissy staff), be powerful (the big whell), be the sturdy oak, give them hell" (Cabalski, 2014, pp. 301–302). This last "imperative" of masculinity (among others formulated by Deborah S. David and Robert Brannon in 1976) indicates even the necessity of men using violence as a culturally approved means of their life expansion and domination (Wyszomirska, 2009, p. 229). Regardless of the fact that organizations in Western Europe and Poland are involved in helping men (including fathers) experiencing violence[5)]), most

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[4)] It is worth referring here to the radicalized (mechanistic or almost caricature) Nazi concept of masculinity. Theweleit (1989) writes about it – in reference to the ethos of Freikorps (a right-wing militant movement that in the 1920s initiated the development of the Nazi movement). According to the Nazis, the male element was a war, and the fight for life and death was to be the most perfect achievement of masculinity. The counter-portraits of their image mobilizing the morale of the Nazis were the image of women: weak, with changing moods, succumbing to trivial temptations, vulnerable to pain. Also in contemporary culture, all life activity is considered the domain of men – women are concerned about attractive self-presentation. In other words, „a man works, a woman shows off", „a woman sells her appearance, and a man's personality" (Baldwin et al., 2007, pp. 337–340).

[5)] Paternal movement has its center in the United States. In the 1970s, there were, inter alia, Families Need Fathers, Fathers 4 Justice, American Union for Men; European organizations have especially developed their activities in Great Britain. At the end of the twentieth century, entities involved in the paternal movement existed already in dozens of countries around the world, referring by their names to the idea they represented. These include: the Association of Single Fathers, Fathers in Danger and Fathers for Equality (Australia), a group called Equality Rights of Parents (New Zealand), Male and Father Dignity (Greece), Fathers after Divorce and Father Care (Holland), Fathers For Justice (South Africa). The first Polish organization associating single fathers, i.e. the Association for the Defense of Fathers' Rights (SOPO) with 19 branch offices, was established in 1989. In 2008, the Forum for Responsible Fatherhood was created by: Fundacja Akcja, of them are deprived of both social trust (because their complaints are met with disbelief and even contempt of the representatives of the law), as well as professional institutional support, the lack or insufficiency of which explains the "unique" nature of the phenomenon of violence against men as individuals inherently stronger. For example, in France, as in most other countries, men experiencing violence cannot benefit from the help of centres specialized in this problem. By comparison, in the United States, they exist in 28 states. Gradually, though sporadically, they also appear in Europe, for example in four major Dutch cities (Amsterdam, Rotterdam, The Hague and Utrecht). There are shelters for battered men in Great Britain and Germany, but they are still not enough (Regina, 2013, pp. 206, 213–214) (in Poland they function, for example, in Tuchola and Jaksice, located 8 km from Inowrocław) (Cabalski, 2014, p. 352). This number, however, is incomparably lower than the number of organizations providing assistance to women and children as victims of violence and to men as perpetrators.[6] The existing problem of violent behavior towards men is illustrated by the statements published, among others online. Here is a fragment of one of them from the French forum "SOS Hommes battus": "I lived four years with my partner, my son and her daughter. […] She beat me regularly, on average once a month or more often. She offended me in front of my children, she beat me in front of her daughter, whom I considered my own. […] she became aggressive towards my son […]. She screamed at her daughter all the time. […] I curse her for destroying everything "(Regina, 2013, pp. 219–220). Aggressive women are called in Polish "Megaera" – from the name of one of the three ancient furies (alongside Alecto and Tisiphone). Their behaviour is characterized by ruth-

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Association of Father and Child Rights Center, Association for Respect for Children and Family Law, Association for the Protection of Children's Rights, Association for Equality and Respect for the Law and Association for Divorced Children parents. There is also the Foundation of the Victims of the Republic of Poland in the courts opposing the treatment of fathers „as parents of the second category" by the organs of the Polish justice system (Cabalski, 2014, pp. 439–442).

[6] These organizations include: Dissens in Germany, Respect in Great Britain, Ascovfonden in Denmark, Conexus in Spain, Wave in Austria. In addition, in Europe was established Working With People Who Perpetrate Violence in Close Relationships – European Network (WWP – EN), an international organization associating both organized and individual entities involved in working with perpetrators of violence. The task of the said organization – alongside the implementation of other objectives – is to formulate standards of effectiveness of therapeutic programs for perpetrators of domestic violence (Dyjakon, 2014, p. 54).

lessness and determination of persecutors (ibid., p. 225) (in pedagogy there is a term of the “poisonous femininity” syndrome observed already in 12-year-old girls with its rivalry priority “with everyone about everything”) (Cabalski, 2014, p. 307). Using violence, women often strive for radical changes in the sphere of their own family life (Mazur, 2002, p. 193), and their destructive actions towards their relatives are more difficult to detect than male violence, including due to the more elaborate (“sophisticated”) repertoire of female psychological violence (Cabalski, 2014, p. 320) and socially coded images of “weak woman” and “caring mother” (ibid., p. 322).

The female aggressors can (just like the male aggressors) imitate the dysfunctional models of behaviour in families of their origin. In addition, they are characterized by androgyny, which is based on life experience supported by the implementation of male models of activities as more profitable. In general, women who use violence are determined, enterprising, hyperactive and impulsive (ibid., Pp. 34–343). In the literature, an example of a female tyrant is Catherine, the heroine of the Shakespeare’s *Taming of the Shrew*. In her perception, the male part of the world’s population are *brutes, madmen and churls*. The victims of the violent women are men who are not conflictual, considered to be cultural and loyal, striving for peace regardless of its price (ibid., pp. 345–346).

The most common motive of physical attacks by women present in their close relationships with another person is – as in the case of men – the desire to dominate the partner and gain control over him (ibid, p. 362). This is one of the fundamental results of the largest international survey on violence between representatives of both sexes identified “in [their] dating relationships” (International Dating Violence Study). A survey with the participation of students from 32 countries (total of 13 601 respondents) aged from 18 to 40 was conducted by a research team led by Murrey A. Straus (ibid., pp. 358–359).7) Their results were similar to Toni McLean’s research findings8). Men who are in a situation of violent im-

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7) The results of this survey were presented by an American researcher, M.A. Strauss, in a speech on *Dominance and Symmetry in Partner Violence by Male and Female University Students in 32 nations*, delivered on May 23rd, 2006 in New York during a conference organized by Georgetown University.

8) The research group of the aforementioned author were Australian women. According to the researcher, the most common reason for using of physical violence towards their partners was – as in the case of women participating in this survey – their willingness to exercise control over them, and not the motive of self-defense. McLean presented her

passe, like battered women, enter into a cycle of violence: first, crowding out of consciousness and downplaying acts of violence against themselves, secondly experiencing self-accusation of guilt over them, thirdly realizing the dysfunctionality of the situation in which they found themselves, but for fear of the consequences of dissolving the situation, they continue with the co-dependency on violence, and finally fourthly – under the influence of escalating violence – seeking a way out of the experienced impasse, most often in the form of separation from a conflictual partner (Regina, 2013, pp. 222–223). It is worth noting that the mistreated husband syndrome is most often recognized by sexologists, identifying a causal relationship between violence used by women and disorders of the psyche and sex drive in men (Cabalski, 2014, pp. 334–335). According to Regina (ibid., p. 226), violence in marriage is experienced by between 8 and 10% of men, and in 2006, 31 of them died, which corresponds to one death at an interval of 13 days. For comparison: out of 10% of women declaring themselves victims of violence in marriage, one of them dies every four days. Nevertheless, only this second result is systematically reminded in the public discourse, including the media. Violence against men remains an issue accented sporadically and often only in the form of anecdotes devoid of any significant importance.

BATTERED WOMEN

"Actually, to write about women, you do not have to be a woman; all you need is a sense of justice and empathy, "wrote Antonia Fraser in the introduction to *The Weaker Vessel* (Cordingly, 2004, p. 9). It is difficult not to admit this statement, bearing in mind the fact that for many centuries the ethos of the absurdly justified "humiliation of women" could develop with amazing freedom. Bożena Taras writes that the approval of violence in families and in public life is not a completely distant archaism of the canon of human behaviour in a given cultural circle. Validated by tradition, the beating of women for many centuries was even considered as evidence of a husband's loving respect for his wife, as evidenced by popular proverbs and other forms of folk creation. Behind the selected authors, the men-

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conclusions in the paper *Are men really victims of intimate partner violence?* presented at the conference *Meeting of needs of victims of crime* organized on 18–19 May 2011 in Sydney (Cabalski, 2014, pp. 363–364).

tioned Taras (2013, pp. 16–17) quotes them: “The wife’s husband does not love her if he does not beat her skin” (for: S. Adalberg, 1889–1894, p. 297), “When the peasant wife is not battered, her liver is rotting” (for: Kłosińska, 2004, p. 54). At the turn of the 19th and 20th centuries, in local patriarchal societies, these proverbs were considered as manifestations of folk wisdom passed on to future generations. The brutal treatment of wives by their own husbands also inform Rzeszów folk chants: “You bragged, Kasia, that Staś was a wonder, / sometimes he leaves you a black eye./You bragged Kasia, that Staś was a honey, and he will knock you out and kick under the bed” (according: Sudoł, 1993, p. 55). “He beat me outside, he beat me in the bedroom, he beat me on the pitch,/He kicked me, poured water and cracked my face” (according: Kunysz, 1968, p. 123). The escalating violence (especially towards women and children), described by the media, is also reflected in fiction and popular drama series. One of the well-known Polish writers refers to the problem of violence against women in Poland in the tone of a penetrating and experienced observer, deprived of euphemistic illusions, dominating in almost every public discourse addressing topics described as “difficult”: “Who has conquered eyes in this [country]? Prostitute? Madwoman? Troublemaker? Thief? Alcoholic? Well, a woman who is looking for a problem. Women who hurt men so much that they, despite angelic patience, cannot finally control themselves. Instigators. And, of course, idiots that could collide with the open cupboard in the kitchen. There is always an open door that these women end up with, so unhappily, hitting the forehead or the eye” (ibid., pp. 18–19). A long, social history of violence against women (especially wives) was described in the book by Terry Davidson “Conjugal Crime” from 1978. As it results from the content of the publication, according to the Old Testament recommendations, women who were unable to prove their virginity were stoned. In the Thirteenth-century *Decretum* – religious treatise by Gracian serving the systematization of church law, one can read: “Women should be submissive to their husbands […]. The woman was not created in the image of God […]. The woman has no authority […]. Adam was seduced by Ewa […], not the other way around. It is right that the one whom the woman tempted to sin exercise authority over her not to fall for the second time because of female recklessness.” This image of the woman formed ethics and Christian law during the Middle Ages also during the famous witch trials, resulting in 300.000 women dying in Europe. Written in the fifteenth century, “Rules of marriage” by F. Cherubino, used in the Catholic Church for 400 years as a guide for marriages, advised her husband to "chastise her severely, rule her with strength and intimidate her. And if that does not work, let him take a stick and beat her, because it's better to punish the body and repair the soul than to destroy the soul and save the body." The aforementioned Davidson emphasizes that men, due to the fear of the mystery of women's passing on life, created socio-legal instruments to reduce this inexplicable and "threatening" force, inventing strictly female attributes of evil to justify the use of violence against women. In the Middle Ages, this was justified by the alleged tendencies of the female gender to negotiate with evil, described in Malleus Maleficarum by Jacob Sprenger, while contemporary violence against women was to justify their alleged "castration complex", Sigmund Freud's view that the vast majority of women's female suffers for inferiority complex due to the lack of a penis. Justifying the ill-treatment of women (even the most fantastic) is not a matter of the past. A well-known contemporary supporter of "disciplining" awomen (A. Onassis) said bluntly: "All Greeks beat their wives without exception. It is good for them" (Dutton, 2001, pp. 75–76). However, it can be noticed that men who are inclined to violence as a result of their own indecisive demands towards their partners fall into a vicious circle of successive failed relationships (blaming women for all failures), which in turn can lead to misogyny which is a convenient rationalization of the male attitude towards women, strengthened by culture (ibid., pp. 143–144) and religion– not only Christianity, but also Judaism, Hinduism, Islam or Far Eastern religions (including Confucianism), where women play the role of the renowned "comforters of men's life". Despite global cultural evolution, in China, India, Japan and Korea, the birth of a daughter is still considered a family tragedy (Cabalski, 2014, p. 304).

The first regulations prohibiting physical violence against women were introduced in the United States at Massachusetts Bay Colony in 1641, which essentially did not change the social mentality allowing these violent behaviours. According to the letter of Abigail Adams [written to John Adams] in 1776: "All men would be tyrants if they could, using force and bypassing the law, treating us with cruelty, insults and impunity." The issue of violent male domination is also strongly emphasized by the fragment of the content of the judgment issued in 1871 by an American judge [Ch. Pelham] in the case of Fulgham, brought against the state: "A privilege that has been for a long time, beating her with a stick, pulling her hair, strangling her, spitting her in the face, knocking her down and kicking her on the floor, insulting her, is now prohibited by law" (ibid., pp. 38–39). The socio-cultural justification of violence against women is also the popular myths and stereotypes perpetuated in the popular social consciousness. As M. Cotroneo (2003, p. 85) writes, one of them is the historically ingrained and destructive myth of female masochism that integrates the inviolability of a private, family ecosystem as a voluntary acceptance of violence. The group of psychological traits characterizing a person with masochistic tendencies was first described at the end of the 19th century on the basis of an analysis of literary fiction by the popular writer Leopold von Sacher-Masoch from Lvov. In turn, the first definition of masochism was formulated by prof. Richard von Krafft-Ebing, recognizing it as "a specific perversion of the human psyche consisting in the fact that an individual possessed by sexual feelings and thoughts, has a sense of total and unconditional submission to the opposite sex through which it is tormented and humiliated." Nowadays, masochism is understood not only as a preference in the sphere of sexual behaviour, but also an increased tendency to submit, associated by many authors with the psyche of a woman or the functions of her sex, and thus typological features of women. This thesis, however, is not confirmed by current scientific research. The myth of female masochism can be regarded as an archaic-conformist scheme of explaining violence against female-type representatives functioning alongside the often persuaded victims of conviction about the immanent traits of a man's role in society, which are aggression and domination (Mazur, 2002, pp. 76–77). As Andrea Dworkin (1974) notes, even fairy tales convey encoded cultural patterns. The life goals of fairy-tale positive heroines ("deceived" women) are limited only to enchanting the environment with an "innate" gift of gentleness, goodness and beauty. At the same time, it is impossible not to notice their passivity, with a glaring lack of will to take the necessary life initiatives – *they are dying or plunging into catatonia*. Thus, they become the archetype of *a good woman – a victim by definition*. A woman active in a fairy tale is an evil woman. She takes the form of an enterprising stepmother, a bad queen or a witch (ibid., p. 90). Do violent women themselves bear responsibility for the existing state of affairs? After numerous violent cases publicized by the media, it is possible to ask whether a woman who complains about her husband's label "parasite" (as a result of her failure to work), which also states that it is the husband who forbids her to work, is not paradoxical in the complaint formulated by her (as a passive victim of the developed "subculture of survival")? Everything indicates that she does not realize (or does not want to realize) the fact of her existence as a full-time victim of a perpetuated spouse's aggression (ibid., p. 46). In her behaviour she is similar to many other women victims of violence, for whom the justification for staying in dysfunctional relationships is, among others, "good" of common (their and the aggressors') children. In fact – as it seems – the main reason for maintaining the destructive ties by the mentioned women is their fearful selfishness of the co-dependent victims of "love". In such cases, the "good" (of the common children) can be easily put in quotation marks.

As Cotroneo writes, many abused women make the end of their violent relationships dependent on the feeling that the husband or partner will manage on his own, which results from *parentification* (duplication of coded, defective generational patterns with the leading issue of role inversion in the parent-child relationship). Of course, this is always related to the resignation of a woman from her own (and often necessary) right to care for herself. Her slave "faithfulness" (loyalty trap), along with the feeling of shame accompanying her activities, characterize dysfunctional families of origin. Often this loyalty is the message of intergenerational transmission of cultural patterns as a family "decency principle". This is yet another example of the irrationality of women's behaviour as victims of violence, and at the same time proof of the existence of a whole, complicated system of their individual and social functioning, which cannot easily be assessed and classified. The irritable "passivity" and submission of some abused women results from the patterns adopted by them in their family homes. Therefore, they accept the attitudes of the protagonists protecting their husbands and partners (just as they previously protected their parents) against the failures of life and the experience of suffering. They do so with responsibility and devotion worthy of the name of committed (though in many cases utopian) mission (Cotroneo, 2003, pp. 92–95).

All violent discrimination against women also has its legal aspect (and not only related to the mentioned physical violence) closely related to the culture and customs of the era. The writer Joseph Conrad pointed out this fact in his novel *Chance* (1913). He referred in it to the Victorian era, along with its approach to the question of morality exposing the "cult of the family", "the sanctity of marriage" and "calling a woman for the role of wife and mother". These issues constituted the only acceptable options for self-fulfilment of women deprived of all possibilities of self-determination, dependent on the will of the father or brother, and then husband their whole life. As the English judge, William Blackstone in 1753, stated: "[During] marriage, the whole being, the entire legal personality of the woman is suspended or at least consolidated and absorbed into the legal personality of her husband who cares for and protects her." This fact was correctly commented by C. Norton: "Under the law of England, a married woman does not exist" (Skolik, 2014, pp. 112–113). Even in the nineteenth century, the British had the right to buy wives put up for sale in farms along with cattle. Young women were brought to the market in collars. The husband (with the consent of the law) could imprison his wife if she decided to leave him – which was only legally lifted in 1973! (Cabalski, 2014, p. 302). Similar standards were in force in nineteenth-century Poland, where the man as the head of the family decided in all important matters of life, including property and economic matters. This tendency is illustrated by the pathetic-"enlightenment" phrase published in 1860 in "Tygodnik Ilustrowany": "From the cradle – from the altar to the grave a man should preside over a woman, his light should guide her, his arm lead her through a life full of ambushes and gaps." Widely understood discrimination against women also concerned the "defiled" mothers of illegitimate children. In nineteenth-century Poland they were described as "godless". A certain equivalent in the perception of both sexes was the ethos of a Polish mother, an ideal spouse, and also a female warrior (engaged in child upbringing issues, issues of education and propagation of patriotism) and obliged to deal with the difficulty of everyday life in the event of her husband's probable death in the nineteenth-century period of uprisings and political repression. However, the ethos of the Polish mother did not improve the fate of rural women. Through the act of marriage, they were forced to submit not only to their husband, but also to their parents-in-law: "The peasant had little opportunity to raise her head from the fields, the kitchen and the trough. She wanted to have more [economically], because the position of [her] whole family depended on it, she wanted to protect her husband from drunkenness, police, court and sinful women. She prayed for a better fate for [her] children, patiently enduring her own life" (Renz, 2011, pp. 34–35).

In the nineteenth century, the initiative to free women was called the stupidest idea of the century. The necessity of submitting to her husband's will was justified by her identification with the will of God. According to the pseudoscientific and literally theoretical concepts created at that time, the inferiority of women's species was a simple implication of the lesser weight of their brains. Paradoxically, the disputes related to this topic were taken more or less at the same time, when Maria Skłodowska-Curie was honoured for the second time with the Nobel Prize (ibid., p. 37). Even at the end of the interwar period in Poland (despite the gradual emancipation of women), it was still known in villages and small towns that “it is not necessary to be educated to be in the kitchen”, and moreover, the excessive “education” of women was perceived as a deterrent to potential candidates for husbands (ibid., p. 40).

What are the causes of violence used by men against women? Socio-biology explains this violence, as well as the desire to dominate, jealousy and tendency to betray partner men with the biological determinants of their gender. Psychopathology seeks out the reasons for the use of this violence in the traumatic childhood of its perpetrators or their use of psychoactive substances. The theory of social shaping habits informs that violence used by men is a repetition of behaviour patterns taken over by aggressors from families of origin. Feminist theories as causes of male violence against women identify the culturally propagated in many societies possibility of the men using the patriarchal privileges of masculinity that ensure their domination enforced by aggressive external actions – without internal reflection of their perpetrators on the state of their own emotions: anger, jealousy, frustration, etc. Meanwhile, according to surveys conducted in Canada and the United States in 1975–1992 (on a large and carefully selected sample), men subjected to the same socialization processes showed a significant diversity of behaviours towards women: 89% of them did not use violence against their partners, and over 70% of the surveyed women expressed their opinion about the complete lack of violent behaviour on the part of husbands throughout the entire duration of their marriage (Dutton, 2001, pp. 76–81). Arguable is the fact (as always in such cases) of the truthfulness of the respondents.

The system of roles in the family closely related to the biological sex that favours men in the important roles of decision-makers (as exemplified by the orthodox patriarchy) and moral norms that accept violence against those closest to them (mainly women) are not all the notable aspects of the subject analysed in the article. It is equally important to emphasize the issue of general social hypocrisy regarding the reception of often groundless violence of men and legitimate defence actions of women. This hypocrisy promotes the legitimacy of accepting a comfortable inversion of roles in the relation of the victim-victim, according to which the perpetrators of violence demand the status of victims, which is an arrogant and naive and manipulative trick of pretentious actors from the demagogic theatre. In addition to other previously mentioned issues, Anna Lipowska-Teutsch (1998) writes about it: "Men's violence against women connected with them is tolerated, among other things, because women have been assigned the features that allow them to be dehumanized and marginalized. Patriarchy is a culture of hatred and projection, where negative features of the dominant group are projected onto the figure of another. The unstable masculine identity is confirmed by the counter-portrait of a despised group of women. Protests against spreading hatred towards women are interpreted as an expression of hatred and blindness, and the spreading of hatred as a form of seeking love" (Mazur, 2002, p. 90). At the same time, battered women should be given a basic accusation typical of male defence strategies (naïvely formulated by men as an expression of their confessional sincerity): Why women are such – colloquially speaking – bad (or "cold")? Why (overtone) do not recognize the a priori, allegedly innate and multi-faceted infidelity of their sex? The authors of such questions seem to lack even 0.1% of the skilful interpretation of the world's history, and perhaps even one tragic story of a neighbourhood family.

BATTERED CHILDREN

The history of violence against children (as well as against women) probably corresponds to the period of existence of the world. In ancient families, their youngest members were strictly subjected to the will of their father, and moreover often supervised by the state. In ancient Sparta in accordance with the existing state education, the control of the official authorities over the newly born citizen (specifically a male citizen) began at the moment of his/her birth. The father of the child was obliged to present it to the *ephors*[9)] deciding about the child's further fate. In the case of a child's disability, his/her underdevelopment or generally poor health, the child's parents were forced to leave him/her at a cemetery in the Taygetus mountains, where the child died of hunger. In medieval families – according to the ancient model – children did not have any rights and were obliged to show an absolute obedience to the will of their parents, especially their father. The childhood of "illegitimate" children, abandoned or orphaned, passed under the primitive conditions of homes for foundlings. In addition, according to Anna Śniegulska – as Irena Jundziłł (1994) – children

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[9)] „Ephor" – the highest rank of the Spartan officials elected in the number of five for an annual term, holding power equal to kings, not responding to any instance.

could be imprisoned (along with adult criminals), for offenses committed, in drastic conditions and thus condemned to progressive demoralization. Homeless children, deprived of parental care or abandoned children, were treated equally with animals. In matters of education, along with many restrictive methods, "preventive penalties" (mainly beatings) were also used, assuming that forgiving even minor faults to the child would result in the child's lack of peace after death, until the body of the guilty child was punished (Śniegulska, 2003, pp. 28–30). Even during the expansion of the ambitiously progressive ethos of the Age of Enlightenment, the child (as well as his/her mother) was obliged to submit to the interest and inviolable power of the husband and father of the family, disciplining the subjects subordinated to him with… a rod. Until the mid-18th century (mainly in France), the habit of giving babies at least risky upbringing to rural wet-nurses, resulting in the deaths of thousands of their pupils, became popular. The rights of the child were noticed until the twentieth century (pioneering in this regard was the adoption in 1924 by the General Assembly of the League of Nations Declaration of Rights of the Child also referred to as the Geneva Declaration), which, however, does not change the fact that both in the past and currently, lack of respect for the rights of the youngest members of particular societies results in their traumatic experiences. Children are victims of armed conflicts, poverty, epidemics and other threats (ibid., pp. 31–33). Fr. Andrzej Zwoliński (2012) presents a comprehensive analysis of these issues in his book. Physical, psychological, sexual (Mazur, 2002, pp. 38 et seq.) – violence against children often becomes their main "cultural capital", generating generational "chain of victims" (ibid., p. 88). "We will set up the accounts when we return home; as soon as we return home; as soon as we return home, I will show you; your father will talk to you at home." These are cited by the aforementioned Śniegulska (2003, pp. 59, 61, in Kirwil, 1993) – examples of the acceptance of a cultural norm permitting domestic violence and binding in specific social environments referred to as "rape subcultures". This issue is particularly related to physical violence. Sometimes parents feed "traditional beliefs" that children are their property, and therefore they can "dispose of" them freely. The widespread acceptance of such a pseudo-educative position results in the passivity of witnesses to many family tragedies resulting from the "respect for the autonomy" of someone else's matters rooted in social consciousness. Moreover, many parents believe that corporal punishment is a very effective method of socialising their children. Justifying their use, they even refer to biblical argumentation, although – as S. Forward (1989) notes – none of the works of religious and cultural tradition were used in this respect as dilettante as the Bible. The above-mentioned author emphasizes that parents are often genuinely convinced of the inborn tendencies of their children to evil. They believe that strict penalties will protect them from "corruption." [zepsucie]. They refer to themselves as victorious witnesses of the effectiveness of restrictive methods of education. They try to scare the children with the God's anger to enforce obedience and respect. Prof. Janusz Tarnowski (theologian, writer, pedagogue and psychologist) is strongly opposed to this approach to the issue of raising new generations in the interpretation of the self-proclaimed "family theologians". He believes that the main determinant of the behaviour of Catholics and Christians is primarily the love ethics of the New Testament, and the free reference to the selected parts of the Old Testament sanctioning upbringing with the use of violence, is an unacceptable manipulation of biblical texts, because they are quoted without understanding the sociocultural context (ibid., p. 75–77).

The total prohibition of corporal punishment of children has been introduced so far by 27 countries in the world.10) Nevertheless, many of the youngest members of individual societies still experience justified physical and other type of violence used to enforce obedience. C.P. Snow rightly pointed out that "when one thinks of the long and grim history of a man, one comes to the conclusion that more hideous crimes were committed in the name of obedience than in the name of rebellion." As it appears from the study carried out by Jundziłł (1993) children are beaten by using a hand, belt, cable, leash, strip, rubber tube, heater, stick, umbrella, shoe, whip, belt with a cap, whisk, cloth, rod, chair, and finally "with whatever" (Śniegulska, 2003, pp. 80–81). By interpreting this problem in more detail, it can be noticed that elements of the grotesque creep into the essential content of the family tragedy, destroying the noble status of the parents' "adulthood". In regard to the aforementioned- apart from the weight of the accented problem of violence (not only in the family) – it is

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10) These countries include (in brackets the year they introduced a ban on physical punishment for children): Sweden (1979), Finland (1983), Norway (1987), Austria (1989), Cyprus (1994), Denmark (1997), Latvia (1998), Croatia (1999), Bulgaria (2000), Israel (2000), Germany (2000), Iceland (2003), Ukraine (2004), Romania (2004), Hungary (2005), Greece (2006), The Netherlands (2007), New Zealand (2007), Portugal (2007), Uruguay (2007), Venezuela (2007), Spain (2007), Moldova (2008), Costa Rica (2008), Luxembourg (2009), Lichtenstein (2010) , Poland (2010) (Dyjakon, 2014, p. 20).

worth asking whether anyone from adults engaging in a violent behaviour towards their own children once wondered about the self-constructed image of the disparaging educative authority of a tyrant, the house guard… of the battlefields (because the metaphorical hearth and home has disappeared), using in the initiated situation the comic prop of disagreement of the rejected, overbearing vision of the own order of "all things"? And the prop is – as is clear from previous considerations – for example, a common kitchen object, degrading the status of a violent "hero" to the status of a comedian or more noble: histrion. It seems that referring in this case to the rehabilitation effectiveness of "pedagogy of shame" is to a large extent naive, therapeutic illusion. As Dutton (2001, pp. 186–187) writes, violence often turns out to be an irrationally incurable disease, even leading to the death of its victims.

"It is the mother's love that is one of the most touching and unforgettable memories of our lives, the mysterious root of all development and change. This love means going back home, shelter and a long silence from which everything takes its beginning and an end". In the context of these beautiful, poetic words by Carl Gustaw Jung (Laszczak, 2014, p. 9), it is worth mentioning the cultural and moral sanctions for violence used by women towards their own children. In the public discourse, the violent behaviour of fathers, stepfathers, brothers and cohabitants is mentioned more often, because the frequency of violence used by them is greater. However, women cannot be excluded from this group, and not only because of the scientific standard of maximizing objectivity in the course of undertaken research analyses. For all violence (except for self-defence) women are stigmatized much more severely than men (which, moreover, also applies to other social norms they violate – real, contractual or even imaginary). Is it just a question of common, intuitive tendencies of public opinion to stigmatize the undermined absolute of the "sanctity of motherhood"? No evil (including that inflicted by "poor women") can be justified easily, especially since the ominous observation of Marcel Achard has often proved in the history of the world: "Good women are better than good men. Bad women are worse than bad men" (quoted in: Słowiński, 2010, p. 5), although these words cannot be treated as verified universal laws. However, it is necessary to take into account the fact of the often overlooked, although theoretically equivalent, responsibility of men as fathers for the fate of their own children. It can be said that modern women are not satisfied with more or less skilful, fancy, but essentially unfounded devotion to the ethos of their "noble" femininity and equally "ennobling" motherhood without real (social and legal) instruments that make their lives worthy, needed and universally respected.

Finally, it is worth noting that in many cases, especially in recent years, the perpetrators of violence are not adults, but children. Thanks to this, the status of inherently "innocent child" has undergone a fundamental devaluation, the more so – as noted by Tadeusz Pilch (1995, p. 420) – as the contemporary manifested violence has become an attractive element of pop culture and entertainment industry. According to Jadwiga Bińczycka (1998, p. 61), the class of underage criminals (despite the warning predictions of many researchers) is still strengthening as a group of perpetrators of the most harmful and socially harmful acts. Meanwhile, the only response to the mentioned situation is often public demonstrations in the nature of postfactical, passive "awakening" from the pedagogical lethargy of individuals and groups. These reactions have a dubious practical value, because they are acts of spectacular but still passive manifestation of the opponents of the "culture of violence" who prefer to be apathetically "shocked" than to act. Their emotional, though unproductive, protest is expressed in "stoic" marches of silence (after the deaths of subsequent victims of widespread public "bestiality"), which are accompanied by media interest. These are visible symptoms of social indolence in relation to the escalation and intensification of the phenomenon of violence, and at the same time paradoxical assurances about the acceptance of impunity of its perpetrators (ibid., p. 65).

Conclusion

It can be noticed that both in the distant past and nowadays dysfunctional functioning of the family is often considered "normal". The standards of this "normality" are expressed in moral categories: the "normal" status corresponds to the status of a "good" or even "ideal" person. The defence of the "normal" mentality and "normal" human reactions often leads to stigmatizing victims of real violence in families – for violating the imposed environmental code of the oppressive conspiracy of silence (Cotroneo, 2003, p. 84). This situation is aptly reflected in the title of Erine Pizzey's book (1974) – *Scream quietly or neighbours will hear* . In the United States until the 1960s, the "holy principle" of protecting the privacy of citizens was in force, prohibiting civil servants from interfering with their families and personal matters (Cabalski, 2014, p. 39). It can therefore be said that in many cases, culture and customs favour the occurrence of and even generate violence in the family. Nietzsche's "will to power", present in all types of social relations, used in the presented article as an illustration of one of the basic mechanisms of violence, namely the human will to rule (also in the sphere of family life), clearly shows a timeless truth about social reality, i.e. universal aspiration of individuals to accentuate their egoism, strengthen their position and expand the scope of their power and living space. This is a kind of cognitive affront to the proponents of the idealistic concept of a human being, ready to identify the culture created by humanity with the peak of the evolution of the *Homo sapiens* species. Meanwhile, the presented here outlines on domestic violence propose a real (by no means fatalistic) view of the human being (regardless of age and sex) as an entity capable of applying brutal violence (also to those closest to them). A kind of novelty in this analysis of destructive behaviours in the family is violence against men. As Cabalski writes, the essence of husband battering and husband abuse has now been supplemented with the content of new scientific terms: "intimate partner violence: IPV" and "common couple violence: CCV" (ibid., pp. 332–333). Although often human relationships function as bizarre creations of mutual rivalry of both sexes (ibid., p. 356), violence against men is particularly fraught with the risk of social rejection or any kind of depreciation. Regina (2013, p. 7) already at the beginning of his book on this subject formulates the need for a high-level excuse for readers (and perhaps first of all for readers) to "absolve" him from the courage to publicly present his research interests: "This book did not come out from under a misogyny pen…". This means that probably for a long time even the most insightful pioneers of research on "difficult" issues will favour the prohibitions of the culture that assess them.

Finally, it is worth emphasizing one more issue. Despite the progress of civilization and global cultural changes, violence against women and children is still treated as something completely obvious in many countries and environments, one of the components of "native folklore". Violence against men is a novelty emphasized in the public discourse, but with the need to indicate an important element of the narrative of its victims, namely their inclination to shock with the uniqueness of their experiences, and thus enter into a risky comparative context with numerous and historically documented experiences of violence against women. Meanwhile, the traumatic "haggling of martyrdom" of both sexes leads only to a momentary discharge of emotions, blocking any sense of agreement, whose purposefulness both sides of the conflict should rationally assess. The instance forbidding the use of any senseless violence should be the human intellect. Unfortunately, many of the aggressors seem to have a surprisingly handicapped intellect. In such cases, violence is a matter of automatic "psychophysiology" of its perpetrators, and their victims have to fight for their own freedom and dignity – including with the ritual power of cultural absurdities, reducing social reality to the world of masters and slaves.

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DILEMMAS AND CHALLENGES OF THE SENIOR POLICY. GERIATRIC CARE – SUPPORT – SOCIAL SERVICES[1)]

ABSTRACT

The text indicates the main and expected directions of interest in the senior policy in the conditions of increasing demographic aging. The state of institutional support networks and deficits in geriatric care, deepened by subsequent changes in the health care system, are discussed in the article. It emphasizes the importance of activity, gerontological knowledge and social services in shaping a friendly living space for elderly people and those who reach a ripe old age.
Keywords: senior policy, geriatrics, social services

Poland is one of the countries with a particularly high rate of the increasing phenomenon of demographic aging and the increase in the number of people living till old age. In the light of analysis of the health status of the population, this means an increase in the number of risk groups and the need for care and medical assistance. However, the paradox of time is the fact that the larger the population of the oldest generation, naturally burdened with the risk of multiple morbidities, loneliness, accidents and dependence – the poorer guaranteed health care offer, including mainly specialist geriatric care. Recent changes in the health care system have caused, or will cause in the near future, the liquidation of hospital departments, clinics and geriatric clinics. Implementation of the network model of functioning of health care institutions not only does not solve problems related to security guarantees for an aging society, but similarly to many previous unprofessional "modifications" in the social and social sphere – it imposes additional tasks on social service employees and budgets of local governments.

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Many also are deprived of the right to guarantee health and social security. Therefore, an urgent task for social politicians is to search for alternative solutions, to indicate potential sources of prevention and compensation, so that in every environment there are guarantees of organizing decent old age – both in individual, generational and social terms. After all, in the modern world, the main measure of the culture of societies is their attitude to the weakest, that is, children, the disabled, the elderly and those who reach old age.

DEMOGRAPHIC CHANGE – THE SPECIFICITY OF THE OLDEST POPULATION

Changes taking place in the age structure of the Polish population result in systematic growing and deepening of the aging population. In 2016, the population aged 65+ covered 15.8% of the total population, and according to forecasts in 2020 it will comprise 18.9%; in 2030 – 23.3%; in 2040 – 26.4%; and in 2050 – already 32.7% of the general population (*Demographic Yearbook*, 2016, p. 208). To compare: the forecast for 28.1% of the share of people aged 65+ in the European Union (EU) in 2050 will be lower than in Poland by almost 5 percentage points (*Demographic Situation* …, 2014, p. 35).

The pace of Polish transformations forming the so-called the "inverted demographic pyramid" is one of the highest in Europe. The phenomenon is shaped by the growing average life expectancy, low rates of natural increase and long-lasting migration trends of Poles – in particular those representing the category of working age. In the years 2005–2015, in the country the population aged 65–84 increased from 4.7 million to 5.3 million (from 12.3% to 14% of the general population), but in the 85+ age category it has already doubled: from 354 000 to 704 000 (from 0.9% to 1.8% of the general population), which before the creators of public space poses a number of difficult challenges (*Demographic Yearbook*, 2016, p. 208). Over the last ten years, the average life expectancy has increased in the country by three years, and the average life expectancy only in the period of systemic change – from 71 to 77, or by six years (*Census* …, 2011; *Demographic Yearbook*, 2016, p. 138).

The population size of 65+, including 80+, at least until 2050 will be growing in Poland. This means more and more demand for geriatric care and treatment infrastructure – adequate to the needs and possibilities of effective response to such phenomena as: multi-robustness, accident, disability, loneliness (Tłokiński, 2016) and helplessness. Admittedly, next generations of seniors will be different – more educated, conscious of the importance of a healthy lifestyle, longer economically independent, but also awaiting recognition of their rights to active life, rest, fulfilling satisfying roles in the family and the environment. The more so because the time of potential professional activity for various reasons is often shortened (extended education, unemployment, pensions, lower pension thresholds), and the living space requiring proper management – more and more. From the point of view of responsibility for adjusting institutions, structures and professional staff to new tasks generated by demographic changes, the discussed problem also requires integrated, long-term, interdisciplinary and interministerial initiatives, investments, educational and organizational activities.

Longevity is a commonly expected value only in combination with the quality of life. Reality points to the fact that people reaching late old age are the most important consumers of services, health services and caring support, but not always available and satisfying, not necessarily – as suggested by stereotypes – only curative, medical, and rehabilitation. In 2013, in the *Global AgeWatch Index* research, commissioned by the UN in 91 countries, Poland ranked 87th in terms of health care and the seventh place from the end in the category of living conditions of elderly people in Europe (*Global AgeWatch*, 2013). In the future, the quality of seniors' life will be increasingly shaped by such demographics, the dominant model of family life and intergenerational relations as well as social mentality, the level of acceptance for the rules of civil society (Pikuła, 2017, p. 17–18). Access to European funds and implementation of ever higher standards of living, services and institutions will also be important.

The problem is now the first stage of organizing support for the oldest, that is, determining their actual size, place of residence and scope of needs. For example, it is not entirely clear how many centenarians live in Poland, although due to the additional ones they have (so-called "honorary") retirement benefits – accurate records should be kept by the Social Insurance Institution (ZUS) and the National Health Fund (NFZ). Distributed institutional tasks and competences confirm the thesis about a lack of coherent and rational actions falling within the scope of senioral politics. According to the NFZ, in 2014, over 10,000 centenarians were registered in the Central Insurance Office, including almost 900 in the age of 110+; according to the Central Statistical Office, the population at that time had

4.2 thousand. people, and from the PESEL database it appeared that there were 4456 people (Jagas, 2016, p. 16). According to the Social Insurance Institution, in 2007 honorary benefits for centenarians were given to 1.4 thousand people; in 2016 – 2.3 thousand, and in 2035, the list of the people entitled to the benefits will already cover about 10 thousand. people (Social Insurance Institution, 2016). The unverified statistics give rise to inaccurate forecasts, thus preventing the effective preparation of institutions, forms of work and competent human resources for fulfilling compensation tasks. And yet it is known that the needs, problems, biological, fit and functional deficits in the third age significantly differentiate at the level of five-year age ranges. The specificity of individual, family and welfare problems that progress with age and changing needs requires the creation of an efficient, flexible, generally available system of response, support, prevention of family conflicts, and often the suffering of old people.

HEALTH CARE AND SUPPORT INSTITUTIONS

The functioning of the national, integrated support system for the elderly is an open social problem. It consists of a lack of high-quality medical care, the lack of health care institutions specialized in the treatment of diseases of old age, an insufficient number of geriatricians (about 300 in the country), territorially diverse – usually limited access, still quite low the rank of geriatrics as a medical specialty and a poorly developed network of social services. The health security of seniors is affected by the access to outpatient clinics, specialist clinics, outpatient care, access and guarantees of treatment in inpatient health care facilities (hospitals, specialist treatment and care facilities, hospices, sanatoriums). This is a space that needs to be expanded and reorganized according to the new needs of an aging society. Especially in the situation of a very low level of health care and living conditions of Polish seniors in international rankings and limited access to institutional support in a situation of dependence, disability and lack of funds for the use of services provided within the private sector. The waiting list for intramural facilities [placówki stacjonarne] in 2015 included over 8,000. people (*Statistical yearbook*, 2016, p. 393). The waiting time, varied territorially, reached even several years.

Statistics do not specify geriatrics in the category of specialist units, but for at least two years they have separated data on the number of beds per 10,000 of population and number of patients treated at geriatric wards. In

2013, at the national level, there were 40 geriatric wards with 750 beds in general hospitals. In the following years, the saturation increased to 853 beds per 10,000. population in 2014 and to over 1 thousand. beds in 2015 (*Statistic yearbook*, 2016, p. 379), but in 2017 the minister of health considered geriatric wards in hospitals unnecessary (Bakalarczyk, 2017). This should be treated as a harbinger of a further deepening of the state, colloquially referred to as the "geriatric desert".

Table 1. Institutions of medical and social care for the elderly

Specification	2005	2014	2015
Care and treatment centers	251	388	408
Nursing and care facilities	128	155	152
Palliative care wards	–	69	72
Hospices	56	73	82
Beds in geriatric wards	–	853	1001
Persons treated in geriatric wards (in thousands)	–	22	26
Daily care homes	240	231	263
Homes and centres for the elderly	–	486	529
Residents of homes and facilities for the elderly	–	20 645	21 855

Source: own elaboration based on: *Statistical Yearbook* of the Republic of Poland (2016), Warsaw: GUS, p. 377–394.

In the light of the Supreme Audit Office report (NIK) of 2015, the lack of hospital geriatric wards multiplies not only the costs of treatment, but also the risk of mortality in the elerdly. Due to the multiple morbidities related to old age, potential geriatric patients are directed by primary care physicians to numerous specialists. It lengthens and interferes with the treatment cycle. It also raises its costs, without increasing the chances of effective therapy (*NIK*, 2015). The documents prepared by the Governmental Population Council (RRL) indicate that health policy towards the elderly is ineffective and poorly organized: "In the system of their treatment there is a lack of coordination of highly specialized care with primary medical care […] in the health care system there is age discrimination in the scope of diagnostic and therapeutic procedures (*Recommendations* …, 2014, p. 92). The analysis of European statistics is also not optimistic. For years, the lowest in Europe index of access to geriatric doctors has been recorded in Poland, and in some provinces (e.g. Warmian-Masurian) specialist services for the elderly are not contracted by the National Health Fund at all. To compare: in Poland the geriatric care availability index (a doctor for 10,000 people) of people aged 65+ is 0.16; in the Czech Republic it is ten times higher; in Slovakia twenty times, and in Sweden over thirty times (Bakalarczyk, 2017).

Great negligence in geriatric care was also revealed after the introduction of Geriatric Total Care Standards, as part of the comprehensive medical care, including psychiatric, environmental, depression tests, cooperation with family, or caregivers. There is still a large space to manage the institutional and environmental cooperation of local self-government units, health care and social assistance, supported by civil society initiatives.

CHALLENGES OF THE LABOR MARKET AND SOCIAL SECURITY SYSTEM

Both the demographic projections and the analysis of current statistical indicators show that for at least the next 3–4 decades the population of seniors, including those who live in old age, will grow as the next year of the Polish baby boom will exceed the thresholds of the third and fourth phase of life. At the turn of 2015 and 2016, the number of adults in Poland, aged 15+, covered 80.5% of the total population. The group aged 55+ accounted for 50% of the working age population, but among the active people, the working group was only 17.8%. To compare: in the age group 45–54, this indicator was 22.7% in the group of working age people (*Statistic yearbook*, 2016, pp. 208, 239).

According to the forecasts of the Central Statistical Office, in the next five years, the post-working age population will increase by almost half a million, and in the working age will fall by 600,000. people (*Censuses…*, 2015, *Demographic Yearbook*, 2015). Following a counterreform of the 2016 system restoring old age thresholds for retirement, even greater disproportions in the representations of the working and post-working age groups should be assumed. Already since 2017, pension rights will be gained additionally by 250,000 people annually. This means that with the increasing risk of the loss of generational replacement, the number of people in the retirement age is increasing, professional activity is decreasing. People live longer and they work shorter and shorter. And this is against the laws of the free market economy, against the care of the liquidity of public finances and, despite appearances, also against the principles of justice and rational management of social capital. Contrary to global trends and broadly understood responsibility for the labor market, economy, budget, competitiveness and development, for the quality of life of the next generations. So far, nowhere in the world – without generating the risk of collapse of social security systems and public finances – failed to permanently replace capital pension systems with pay-as-you-go systems.

In the coming decades, the main stimulus for the future of European civilization will be the quality of the economy that is firmly anchored at the potential of the third generation. This is an inevitable process, even in the face of various attempts to "reverse" demographic trends costing the states' budgets. The future is the, so called, "silver economy" – open to the underestimated human capital. The capital of mature, responsible people who understand that the quality of life is determined by a job, and the life expectance extending in time does not have to mean an extended in time a dysfunctional, dependent, lonely and sad old age. The needs of an aging society are limitless. On the one hand, territorially, culturally, age, generational, in terms of gender, education, health, mobility and economic status; but on the other – extremely important for stimulating economic development.

In Poland, despite many years of huge involvement of many scientific communities, local government, non-governmental organizations and well-assessed absorption of European funds for this purpose – the human capital is still wasted, and social potential generated by experience and professional activity in an increasingly long life – ignored. These tendencies are the result of educational and economic migrations of young people, social transfers encouraging women to "leave" the labour market, lowering retirement age thresholds (contrary to demography and standard European solutions), charging with benefits (demotivating in the vocational and educational area) the social security system, and thus the charging of the costs of social policy for the next generations entering the labour market.

It is also the result of the lack of reorganization, adaptation of the market of goods and services to the changing needs and possibilities of potential recipients. On the goods and services market, the elderly person is perceived as an unattractive consumer with limited needs and limited financial resources. The stereotype of pauperization, petrification and minimized aspirations in the old age also exists among educated people, professionally active – but for various reasons not interested in education about old age, and till the old age. In general, however, in parallel to the systematic increase in the average life expectancy – in the country there is a growing percentage of the people with higher education, economically independent also after reaching the retirement age, aware of their rights, active (also professionally), interested in maintaining health and mental health, intellectual development, traveling, trips, interacting with peers, investing in the quality of everyday life. The process of changing the status and social image of the Polish senior has lasted for at least two decades, and its effects will be more and more visible, felt on the market of goods and services together with exceeding the threshold of retirement age by successive years.

Social services

Social services for seniors depend on diagnosed problems, deficits, environmental, market and organizational priorities. Its nature may be diverse: from activation, integration, education, social services – to social walfare, caring, nursing, rehabilitation and housekeeping. They are organized by state and local government aid institutions, being at the same time one of the most significant tasks facing the non-governmental sector, public utilities, foundations, non-profit entities. And above all – before a joint and generational, responsible civil society (Furmańska-Maruszak, Wójtewicz, Zamojska, 2014; Janik, 2015, p. 156–163).

In Poland, services addressed to the elderly are provided mainly in nursing homes and in the social care centers and district family assistance centers. In the statistics of assistance activities, they relate to networks made available in specific environments of protected flats, activation facilities, occupational therapy workshops, sports and recreation areas, hospices and nursing homes. In addition to services in the field of conservative medicine, rehabilitation and 24-hour care, they include help in running a household, preparing or delivering meals, help in going for walks, shopping and office matters. In some family support centers, they are extended with such forms of environmental activation and integration as: artistic handicrafts courses, legal and hygiene advice, gymnastics or even music therapy (Gościniewicz, 2014, p. 254–260). Depending on the real income of their recipients and the economic condition of family members obliged to alimony, they are financed or co-financed from public funds. Institutions offering specialized social services are selected through tenders. Contracts for cooperation with service distributors, which are usually social assistance institutions, are concluded for a maximum period of 12 months.

In addition to the network of existing day-care homes, community self-help centers, day-care centers and senior clubs (popular forms of community integration in the municipality for several years) – the support system should be systematically enriched with new forms – provided in the form of services. As for now – services usually financed from public funds. In the future, in the conditions of appropriate management of the labour market and social capital – services that can foster the creation of new jobs, the need for specializations and professions in social services, the direction of education and improving qualifications for the efficient provision of social services.

In accordance with proven European solutions, the modern measure of good quality of life at the stage of the old age is independence and long-term staying in the local, family environment, in the place of long-term residence. Elder people do not like isolation, inactivity or dependence, or separation from family, neighbours, friends, with an individual life space built up by years of adult life. The new model of family structure and life, professional and educational mobility of young generations, and finally the requirements of the labor market limit the possibilities of providing care, organizing systematic support only by relatives and cohabiting with the elderly. Together with the growth of seniors' representation in the general social structure, there is a growing need for systematic and professional support in the living environment, and in crisis situations – also organization of medical, 24/7, long-term and palliative care services.

The market offer of well-known and available social services, as of now, falls within the stereotype of a impoverished, disabled old age fraught with the risk of marginalization and multiple morbidities, associated with two spaces: home and a nursing home. It does not take into account the needs, perhaps not visible yet, of the population of older people, but those who are active, interested in caring for themselves and the environment, as economically independent. Income criteria exclude them from the group of potential recipients of social services organized and contracted by public institutions. So they "take care" themselves of the necessary support, help and services and at their own expense. This is a huge catalog of emergency help, including: shopping, exchange of books in libraries, repair of household equipment, cleaning, home care for the sick, disabled (with limited physical and mental fitness), post-traumatic and preventive rehabilitation, assistance in running a household and preparing meals, hygienic services, cosmetics, hairdressers, organising transportation, recreational trips, tourism, care for animals, running gardens, establishing contacts with institutions and much more. This is an extremely diverse, constantly expanding scale of needs, waiting for constructive reactions from the market of goods and social services. In this mainly specialized, professionally organized social services addressed to the elderly, including those able-bodied, active, economically independent.

DILEMMAS AND CHALLENGES OF THE SENIOR POLICY

In response to numerous European initiatives (including: development of a Europe 2020 document *A strategy for intelligent and sustainable development conducive to social inclusion*, displaying the rank of potential in 'third age' groups; announcing the year 2012 as the European Year of Active Aging and Solidarity between Generations; adopting as a model of activities for the international community of the White Paper – 2012, entitled *Plan for adequate, safe and stable pensions*; the implementation of the EU Framework Program for Research and Innovation *Horizon 2020*, aimed at effective use of the resources of an aging society) in Poland, a number of commitments have been made to strengthen the rank and effectiveness of the senior policy. The Assumptions of the Long-Term Senior Policy for 2014–2020 were adopted; Governmental Program for Social Activity of the Elderly; a White Paper has been prepared, including indications for directions for reforming health and aid policies in an aging society, and the multi-annual research project "PolSenior" has been launched (Announcement…, 2011). All the mentioned documents and initiatives were directed at strengthening the active presence of a generation of seniors in the broadly understood social space, including staying in the labor market. However, the statutory regulations regarding the retirement age and the functioning of the social security system, undertaken in subsequent years, if they did not prevent it, certainly have delayed the implementation of these innovative and needed tasks. Particularly expected by the economy in the era of a clear ageing not only of the society, but also of the state budget.

The majority of EU Member States, benefiting the broadly-defined quality of life of their citizens, respect the principle that aging societies, apart from the need to introduce difficult reconstruction of pension, assistance and health systems, create new, unique opportunities for modernizing labour markets, goods and services. They generate the needs of adapting housing construction, production, industry, commercial and service offer, institutions, human resources and forms of cooperation – to the possibilities and needs prevailing in the receiving structure: addressees, clients, patients, employees, consumers. A natural response to demographic changes is the successive raising of retirement age thresholds and their equation in terms of gender. According to the representatives of the richest countries in the world, associated in the Organization for Economic Cooperation and Development (OECD) – condition for the economic competitiveness and development is the care for the presence of the 60/65 + generation in the labor markets. It is also worth remembering in recognition of the importance of responsibility for the quality of life of the next generations. Therefore, it is worth disseminating knowledge, addressing it mainly to decision-making circles, that Poland needs a new model of policy towards old age and old people. The model of active social policy, the model referred to as social services, open to social needs – social services treating as a significant determinant of the effectiveness of innovative, future-oriented senior policy.

Conclusions

Senior policy, which is an integral part of social policy, policy of shaping public order, aimed at promoting human capital in all phases of life, active aging, requires recognition of the rank of integrated projects and modification of almost all social structures: institutional, non-governmental, self-help, environmental, family, market and service. On the one hand, it is a new area of practical activities and scientific research; on the other, it requires modification, openness to change, and innovative solutions – as the pace of demographic transformation is much greater than the real capacity of state and local government administration to face social challenges. Modernization of the areas that make up the living space of the oldest population on the one hand inspires to search for innovative systemic, strategic and long-term solutions; on the other hand, it involves the need to quickly respond to the current needs and problems of seniors diagnosed. Possible deficits can equally apply to the economic and health spheres as well as to the family, housing, psychological, or even related to the organization of everyday life and satisfying elementary existential needs.

Rational anticipation of the effects of unavoidable demographic transformations requires prospectivism and long-term actions. An important component of them is the development of the social services sector. Services also provided by market institutions, diversified in terms of offer, level, scope, costs, but widely known, also available at the level of local communities. These are the challenges indicating new tasks of the senior policy and the directions of the expected initiatives. Under the conditions of the "silver economy", the care for the quality of life of successive events is of particular significance. Both independence, fitness, activity, as well as a sense of security – contrary to interpretive stereotypes – can in fact foster the development of the economy and the labor market, including the market of social services.

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EDUCATION OF THE CHILDREN SOCIALISED IN THE CULTURE OF POVERTY AS A CHALLENGE FOR SOCIAL WORK[1)]

ABSTRACT

The article covers aspects of the education and socialisation of the children living in the culture of poverty, that is to say in the situation when deficiencies experienced in the family are not only a convergence of many episodes, but become a prolonged experience, resulting in a generational burden. The consequences are visible in many aspects of children and young people's life, mainly in the space of functioning within a family, school, and among their peers. The main purpose of the article is to highlight educational problems of the children living in poverty, identifying areas hindering socialisation and educational activities. The article shows the importance of education as one of the real opportunities for breaking the circle of the generational poverty, related to the culture of poverty. It shows also school as an institution strengthening inequalities. The article includes recommendations for social work with children from poor families. It presents as well research analysis carried out on the sources such as *Pamiętniki bezrobotnych* (*Memories of the Unemployed*) published in Poland in the years 2003–-2006 (5 volumes) and in the year 1933. The analysis mentioned in the article refer to the concept of the culture of poverty by Oscar Lewis.

Keywords: poverty, experiencing poverty by children and young people, role of the school

The problem of education of poor children is still present and significant, not only on the basis of the data of the Central Statistical Office reflecting the scale of poverty in Poland, which clearly show that in 2015, 6,5% of households experienced extreme poverty, and 12,2% among them

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experienced statutory poverty. A significant population of children lives in poverty. 9% of households with three children and already 18,1% of households with four and more children live in extreme poverty in Poland. According to the Central Statistical Office "due to the type of a household, the group that is threaten most by poverty have been numerous families. In 2015 every eleventh person in households of families with 3 children and every sixth person in the households of families with 4 and more children lived below the minimum needed to survive." And in 2015 the range of the extreme poverty in the countryside was almost three times larger than in the cities."[2] The data presented refer to material poverty, but the experience of poverty that affects families with children invariably refers to the people struggling with it, not only in the area of lack of means of subsistence, but in the area of relationships with others. The school is a significant place of life for children, as an unavoidable space in which – as many studies show – children are not so much worried about their poverty as by the different functioning on other principles than other students which starts with stigmatizing the poor, excluding them from the common space. This is not only a special sign of contemporary relationships, but these are families and poor children whose experiences, regardless of the cultural and social background, are similar, similarly articulated and require similar remedies. The comparison of experiences of the poor studied by Oscar Lewis, living in the culture of poverty, with the poor in Poland in the 1930s and the poor of 2000, shows the immutability of many experiences, as well as the identity of many factors that cause these experiences. This uniformity of the world of poor children's life in various education systems should show the isolation of the poor in the area where, in theory, there are "equal opportunities" for participation. The timeliness of the problem of education of children living in the culture of poverty is particularly important because of the challenges posed by social workers, for whom the analysis of similar experiences in the article, despite different historical periods, may be a significant diagnosis that will help to understand the persistence of problems, to build solutions for the problems, or even limiting their effects.

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[2] See http://stat.gov.pl/obszary-tematyczne/warunki-zycia/ubostwo-pomoc-spoleczna/zasieg-ubostwa-ekonomicznego-w-polsce-w-2015-r-,14,3.html, access: 20.07.2016.

THE IMPORTANCE OF THE EDUCATION PROCESS FOR CHILDREN FROM FAMILIES AFFECTED BY POVERTY

The school as an educational institution is to prepare individuals for socially acceptable functioning, consistent with accepted patterns, norms and values. By equipping an individual with knowledge, competence and skills, it allows a more "collision-free" later finding oneself in the adult world. As a concept it is an institution strengthening an adequate socialisation in the family, and correcting deviations from the adopted assumptions. Children from families that have been poor through generations who, because of poverty, are deprived of participation in many spheres of life, however they experience socialisation in a different, limited world. Social workers, just like problem researchers, point out that their socialisation is in the area of deficiencies, and the requirements of the relatives are focused on limiting the needs or hiding them. The level of living defined by poverty shows the inability of the school to focus only on strengthening the process of socialisation and upbringing, because the family has many areas qualified for correction. The school as an educational institution deals with the average problem situations, sometimes functioning well in helping the individuals in the need of unsystematic support (often requesting assistance from social welfare institutions, social workers), but misses the role of taking over the main socializing, caring and educational tasks necessary in case of extreme child poverty. This happens when, as an institution, it rests on the role of strengthening the patterns that are unknown by the families in the culture of poverty, or when it takes on the role of shaping a student as "a new human being" who is to deny everything that has been their entire world so far. Such actions end with a sense of shame for the situation at home and for stigmatized parents. This is connected with taking over the universally accepted stereotype of the culpable nature of poverty as a result of mainly laziness and reluctance to develop. This shows the traditional nature of help, which requires changing and adapting the individual to the requirements of the environment, abandoning the task of adapting the environment to individuals. As indicated by Anita Gulczyńska (2011, p. 38–39), the school has an exclusive character from the perspective of the poor. For those living in poverty, sometimes in enclaves of accumulated poverty „the school is for them a culturally alien being […] while working on themselves for many years in the course of neighbourhood socialisation, they cannot now deny all related achievements. While the school requires this from them." In addition, as an institution, it strengthens the image of the poor, because it perceives poor students through the prism of poverty, putting aside the skills, persistence, goals, plans and dreams of students who, despite a community of poverty experiences, are personally diverse, as social workers point out. These problems are well understood, though still not enough publicized by social workers who work with the family and not only with children. The problem of the school is often the lack of cooperation with social workers, and they most often know about deficits that are hidden at schools, or deliberately, against the rationality downplayed by the poor themselves. Despite this, extremely poor people are aware that education is the only chance to break the circle of poverty. That is why students in the culture of poverty depend on the school, even at the expense of humiliation (sometimes unconscious) by teachers and exclusion by their colleagues. Often they maintain their status even of a weak, but persistent student in order not to disappoint their parents who would like to see a generational change of the bad luck. Nevertheless, the educational and real opportunities of poor students are not proportional. As Janina Petelczyc (2011, p. 45) points out, there are areas of poverty in Poland which are synonymous with the areas of bad grades. Education in the culture of poverty is treated as a means to achieve material benefits. It is treated as a means to raise the status mainly in the economic dimension – consumption. The respondents who do not experience extreme poverty notice that education is, apart from the instrumental value, an autotelic value. As Katarzyna Ornacka points out (2013, p. 173), according to the respondents, „this investment will be returned to us in the future in the form of good work, earnings and other privileges that enable us to take a convenient position in the social structure („without learning, we will not achieve anything"). The autotelic value of education among the poor is usually overlooked (perhaps from the belief that they have nothing to invest) or underappreciated, because it requires focusing on the long-term goal, and the orientation of the poor's life is focused on receiving something in return in the short term. The inability to wait for deferred rewards results in superficial and temporary involvement in the chosen goals. Therefore, social work with units focused on quick profits would be most often viewed by the poor as an ad hoc action, and not as a multilevel and long-term impact as it is seen by social workers. Nevertheless, the memories' descriptions of poor people include care for preparing children to go to school. It is unquestionable, for example, to buy the necessary school supplies (often at the expense of food purchase) – as an object of special concern for parents, expressed in many Memories of the Unemployed. The main mobilisation in this area is visible in the situation when the child starts education, and the decline in parents' involvement in encouraging children to learn is observed in a short time. This is the long-term goal of education, reluctance to school requirements of parents 'involvement, conflicting requirements at home and school, lack of positive learning outcomes or, contrary, effects exceeding parents' expectations, which raises their concern about the need for even more expenditure and commitment. In such divergent areas, social workers have a special task, as they should help reduce the experienced dissonance, dislike, unrealistic expectations of many parties in the education process.

Doubting in the sense of education that children share with their parents is an important motif of statements. Usually, reference is made to parents' educational failures. The authors of the memories also talk about the necessity of temporary abandonment or permanent interruption of education, e.g. due to loss of work by the main breadwinner. A similar approach to obtaining education is illustrated by the statements I have analysed in the sources presenting the research of Oscar Lewis. In the explanations of educational problems in the poverty culture, the author discusses the problem of conflict between parents and children, especially marked in the different educational expectations of Mexicans, educating children in American schools, which, according to them, is unfavourable to their family tradition. The poor in Lewis's research, living in social housing for the poor in New York, show conflicts described by other researchers as a "second generation problem" that rejects the parents' authority because of the acquisition of new skills and competences (e.g language) in American schools. Such problems were described already in the 20s and 30s by Emory Bogardus and Ernesto Galarz. They noticed that the youth evaluate the hard physical work of their parents cynically, appreciating the fun lifestyle of their American peers. In the 1940s, the conflict between parents and children of Mexicans considerably deepened in this context (Kaganiec-Kamieńska, 2008, p. 133). In contemporary analysis, Maria Jacyno and Alina Szulżycka (199, p. 104) point out similar problems, saying that the school, especially in the case of families from the lower classes, provides the opportunity to control not only the student, but also his/her parents or guardians, accusing them instilling bad habits in children. This problem is also emphasized by social workers who have long-term contact, e.g. with ghettoised settlements.[3] Lack of the expected support of educational institutions that would take into account the family situation of a child living in poverty often causes embarrassment of parents with a bad economic situation and negative assessment of the education system, while at the same time a positive assessment of education. In many cases, revealed life aspirations about education, confronted with low self-esteem and lack of ability do not allow for continuing education at higher levels. This is not only a matter of material poverty, but also mental limitations, instilled critical assessments about the worthlessness of the individual, which are related to the culture of poverty.

In this context, education is not presented explicitly in the statements of the poor. Often it is also a synonym of loss (not only economic resources that are missing, but also loss of honour, relatively good self-esteem of own capabilities). Because everyday experiences indicate that achieving socially approved values is beyond the possibilities of the poor, and getting education lies in the sphere of dreams. Similar attitudes reflect the studies of P. Sikora (2004, p. 174), which confront the approach to education of poor children with children of well-off parents. The author points out that „Obtaining higher education assumes 42% of children from poor families compared to 60% of children from families with higher financial status." 5% of poor children want to end their education at the elementary level, and 16% of them at professional level. In case of not poor children they are 0% and 9%, respectively. […] This attitude is reflected in the plans for the future after completing the compulsory education, i.e. after graduating from the middle school. 47% of poor children want to continue their education, but at the same time, 40% will take up paid work as soon as possible. In the group of not poor children, these values were as follows: 69% of children want to continue their education, and 19% want to start work as soon as possible."

Regardless of economic conditions, also in the Diaries of the 1930s, dreams of education and achievement of education are rarely fulfilled, however, they remain an important recognized value. There are many contradictions in attitudes towards education in the contemporary Memoirs.

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[3] This is confirmed by the interviews I conducted with social workers in 2012 in Poznan, on the premises of social housing. (Research conducted by me on the ghettoisation in Poznań in 2012 with Prof. Andrzej Przymeński). See. Przymeński, Oliwa-Ciesielska, 2014.

Many statements made by the authors of the memories allow us to think that education can be a capital as well as anti-capital in obtaining a job, even those requiring the lowest qualifications. Such problems are also noted by Alina Zawistowska (2012, p. 46), who points out „Not everyone will perceive the special value of higher education, and in some cases, having the higher education may even have negative consequences. For example, a university graduation diploma by a person from a village often involves a permanent breakdown of the relationship that links it to the uneducated part of the family; I am also aware of the psychological discomfort accompanying the social advance. Having a higher education also sometimes causes that entering the labour market is preceded by a longer period of unemployment, during which a person looks for a job corresponding to their competences. For people who cannot count on family financial support, this can have severe consequences."

Education is treated as one of the achievements that for the poor is a synonym for a better life, in other words, free from material poverty. Thus, in their dreams of education, they omit an important aspect which remains hidden for the participants of the educational process, which is preparation for future failures and enduring the hardships of being in a worse position. In few cases it is taken for granted as Flavio Felice (2011, p. 193) points out, that education serves to accept the argument that sense of work, reason, principles of moral behaviour, motivation, (in other words components of success that can be placed in the non-economic sphere), is not less important. Difficulties in taking over such a thinking are connected with the firmly stated conviction that "It is easier to pass on economic benefits than to develop in a person the character traits necessary also to achieve economic success." And the professional social work focuses on this way of working out the character of the individual that will strive for an individually determined success.

SCHOOL AS AN INSTITUTION STRENGTHENING INEQUALITIES

An important element of the journalists' statements is the lack of equal educational opportunities, compared to the opportunities available to well-off people, whose economic and social capital is strengthened by education. Then, indications for the inheritance of status appear, which is a well-known problem for social workers. The problem of poverty in the Memories of the 1930s and the 2000s appears in the context of assigned status, inability, and at the same time the desire to break free from the environment in which the individual was born. This shows high awareness of their own difficult economic and social situation. As Janina Petelczyc (2011, p. 46) points out: „It should be emphasized that poverty is the basic factor influencing the reduction of children's educational abilities. The result of upbringing in low-income families are delays in physical development, resulting from malnutrition or inadequate meals, memory disorders caused by stress, lack of proper medical care (especially now when school medicine has been abolished), and a sense of lower value and as a result decrease in motivation to learn." Many indications about generational poverty focus on the necessity of interrupting its inheritance, at least symbolic isolation of children from their surroundings, through the increasingly wider involvement of them in the spheres outside the immediate environment. It also causes a lot of dilemma for social workers who are aware that theoretically the easiest way to defeat poverty is symbolically "taking away" the poor children from their environment. This theoretically easiest method is unfortunately not effective, because it deprives children of a significant part of their identity, arouses guilt towards those who remain in poverty, affects their re-isolation, giving the feeling of being alien in virtually every environment. The method of symbolic isolation gives external positive effects (children do not have negative experiences because of it), but also gives internal havoc (children have new problems, for example shame about a poor family, awareness of their limitations, collision with a foreign environment when negating existing socialisation). Social work with poor children cannot, therefore, replace current capital with new resources. It would be sensible to build on the children's previous experience and expand resources. (One of the social workers working with families in extreme poverty indicated that this is a kind of "acculturation"4)). An important element of the descriptions of people experiencing poverty is what the scholars consider to be characteristic in the education of the excluded poor, namely: "Through the content of their teaching the school separates the children, then the youth from the real world and its problems, teaches about the world and culture that existed many years before the birth of its pupils, it does not attempt to explain the current problems of the further and near world, "cannibalize" their past, present and future at the same time, cannot warn and

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4) See research cited in footnote 3 here.

help before entering the path of cultural, social, professional and material poverty" (Kwieciński, 2005, p. 43). The school in the life of the poor performs significant socialisation and education functions, however, showing power and its abuse make it similar to other places where severe discipline and violence prevails on a daily basis. The analysed contemporary Memories refer to "indirect" violence. The school in many statements is seen as an experience of a critical situation for children, therefore, they cannot recall positive memories from being there. Poor children undergoing education rarely indicate gaining specific knowledge, but often refer to socialisation in a peer group, which refers to negative behaviours, feelings of being inferior or experiencing violence from peers.

In this aspect, the school strengthens poverty. It is an area in which, contrary to the measures of equalizing opportunities, the social maladaptation manifests itself. Researchers pointing to the mechanism of marking, stress the reactions of students' hostility towards school and teachers, which are often transmitted to adults in general. The education of a negative self-image supported by schools also results in the need to compensate for failures in behaviours that violate social norms and patterns (Kossowska, 1992, p. 131). According to M. Hirszowicz (1998, p. 116) "Schools in districts inhabited by the poor have to perform completely different tasks than schools, in which the majority are children from the middle classes, in the first ones it is about implementing children to discipline, encouraging to learn, counteracting in this regard the often demoralizing influence of the environment or even parents." Due to the aforementioned, the school becomes a necessary evil, another place of experiencing violence and a place where people are denied ties with their relatives who often could not adequately fulfil their role as a care-taker because of poverty. Also in this meaning, the school is a marginalizing institution, and as Jacyno points out (1997, p. 117), interpreting Bourdieu „in the experience of children from lower class families is a prison from which," as Bourdieu writes, „they try to get out as quickly as possible".

In many cases, the intentions of education are impossible to achieve due to – 167). Educational and relational problems result in stopping to attend school, as the school is the place of „making public" their presence, thus also revealing their shortcomings, and thus the deficiencies faced by the family. For the poor, who cannot show others anything that is worth showing, the school becomes the place of the next enslavement, from the perspective of children and parents, it appears as another humiliating institution, which, often under the pretext of help, demands exposing the difficult situation of pupils and their families. In the contemporary *Memoirs of the Unemployed…*, vol. 4 (2005, p. 271), there is a literal indication of the school as an institution reproducing social inequalities and strengthening the negative status. The poor at school experience humiliation due to a different appearance and many other deficiencies, as indicated by a statement in one of the diaries. „Girls disliked by students or teachers, who likes the poor?! In the street, we simply turn away from them with distaste. At school, students can humiliate such children, they follow the example given by teachers". According to Anna Kwatery (2005, p. 409), noticing the unequal treatment of the poor and economically privileged people who achieve better results often gives generalized prejudices, reluctance and even aggression revealed in relation to better educated and affluent people.

Teaching a child at school raises concerns due to the inability to meet the basic requirements of the institution, but also due to showing the differences in social status, which are emphasized in the diaries of the unemployed…, vol. 3 (2005, p. 240).

Teaching a child at school raises concerns due to the inability to meet the basic requirements of the institution, but also due to showing differences in social status, which are emphasized in the *Memoirs of the Unemployed…*, vol. 3 (2005, p. 240): "For now, these differences material status are not so visible, because the child stays at home, but when he goes to school what will happen when you need to pay for English lessons to ensure a better start for your child (additional lessons already at the 0 grade are to be paid for)? Where to get the money so that the child could go with the class on the longed-for trip, how, with limited funds, is it possible to buy a set of textbooks, for example, at higher grades for around PLN 300 (about 70 Euro)?" Going to school is a public showing of the family situation, including the linguistic, interactive and emotional dimension. For many poor, it is a time of confrontation with the requirements that cannot be met, but also confrontation with others, in a better economic situation, as one of the statements indicates: „And this was the beginning of humiliation." For the first time, the child had no textbook for the classes of music for PLN 13 (about 3 Euro), because I just ran out of money. „Every lesson the teacher asked my child why she did not have a book, I stopped paying for the Parents Committee, skipped the contributions as much as I could … A lot of humiliation then fell on the children" (*Memories of the Unemployed…*, vol. 2, 2003, p. 230). The situation of poverty deprives people of the possibility to defend themselves against the image imposed by others. Showing the truth would be tantamount to showing disgrace, hence the only possible choice is silence – a practice present in many situations of lack of choice, as authors of the memories state: „At school, teachers are incomprehensible and often ask for things or contributions, sometimes mockingly:" instead of buying crisps, pay the contribution. „Children feel worse than others, humiliated" (ibid., p. 234).

The social stigmatisation at school because of poverty is an additional burden for the poor, which is directly expressed in the description of the authors of the memories: "They will have a hard time at school, because the way the teacher and student talk about these delicate topics also leaves much to be desired. Unfortunately not everybody shows understanding, care and sympathy. In the presence of the whole class, the child is scolded for not having money for the cinema, theatre or other contributions" (*Memories of Unemployed…*, vol. 1, 2003, p. 200). Such experiences indicate that a social worker should influence not only the poor, but also their social environment. In assessing a school in the area of stigmatisation, there are contradictions, on the one hand it is visible to burden the school as an institution that supports showing severe differences, and on the other hand, the school is justified and the well-off families are blamed for showing a better economic position. Better-off families who want to display differences are the guilty ones, while socially disadvantaged people strive to blur the differences. The search for the possibility of protection against showing the stigma of poverty is shown in the expectation of uniformisation of students' outfits. Among the poor there is a high awareness that clothing is an element of communicating the status, also for children. They realize that on the basis of the appearance of children, the economic status of their parents is determined. In one of the contemporary Memories, this is rationalized as follows: „We mainly buy our clothes in so-called "second-hand shops," but when the child attends the reception (class), "we must also buy new clothes for the child, so that because of the constant wearing of used clothing, he was not ridiculed by his peers and did not have complexes because of it" (*Memories of the Unemployed…*, vol. 3, 2005, p. 238).

The conviction that the barrier to learning opportunities lies in the lack of money, not in the lack of ability, confirms in thinking that efforts of an individual do not matter: "Ola defended her diploma thesis obtaining the top mark. Secondary school final exams come soon. And then what? She will not start studies at the university, there is no chance for it, but a moron who has a rich daddy will study" (*Memories of the Unemployed*…, vol. 1, 2003, p. 296). The mere desire to learn in the face of a lack of resources means a failure, according to many people (*Memories of the Unemployed*…, vol. 2, 2003, p. 296). In such cases, the conviction especially revealed by the poor seems to be significant, that often the only difference between young people who drop out of education and the peers who start higher education, is only the lack of money (Drucker, 1999, p. 167). But to a large extent it can also be said that the lack of money limits the chances of the development of the individual and the individual is often no longer able to catch up. Another barrier to education is the organisation of the education system, which is largely tailored to the individual's age. Therefore, as P. Drucker says (ibid., p. 166), if an individual omits any of the stages of education, "falls out of the system forever and rarely comes back to it".

SOCIALISATION AND UPBRINGING WITHIN THE FAMILY IN THE CONTEXT OF REQUIREMENTS OF EDUCATIONAL INSTITUTIONS

Socialisation as a process of an individual's active adoption of the environment conditions indicates that it depends on the possibilities offered by its environment. If we assume that socialisation is needed to meet the needs of the individual, and that thanks to it the individual prepares to perform social roles (Kłoskowska, 1996, p. 108), it can be assumed that functioning in poverty prepares the individual mainly to limit their needs and minimize the scope of their roles. Meanwhile, the range of social roles experienced by the individual in the course of proper development should expand. The adoption of socialisation as a „process of creating and developing a personality that takes place in a mutual relationship with a socially transferred material and social environment" (Tillmann, 1996, p. 6) may indicate deficits in the socialisation of extremely poor people. In addition to emotional aspects, problem researchers emphasize the importance of material deprivation, which „has consequences for children's development and threatens with the intergenerational transmission of poverty" (Warzywoda-Kruszyńska, 2008). Analysing the situation of people living in the culture of poverty, it is difficult to say unequivocally that "people are not victims of their socialisation, but they have an influence on themselves and their surroundings and in this way become creatures capable of acting" (Tillmann, 1996, p. 6).

Entanglement of the individual in the lack of access to basic material resources and limited emotional stimuli often condemn the individual to the role of the victim. A given individual can break the vicious circle, however, the combination of negative events usually limits positive social contacts, making this process impossible. Klaus Hurrelmann (1994, p. 59) emphasizes that that "the human individual develops continuously depending on social and cultural factors and that he/she builds his/her personality during the processes of social interaction." Regular contacts with people who are passive in life and characterized by apathy that have been inherited from generations are a negative example of behaviour. According to Hurrelmann, "children of all social groups in the general population are prepared to acquire these social, verbal, cognitive and emotional competences that are necessary for living in the subculture of their home world" (ibid., p. 112). Therefore, children in the culture of poverty out of necessity, and not because of the choice, are socialized precisely within the poverty, and not to enter inaccessible areas in which in their majority they have no chance to exist. From this point of view, it is rational. The role of a social worker, however, is to appreciate the resources that the individual has acquired and their appropriate targeting. The baggage of experience that every individual takes in life is the resultant of own experiences and events that were shared by others. Despite the state of long-term extreme poverty (and this is its nature in Poland as it is emphasized by researchers) (2005, p. 170), the social worker, in addition to enhancing an individual's own experiences, may show the poor experience of others, which may be a positive exemplification for change.

The protagonists of the sources surveyed by me are people whose lives in a large part were carried out in the experience of poverty, often not only material but also emotional one. The atmosphere in which the process of primary socialisation took place is of a great importance for individuals. As Danuta M. Piekut-Brodzka (2000, p. 122) points out: "The emotional, intellectual, socialisation of a child is influenced by the atmosphere of a family home, a friendly and warm atmosphere, which fosters emotional balance, and satisfies the need for sensitivity, security, self-esteem and recognition. The negative atmosphere hinders proper socializing, caring and educational functions." Although the experience of the family home was objectively different for the persons presented in the literature, it revealed many subjectively perceived similarities. Regardless of the time of living in poverty, at the time of its description by the experiencer, it was assessed by everyone as extreme poverty, defining the overall actions of the individual. Poverty is a particularly dangerous experience for the family, „it increases the risk of various pathologies and dysfunctions of family life, which leads to personality disorders impeding the establishment of satisfactory and lasting relationships with other people, including family ones, exposes the need for premature independence before reaching maturity" (Przymieński, 2001, p. 124). Parents, despite the hopelessness of the situation and the lack of perspectives, argue for the necessity of learning as the only way to prepare the young generation not so much for success as for better coping with further problems (*Memories of the Unemployed*…, vol. 4, 2005, p. 139). Socialisation here is rather focused on subordination and not on competition with others. To a large extent, preparing children for adulthood is a focus on working out the skills of getting satisfaction from each activity. In specific examples of the *Memories of the Unemployed*…, vol. 3, 2005, p. 121), dependence is present –one child's education at the expense of others, the choice between earning and studying, etc. In all the sources analysed by me, descriptions of cases of abandoning the school by the child to take up a job helping to support the family. This is favoured by the belief of adults, convincing young people that theoretical knowledge is unnecessary and practical skills are truly important in life (Mikiewicz, 2005, p. 116). Awareness of poverty influences the change in the assessment of personal experiences. Those which in normal living conditions are perceived as a failure become appreciated by the poor because they avoid the necessity of expenditures that a success would require. An example is the joy of failing exams by a child, because his or her education in a chosen school would mean higher than elsewhere costs. The emotions of the child, a sense of failure, and the inability to realize their dreams loose importance (*Memories of the Unemployed*…, vol. 1, 2003, p. 178).

Fulfilling the role of parent in terms of satisfying the basic needs of children, significantly hampered in the situation of poverty, launches different ways of dealing with tension in the role. The memoirs of the 1930s, similar to contemporary ones, show the necessity of hiding poverty acknowledged by parents, these efforts are shown in the statement: "Because there is a lot of sadness and grief in the lives of our children, we want to hide their misery from children, we want to let them be children, we try to make us happy to cheer up our children – but in vain, a hungry, cold child, sees us in this artificial cheerfulness, cheerfulness to cheer them up – it does not accept this artificial merriment, because this child is never a child…" (*Memoirs of* *the Unemployed*, 1967, p. 271). Living with a childhood disorder is a subject of reflection not only for adults but also for the youngest children. Strongly exposed value of usefulness, measured by economic contribution to the family, results in early adult role-taking focused on functions that secure existence. The ability of children to replace adult roles does not, however, improve the situation, not only because living conditions are characterized by too many deficits, but also because thanks to children's roles, new deficits in the non-material area appear in the family. As Jacyno points out (1997b, p. 109): „Poverty in legitimate representations is regarded as such a dimension of a disability that disturbs the typical process of the social aging of the individual, depriving them of the first stage, i.e. childhood. […] Poverty as a life without a childhood, it is also a type of stigma in its valid representations. Freedom from poverty is, after all, freedom from a certain type of demographically imagined determination. "In the *Memories of the Unemployed…*, vol. 3 (2005, pp. 382–383), there are indications that children apart from material support have taken other roles essential for the survival of the family. In the role of adults, they are forced to take control of their family, make important decisions, i.e. in the matter of parent's violent behaviour. The Memoirs present descriptions of deeply disturbed family relationships, which are not only a direct result of poverty, but contribute to its consolidation, such as violence, alcoholism, and neglect of parental responsibilities. In Contemporary diaries, it is evident that there is a lack of honest communication between parents and children, but also parents' fear of communicating advice, expectations, values to children due to the feeling that if their own life is not an example of entrepreneurship, they are not credible for children. Hence, leaving problems to their own course in a situation when reality is perceived as uncontrollable (e.g. a child is to draw conclusions from his/her own educational failures). The reference to the problem of socialiation for poverty and its generational nature is a clearly outlined aspect in the sources analysed by me. So not only researchers, but the people who experience poverty, regardless of the cultural and social background, have the conviction that their children living in poverty will bring poverty to their adulthood, rationally assessing, they have no grounds to claim that on the basis of the deprivations they suffer, their lives will improve. In the reflections of many parents of the contemporary *Memories of the Unemployed…*, vol. 4 (2005, p. 180) the awareness of transmitting poverty to the next generations – recreating the social structure and closing the circle of poverty, is shown. The importance of negative factors experienced in life is emphasized in the analysis of poverty, which takes into account subjective factors (Zalewska, 1997, pp. 114–1123). The image of the personal past is important when planning future activities, as R. Karniol and M. Ross (1996, p. 594) argue, saying: *Individuals often react to the present as if it was the past recalled to life*. The experience of childhood of the poor due to traumatic nature causes serious problems in the future. The school in cooperation with a social worker can at least reduce these problems.

ROLE OF A SOCIAL WORKER IN THE PROCESS OF EDUCATION OF THE POOR CHILDREN

Analysing the diverse experiences of family members living in poverty, there are many contradictions and reversing of the order of social functioning considered to be stable, constructive and normative. The result of drastic events is the conviction that for many poor both school and family is not a safe environment, and indeed it becomes an equally dangerous place of life as the marginalizing environment. The discovery that one lives in another, worse world leaves no illusions that the impossibility of participating on similar principles results in exclusion. In spite of the awareness of the problems, it is significant that, ultimately, the only action that is taken is noticing the problems by the poor. Problems become an inseparable part of everyday existence, if they exist it is necessary to define them, not to solve them, but to live with them. Knowledge about the functioning of poor children at school encourages reflection on how a social worker, educator and school counsellor should act in such a situation. A social worker should have a special place in helping children who are extremely poor in the education system. As a professional, they can help identify and define problems (non-economic, though based on poverty), and build personalized solutions. Their actions cannot focus on helping the child, but on the whole environment that affects how poverty is perceived, experienced and limited. Stigmatisation of poverty begins in the immediate surroundings of the poor. If it takes place at school, also on the part of teachers who in direct relationships treat the poor as „different" or allow antagonisms among students, then social work must take into account broader than family, environmental impacts. Because poverty is also experienced by the poor as an interaction barrier, integrative aspects of the group's functioning should be taken into account in the assistance programs. Of course, an important activity of a social worker (and other people having a professional contact with poor children and family) is to reduce poverty. But in a situation where it is strongly grounded, it is not a simple task. It is important that during the efforts to reduce poverty, to limit its negative effects, at the same time, appearing in the area of interaction. The severity of poverty, as indicated in the article, is enhanced by relationships with others who stigmatize poverty and the poor. Apart from combating the economic basis of poverty, a social worker has the opportunity to undertake many other activities. Such can include, for example, creating conditions for the formation of reference and peer groups, as well as creating a place at school that would give an opportunity to interact with families of different status (mainly siblings and parents of children). In this area, there should be work to change the perception of poverty as undeserved and unrelated to social pathology. Due to the extremely low sense of value of poor students, it is worth helping to focus on strengthening their abilities, skills and create conditions for „making public" their achievements. This is, among others, giving a chance that children have positive memories from the period of education. It is important in this matter to give children the opportunity to share their own experiences and not underestimate knowledge, skills that are also constructed on these experiences, which in children's biographies are associated with the premature adoption of adult roles. It is also necessary to introduce students who are well-placed in the problems of others, including problems related to poverty. Also important in this area is working with teachers, as a group often unknowingly strengthening the processes of exclusion, the mutual isolation of students. The reason for this is not the lack of pedagogical competence of teachers, but the lack of knowledge about the mechanisms of creating a culture of poverty. A social worker can become helpful for teachers in the role of a consultant who can indicate the correct functioning of children in the culture of poverty.

A social worker should help in the appreciation of the family of poor children, in the appreciation of strong family bonds, even if they are created on the basis of the community in overcoming difficulties. This type of bond is a resource that builds solidarity between the closest family, which can be well-directed to skilfully maintaining relations with others in the closest social environment. Many specialists working with children pay attention to such aspects. The results of research relating to building mental immunity describe programs promoting, for example, mental health of children, especially those who are from environments threatened with exclusion (such as poverty, low social status, dysfunctionality of families). The *Brave Children* program is an example of strengthening many developmental areas in children. It is mainly about shaping a child's positive attitudes towards oneself (acceptance of strengths and weaknesses, adequate assessment of one's own abilities, arousing the joy of everyday simple activities, ability to deal with excessive emotions like anger, jealousy, guilt). The program is also important for shaping positive attitudes towards other people, the ability to enter into positive reactions with others, expressing positive feelings, respect for others. Significant elements of the program are also: development of skills to deal with problems, realistic planning of their activities, openness to new experiences (Sikorska, 2016, pp. 175–213). Many of these tasks can be successfully implemented by a social worker, provided that the school gives the opportunity to implement social projects and undertakes regular cooperation. Such impacts that introduce changes in the social functioning of children affected by poverty-related problems are not easy to carry out in a short time.

It is worth paying attention to the need to appreciate poor children in their own eyes and in the eyes of their parents, who are often aware of the importance of child education, but are not aware of the need to motivate children because they do not believe in possible success. A social worker who systematically collaborates with his family can become a good source of information and motivation for both children and parents who often have no doubt that education is the best anti-poverty impact, but they doubt the sense of their own children's education.

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THE ORIGINS AND DEVELOPMENT OF THE MODERN HOSPICE MOVEMENT IN THE CONTEXT OF ONGOING DEMOGRAPHIC AND SOCIAL CHANGES IN THE WORLD[1]

Abstract

The modern hospice movement in the world owes its contemporary image to the actions of Cicely Saunders in the 1960s. The initiatives undertaken in the field of palliative care at the time resulted in the development of services supporting dying patients and their families. Hospice care has its origins in the development of the history of societies in ancient times. In successive historical epochs, one can observe specific changes related to society's attitude towards illness, dying, and patients' specific care needs.

The aim of this paper is to present and describe the changes that have occurred within projects related to the implementation of services for the dying and their families. The outline of the historical context will allow us to gain a deeper understanding of the contemporary image of the hospice movement in the world and to understand why current palliative care initiatives support specific groups involved in the so-called limit situations. The presented description is based on the thematic content analysis of domestic and foreign literature and will cover the period from ancient to modern times.

Keywords: hospice care, palliative care, hospice

Introduction

The aim of the paper is to present the origins of the modern hospice movement in the world, especially in Europe and the United States. More information about this topic is provided on further pages of the paper.

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[1] Bibliographical note of the first edition: "Praca Socjalna", 2017, No 2, pp. 155–174.

First, the demographic and social background will be presented as a contributing factor for the present condition of the hospice institution. Second, I will present the current definition of the term „hospice" alongside its historical context. The next part of the paper will outline the characteristics of palliative care in European countries, starting with the activities of Cicely Saunders, through the specificity of the hospice movement in post-communist countries and ending with current activity with the presentation of programmes supporting people and their families. Next, I will discuss the condition and structure of the modern hospice movement in the United States, as well as the vital role of an appropriately selected and professional nursing staff, including social workers. In summary, I will try to summarise the most important aspects and will stress the need for further involvement in palliative care and raising awareness about it.

Most of us associate the term „hospice" with death and with a place where incurably ill people die. In this sense, it is a term that has negative connotations. This is because death is a phenomenon which is suppressed, rejected and therefore unfamiliar, which in turn leads to a feeling of anxiety. As Zygmunt Bauman (1998) suggests, after Edgar Morin, death is a „[….] void, […] the ultimate absence of ‚non being'. The conscience of death is, and is bound to remain, traumatic." Death appears to be a factor or an element that interrupts man's duration. The perspective of physical departure (if we believe in the afterlife) destroys all efforts and actions of the individual. For everything is „vanity of vanities, all is vanity" (Ecclesiastes 1:2, English Standard Version).

In the United Kingdom, for example, a large part of the population in unaware of the possibility of using social care, which means that the difficulties and sometimes the hardships of dealing with illness and dying concern a very narrow circle of relatives (Dixon, 2015). Also in Poland this situation is not unambiguous, as Piotr Szukalski points out (2013) „due to the natural decline in the domestication of death in the past epochs […] psychological stress resulting from the loss of a loved one has not decreased, but on the contrary – it is growing. The stress is probably significantly greater also for dying people whose last days and hours of life more and more often pass in an unfamiliar environment." Due to the fact that the place where people die most often is hospital (50.6%) and this is an upward trend compared to previous years (ibid.), we are dealing with the phenomenon of dying devoid of any quality and emotional comfort. This phenomenon increases the ignorance of the functionality and usefulness of the hospice institution, including hospice at home services, also when palliative care is needed for the terminal patient.

The visible destruction of the human body is an additional and undeniable sign of the approaching death (Bauman, 1992). Institutions for people with infirmities are places that present a picture of old and ill people. It causes fear and ignorance about these institutions, which in turn leads to the fact that hospices are rarely spoken of, if not at all.

DEMOGRAPHIC AND SOCIAL BACKGROUND

Population of elderly people

It is worth mentioning the growing importance of hospices in the modern world, which is associated with demographic changes. Since the beginning of the 20th century human life span has been growing in most regions around the world. According to expert estimates, this process will continue to progress. The global population of people aged 80 years or over is projected to increase to approximately 400 million in 2050 (WHO, 2012a, p. 10).

Participation in the global society of people aged 65 or older will rise from 7% in the second half of the 19th century to the projected 14% in 2040. During this period, the number of people over 65 years of age is expected to double. These changes will be the fastest in Europe, North America and Central Asia (Kinsella, He, 2009, p. 11).

The population of European Union member states in 2014 amounted to 506.8 million people with 18.8% being people over 65 years of age. In Poland, people over 65 in 2014 represented 14.9% of the population. The average Polish man lived an average of 72.4 years in 2010, and the Polish woman 80.9 (Szukalski, 2013, p. 1). The European country with the highest percentage of aging population was Italy, where the population of people aged 65 years or over was 21.4%. The growth trend in the number of people in this age group is characteristic throughout the European Union (Eurostat, 2014). Moreover, statistics produced by the World Health Organisation indicate that life expectancy, which is 60 years, will extend further, with this process being twice as fast in developed countries as in developing and underdeveloped ones.

Thus, European women are expected to live an average of 23 years longer and men an average of 19 years longer. In America the average number of years lived by women and men aged 60 years or older will be 24 and 21, respectively (WHO, 2012a).

Morbidity of elderly people and hospice support

The quality of life of people over 60 years of age is a completely separate issue. There are various determinants for this situation: firstly, continuous progress in the field of medicine, and secondly, a continuous increase in chronic conditions, the so-called civilisation diseases.

I would like to point out here that as many as 46% of people in this age group suffer from some kind of disease (WHO, 2012b). Life expectancy with an incurable disease diagnosis also extends over time, which in turn increases the length of hospice service for patients and their families. As shown by NHPCO research conducted in 2012, the number of patients who received hospice help in the United States has increased in recent years. In 2008, an estimated 1.2 million patients received hospice care, whereas in 2012, an estimated 1.6 million people received such care (NHPCO, 2014). The length of hospice service for dying patients also increases. The average length of service in 2010 was 67.4 days, and two years later it increased to 72 days. 11.5% of all patients remained under hospice care for longer than 180 days (ibid.).

It should be noted that the main recipients of hospice care in the United States are elderly people. In 2011, 83.2% of hospice patients were aged 65 or older and in 2012, 84.5% (ibid.). In Poland, in 2007, there were 130,000 cases of people seeking medical treatment for cancer and 80,000 deaths from cancer. This is an upward trend compared to previous years (Jamel et al., 2007).

The Maria Skłodowska Curie Memorial Cancer Centre in Warsaw presents data which show that three years later, the number of „new" cases was above 155,000. At the same time, deaths from cancer concerned respectively 52 thousand men and 41 thousand women (Wojciechowska, Didkowska, Zatoński, 2013). In addition, as reported by Home Hospice of the Marians in Warsaw(2), there are a total of about 400 patients each month under its care, with about 100 patients leaving hospice care in the mean-

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(2) Its formal and full name is Non-Public Health Care Center Home Hospice Centre of the Marian Fathers' Congregation. The origins of the institution date back to 1989. The hospice has been operating under this name since 1998.

while (http://www.hospicjum-domowe.waw.pl/o-nas/co-to-jest-hospicjum). If we multiply the number of all hospice facilities in Poland (their number amounted to 349 inpatient facilities in 2008) by the number of residents, it would turn out that there are almost 140,000 patients in these facilities (http://www.hospicjum.krakow.pl/hospicjum/forum/organizacja_Opie.pdf). However, due to the fact that not all hospices prioritise inpatient hospice support and home support equally, we should be careful when presenting such statistics.

Transformation of social bonds and family support

As I have already pointed out, the prospect of living longer with an incurable disease diagnosis is a consequence of broadly understood advancements in the medical field, availability of modern treatment methods and tools, universal access to health care, as well as preventive actions and the dissemination of knowledge about health-promoting activities (Jack et al., 2014, p. 136). Particularly noteworthy are hospice at home services. The transformation of social bonds is evidenced by such phenomena as:

- an increase in the number of small households;
- migrations (more frequent) of family members (i.e. people who could possibly care for a dying loved one);
- the pursuit of a career among younger family members;
- an increasing number of divorces.

This, in turn, encourages providing the best possible care conditions for dying people and family carers (ibid.). We have been observing a decline in the number of people getting married in the European Union, with a double increase in the number of divorces in recent decades and labour migration flows mainly among people under 35 years of age (2,320,000 Poles stayed temporarily abroad in 2014, which is an upward trend compared to previous years). All this together means that families and thus naturally designated carers are dispersed (CSO, 2015, p. 2). The bond between family members relaxes, which makes it necessary to use the resources of palliative care institutions, including in particular home hospices. According to research, people at the end of their lives express a wish to die at home (Clark, Centeno, 2006, p. 199). In the further part of the paper, the stages of hospice activity will be presented with special emphasis on initiatives that took place at the beginning of the second half of the 20th century. For starters, let's look at the definition of „hospice".

Definition of the term „hospice"

This term „hospice" had or has several meanings. Its key meaning in this field has remained unchanged over the centuries and has been functioning in inter-social communication to the present day. Over time, the term evolved and changed its meaning. It originally meant a shelter for pilgrims in the Middle Ages. These days, „hospice" refers primarily to a medical facility. Both meanings, however, have a certain common characteristic – the hospice has always meant safety and a shelter for those in need (Krakowiak, Modlińska, 2008, pp. 35–43).

Next, I refer to several dictionary definitions of „hospice" [*hospicjum*]. According to the Great Dictionary of Polish Language, it is:

a) health care facility – a health care facility that provides medical and nursing care for terminally ill people living in a building designated for them or staying in their own houses;
b) building – a place where the hospice is located , a health care facility;
c) a lodging for pilgrims: an institution that offers hospitality to pilgrims or other people who stay outside their place of residence;
d) building – a place where the hospice is located – an institution that offers hospitality (www.wsjp.pl).

The Dictionary of the Polish Language gives the following definitions:

a) a facility for terminally ill patients;
b) *archaic:* a guest house;
c) *archaic*: student accommodation (www.sjp.pwn.p).

Although the cited definitions are clear, coherent and transparent, the discourse on this topic uses „hospice" (according to the World Health Organisation) interchangeably with terms such as „palliative care" and „hospice care", which reflect the activities of this facility (Łuczak, 2013, p. 1). So we have „hospice" and „pallum" – two terms that make up a coherent whole (Kurczewska, Jasińska, Orszulak-Michalak, 2010, p. 94).

The International Health Organisation (WHO, 2012b) emphasises the importance of the three overarching elements that form a complete definition of palliative or hospice care:

1. providing the patient with care as early as possible, preferably during the course of treatment dedicated to extending his/her life (active);
2. pain relief;
3. expanding the list of patients eligible for HHC.

On this basis, it should be stated that hospices are aid institutions for people with a cancer or chronic disease diagnosis. Eligibility for hospice care also includes dysfunctions resulting from central nervous system diseases, HIV, myocardial conditions, respiratory failure and decubitus ulcers (Regulation of the Minister of Health of 2009). Hence, the aim of hospices is to relieve pain and to provide comprehensive support guaranteeing the highest possible standard and quality of life at its end related to the abovementioned conditions.

THE DEVELOPMENT OF THE MODERN HOSPICE MOVEMENT

Cicely Saunders' work

The term „hospice" was used in the past in relation to a broad spectrum of activities meant not only for terminally ill people, but also for young students or travellers seeking shelter and rest. Nevertheless, the modern meaning of this term evolved from the aforementioned traditions. Usually, the purpose of church-based hospitals (just like the purpose of modern hospices) was to provide help and support for those in need. The term „hospice" was more and more commonly used to describe a health-care facility looking after dying patients, and it entered common usage in about the mid-1960s. At the time, the first palliative care units were established all over the world, serving as a model for the next ones. The institution of hospice is supposed to provide a ready but, above all, appropriate solution that meet a terminal person's emotional, psychological and medical needs (De Walden-Gałuszko, 2007, p. 37).

The birthplace of current standards of palliative care is thought to be Great Britain where in 1967 in Sydenham the first modern hospice was established: Saint Christopher's. Its founder was Cicely Saunders, who at the end of the 1940s was trying to implement the guidelines underlying the framework for action for hospice facilities (Ostrowska, 2005, p. 178).

Cicely Saunders spoke about the beginnings of her project at OFRH[3] congress in Cracow in 2000 in these words: „For us, at St. Krzysztof, history began in 1948, inspired by conversations or publications on hospice and palliative care, and understanding that the right moment has come to create a proper center. He is associated with the person of Dawid Taśma,

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[3] The National Forum of the Hospice Movement. The forum discontinued its activities in 2009.

a Jewish refugee from Warsaw who died of cancer in a London hospital. As a social worker, I visited David almost every day during the last eight weeks of his life. He needed more and more care in connection with the growing symptoms of the disease, but even more needed to talk about his life and his feelings that he could do so little with him. During many of our meetings, we discussed our vision of a place where people could be helped by providing them with a more humanized type of help than in a crowded surgical ward of a hospital surgery" (Stokłosa, 2014).

The facility which was opened less than 20 years after the events described above, served as a model for the next facilities of this kind. After the first hospices were founded, palliative care was divided into home care and external round-the-clock care (24, Górecki, 2000). As a result of this division, the patient had, depending on his/her preferences and health condition, as well as his/her social situation, a broad spectrum of choices regarding the place in which he/she wished to stay as an inpatient.

In 1975, another breakthrough occurred which initiated an in-patient and an outpatient approach. St. Luke's hospice in Sheffield (http://www.stlukeshospice.org.uk/about-us) was the first hospice which undertook this initiative. It allowed families of terminally ill patients to get a bit more space for their personal lives and to distance themselves from the situation in which they had found themselves. At the same time, the initiative allowed patients to be in constant contact with other members of society. In the same year, the term „palliative care" was officially introduced to the public discourse and has been in use until now to refer to the management of pain, in particular cancer pain, but not only (Krakowiak, Modlińska, 2008, pp. 19–21).

Pain relief has since then been one of the priority objectives of the hospice movement policy. This objective found expression in the publication of the World Health Organisation document „Cancer pain relief" mainly in terms of the organisation of nursing staff, who since then was to provide the patient with an active, ongoing and professional support in the medical, psychological, spiritual and social fields (WHO, 1986).

The development of the hospice movement in the United States

The US hospice culture evolved and was inspired to act by the palliative care project proposed by Cicely Saunders. In 1963, she gave a speech at Yale University on specialised care for the terminally ill (http://www.nhpco.org/

history-hospice-care). Although the American hospice model differed in several aspects from the European model, the basic underlying ideas and principles were the same. One of the pivotal moments for the hospice movement in the United States was the publication of Elisabeth Kübler-Ross's groundbreaking book „On Death and Dying" in 1969. On the basis of interviews carried out with dying patients, she analysed and summarised the conditions in which these patients lived until then. At the same time, she pointed out the inefficiency and ineffectiveness of the services necessary for the normal psychophysical state of individuals staying in nursing homes. She stressed the importance of patient participation in decision making about his/her future and the need to deinstitutionalise the dying process. [She pointed to the constructivism of introducing the subject of home hospice] with the involvement of the family, availability of professional medical staff, and the provision of emotional, spiritual and financial support (Kübler-Ross, 1997, p. 48).

The development of the hospice movement in post-communist countries

The European hospices can speak about the renaissance of their activities in the 1990s. Their numbers increased at the time. In accordance with the objectives of the hospice institution, its main ideas included:

- an approach in which we treat the patient first of all as a human being, not as a patient[4];
- the participation of patients' families in the disease process;
- constant support for patients and their families (Ostrowska, 2005, pp. 198–199).

During this period, special attention was given to the necessity of dissemination and implementation of palliative care objectives in Central and Eastern Europe countries. Most of these countries, due to their political

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[4] The distinction between "patient" and "human being" lies in the recognition of a broad range of the patient's needs (which I mentioned earlier), respect of his/her autonomy and the provision of not only medical support. In that respect, the dying person is not treated instrumentally, as an individual who receives only medical support, and the patient is treated as someone who needs to be administered an appropriate dose of medicine. The phenomenon of the humanisation of death guarantees the patient his/her intimacy and respect for his/her will and feelings. More about hospice care for the terminal patient can be found in A. Ostrowska, 2005, pp. 198–199.

system at the time, didn't take part in the development of the hospice movement. Among the satellite states[5)], Poland was the precursor of activities for dying patients, followed by Hungary and then other countries (Janowicz, Krakowiak, Stolarczyk, 2015, pp. 40–41). While gathering data on hospice activities in these countries, it was found that

- the palliative care policy varies from country to country;
- the hospice activity remains underdeveloped;
- the number of hospice facilities is grossly insufficient for the number of people who need them (Clark, Centeno, 2006, pp. 18, 199).

Due to the need to catch up in these areas, the European Commission of the European Parliament prepared a strategy for palliative care in 2005. It focused on the need to address and improve the following aspects:

- specific diseases, e.g. cancer;
- professional care of older people;
- exchanging information on best practices;
- training for healthcare professionals;
- networking of organisations (ibid.).

Selected projects on palliative care in Europe

In addition, the Council of Europe took many initiatives aimed at improving the effectiveness of activities meant for terminally ill people. Within over two years of setting up a committee of experts, its report containing a set of guidelines on the humanitarian and comprehensive care of patients with an end-stage disease was adopted in 2003 (www.coe.int/T/E/Social_Cohesion/Health/Recommendations/ Rec(2003)24.asp).

The report highlighted the need to support families in the face of their loved ones' dying. In addition, it stressed the role of patients' choice of a place where they, depending on their condition and needs, should and would like to stay, as well as the need to employ highly qualified staff (Clark, Centeno, 2006, p. 199).

In 2004 the European Federation for Older People launched a campaign to make palliative care a priority. Specialists from 33 European countries

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[5)] A satellite state is a country that is under the influence of another country (a great power); the sovereignty of a satellite country is limited. In this case, the term refers to the countries in the Soviet sphere of influence in the years 1945–1989.

took part in the project. It was declared that modern palliative care should be based on the following values:

- human rights and patients' rights;
- democracy;
- solidarity, human dignity;
- equal gender opportunity;
- social cohesion;
- participation and freedom of choice (Davies, Higginson, 2004).

Current condition of palliative care in Europe

A common feature of the above-mentioned activities was the recognition of territorial diversity as a determinant of the nature of hospice care. Implementing new initiatives became a demanding task, especially in Central and Eastern Europe countries, which was the legacy of the socialist system. It should be noted that the offer of palliative care services is still insufficient in relation to the number of people waiting for hospice care. A similar situation occurs in Western Europe. This is evidenced by the results of the analysis of the number of beds dedicated to hospice patients carried out in 2005.

The United Kingdom and Norway were in the best situation at the time, with more than 18,000 and 23,000 specialist palliative care beds for patients, respectively. The worst conditions in this regard existed in Hungary, Ukraine, Slovakia and Lithuania. In these countries approximately 100,000 dying patients waited for a bed and in Lithuania more than 116,000 patients. Poland placed on the fifth position with an average number of hospice beds of 1 per 27,000 patients in need of palliative care (Gronemeyer et al., 2005).

Currently, the most common form of care for terminally ill patients is home hospice (Jack et al., 2014, p. 132). More and more attention is given to promoting awareness of the development of the hospice movement. In order to implement the most effective activities, theoreticians and practitioners in the field take into account the potential and limitations of a given region. International Observatory on End of Life Care (IOELC) links the development of palliative care services in individual countries with the following issues:

- current services;
- reimbursement and funding;
- opioid availability and consumption;

- national and professional associations;
- palliative care 'coverage';
- palliative care workforce capacity;
- healthcare system issues;
- partnerships and international collaboration;
- material on ethics and narrative-based accounts from activists (Clark, Centeno, 2006, pp. 198–200).

The development of hospice infrastructure in the United States

The first support center for terminal patients in the United States was established in the mid-1970s. The facility was founded by Florence Wald (Adams, 2008). The hospice movement began to expand its activities throughout the entire country. With time, more and more precise legal regulations were designed describing basic principles and a mission for this kind of institution. Soon after, a consultation team was formed for terminal patients at the St. Luke's Hospital in New York, where it was possible to carry out medical procedures without the need to hospitalise the patient (http://www.nhpco.org/history-hospice-care). This initiative allowed patients to spend more time in a friendly environment, e.g. at home. It also gave families relief from watching over their loved ones who needed attention and care. At the same time, the introduction of this solution was a great way to prevent the social exclusion of these people. Because of their infirmities, they were until then isolated from other members of society.

The palliative care policy of the United States relies heavily on the guidelines issued by the International Health Organisation (WHO). WHO since the 1980s has been working on a project for cancer pain relief. For this purpose, it created a framework "How to relieve pain?" (https://www.nhpco.org/history-hospice-care). Pain relief has become one of the primary goals of the hospice movement in the United States.

Hospice services became a guaranteed benefit under Medicare in 1993 (ibid.). At the end of the 1990s, campaigns were launched to make the American public more aware of the importance of the quality of the dying man's life and the need to educate medical staff about the European experience in the field of palliative medicine.

Since the beginning of the hospice movement in the United States, the number of hospices caring for patients at the end of their lives increased as did the number of people who required palliative care. The number of people receiving hospice care grew to over a million in 2004. Two years later, the palliative care branch was officially recognised as one of the medical specialties, which only highlights the scale and importance of this issue (NHPCO, 2014, p. 4).

A careful analysis of research results for the United States found that patients who received hospice services lived on average 29 days longer than those who did not receive hospice care (ibid.). From our point of view, the period of less than a month seems to be a short time, not worth the effort. However, for a person who is aware of dying, each additional moment of life becomes unique and important. As long as the dying person is accompanied by a loved one during this period, and his/her pain is relieved, it was worthwhile to improve the quality of life of the palliative care patient.

In the United States, hospice services are currently provided by a team of professionals that usually consist of

- volunteers
- physicians
- clergy or other spiritual counsellors
- bereavement counsellors
- home health aides
- therapists
- nurses (Kurczewska, Jasińka, Orszulak-Michalak, 2010, p. 94).

In total, an estimated 1.5 million people received palliative care, including 36.9% of patients with cancer diagnoses in 2012. The average length of stay for hospice patients was almost 73 days. The report presented by the National Hospice and Palliative Care Organisation reveals that 66% of patients received home hospice care, whereas 41.5% and 18.6% of patients received care in private residence and in hospice inpatient facilities, respectively.

The largest available category of hospice agencies in the United States are independent, freestanding institutions. They represent about 57% of agency type. The remaining agencies are either part of a hospital system (20.5%) or nursing home (16.9%) (NHPCO, 2014).

Social Workers

I would like to bring a number of observations about social workers' activities in palliative care. These activities are so specific that they differ considerably from services delivered for other needy social groups. In this case, social workers should be flexible in their activities and provide services concerning

- evaluation of a given issue and an attempt to solve a practical problem (e.g. help in doing the shopping);
- providing necessary and broadly understood information in the field of law, rules and regulations which allow the patient to function properly in society (Jaroszyk, 2015).

The role of social workers in this particular situation is to provide support wherever it is not possible for other staff taking care of the dying person and his/her family, or simply it is not in the scope of their duties. In order for the cooperation between the social worker and his/her client to be the most constructive, he or she is expected to have appropriate knowledge. The social worker

- is familiar with the concept of social work;
- is able to communicate freely with the patient and his/her family;
- meets cultural needs of patients and supports families during bereavement;
- recognises the needs and expectations of those under his/her care (Bosma et al., 2008).

The social worker providing hospice care should be endowed with such values as respect for the patient, empathy and helpfulness, as well as consistency in pursuing his/her objectives and commitment (ibid.). The role of the social worker is important and useful for maintaining the proper functioning of the patient and his/her family. To what extent does the social worker participate in the patient's life? What is the actual area of care provision? I leave these questions open, highlighting the need to do empirical research on this issue in order to be able one day to lay the groundwork for the most useful model of care for the patient and his/her family.

Patients, depending on their capabilities and limitations they face due to their health condition, receive four general levels of hospice care:

- hospice care received at the place the patient resides;
- hospice care provided by professional medical staff;
- hospice care for pain management;
- respite care offering short-term relief to caregivers (American Cancer Society, 2014).

It should be noted that since 2008 the number of hospice programmes in the United States has increased from 4,850 to 5,560 in 2012. Of particular significance is volunteers' involvement in the hospice movement. There were about 400,000 hospice volunteers in 2012. They donated more than 19 million hours a year, which accounted for 5% of all clinical staff hours (NHPCO, 2014). Hospice volunteers provide care mainly in the following areas:

- spending time with patients and families
- clinical support
- fundraising efforts (ibid., 2014, pp. 11, 12).

In reference to these issues, it should be noted that patients, if possible, want to stay as long as possible in the familiar territory of home, where they feel more confident, calmer, simply better. The possibility of using continuous home care provided by professional medical staff during periods of crisis makes such a choice more and more often possible.

SUMMARY

The modern hospice movement in both the United States and Europe has grown from Cicely Saunders' initiative. It has given rise to current hospice practice. The aim of the paper is not to assess or compare these two territorially diverse trends. I wanted to sketch out the nature of palliative care projects which are either proposed or present in the policy of a given region.

The history of the hospice movement in Europe has a rich tradition. Today, its development is related to the increasing number of older people around the world (with the exception of a few regions), which means that more and more people are living longer. The number of cancer cases is growing too. WHO predicts that in 2025 an estimate of 14 million people all over the world will be diagnosed with cancer and by the year 2030, the global burden is expected to rise to 19 million (2014). The growing polarisation of society into poor and rich people, the widespread phenomenon of the so-called social callousness and the reformulation of the functions of the family (some researchers point to the disintegration of the basic social unit) (Witkowski, 2011), call for the need of an urgent comprehensive action plan for hospice patients.

All of the practices discussed in the paper are aimed at providing high-quality humanitarian care to palliative care patients. Constant hospice intervention is still indispensable. Implemented requirements and projects are, however, disproportionately low in relation to the number of people who need end-of-life care. However, since the problem has been noticed and the activity in the field is not declining, there is hope that the palliative care policy will still be developing dynamically in the future, if only because each of us will become ill and die one day. That is why today we should participate in activities expanding our knowledge and improving our skills to support people affected by the suffering of their loved ones.

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ACTIONS OF SOCIAL WORKERS DIRECTED AT PATIENTS SUFFERING FROM 'MENTAL DISORDERS'[1)]

ABSTRACT

The article addresses the topic of interactive tactics used by social workers in their work with persons suffering from 'mental disorders'. The conclusions were drawn on the basis of several studies conducted in a social assistance centre [ośrodek pomocy społecznej]; the primary aim of these studies was to reconstruct the actions of social workers directed at persons categorised as suffering from 'mental disorders'. The study material was collected and analysed using the Grounded Theory methodology; it included: observation notes, interviews with social workers, conversations of workers with clients [klienci] and colleagues. The author observed social workers performing their every-day duties for six months; particular consideration was given to work concerning persons with 'mental disorders'.

Keywords: Grounded Theory, social work, tactics, 'mental disorder'

INTRODUCTION

The article presents research conclusions based on studies conducted in a social assistance centre [Ośrodek Pomocy Społecznej, OPS] concerning the actions of social workers directed at persons suffering from mental disorders. Due to limitations of space, I will focus on one part of the work directed at this group of clients only – the tactics used by social workers.[2)] The tactics presented below are a product of the analysis of em-

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[1)] Bibliographical note of the first edition: "Praca Socjalna", 2017, No 6, pp. 51–73.

[2)] By the term 'tactic', I mean a relatively structured and well-grounded element of action used by a social worker.

pirical material, which consisted of observation notes made by social workers during their work with this group of clients, interviews conducted with social workers, conversations of workers with other employees and analysis of documents such as: client records, clients' letters of complaint against social workers, etc. The study observation lasted six months; during this period, I could observe every-day work of social workers and participate in all actions carried out by them on the premises of the centre3). The study material was collected and analysed using the Grounded Theory methodology (Glaser, Strauss, 2009; Gorzko, 2008; Konecki, 2000) and the theoretical reference framework was the interpretative paradigm, according to the assumptions of which "the surrounding world is constantly interpreted by people; interpretations are social (intersubjective) and, to a large extent, created locally; a social reality is a network of interactions in which meanings and interpretations are created; social order is founded on flexible and adaptive systems of meaning" (Granosik, 2006, p. 172). The use of the interpretative paradigm in the research required the adoption of a perspective on the social reality and the human which departs slightly from the norm in that the human "appears not as an element of the system, moving within an established framework, but as an actor – though limited to a certain degree by his role, yet with a distinct freedom of interpretation" (ibid.).

INFORMATION ON THE STUDY AREA AND SUBJECTS

The municipal social assistance centre [OPS] in which the study was conducted is divided into local offices and is located in a large city with over 500 thousand residents. Each office provides assistance in a different disctrict [dzielnica] of the city. The OPS office in which the study was conducted is located in the city centre and at the time of the study it employed 42 field social workers4) (including 39 women and 3 men). All workers agreed to participate in the study and were, therefore, covered. The social workers were persons of various professional career length (ranging from 1

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3) Additionally, before the study, I completed a 6-month internship at a municipal social assistance centre.

4) Every social worker has in her region approx. 120 circles [środowisk], out of which approx. 80–85 are active. The number of circles in which at least one person was categorised as suffering from a mental disorder was between 10 and 15 and approx. 30% of them had official psychiatric diagnoses, while in the case of others the social worker only suspected problems of this type.

month to over 30 years) and life experiences. Each of them was informed of the research interests, presented as "social work with persons suffering from mental disorders". In the first days of the study, the workers talked to me about their job and experiences with clients suffering from mental disorders and then, knowing that such a person was about to come to the centre, they invited me to participate in the meeting. It appeared to me as particularly striking that majority of the clients whom the workers called 'mentally disturbed persons' did not have a psychiatric diagnosis. On the other hand, clients who had medical reports stating mental issues were very rarely called 'mentally disturbed'. The following is a fragment of a conversation with one of the social workers. *When browsing*[5] *through the files of the clients of one of the social workers, I came across several records of persons with official information about mental disorders. As just a couple of minutes before I had talked to her about clients with mental disorders and her work with them, I was surprised that she hadn't mentioned the clients whose records I just found, but said a lot about other persons from the area whose official documentation contained no information on psychiatric treatment. I decided to ask her.*

Social worker: "You're right, that's strange. To be honest, I don't know why I didn't tell you about them, but – you know – they [she means persons with a psychiatric diagnosis – AJ] *are so normal in comparison with those who are supposed to be healthy."*

A similar situation occurred many more times. Consequently, a question arose as to how social workers defined a mental disorder and categorised clients as suffering from a 'mental disorder'.

The analysis of the empirical material has enabled a (re)definition of the terms 'mental disorder' and a 'mentally disturbed person', which in the context of the social workers' job are not always consistent with the medical or psychological explanations. Thus, a 'mental disorder' is understood here to mean a construct which is created in interaction between individuals (in this case – between a social worker and a client) and, therefore, from the perspective of relations with partners. The characteristic feature of the term 'mental disorder' outlined in this way is its context dependence, or a certain variation in how it functions, is interpreted and understood in the society. This does not mean, however, that the social worker can treat anything as

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[5] Italics mark fragments of the empirical material, which consisted of, among others, notes of my interviews with social workers, descriptions of social workers' actions, conversations of the workers with clients, etc.

a 'mental disorder',[6] because the reference framework, which limited the freedom of the participants in the interaction, was the socio-cultural context, as in every culture there is a certain interpretational pattern which is characteristic of this phenomenon.

Such a definition of a 'mental disorder' covers not only clients with a psychiatric diagnosis[7], but also persons who have never used help of a psychiatrist. Adopting it, one should make the effort to better characterise the category of a 'client suffering from a mental disorder'.

CATEGORY OF SOCIAL ASSISTANCE CLIENTS – 'CLIENT SUFFERING FROM MENTAL DISORDER'

Collection and organisation of information about a specific person leads to assigning a category to him or her. Research by Mariusz Granosik (2006) has revealed the existence of two main types of client categorisations performed by social workers at social assistance centres: internal and external. "Internal categorisations of clients are a product of the social workers community and are known only to them – the person who receives assistance is not aware of them. These categories are often pejorative. External categorisations, on the other hand, function both among the workers and in contact with the client and refer typically to positive or characteristic traits, but not to stigmatising ones" (Granosik, 2006, p. 63).

A category is assigned to a client on the basis of the information which the social worker systematically collects, interprets and assigns them an appropriate rank (category). In order for a client to be categorised as 'suffering from mental disorder', behaviour must occur in interactions with him or her which will be considered by the worker as symptomatic[8].

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[6] In the remaining part of the text, the term 'mental disorder' will be spelled in quotation marks to stress that it should not be read from the perspective of medical theories.

[7] It should be stressed that workers often did not include persons with psychiatric diagnoses in the category of 'clients suffering from mental disorders'; I also came across situations when a client's diagnosis was 'forgotten', which means that it did not play a role when orienting actions and the client was assigned the internal category of a 'regular client'.

[8] It is worth stressing that sometimes workers differ in their interpretation of the situation. What one will consider a 'mental disorder' may be perceived by another as symptomatic of an entirely different problem. Differences regarding the way of interpretation occur, but they are not common, and even if they occur, they are not subject of internal dispute.

The following observations are interesting for the category of 'mental disorder'. Firstly, apart from clients with a psychiatric diagnosis, the category may also include clients who have never used psychiatric help. Secondly, medical (psychiatric) report is not sufficient for a client to be considered as 'suffering from a mental disorder' and – in order for this to happen – additional elements must occur in interactions with him or her. In practice, this means that a client with a psychiatric diagnosis can function within the centre's structure under another internal category. To clarify the point, I will quote an example from the studies. *Social worker: […] you know, this Lady X*[9] *I have, who supposedly has something in her file* [psychiatric diagnosis is meant – AJ], *she's so normal that it's difficult to think she's mental, she's just clumsy with her life*.

Thirdly, the identity of a 'person suffering from mental disorder' assigned to a client is not permanent and can be changed in the process of interaction. This usually happens when new circumstances are identified which change the previous interpretation and, thus, change the category. An empirical example might be the situation of a client described to me by one of the social workers: *Social worker: When I started work with X [client's name – AJ], I fought he was mental. He was running amok, shouting, making scenes. Several times I was about to call a psychiatrist and ask to have him locked. Fortunately, I never completed the plan to bring doctors in, somehow the emotions always settled down. And after several months, it turned out that this man had really been going through a hell of a period, his wife left him taking children with her, his company went bankrupt, a sort a downward spiral. He simply couldn't manage in this new reality, hence the irritation, frustration, etc. He's a whole different person now.*

The studies I carried out have made it possible to distinguish the features which condition the assignment of the category 'suffering from a mental disorder' to a client; these include:

1) disturbed form of contact – the social worker, due to specific, non-standard or even odd behaviour of a client, faces hindered interpretation or definition of the situation. The social worker tries to manage the difficult situation and perform her duties in spite of the behaviour of the client, which frequently makes her feel awkward (a clear example of a disturbed form of contact can be the situation when a client visits the centre and does not say a single word);

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[9] The name of the client has been anonymised.

2) problematic direct communication on the verbal (for example, a client overtly discusses things which are considered improper) and non-verbal level (unusual kinaesthetic expression, voice, tone, voice loudness, modulation and pace of speech, facial expression, also failure to keep the proper psychological distance in a conversation);
3) behaviour considered as weird (e.g. celebrating Christmas Eve in summer);
4) untypical appearance, often expressed as 'standing out from the crowd' (for example, an elderly woman wearing only pink clothes) and looks of the flat (e.g. very disorderly or, conversely, unduly clean).

All the aforementioned elements, as revealed by the analysis of the empirical material, were decisive in assigning the category 'mental disorder' to a client. It should be noted that the persons who are given such a category by social workers are, most likely, classified in the same way in other social circles, for example, among neighbours.

Categorisation impacts orientation of further work with such a person. In the next part of the text, I will characterise some consequences of the assignment of the category 'mental disorder' to a client by a social worker.

CONSEQUENCES OF THE ASSIGNMENT OF THE CATEGORY 'CLIENT SUFFERING FROM MENTAL DISORDER'

Assignment of the category 'mental disorder' to a client establishes the context for the given relationship and, in a certain way, closes it, restricting it to the interpretation pattern (set of procedures and actions) constructed for this category. This refers to practices aimed at prevention of events which, according to the workers, might happen. Usually, there is a consensus among social workers that a client suffering from a 'mental disorder' is, in many respects, a risky client, or at least a problematic one. The risk concerns, for example, the possibility of such a person committing suicide, for which the social worker would feel at least partially responsible, along the lines: "I could have done something, I could have tried to speed up the procedure," etc. Moreover, if a client commits suicide or does harm to another person, the worker, as the person who directly represents the assistance institution, will have to account for the actions taken towards such person. Such situations usually also gain media coverage, and, reporting on the events, media tend to present the work of social workers in an unfavourable light.[10] Aiming to protect the clients, themselves and others against unpleasant situations, workers often make an effort to counteract adverse events.

Basic anticipations distinguished as a result of the analysis of the empirical material and based on the interpretation pattern are: anticipation of aggressive behaviour (towards the social worker and persons having contact with the client); anticipation of suicide and anticipation of adverse behaviour (for example pervert behaviour or behaviour which could negatively impact the development of minors in the care of a person suffering from a 'mental disorder') towards third persons (children, parents, neighbours).

An example to illustrate the first anticipation type can be the situation in which a worker, expecting an attack by a client, asks a colleague to assist in the interview. An illustration of the anticipation of suicide can be initiation of neighbourly assistance (informal control) by the worker or ordering assistance of a caregiver [opiekunka],[11] who will visit the client in his or her place of residence every day. The last type of anticipation refers to the family (children, parents) of a person suffering from a 'mental disorder'. The worker, aiming to protect the close ones against the discomfort of constant co-existence with a 'mentally disturbed person', organises, for example, activities outside home, or assigns a caregiver, whose informal task is to monitor the situation in the family and to report when it deteriorates.

SOCIAL WORKERS' TACTICS OF ACTION DIRECTED AT THE CATEGORY OF 'CLIENTS SUFFERING FROM MENTAL DISORDERS'

Apart from anticipation and taking *ad hoc* protective actions, every worker develops tactics for more systematic and effective actions, which also constitutes an important element of the professionalization of social work.[12] In

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[10] See also Dudkiewicz (2012), pp. 121–141; Racław (2011), pp. 27–54; Szyszka (2013) on the attitude of social workers towards the media.

[11] These are so called care services [usługi opiekuńcze]. The task of the caregiver is to assist persons in their every-day chores, such as shopping or cleaning the flat. Thanks to caregivers, workers additionally obtain up-to-date information on the shape and condition of the client. In the case of persons with official psychiatric diagnosis, so called specialist care services can also be used.

[12] Professionalization is understood here from the perspective of the interpretative approaches (Becker, 1970; Schütze, 1992, pp. 132–170; Granosik, 2006). In this view,

the case of clients suffering from ‘mental disorders’, the conditions determining the selection of one of these are, among others: severity of the disorder; estimation of the risk, the client’s attitude towards the social worker; the type of relationship created between them; willingness (of the client) to participate in the actions of the social assistance centre (for example, whether the client has come to the centre of his or her own will or whether he or she is an ‘intervention’ client, which means that the case was reported by a third person, for example a neighbour).

The analysis of the empirical material has allowed to distinguish several tactics used by social workers in their work with clients suffering from ‘mental disorders’: the normalization and normation tactics; the elimination tactics; the postponing tactics; the colonization tactics; the ‘small steps’ tactic; the tactic aimed at the development of a new ritual order. As these constitute the key and the most structured part of actions targeted at clients suffering from ‘mental disorders’, they deserve a more detailed characterisation.

NORMALIZATION AND NORMATION TACTICS

‘Normalization’ and ‘normation’ are terms proposed by Michel Foucault (2007, pp. 83–126) in his analysis of various types of power. In the case of normalization, one starts with “a plotting of the normal and the abnormal, of different curves of normality, and the operation of normalization consists in establishing an interplay between these different distributions of normality and [in] acting to bring the most unfavorable in line with the more favorable. So we have here something that starts from the normal and makes use of certain distributions considered to be, if you like, more normal than the others, or at any rate more favorable than the others. These distributions will serve as the norm.” The norm is derived from a certain interplay between different levels of normality (ibid., p. 91). In the case of normalization, the norm is taken from the analysis of that which is normal. Therefore, the objective of the social worker using the normalization tactic will not be complete or partial removal of actions which she thinks do not fit in the norm. Within its

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professionalization should be understood as a process aimed at gaining experience and understanding the client’s history as well as the current situation. One particular feature of the profession in this approach is the dilemmatic character of action and the need for flexible, individual construction of the assistance plan [plan pomocy].

frame, different variants of normality are acceptable, but an important part of the action is estimation of the risk connected with their acceptance. Use of the normalization tactic can be observed in the cases of work with clients suffering from ‘mental disorders’, when a social worker, before deciding to start a specific type of action, tries to establish what is normal for the given person. Only after this knowledge is gained, further actions are constructed on its basis. An empirical example of the use of this tactic can be a description of work with a client by one of the social workers.

“In my region, I have a lady of whom at the beginning – I must admit – I was very afraid. It crossed my mind several times that I should ask a specialist [psychiatrist – AJ] for help, but then I decided to wait and get to know her a bit better. Her home and herself, the way she dresses, speaks and looks – it’s like going back to, say, the Victorian era. She told me about many weird, unsettling things, but at the same time she would invite me for a dinner, to celebrate Christmas Eve together and – you know – in itself there’s nothing strange about that, but it was, for example, in the middle of July. And you know, on the table, there’s all the Christmas dishes, Christmas tree in the corner, a nativity scene. Well, it was difficult for me, but after some time I realized that this is just the way she is and, apart from being a bit odd, she’s no threat to anyone.”

In the example above, like in others which illustrate the scope of application of the normalization tactic, the risk of not taking specialist action in situations considered weird or unusual was estimated as low.

The situation is different in the case of normation, which, according to Foucault, consists “first of all in positing a model, an optimal model that is constructed in terms of a certain result, [and the operation of disciplinary normalization] [it] consists in trying to get people, movements, and actions to conform to this model, the normal being precisely that which can conform to this norm, and the abnormal that which is incapable of conforming to the norm” (Foucault, 2007, p. 85). Actions taken in line with this approach converge with postulates and practices which can be described as disciplinary, controlling or supervisory. Consequently, the normation tactic consists in the elimination of behaviour or phenomena which are considered adverse or out-of-norm. It should be stressed that the evaluation and classification of the client’s behaviour is performed by the social worker. The action logic characteristic of the normation tactic is based on the correction of the client’s behaviour using various means until a satisfactory state of affairs is achieved (for example, the apartment is cleaned, the client starts a therapy programme). Standard use of the normation tactic is easy to imagine, but attention should be paid to two special types of circumstances which modify the simple process: fear and a more sophisticated strategy of game played with the institution. Clients who instil fear in the social worker due to alleged insanity have a broader field of action, i.e. their behaviour, even though considered improper, will not be corrected. When a social worker is afraid of a client and believes he or she will 'stop at nothing', she will not norm the actions of this client. An example can be lack of reaction on the part of the worker when one client, for no understandable reason, threw all things from that worker's desk. The worker was afraid that any comment or remark, instead of stopping the client from showing more aggression, would make the situation even worse. Another noteworthy special variant of action of the social worker is strategic (professional) use of the tactic of superficial normation. An example can be actions eliminating the most visible (conspicuous) elements which by other persons (for example, neighbours) or institutions would surely be considered abnormal and, as a result, a social demand would form to implement real normation tactic means (for example, the neighbours forcing the social worker to report on the client's health condition and making insistent suggestions that the client be hospitalized, frequently supported by threats that a complaint will be filed against the worker if she does not do that). An empirical example can be the situation of two female clients, whose lifestyle was described by the social worker as: *deviant from the norm, but not threatening to anyone*. The following is also an excerpt from the worker's opinion: *These two ladies I have* […] [mother and daughter – AJ], *they are out of this world. And because they are so different, they can evoke fear. But you know, in fact they are not dangerous at all, so what am I to do, make a raid with a psychiatrist and lock them in hospital just because they are different from the majority? I told them to take better care of their looks* [clip 'abnormally' long nails – AJ] *and take the trash bags off windows, so that, you know, people won't immediately say they're lunatics, and as long as nothing bad happens to them or others, let them have their way.* It is worth adding that in the course of information collection, the social worker learnt that the aforementioned clients had not left their flat for five years. Moreover she (the social worker) was the first person in five years from the outside to be allowed into their flat. Previously the women were in the care of the husband of one of them; when he died, his brother came to social assistance to ask for help for the widow and her daughter. Knowing all this, the worker, aiming to keep the trust of the women, decided to refrain from any radical actions until she understood the whole picture better. She also hoped that she would convince the ladies to visit a doctor, believing all the time that such a visit was inevitable.

Workers using such professional tricks create a specific protective barrier (umbrella) around clients to let them live a life they consider normal and satisfactory. As such actions often entail a kind of game with the institution (often even institutions), taking them is often connected with significant risk for the worker, who, in the case of the negative scenario and erroneous estimation of the danger level will be held responsible for the poorly planned action.

Elimination tactics

Among the many variants of the categories of clients considered as suffering from 'mental disorders', there are those who do not respond to any 'corrective' actions. In such cases, the elimination tactic is used, which consists in taking actions to relocate the troublesome client from the region where the given social worker operates. It should be stressed that this type of tactic is used towards 'troublesome clients' who do not agree to actions proposed by the social worker and put up resistance to them, but are not a threat to the social worker's safety. Potential vengeance of a client considered dangerous prevents using this tactic. An example can be the words of one social worker. I have come across the opinion presented here repeatedly in various contexts. *Social worker: You better be careful with ones like him. At some point, I considered filing a case for compulsory treatment, but the risk of failure was too big. I had such psychiatrists in the past ruling that some client was normal and then it was me alone who had to face him and then what? Wait for vengeance for trying to have him admitted to an institution.*

Consequently, referral to compulsory treatment (temporary 'elimination') or filing a request for placement in a nursing home [dom pomocy społecznej] (solution permanently 'eliminating' the client from the worker's region) are possible in relation to clients who are troublesome but do not threaten the worker's life or health. Moreover, the aforementioned procedures are initiated only in justified cases with poor success outlook. The majority of workers use them reluctantly because they are time-consuming, emotionally exhausting and are not always successful, which creates a problem in the case of further work with the client.

The tactic presented here is also problematic due to the type of relationship established between the interaction participants. When a client is considered a nice, likeable person, taking the elimination tactic is associated with big emotional cost. Using external compulsion and authority results in the loss of trust and is often seen as doing wrong to the client – even when taking radical action is believed to be inevitable. The situation is different in the case of a person with whom the worker has not established a positive relationship; then, using this tactic is much easier.

POSTPONING TACTICS

Postponing tactics are actions which concern the organisation of the social worker's time for fieldwork with clients. During her duty hours in the Centre, the worker is visited by clients whom she then has to visit at home to conduct a community interview [wywiad środowiskowy]. There are many people requesting this, therefore it is necessary to conduct professional selection of clients, which consists in assigning priority levels to requested cases and solving them systematically, starting with the most urgent ones. The selection is performed on the basis of the knowledge and experience of the worker. Postponing a specific case means that it is seen as not requiring immediate intervention.

On the other hand, the use of this tactic entails a certain interactive game between the worker and the client. This game is applied to certain clients, for example demanding ones. The worker, aiming to change the behaviour of the client, postpones the planned visit, thus manifesting her position in the relationship. An empirical example can be the following situation.

> *A conversation between a client* [categorised as suffering from a 'mental disorder' – AJ] *and a worker regarding an appointment for the worker's visit to the client. Place – SAC.*
> *Client: You can come tomorrow, I will be awaiting you from 12.*
> *Social worker: Mister X, I will surely come, but not tomorrow.*
> *Client: And what are you doing tomorrow? I can see that you don't have much work to do now.*
> *Social worker: Mister X, I don't report to you, I will come in the appropriate time. Now good bye, there are others waiting.*
> *Once the client leaves, the worker addresses me.*

> *Social worker: He's always like that, here he comes and you drop everything, the lord and master hath come. Well, let him wait, I have two weeks, so I'm in no hurry and there's no sudden tragedy at his place too.*

Another reason for postponing might be simple reluctance to manage the affairs of a certain client who is being problematic for the worker and not only because of the case complexity, but primarily because of the difficult relationship between the client and the worker. Using the postponing tactic entails increasing tension between the worker and the person using social assistance. The effect, sometimes expected by the worker, is that the client may show up in the centre to start a row. The following are words of one of the workers: *Social worker addresses other workers in the room.*

> *Social worker: Girls, beware, we're bound for some violence. X, you know, the one who's slightly mental, was here two days ago. It's been four days and I still haven't visited him and I guess he's about to show up to make fuss*[13)]*, so I warn you loyally, when you see him, get down under your desks.*

Reaction, even though planned, is seen by the worker as premature. It is also a proof of the trouble with the given case and of the existence of the 'mental disorder' problem, because no 'normal person' would expect to be dealt with in two days after request.

A special variant of the use of this tactic is intentional avoidance of interaction with a client. The variant is used towards persons showing tendencies to maximally prolong the visit, which in the opinion of the worker is not always necessary. It should be stressed that these are clients who are well known in the centre, their situation has not changed for years, therefore it is easy to predict the outcome of such a meeting. Using 'postponing' is intended to accelerate work and improve efficiency and never means neglect. An example can be a man using care services who always showed up in the centre when the caregiver was late for the visit; the delays were small (10–15 minutes). Seeing the client, the worker, instead of getting involved in conversation with him, immediately called the caregiver to tell her that the client was in the Centre. After talking to the caregiver, the worker would inform the client of the arrival time of the caregiver, which satisfied the client, who then left home.

[13)] The aforesaid client, during one such row, threw a paper punch at one of the workers.

COLONIZATION TACTICS

Assigning the identity of a client suffering from a 'mental disorder' to a person significantly broadens the interaction scope available to the social worker, i.e. she is allowed to take actions which would not be acceptable when taken towards other clients (so called 'normal'). I have called some of such actions colonization tactics, because their mechanism consists in the institutional 'colonization' of private space. With the client's 'good' in mind, his or her freedom of decision is restricted or sometimes even actions are taken against his or her will. With time, the client's freedom in the place of residence becomes controlled by the worker.[14] The specificity of this category is connected with taking responsibility and symbolic incapacitation. The traits ascribed to persons suffering from 'mental disorders' disqualify them as persons fully capable of taking decisions, which justifies taking actions in their name. One worker, talking to others, mentioned events at the home of one female client, who, in her opinion, was suffering from a 'mental disorder'. The action she employed is an example of a colonization tactic.

Social worker: I visited my lady today. You won't believe it. You remember, she had a co-habitant, who was getting along with her just perfectly, taking as much advantage of her as possible. I thought I reached agreement with her and she broke up with him. Now… I'm at her place and suddenly hear some noise coming from behind a wall. I ask her, what's that, and I have already got suspicious, but she tells me that a neighbour is doing some renovation work, so I tell her that I'll check, but she tells me not to, so then I was certain who I was going to see. And, of course, I was right. I open the door and see Mr Mareczek [the name has been changed – AJ]. *As soon as he saw me, he packed his stuff and left.*

The factors which condition the use of the tactics presented here have a broader scope, exceeding the institutional context; this concerns the social claim to supervise and control 'mentally disturbed' persons. A significant part of the society, on the basis of stereotypical beliefs about such persons, demand implementation of specific procedures. Consequently, a decision not to start an intervention in such a case, regardless of the social worker's conviction about its unfoundedness, can be seen as neglect. Below I quote the words of one worker who justified taking actions towards one client

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[14] An example can be the case of a 'mentally disturbed' client who had to allow a worker to inspect order in his wardrobe.

suffering from a 'mental disorder'. *Social worker: What was I to do? Gosh, it's plain to see that there's something awkward about him, but he's never ever been aggressive, not in the least bit. But then you go and explain it to those neighbours. If I hadn't done anything, they could have accused me of neglect.*

Therefore, the use of the colonization tactics is founded on differently situated social justifications, which make it possible to undertake such actions. Firstly, such cases are treated as risky, connected with a threat which is difficult to predict, therefore a 'mental disorder' in itself, and not a specific act, is seen as the trigger to reinforce supervisory and controlling actions. Secondly, legal and institutional recommendations on this issue, developed for many years, are unanimous and often translate to standardised and automatically taken action sequences. Thirdly, social workers are themselves also members of the society and, to a certain degree, their analysis of the situation is performed in the standard way, and even if they try to form an unbiased opinion, they still want to avoid accusations of poor performance of their job duties. In effect, supervision of clients suffering from 'mental disorders' is not recognised by the society as abuse of power or violation of individual's rights. There is argumentation to support looking into the client's fridge, opening his wardrobes and doors to closed rooms, which in reference to this category of persons will be understood and seen as taking necessary means. In spite of the rather coherent social and institutional expectations, not all social workers share the view about the validity of so big an intervention into the client's life. They believe that a 'mental disorder' should not be a sufficient excuse to automatically restrict the freedom of such a person. Still, being aware of the marginal position of their views, they do not overtly criticise those who use colonization tactics, all the more so, because in many areas of social assistance it is quite common to see colonization actions as an indicator of professional efficiency.

Small steps tactic

New, completely unknown clients appear relatively seldom in every-day operation of a social assistance centre. In order to get to know them, social workers use a strategy which one of them called the 'small steps tactic'. This tactic is used in particular when clients appear to be withdrawn and frightened. Towards persons suspected of a 'mental disorder', the tactic is adapted in a specific way, because it must be preceded by establishment of the relevant norm for the given case (person) and confirmation of the validity of the initial interpretation. Gradual gaining of trust, reluctance to take bold steps and focus on *ad hoc* actions are some of the elements characterising this initial stage of work.

Social workers are particularly careful not to start controversial discussions which could reveal their working suspicions (for example, at the beginning the question whether the client has used psychiatric help is avoided). Moreover, they often use the 'tactful blindness'[15] mechanism, which in this context means apparent ignorance of the client's oddities (for example ignoring eccentric clothing), as revealing one's suspicions might harm the client and cause him or her pain, which could then discourage further cooperation, communication or even make him or her withdraw from the interaction altogether. An illustration of the previous words might by a story told by one worker about one of her clients. *Social worker: It was very difficult at the beginning with Mister X. You know, he was so shy and fearful that I was really afraid not to startle him. And he didn't make it easier either, because he had, well, still has, this twitch, he stuck his tongue out every now and then. It was difficult not to notice, but I did my very best to ignore it, because I was afraid that if he'd noticed my staring, he would have run away.*

Until trust is won, the worker deals with other issues, which can be called technical (for example obtaining documents for the client, helping him to obtain benefits). As workers often emphasise, such actions are very important, because thanks to them it is possible to gradually convince the client that he can trust them and that they care about him.

It should be noted here that not all clients suffering from 'mental disorders' have come to the social assistance centre on their own. Some of them have become clients against their will, which means that a worker had taken some actions after some else's (for example, neighbours') request. In such a situation, careful work to gain trust becomes the priority.

The 'small steps' tactic is directed not only at unknown clients. Social workers use it also when cooperating with well-known persons who are reluctant to accept changes and new ideas to solve their problems. This is well illustrated by the case of a woman who had a car accident. A social worker tried to convince her to claim damages. The problem stemmed from unfairness of the accident perpetrator who, seeing that he was dealing with a person suffering from a 'mental disorder', gave her a rather not

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15) I am using the term 'tactful blindness' after Goffman (2006).

credible statement of fault to sign (in the field ‘vehicle’s plate number’, he wrote: LOLEK BOLEK – Polish cartoon characters’ names). Nevertheless, the worker kept persuading the client to claim damages, but before she succeeded, a month had passed. The ‘small steps’ tactic is time-consuming, requires the worker to demonstrate outstanding patience and consideration. It should be stressed, however, that in the case of clients with ‘mental disorders’, there is often no alternative, because accelerating the procedure does not warrant success and it is often quite the reverse – it decreases the chances of a successful completion.

TACTICS AIMED AT THE DEVELOPMENT OF A NEW RITUAL ORDER

Meetings with clients in the centre often follow a similar order. The client presents the purpose of his or her visit to the worker, the social worker asks questions, reviews documents, says what else must be brought. At the end, they make an appointment for the next meeting, typically at the client’s place of residence. The trouble with working with persons suffering from ‘mental disorders’ consists in the difficulty to stick with the ritual order established previously at the institutional level. Irregularities in the procedure often concern very basic aspects, such as the inability to understand the client. The whole process of understanding starts, according to Zdzisław Krasnodębski (1986, pp. 54–55), with the “initial assumption about the intentionality of the interpreted subject, which then can be further deepened or reformulated, and sometimes it turns about that it was completely false, but still it always constitutes the prerequisite for further process of understanding”.

The conviction about the intentionality of every subject is, it appears, obvious; this obviousness, as Garfinkel (2007, p. 52) notes, is settled on the theoretical level or simply taken for granted (theoretical knowledge). On the other hand, it seems equally obvious that persons suffering from ‘mental disorders’ are ascribed unpredictable, weird or improper actions, which means that any witness to such an event would likely consider them as such. In the face of the conflict of these two obvious notions, the task of understanding a subject suffering from a ‘mental disorder’ becomes significantly more complex and instead of being performed intuitively, takes the form of a targeted action or even work with a limited hope for full success. Difficulties in the work with clients suffering from ‘mental disorders’ listed by social workers are: problematic communication and problems in the interpretation of their behaviour. Most likely, this can be illustrated clearly with the case of a female client, who, during her visit to the centre, did not say anything and her face expressed no recognizable emotions. As mentioned by the worker, during their meeting the woman did not blink even once. In such circumstances, it is difficult to make the effort to understand the intentions of the subject, because the assumption about the intentionality of the observed actions is no longer obvious. Interaction whose future course cannot be predicted evokes discomfort in the workers and causes the need for external normalization. Such a normalization is possible thanks to the initiation of the process of external ascription of meanings (for example, in the aforementioned example, the worker starts to interpret that the client does not respond to her questions, because she can suffer from a 'mental disorder'; this interpretation helps her manage the difficult situation, understand it to a certain degree and adapt actions), which in effect enables semi-interactive (based chiefly on the activity of one party only) understanding, or, more specifically, creation of a client action scheme (Granosik, 1997). Thanks to this, it is possible to regain a sense of influence over the situation and relative control thereof. To this end, it is necessary to develop a new ritual order with the client; it should, however, be stressed that these are efforts of the worker, as the client most probably does not see the existing problems and lack of his or her orientation as to their occurrence is seen as symptomatic for 'mental disorders'.

The development of a new ritual order is based on the attempt to ascribe communicative meaning to signals sent by the client with whom 'normal interaction' is hindered or made impossible. The social worker assumes here that the client still has the need to reach the interlocutor and to this end uses such means of communication as are available to him or her, even if they are often far from standard interactive behaviour. In such situations, we often observe intensification of interpretative effort. The workers try to reveal certain relations in the client's behaviour which could be connected to his or her emotions, needs. In this way, they attempt to understand what a given person feels and wants to communicate to them. Discovery of a such relation is then understood as a communicative act; this provides a chance for the development of a new ritual order, which means the creation of a specific form of communication limited to the given case.

Discovering a reality hidden beyond the reach of the obvious assumption about the intentionality and ascribing it with meanings which can be translated to specific actions are seen as a significant diagnostic element, but also testify to the professionalization of actions of the given worker.

Deciphering messages of a client and assigning meanings to them makes it possible not only to interpret him or her more as a subject, but also to include (re-establish) him or her in the communicative space, which significantly helps combat the influence of the 'mental disorder' label. The world of communication of an individual, who is initially seen as 'mentally disturbed', becomes a world controlled and tamed by the social worker.

CONCLUSION

In the article, I aimed to present the fragment of social work which is related to the actions of workers directed at persons suffering from 'mental disorders'. In recent years, increasingly more Polish scholars interested in social work have addressed this topic, but this area of activity still requires systematic studies, the results of which could help practitioners in the orientation of their actions. One cannot help the impression that social work with this category of clients, undoubtedly due to the definition of the problem, is dominated by medical recommendations; these quite often appear to social workers as detached from the social context, which is all too visible for them. The task of broadly understood social work consists in sensitising the society to those elements of life which are often neglected by doctors. Therefore, social workers should speak up when discussing their work and experience with persons suffering from mental disorders, so that their voice is finally heard by professionals of other specialities and so that they can together develop an action plan which will focus on those aspects of life which now, due to different professional training of, for example, doctors, are neglected. Carrying out research in this field and sharing the conclusions with social workers can surely strengthen their role and importance in such interdisciplinary team.

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SOCIAL WORK WITH ELDERLY MEN AND WOMEN – SIMILARITIES AND DIFFERENCES¹⁾

ABSTRACT

Introduction: Polish society is ageing, which means that the population of the elderly represents, and will continue to represent, an increasing proportion of the population. This situation implies a number of consequences and problems that need to be solved. This paper discusses one of the important issues related to an ageing Polish society, which is social work with elderly women and men.

Method: The article is based on qualitative research (structured in-depth interview) conducted in 2011 among employees of social welfare centres (social workers and psychologists) in Podlaskie Voivodship. The study covered all the social welfare centres in the voivodship. As many as 145 interviews were conducted – 133 with social workers and 12 with psychologists.

Results and conclusions: This paper discusses the similarities and differences in working with elderly women and men, illustrated with the statements of social welfare employees. Respondents indicated that working with seniors is more difficult than with young people as it requires mare time and patience. However, there are also many advantages of this kind of contact, such as seniors' gratitude and their cultured approach to social workers. Seniors' gender also matters. Men are less likely to report to the centres, but if they decide to take such a step, they work harder than women and do not withdraw from the activity. In the summary of the paper, there are directions for future activities in the field of social work with the elderly.

Keywords: old age, the elderly, social work, social welfare

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INTRODUCTION

Old age, the ageing process and its consequences for older people and the general public have long been the topic of interest for philosophers, scientists and an average person observing the passage of time in themselves or in others. In the face of an ageing population, these issues are addressed more often, not least in the topics discussed by politicians, journalists, economists, etc. Demographic ageing of societies is a real challenge and no effort should be spared in seeking appropriate solutions to emerging problems.

Social care is among the areas which will require major overhaul to adjust the regulations in force to the demographic situation (Kramkowska, 2013). The Social Welfare Act sets out that "social welfare is an institution of the government social policy aimed at enabling individuals and families to overcome hardships in life that they otherwise would not be able to overcome, using their rights, resources and capabilities" (The Social Welfare Act [Ustawa o pomocy społecznej] 2004, Article 2(1)). In turn, Art. 3(1) of the Act specifies that: "social welfare aims at providing support to people and families in their efforts to meet necessary needs, and enables them to live in conditions that correspond to human dignity". Social welfare benefits take the form of material, financial or social support. And while having recourse to different types of social care for young or middle-aged people who for one reason or another are anchored in unemployment, poverty or other difficult situations has become common practice, the presence of older people in the social welfare system is not so obvious. The reasons for this state of affairs are multifold and range from the existing criteria (mainly means-tested) that prevent seniors from accessing social care, through lack of knowledge about possible forms of support to – by no means less important – sense of restraint and shame that deter older people from becoming a client of social care services. This does not mean, however, that elderly people are completely absent from the system in question. They are present, though in a slightly different way than younger people.

This paper offers an analysis of the outlined issue. Based on the research carried out among employees of social care providers in the Podlaskie voivodship, the paper discusses the specificity of social work with older people, placing particular emphasis on the similarities and differences in work with elderly men and women.

EXPLANATION OF THE TERMINOLOGY

For the sake of clarity, we should begin our considerations by presenting the key concepts. First of all, it is necessary to define the terms: "ageing" and "old age".

In most general terms, ageing is a natural, long-lasting and – what is more important – an irreversible physiological process common to all living organisms, including humans. This is a dynamic phenomenon ongoing with time (Pędich, 1996, p. 7), and it occurs in the biological, psychological and social sphere. Adam A. Zych and Małgorzata Kaleta-Witusiak indicate that in the physiological dimension, ageing is understood as a process of natural changes in the human body, while from the psychosocial point of view, ageing is "effect of time on a man's personality and his emotional and spiritual life" (Zych, Kaleta-Witusiak, 2010, p. 30). The ageing process begins relatively early, i.e. "with the occurrence of regression changes with no apparent pathology, lowering the efficiency of the body, and thus we should set the beginning of ageing between 30 and 40 years of age" (Kocemba, 2000, p. 108). However, it is true that the intensification of ageing processes takes on a bit later and leads to a condition called 'old age'.

Old age is defined as a "natural phase of life, following the period of youth and maturity, crowning the dynamic ageing process. Described as the 'third tierce of life', it is identified with the decline of the body's efficiency, loss of mobility, weakening of the immunological forces (biological, physiological old age), reduced ability to adapt to any changes, while in socio-economic terms old age is also often associated with pauperization, loneliness (psychological old age), dependence on help from others (economic old age) and functioning on the margins of social life (social old age)" (Trafiałek, 2006, p. 69). Therefore, old age is one of the stages of life, and more precisely – it is the last phase of adulthood, or late adulthood, with all its characteristics and problems (Halicki, 2010; Halicka, Pędich, 1992). An old person, in turn, is a person belonging to a group of people who according to objective criteria entered the period of old age. Ageing process is unique to each individual, thus the beginning of old age is difficult to determine. It does not mean, however, that it escapes more or less accurate generalizations.

Most researchers believe that the age of 60 or 65 should be treated as the senior-citizen threshold for men and women alike. This is the view shared, among others, by demographers who use the "post-production age" criterion (in Poland: 60 years of age for women and 65 for men). The age of 75 is rarely recognised as an old-age – 12) "given the medical advances and the further extension of the human life-span, as well as increases in the retirement age above 65 years in more and more countries, it is time to start a discussion on redefining the threshold of old age". Meanwhile, it is worth referring to the classification proposed by the World Health Organization (WHO). In its Convention, WHO adopted a threshold age of 60, which is further divided into *early old age* (ageing), 'young-old' – 60–74 years old; *old age* (late age): 'old-old' – 75–89 years of age and there is also *longevity* (long-lived) – 90 years and older (Kramkowska, 2016, pp. 25–26). The WTO classification has been used in research whose results (a fragment thereof) are presented in the paper.

And one more term that requires to be defined, namely: social work. In the Social Welfare Act quoted earlier, we read that "social work is a professional activity aimed at helping individuals and families to strengthen or regain their ability to function in society by performing appropriate social roles and creating conditions conducive to this goal" (The Social Welfare Act, 2004, Article 6(12)). In a similar vein, this concept is viewed by Aleksander Kamiński. He defines it, however, in much broader and precise terms. Kamiński points out that social work is a social care services' activity that, by resorting to devices and services on offer, "enables the development of a broad scope of social and educational activity in compensating for biological, social and cultural deficiencies, and supporting the successful development of individuals and social groups. In other words, the aim of social activities is to complement the living needs of people (especially those with reduced possibilities of coping with adversity and hardships in life on their own), and to enhance the development opportunities of large numbers of people" (Kamiński, 1982, pp. 85–86).

Social work can therefore be defined as a professional activity consisting in activating and motivating people and social environments to use their own potential in order to improve their standing. Helena Radlińska, the creator of social pedagogy in Poland, who was strongly against replacing people in need in their tasks, had repeatedly pointed to such an understanding of social work (see Szatur-Jaworska, 2006, p. 185). In light of the above, it is apparent that social work is not an easy job, and with regard to elderly social care, it also takes on a different form.

Research approach

The empirical evidence on which this paper is based draws on qualitative research conducted among employees of social care providers in the Podlaskie Voivodship. The research aimed to explore the problem of domestic violence against the elderly, that is, men and women over 60 years of age. The author of this paper is aware that a social worker is a person who knows human problems like no other. Hence the idea for research in social care providers. However, as not much is really known about older people as beneficiaries of social care services, it was decided that the issue would be explored during the research. Therefore, the respondents were asked if the elderly are present in the social welfare system, whether they report to the centres, and if so, what problems they report. What distinguishes this group of clients from other beneficiaries of the social welfare system? What is the difference between social work with elderly men and women? These and other issues related to the functioning of the elderly in the system were not only limited to elderly as victims of domestic violence, but included all older people with whom the respondents had been in contact with.

The research spanned the period from July to November 2011. Its structure was based on the author's idea to involve one social worker and one psychologist – if there was one – from each unit of social care providers operating in the Podlaskie Voivodship (municipal, commune, combined municipal-commune, or in an intervention centre). As a result, a structured in-depth interview was conducted (see Konecki, 2000, pp. 169–170, Sołoma, 1999, p. 65) with the participation of 145 respondents, in this 133 social workers and 12 psychologists. The study followed the interview scenario. Except for those situations in which the respondent did not wish to be audio-recorded (20 people), all other conversations were recorded and transcribed and then they were subject to in-depth qualitative analysis. Depending on the participants' experiences and willingness to engage in a conversation, the interviews lasted on average from 50 to 90 minutes. The shortest conversation lasted 30 minutes and the longest 110 minutes.

The quoted fragments of respondents' statements are described in this paper in the following way: abbreviations used in parentheses mean: the gender of the narrator (W – woman, M – male), represented social care provider (OPS – Social Welfare Centre (*Ośrodek Pomocy Społecznej*), GOPS – Communal Social Welfare Centre (*Gminny Ośrodek Pomocy Społecznej*), MOPS – Municipal Social Welfare Centre (*Miejski Ośrodek Pomocy*

Społecznej, MGOPS – Municipal and Communal Social Welfare Centre (*Miejsko-Gminny Ośrodek Pomocy Społecznej*), OIK – Crisis Intervention Centre (*Ośrodek Interwencji Kryzysowej*)); the last information in parentheses is the age of the respondent.

SOCIAL WORK WITH ELDERLY MEN AND WOMEN – SIMILARITIES

The study conducted among employees of social care providers in the Podlaskie Voivodship has shown that work with elderly people, both men and women, is in many respects similar to, and at the same time different from working with other groups of clients. What makes it different?

First of all, an elderly person often has problems understanding the issues being explained to them, which makes work difficult and requires not only time and patience but also forbearance. The head of one of the social welfare centers said: *the elderly need to have everything explained in detail, accurately and precisely because there are many things they do not understand, and what they do not understand they are afraid* of (W, OPS, 40 y/o). Here are some similar comments from other respondents: *for sure the elderly require more time, there are more things that need to be explained to them, they sometimes find it harder to follow, so explanations should be as simple as possible* (W, GOPS, 33 y/o), or: *it is difficult for them to understand the procedures we have in force, for example, that they must write an application to receive something, that they must provide such and such documents* (M, GOPS, 27 y/o).

A similar view was expressed by another employee who emphasised the importance of choosing the right vocabulary while talking to an elderly person or a rate of speaking, i.e. one has to speak slowly, loudly, and this requires a greater amount of time (M, MOPS, 34 y/o). Employees also pointed out that mere explaining how to settle various matters does not seem to be working, for the simple reason that some older people are not able to do things unassisted, they need help in filling in the documents, calling various places, they need to be given suggestions and guidance. As it is not difficult to imagine, senile changes such as: hearing problems or problems with memorising various information make it difficult to work with old-aged clients of social welfare centers. And all this is attributable to the fact that "in the normal ageing process, the memorising function gradually wanes, with age the memory deteriorates, especially the short-term one, a new type of emotional memory, called the memory of the heart, appears, and the fluid intelligence that facilitates the process of learning and remembering turns into crystallised intelligence, i.e. based on experience" (Zych, Kaleta-Witusiak, 2010, p. 30).

In one of the interviews the following opinion was offered: [there are] *age-related barriers, elderly are deaf or hard of hearing, they have various health issues and are often immobilised, and these age-related changes make work difficult* (W, OPS, 44 y/o). Or a different comment: *you need to be very patient* [to work] *with old people, and I mean really patient, because this senile dementia means that they become suspicious, they may make false accusations, and that is hard work* (W, MOPS, 49 y/o). A social worker performing his or her profession must be aware of the old-age specificity, which has its impact on the quality and interaction with an elderly person.

Secondly, working with older people is more difficult because a social worker or a psychologist have a much narrower range of possible forms of care and support to offer them: *there is not much you can change here, efficiency is low, two or three forms of support are available and there is all there's to it, nothing more can be done* – it was the explanation offered by one of the respondents (W, MOPS, 56 y/o). There was also a more 'blunt' comment made by a psychologist: *working with older people is more boring, more monotonous […] so from this emotional perspective, this job with an older person requires more involvement* (W, MOPS, 63 y/o). In the subject matter literature we read: "we should also mention that helping older people who have decided to talk about their problem is a difficult task. There are no appropriate tools, legal tools. For instance, we have shelters for mothers with children, etc., but there is no help on offer that would aim only older people" (Baumann, 2006, p. 120) But the difficulty in working with seniors also stems from the fact that the elderly are less likely to accept change: *it is hard to convince older people, because they are stubborn, because they are set in their ways, beliefs and views, and wear blinkers, and it is difficult to change their way of thinking* , the social worker explained (W, GOPS, 27 y/o). Or another statement: *you certainly cannot step into the world of older people with your ideas, they already think in their own categories, have their own habits and it is very difficult to convince them to, for example, social care services or other forms of support* (W, MGOPS, 45 y/o). An interesting and accurate explanation of such attitude of resistance to change was presented by a psychologist: *if something becomes your settled or regular tendency or practice acquired over many years of your life, it is difficult to eradicate it in a few months. So it is more difficult to work with people who are saturated with certain behaviours or developed ways of functioning* (M, OIK, 43 y/o).

Another thing is the distrust. Here, the experience of social workers and psychologists varied. Some respondents were of a view that older people are trusting, even more trusting than young people, *although at the beginning, when you visit them, you have to lighten up the mood, talk about children, grandchildren, ask whether they come to visit them. Then an elderly person becomes more trusting and it is easier to talk about his or her problems,* said one of the participants (W, GOPS, 33 y/o). But some respondents, mostly working in the city, pointed to the distrust of older people. [They are] d*istrustful, sometimes it is even difficult to get their retirement or pension payslip needed for documentation when they participate in community meals",* explained one of the women surveyed (W, MOPS, 38 y/o). In turn, another respondent mentioned the incident she herself experienced. The centre had learnt that the elderly married couple were suffering harm, so she was asked to check the situation there. And when she arrived at the place, she was not allowed into the apartment at all. *They did not even let me in,* she said*, they told me to come with the village administrator, [that] only their village administrator knows their situation and they do not know me and will not let me in. It is also difficult to trust from the start, especially today* (W, GOPS, 48 y/o). At the heart of the distrust may lie the elderly's reluctance to let a stranger in who will have a good look around their house, and this will make them feel uncomfortable.

But this pessimistic view should not overshadow undeniable advantages of working with older people. The bonuses reported by the respondents included in the first place: personal culture and respect that the elderly show towards social care workers.

Małgorzata Buchla explains: "the elderly generally respect government officials and representatives of other institutions. The probable cause of this behaviour has to do with the remnant of the attitude towards power and its bodies shaped in the former political system. It is possible that the reason for this type of behaviour may be rooted in one's personal culture, marked by politeness and respect towards other people, and especially towards representatives of governmental institutions" (Buchla, 2010, pp. 71–72).

Obviously, there are also confrontational and demanding seniors. But in comparison to younger-aged clients behaving in a similar way, such cases among elderly are rather sporadic. Those differences in clients' behaviour become particularly evident when they are advised about the possibility of receiving help. *Old people come and ask if they can get this or that type of benefits,* explained the head of one of the social welfare centers – *and if they are not entitled to anything, for example due to too high income, they will not make* *a stink and will politely say "Thank you" and leave. The young have no scruples and demand all this as a right, they feel like the world owes them a living and that's it* (W, OPS, 40 y/o). It seems that other distinguishing features of work with the elderly are a derivative of respect and the personal culture older people demonstrate. Social workers pointed out that older people are more kind, warm, and above all, grateful for the care and support that was provided to them, even if it was symbolic. *Because older people are grateful for the help they have received, and they want to say "thank you". This is so nice for us and it is the best prize,* explained the social worker (W, MGOPS, 47 y/o). In addition, the respondents indicated that this respect and different, better quality contact with an elderly person also reflects their life experience and wisdom, and it often shows in conversation or contact with them. As we read in the subject-matter literature: "the wisdom of an old man, gained over many years of experience, allows him to see more difficult matters in a wider perspective without emotion, as they are" (Dyczewski, 1994, p. 75; Nerło, 2007, p. 36). In turn, Agnieszka Nowicka is of a view that "it is extremely important to debunk stereotypes about older people, and shape the attitudes of the 21st century people on the basis of ancient views, which were characterised by greater mindfulness and empathy shown towards the elderly. These people are the bearers of values that are fast disappearing and possess wisdom that we all need. It is above all wisdom and not science, which we owe much good to, but also so many disasters and catastrophes, that can save mankind. Naturally, if we find humility in ourselves to reach for it" (Nowicka, 2010, p. 23). Respondents' statements show that they reach for this wisdom. The head of one of the Municipal Social Welfare Centres explained: *what is very appealing to me in contact with an old man is a different approach to life, lack of rush, such calmness and enjoying what you have, they sometimes see so many positive things around you* (W, MOPS, 38 y/o). Here are some similar comments: *sometimes this contact with an elderly person is so constructive,* the social worker reported, *and they are simply wise and this is what we are benefiting from, from this practical wisdom. And the way they decorate their home, for me these houses have their souls – pictures, wreaths, tablecloths. Such a different approach to everything* (W, OPS, 52 y/o). Or another comment: *when I leave the house of an elderly person, I am feeling so good, my batteries are charged, I am feeling fine, they are not aggressive, but they calm me down. When you leave the house of a younger-aged client, you leave with distaste, and the elderly, even if a matter was settled not in their favour, i.e. they got a negative answer to something, they react differently because they have seen a lot in their life and hence this wise, not demanding attitude.*

They can explain things to themselves (W, GOPS, 56 y/o). It would be wrong to conclude that social workers were not dealing with seniors complaining about their health, family relations, lack of interest, etc. Such information also came up during interviews. After all, seniors' attitudes towards their old age and, consequently, towards others vary. However, from the interviewees' statements it transpires that the respondents did not have too many old-aged clients who – after D. Bromley – can be called 'angry old men'.

There is one more feature of social work with seniors to be noted. Social workers who took part in the study indicated that working with the elderly is emotionally very engaging. And although emotions are also involved in dealing with other clients of social welfare centres, respondents reported that the specificity of a given period of life of an elderly person is not without significance. A social worker or psychologist may experience sadness and compassion, especially when grandmother or grandfather he or she comes to visit is a lonely person, neglected by the family, suffering from diseases of old age, etc., *you can get a sneak previous of what your future will look like and it is also so powerful* (W, OPS, 52 y/o), explained one of the interviewees. Furthermore, social workers said that they look at the older age of their clients through the prism of their old parents or grandparents and, seeing the similarity of the situation, approach them with greater empathy and understanding.

SOCIAL WORK WITH ELDERLY MEN AND WOMEN – DIFFERENCES

What very often differentiates the results of diagnoses is the gender variable. It was no different in the studies under analysis. Compared with the similarities in working with elderly men and women described above, there are fewer differences in this field and they are difficult to grasp. The reason is largely due to the fact that in general, elderly people are rather rare clients of social welfare, while elderly men are an exceptionally small group of beneficiaries. *Older men are fewer […], there are a lot of widows, many older men have died,* said one of the employees (W, GOPS, 53 y/o), or another comment: *they [men] are simply fewer, when we provide services it's mostly for women. An older man is an exception. Men rarely use services, because there are fewer older male widowers* (W, GOPS, 48 y/o), or *men are rare. Only women make use of social care services. Because a bloke walks until he drops and dies of a heart attack. And he is gone. And as to women, one is lying in bed, another is catheterised, still another is bedridden. According to statistics in Poland, even when you have a look around in hospitals,* *there are mostly female patients. It is because they live longer, and because they whine stronger. Men die faster. Heart attack … half a year and he is gone. With women it takes longer 5, 10, 15 years, these are completely different organisms and that is how it is in Poland, but not only in Poland*. (W, GOPS, 35 y/o).

The fact that men are dying faster is one reason. Another is the division of roles in the family. During one of the interviews, the social worker said: *I think it is like that: men have not been doing housework for the last 50 years, whatsoever. Things have not changed much today, during home visits [*we can see that*] the man does not pour soup himself. His wife does it for him, serves him the second course, when he is done eating, he leaves the table, she clears the table, does the washing up, or some other member of the household does it. In no case did the man pitch in, be it running after kids, or with housework, not to mention cleaning the house. It is a division of gender roles. Wanted, unwanted. The woman had her roles, the man had his roles* (W, GOPS, 41 y/o). The conclusion one can draw from the above statement is that the role of a woman is to remedy various difficult family situations, for example asking for help, which men may find embarrassing, and *after all, it has to do with culture that has women handle various administrative matters,* explained the head of one of the social welfare centres (W, MGOPS, 36 y/o). It will not be too far-fetched to say that the woman's duties have usually included contacting the welfare centre, and *if the wife dies or something, then it is the man who comes to us and becomes more helpless* (W, GOPS, 52 y/o). So a man turns to social care providers only when forced by the situation !? The respondents mentioned it.

This is how one of the interviewed social workers working in elderly care in a rural commune described his experience: *men will also ask for help, but when they are forced to do so, for example, they are widowers themselves, or when, for example wife is sick, then yes, they will also come to seek help* (W, OPS, 44 y/o). It is also worth quoting the comment made by the head of one of the centres, a male representative, in the minority among the respondents*: men rarely come* [to seek help]. *We learn from the neighbour, for example, that an elderly gentleman needs help, because he will not come to ask for it on his own, unless, as a last resort. A man will come to us as a last resort. Because the situation forced him or something, otherwise he will not come here willingly but he will try to cope with the whole situation himself. And in such matters, this social factor will work. We will find out that help is needed somewhere. Older men, I think they are ashamed more than women, and here also this social factor will work,* [the conviction] *that the man has to deal with the situation on his own. Although I think that in this geriatric period, these emo-*

tions are also growing weaker and, if necessary, eventually, he will turn to for help. So maybe they do not treat the use of help as something dishonourable any more (M, MOPS, 43 y/o). The quoted statement seems very accurate.

Interaction with older men who decided to cooperate with employees of social welfare providers, is in some respects different than with women of the same age. What does it mean?

Many participants of the study emphasised that working with men is easier. *Men very rarely report to social care agencies, but if they do, it is easier to talk to them, men are more open, get along easier, have no secrets, talk about matters that women do not want to talk about,* said one of the respondents (W, MOPS, 47 y/o). In addition, men are more determined, so when they report to social welfare providers, they actually want to take advantage of possible forms of support, so *men expect specific support, answers to specific questions they have such as: what he can do in such or such situation, etc. So they expect specific help,* said one of the interviewees (W, OIK, 27 y/o). Social workers mentioned that there were situations when a man would come and ask for help with the Social Security Institutions (ZUS) settlement (W, GOPS, 44 y/o), or it happens *that they come because they have problems coping with alcoholic children and want to do something with them because the line has been crossed and eventually you have to do something with them. Men realised it quicker but the mother will always defend [her child]. A woman always defends [her child].* (W, GOPS, 48 y/o). Social workers and psychologists also stressed that older women often come to the centre to "spill their guts", complain about family and health problems, and this is all they need, they do not want any other form of help. As far as men are concerned such situations are few and far between. In addition, according to several respondents, older men as clients are more demanding, *I will say that blokes are more pesky,* said the manager of one of the centres. *They do not come more often [than women], but have more requirements. Because you can explain it to a woman that something… that today I am unable to do it, and the man will not accept such explanation, for example, today it is raining and no one will come to mow the wet grass for you. Because he has looked out of the window, the grass looks big and today it has to be mowed* (W, GOPS, 46 y/o). Admittedly, the ingenuity of social welfare clients knows no boundaries.

And finally, it is worth adding that a group of elderly men who benefit from social welfare system also includes those who failed to manage their lives properly and, in consequence, are in a difficult financial situation with nothing to live on. *We have gentlemen who frittered all away and are now ap-*

*plying for MOPS [*social welfare*] benefits because they have nothing to live on,* said a social worker. *There are plenty of men, more than women, I have only one lady who receives social welfare benefit, and the rest are men and I tell you: they have nothing to live on, so they claim unemployment benefits because they are not entitled to retirement benefits and now come here seeking our support* (W, MOPS, 48 y/o). Or a comment from another respondent: *men rarely ask for help at all. Unless they are boozers, if they do not have enough money to buy alcohol, then they do come but then the money they get will not necessarily be spent on food* (W, MOPS, 63 y/o).

SUMMARY

The material presented in the paper shows that social work with various groups of clients, especially with older men and women is far from monotonous. On the one hand, the work can be sometimes more difficult and requiring more effort, but on the other hand, it can be more pleasant, bringing added value to one's life and helping to gain a fresh perspective on things that matter.

The specificity of working with elderly people requires emphasis and awareness-raising, especially among those who work in social care services. Although today's elderly do not constitute a large group of clients of social care providers, in the future this situation may change. Low pensions, growing prices of medicines, migration of children abroad, lack of necessary care or crushing loneliness will make more seniors report to social welfare centres, asking for support. In addition, elder persons are and will continue to be a heterogeneous group. This group will also include those who know what rights they have and what benefits they are entitled to. Thanks to access to the Internet and higher education, they can speak up and ask for what they deserve.

Therefore, social care should take measures to adapt the regulations in force to emerging needs and problems of the ageing Polish society.

Certainly what requires change is the means-tested criterion which entitles the elderly to social welfare support, for example, financial assistance. Although it is subject to regular review (every 3 years), seniors usually constitute the minority group eligible for support. Therefore, they are at risk of social marginalisation and poor quality of life (Halicka, 2004). Against this background, it is also reasonable to develop solutions that will increase the likelihood of the family taking care of the elderly in need. Perhaps a specific provision in the Social Welfare Act would help social workers to enforce such behaviour of family members.

There is already the family assistant or a disabled person assistant in the social welfare system. Why not introduce the profession of a personal care aide to a senior? A person who could make everyday life more bearable, help carry out daily chores that an elderly person can no longer perform unassisted, or who could help overcome loneliness. Upskilling of social care workforce in elderly care is also an important topic. Systematic training on gerontological issues could help social workers make their work with the eldest citizens of our society more effective.

The introduction of new, good solutions is by no means easy, but it is not impossible. The process of their development and implementation should engage both people working in social care and the seniors themselves, to whom new regulations will apply. In such a case scenario, the probability of successful implementation of this challenge becomes higher.

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MY SECOND HOME … – QUALITY OF LIFE IN A CARE HOME FROM THE PERSPECTIVE OF OLDER PERSONS[1]

ABSTRACT

The aim of the study was twofold: to determine and to interpret the reasons for which older persons decide to move to residential care, and to find out what social care standards they appreciate the most in terms of improving their quality of life and expectations towards a residential care facility. The research focused on the statements of the elderly who had been living in a care home for over five years and were able to refer to their situation and life experiences in a retrospective manner. A qualitative research strategy was applied. The author collected the data by conducting narrative interviews. The research findings were examined against the research questions raised.

Keywords: residential care, older persons, narrative interviews

According to all demographic forecasts the number of older people in Polish society continues to increase. In 2015, the population of Poland was 38.5 million, out of which 8.8 million were the elderly, which is 22.9% of the country's population (*Population: Size and structure of population and vital statistics…*, 2016, pp. 16, 17). A comparison with the preceding year shows that the number of elderly people in Polish society has increased by 300,000 (*Population aged 60 and over* … 2016, p. 2). The most numerous groups of older people are those within the 60–64 (2.7 million) and 65–69 (2.2 million) age brackets. The least numerous group covers the 'oldest-old', namely those aged 95–99 (26,345) and centennials (4,755) (*Population aged 60 and more…*, 2016, pp. 16, 17).

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The level of income is the basic measure of household affluence, including the elderly's households. It is also the key factor determining a household's ability to meet its basic needs. In 2015, the income rose, on average, by 4.3% whereby in the previous year the increase was 3.2%. In March – June 2015, the highest average net income per person was recorded in the households of retirees – it stood at PLN 1,562 and was slightly lower in comparison to employees, whose net income per person was 1,634 (Czapiński, Panek, 2015, p. 36).

Last year also saw an increase in average monthly household expenditures, which rose from 1.6% to 3.7%. As regards expenditures, statistical data indicates that households of retirees spent PLN 1,221, while those of pensioners PLN 997, which is 80.7% and 89.5%, respectively, in the structure of their income. The largest share in expenditures constituted the costs of food purchase (24%), housing maintenance and electricity consumption (20.1%). It needs to be emphasised that income is a factor which clearly differentiates the level and structure of expenditure in households' budgets. This situation is reflected, inter alia, in the poorest households' budgets where financial burden is increased due to expenditure on food and non-alcoholic beverages and on house maintenance costs (a monthly rent for a flat, charges for water supply and other services housing- and energy-related costs) (*Situation of households…* 2016, pp. 2–8).

In 2015, the studied households (37%), regardless of their type of income, declared a certain difficulty in making ends meet. In the last four years, the percentage of households that make ends meet with great difficulty or with difficulty declined significantly (by over 4 p.p. and almost 3 p.p., respectively). When assessing cash management methods, households most frequently declared that they had enough money thanks to living frugally (approx. 37%), and 22% declared they lived very frugally to save up for the future. Over the past 4 years, there was a marked increase in the share of households able to afford everything and save up (by nearly 3 p.p.). At the same time, the share of households declaring they had money for the cheapest food, clothes, rent and credit payment declined. Majority of households (86%) reported that in situations of income insufficiency they limited their daily needs, received help from relatives (36%) or took out loans (26%). Over the last four years, there was a relatively largest increase (by 7%) in the share of households that needed to resort to their savings because of insufficient income to meet their daily needs. At the same time, the percentage of households taking out interest-bearing bank loans and other borrowings markedly fell (by 6%) (Czapiński, Panek, 2015, pp. 42–45).

In 2015, the average household occupied a 3-room flat with an area of 76.7 m². In the group of retirees a usable space per person was 36.5 m² and in the group of pensioners – 36 m². An improvement in sanitary and electrical installations was noted. It is difficult to determine how these installations look like in older people's households, because no recent statistics are available, and a considerable number of older people live together with other family members. From the studies, it emerges that, on the whole, the standard of basic installations in older people's households was higher than in 2014. As many as 99.3% of households was equipped with a water supply system, 97.4% had a flushed lavatory and 96.4% a bathroom (*Situation of households…*, 2016, pp. 18, 19). Households were equipped in basic durable goods and domestic appliance, such as: a TV set, telephone, washing machine and internet access (Czapiński, Panek, 2015, p. 54).

Another important measure of the financial standing of older people is their ability to make savings. In the period under analysis, the percentage of households declaring that they had savings was 45.1%. As regards the elderly, the most common purpose of making savings was to have some reserve for medical treatment (over 44% of households from this group), (Czapiński, Panek, 2015, pp. 56, 58).

As regards the health situation, it significantly affects the quality of life and functioning of older people. In the last five years, a marked improvement in the elderly health was observed, especially in the group of sixty-year-olds and seventy-year-olds. They declared that their health was good (28%) and very good (35%). The health assessment in these groups increased by 6 p.p. The majority of older people assessed their health as neither good nor bad (43%), 29% as bad and very bad, and only 28% as very good and good. With the transition to older age groups, however, subjective health assessments tend to be less positive. Among the sixty-year-olds, every third person assessed their health as very good or good, and only every fifth as bad or very bad; while among the oldest persons (80 years and over), every second person declared a bad or very bad status of health with only every eighth older person reporting at least good health. Most seniors struggle with health problems. Only every ninth person declared having no illnesses. With age, the list of chronic diseases or ailments is growing longer. In the 60–69 age group, there were 3.1 of chronic diseases or ailments per one person, while among seventy-year-olds, the number was 4.1, and among the oldest, 4.5. When asked to rate their own health, women, on average, consistently report being in worse health than men do. The most common health complaint among Polish older persons is hypertension, a health condition common for more than half of the group. Seniors very often complain of lower back pain and osteoarthritis, which occurs in about 40% of the population. The least common health condition include diabetes (18%), migraines and thyroid disease (approximately 12%) (*The health status of the Polish population* in 2014 year, 2016, pp. 66–68). There are also difficulties with daily life activities. Every third person aged 65 and over declared experiencing problems with self-care capacity. The biggest difficulties concerned problems with getting up and going to bed, bathing or showering, dressing and undressing. Every fourth person reported problems with at least one of the aforementioned activities. The level of self-care capability and independence in performing such activities decreases with age. In older age groups, three out of five people surveyed reported experiencing difficulties of this type. Therefore, given that every second person aged 65 and over reports such difficulties, it is evident that the elderly find it difficult or impossible to perform more demanding housework. Doing shopping independently or performing lighter housework is also problematic. Likewise, every third older person has difficulties handling financial matters. These difficulties increase with age. The scale of needs in this basic aspect of life is proved by the fact that almost 45% of seniors have to cope with difficulties alone and are deprived of any support in this area (*Population at the age of 60 and more…*, 2016, pp. 15, 16).

CARE HOME – CHOICE OR NECESSITY?

There are two standpoints in the approach to the importance of a care home as a welfare institution. The first is the appreciation of such type of facilities for solving social problems like inability to secure services in the local environment, putting an end to a certain family drama, choosing a lesser evil. The other one, however, views care homes as only the necessity of life and allows for other ways of dealing with difficult life situations, including expanding the welfare system in the local environment and strengthening the capacity of families (Zbyrad, 2010, p. 46). In order to understand opinions on the functioning of care homes, let us analyse why seniors are relocated to those institutions in the first place.

Feeling lonely is often the reason why older people choose to move to residential care. Loneliness they experience means deficient personal and social relations – a subjective, unpleasant and stressful feeling (Rembowski, 1992, pp. 25–26). Andrzej Mielczarek (2006, p. 25) indicates that loneliness older persons experience triggers in them the feeling of being redundant, and in consequence, they fear there is no space for them in the social structure. There are also other problems seniors experience. According to the researcher, they include: various types of health issues, physical and intellectual disability, and financial problems. In consequence of these difficulties, elder persons opt for a care home. Mielczarek points out: "we note an increase in the percentage of older people with temporary or permanent incapacity for self-care, people in need of permanent help, whose family is unable to provide them with decent living conditions. Under the circumstances, the only way out is to put these people in care homes" (Mielczarek, 2006, p. 31).

In the analysis of the seniors' situation much attention is placed on the role of the family, viewed as a vital element in case an older person is put in a care home. According to Krystyna Piotrowska-Breger (2004, p. 117), an elderly person feels unwelcome in a family, has a sense of loneliness and isolation. He or she enters the last stage of life as a second or third category man. This, coupled with the fact that children very often do not feel obliged to look after their elderly parents, speeds up the process of senile degradation. Piotrowska-Breger also acknowledges that old age homes isolate the elderly from society instead of integrating them with it. Seniors are therefore thrown out of the normal life and prevented from sharing their daily activities with younger generations.

It is usually assumed that, except for incapacitation cases, an elderly person makes a decision about going into a care home on their own. It turns out, however, that one must be very careful in making such an assumption. The family very often exerts pressure on an elder person to make them decide to relocate to a nursing home. There are different forms of pressure applied, such as: incapacitation, manipulation and deception. They involve creating an unpleasant atmosphere at home and provoking conflicts. Such situations are supposed to make an older person come to a conclusion that the only safe and peaceful place for them to live in is a care home (Piotrowska-Breger, 2004, pp. 116, 117).

Hence, one can hardly talk about residential care as an outcome of a free positive choice exercised by an older person. The elderly are forced to enter residential care because they find it difficult to cope with their daily problems, such as: poor health, inability to meet basic needs, lack of interpersonal contacts, lack of security, need for care and human kindness. This is confirmed in findings carried out by Anna Leszczyńska-Rejchert (2008, p. 155). The author cites the statements of residents from old age homes “no one came here out of kindness”. Various health conditions, i.e. illness, poor health, physical disability are the most common reasons (47%) given by older persons to justify their decision to go into a care home. The death of those closest to them comes second (35.4%), and in the third place there is loneliness, feeling of isolation and a conflict situation in the family (29.5%). Other reasons revealed during the studies included: family conflicts (29.5%), housing problems (24.6%), lack of independence in life (16.4%), desire to relieve the strain on family members (15.8%), alcohol addiction of a member of the family (9.8%), family rejection (8.2%), poor financial standing (6%), a sense of being redundant and treated disrespectfully by close relatives (3.8%). The vast majority of older people indicated their difficult and unfavorable life situation as the root cause for choosing to reside in a care home. Research has also shown that some seniors made the decision consciously and thoughtfully, having carefully considered the following aspects: the desire to spend a life in comfortable conditions (6%), the desire to spend life in peace and quiet (3.8%), the lack of a close family and their children moving permanently abroad (0.5%) (Leszczyńska-Rejchert, 2008, p. 159).

Older family members are often left behind by their younger relatives, a social phenomenon also confirmed in the study by Zofia Szarota (1998, pp. 46, 47). From the findings it transpires that 70% of older people enter residential care as a consequence of family conflicts. The researcher quotes the statements given by older persons: “daughter chased me out”, “children have left”, “daughter-in-law does not like me”. Those statement reveal the gerontophobia behind the actions of those closest to the elderly. The studies also confirm lack of respect for both older persons and traditional values, which is viewed as the frequent social phenomenon in Poland.

A decision about moving to a care home is a difficult one. It involves changes in the material and social life environment (change of place of residence, neighbours, friends, the need to enter into new relationships). These changes may turn out to be unfavorable, which is why many seniors postpone making this move. A decision to enter residential care is also frequently dictated by various problems and circumstances in an older person’s life.

Older persons often have their families, but those families become the source of their problems and the main decision trigger to enter a residential care facility. The research shows that living in an old age home is not the result of a conscious and voluntary choice but a decision that arose out of necessity (Zbyrad, 2010, p. 50).

PRESENTATION OF THE SAMPLE AND SELECTED RESULTS OF THE AUTHOR'S OWN RESEARCH

The aim of the study was twofold: to determine and to interpret the reasons for which older persons decide to move to residential care, and to find out what social care standards they appreciate the most in terms of improving their quality of life and expectations towards a residential care facility. The research focused on the statements from seniors residing in a care home. The author of the study was interested to find out the residents' personal experience and, specifically, difficulties and problems they had had to face in their daily life which made them go into a care home. The main research problem was formulated as follows: How does the quality of life of the residents look like from the perspective of their personal experiences? Several specific problems were also defined in the research: What reasons have led to the decision to enter into a residential care facility? How do seniors interpret the quality of life there? What are the expectations of older people towards a care home?

To this end, a quality strategy was adopted (Denzin, Lincoln, 2009, p. 23) and narrative face-to-face interviews with female residents were used to collect data (Kos, 2013, pp. 91–93). In the next stage, the data were analysed against the research problems posed. The study was carried out in the Evangelical Care home "Arka" in the town of Mikołajki and the targeted selection method was used (Konarzewski, 2000, pp. 99, 108). The research sample consisted of female seniors aged 60–70 years who had been residing in the facility for at least five years, and were able to refer to their own situation and life experiences in a retrospective manner. The research results presented below are part of a larger research project. They are also a description of the key issues raised during the study and a synthetic response to the research problems posed.

REASONS FOR ENTERING INTO A RESIDENTIAL CARE FACILITY

The female respondents reported that the main reason for entering into residential care was their deteriorating health caused by old age (case 2), diabetes (case 1), progressive multiple sclerosis (case 4) and the coexistence of several illnesses – vision problems, heart diseases and disorders of locomotor organs (case 3). As a result of health condition, the women had to retire or live on a pension but funds they had were not sufficient to cover the costs of medicines, meals, fees and charges, and other basic needs.

Feeling lonely and isolated was another important reason for residential care. Loneliness was attributed to the lack of a husband (case 1), widowhood (case 2, 3) and rejection by the woman's husband and son due to her illness and subsequent divorce from her husband (case 4). Loneliness means the inability to count on help from the closest family members in daily activities and household duties. Three of the surveyed women did not want their problems and needs to become a burden for the immediate family environment, nor for the social environment. One of the women surveyed who was suffering from multiple sclerosis said that initially she could count on enormous support from her husband and son. Over time, as she needed more and more help with everyday activities, her husband grew tired. She became too much of physical and emotional burden for him. The man did not want to give up his professional job, whereas her son chose to take care of his own life plan (case 4). In cases 2 and 3, the lack of help from the relatives was dictated by the premature death of women's husbands and the move of children to a big city to look for a job.

All women required 24-hour assistance with household chores, helping in activities of daily life, constant professional medical care combined with rehabilitation, physiotherapy and activity-based therapy.

IMPROVING THE QUALITY OF LIFE IN A CARE HOME FROM THE PERSPECTIVE OF THE RESIDENTS INTERVIEWED

The quality of life in a residential home was assessed relatively well by the respondents. Outlining how their daily life had improved, the women focused on the positive aspects of residing in a care home.

According to the respondents, a considerable advantage of care homes lies in the fact that they offer tasty meals, provide shopping and room cleaning services, they also take care of the whole area around, and last but not least, they offer purchase and administering of necessary medicines. The women emphasised that staff employed in the facility were very professional with good substantive and methodical preparation. They also mentioned that some of the staff treated them with care, showing empathy and willingness to provide support, be it in the form of advice or appropriate actions.

What contributes to the improvement of the quality of life in a care home is a facultative, activity-based therapy that all the residents can engage in. The therapy consists of art and handicraft classes, which give them the opportunity to learn new painting and art techniques, such as origami or crocheting. In addition, the residents can exchange opinions and views, talk about their everyday problems and dilemmas. This is because most of the time they stay in their rooms and spend time only with their favourite friends from the centre.

Out of the four surveyed women, three were involved in therapeutic classes (cases 2, 3, 4). A respondent suffering from multiple sclerosis was not able to actively participate in classes, but she could give hints and advice to other participants on how to go about a specific task. Such type of participation had its value as it trained her mind and helped her to forget about the illness.

Residents positively assessed rehabilitation and physiotherapy classes. They described them as high level services adapted to their individual health needs. These included: massages, rehabilitation exercises, radiation and rehabilitation currents. In this case, again, the respondents 2, 3 and 4 were among the participants of those classes.

Another advantage of residential care is access to specialists: psychologist, social workers, carers, nurses. Twice a week, if necessary, they can consult a doctor. Social workers, in turn, are there to monitor the needs and recognise the problems of residents, arrange for visits to the doctor, do shopping, including the purchase of medicines, handle official matters and social welfare benefits. Their tasks also involve organising walks and having conversations as part of the therapy. As to psychologists, they get acquainted with their patients, recognise their problems and provide help in the form of psychological counselling.

The respondents also reported disadvantages of a residential care facility. They pointed out that they did not really feel at home. This is because that they had to move in there out of necessity related to poor health. However, they also were satisfied to have a roof over their heads, a warm meal, leisure activities, care and help in everyday activities.

The female respondents created a specific lifestyle of functioning in the community of residents. They said that creating new strong relationships was not something they were interested in, they did not feel like paying visits to one another because they feared being talked about and having their problems and dilemmas "publicised" in a larger group of people. They were also afraid of jealousy and envy from other people. One of the respondents mentioned only her roommate with which she had lived for 10 years. The roommate was physically disabled, and the respondent helped her with various daily tasks. Being able to share their problems made them bond and, in consequence, create a kind of support group for each other.

Aside from the disadvantages mentioned above, there were also other negatives reported by respondents (case 3, 4). The women mentioned the shortage and wear of equipment in individual rooms and common areas. They complained of a lack of modern equipment necessary for the functioning of persons with paralysis and with motor disorders, e.g. devices that help change the position during sleep.

Expectations of female residents towards a Residential care facility

Expectations of the respondents focused on three levels: social and living conditions, relations with staff and cooperation with volunteer caregivers.

As regards the first area, respondents stressed the need for increasing the number of single rooms to enable them to meet their needs for intimacy and security (case 1, 2, 3, 4). The interviewees also reported the need for new furniture, the purchase of rehabilitation equipment and equipment facilitating the functioning of people with paralysis and motor disorders (case 1, 2, 4).

With regard to relations between the staff and the residents, the respondents expressed the view that there should appear a greater understanding, respect and empathy towards the residents, and that they would expect more mental support (cases 2, 3, 4). One of the respondents added that the employees of the facility should see the residents as human beings and stop treating them as objects (case 3). Professionals should also pursue various courses and attend training where they would acquire or hone competences as well as psychological and communication skills needed for working with people (case 4).

Cooperation with volunteer caregivers would improve care for residents and make it more effective. These people would commit their time and energy to provide help in everyday activities, have conversations with the residents, provide advice in case of problems/dilemmas, organise and spend time with the elderly (case 1, 2, 3, 4).

SUMMARY

The quality of life in care homes is a complex issue with no single and clear definition. The quality of life can be viewed from the perspective of a person in a crisis situation who has no other choice but to enter into a residential care facility or from the perspective of institutional care designed to provide help and improve the life of a person in a crisis. The analysis of comments made by residents makes it clear that a nursery home is often the only option left in an unfavorable life situation, such as: deteriorating health, inability to secure basic needs unassisted, rejection by close family members and a sense of loneliness.

Behind the door of a residential care facility, seniors want to experience the "better life" – better in terms of 24 hour care home services, support and assistance in daily life. They hope for good quality medical care and new interpersonal relations. Hence, it is necessary for a residential care facility to offer and guarantee appropriate standards of services. Against this background, a dialogue with seniors and adequate diagnosis and analysis of their needs can also prove important. Undoubtedly, it is necessary to heed the expectations and opinions of residents about care services offered, listen to what they have to say on advantages and disadvantages of residential care, find out how they assess therapy offered, methods applied and their effectiveness, and last but not least, take note of new forms of activating measures they propose to be introduced in the facility.

The research showed that, despite a general improvement in the quality of life of residents of care homes, residential care means a kind of social isolation. Contacts with former friends are severed, family ties tend to loosen up. It is therefore necessary to raise awareness and educate the society that residential care is an alternative living environment and that it exist to support the everyday functioning of people in need or dependent on help from others.

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CONTACT WITH BIOLOGICAL PARENTS FOR CHILDREN IN FOSTER CARE[1)]

ABSTRACT

Foster family as a temporary form of childcare should ensure that the birth parent-child relationship is maintained. After all, reunification with biological parents is the goal of foster care. The paper is an attempt to analyse contact with biological parents and its impact on the functioning of a foster family and the child placed in it. It seeks to verify the author's own research that was conducted among 95 foster families in the town of Biała Podlaska and the Biała Podlaska poviat in 2010 and 2011 as part of the author's PhD thesis. The study was conducted at the turn of May and June 2015 in the same territorial area. It was based on a diagnostic survey – with data collected for Piotr Jaworski's BA thesis at the seminar under the supervision of the author.

Keywords: foster family, biological parents

In accordance with the latest legislation (The Family Support and Foster Care System Act of 9 June 2011) [Ustawa o wspieraniu rodziny i pieczy zastępczej], a foster family is created by the spouses or an unmarried person with whom the child was placed to exercise foster care over him or her. The following types of alternative care exist in Poland: foster families (kinship care, non-professional foster families, professional foster families, including short-term family-type (emergency) placement, specialised and family-type children's homes).

It should be underscored that nowadays family-type forms of foster care are preferred over institutional forms. Foster families are tasked with providing care and support to a child who for different kinds of reasons is temporarily deprived of parental care. As it was already mentioned, foster

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1) Bibliographical note of the first edition: "Praca Socjalna", 2017, No 1, pp. 136–144.

care is a temporary form of childcare to be exercised only for the period needed by the biological family to regain its capability to look after a child. During that period a foster family should perform a similar care and ensure educational environment as a biological family does. There are a number of requirements foster parents are required to meet: they should be responsible people, they should be properly prepared to look after a foster child, and maintain contact with the child's biological parents.

The exact scope of foster carers' duties is specified in the Family Support and Foster Care System Act of 9 June 2011. According to this law, foster parents provide the child with 24 hour safe nurturing home and care, in particular:

a) treat the child in a way that promotes a sense of his/her dignity and self-esteem;
b) ensure that the child has access to health services, to which he/she is entitled;
c) ensure proper education of the child and compensation for his/her developmental and schooling deficits;
d) ensure the development of his/her talents and interests;
e) satisfy his/her essential needs, in particular emotional, developmental, health, welfare, social and religious;
f) provide protection against arbitrary or unlawful interference with the child's private life;
g) enable contact with parents and other relatives, unless the court decides otherwise.

Teresa Olearczyk (2007, p. 78) writes that before a child is placed in foster care, he or she should undergo assessment to establish the extent of cooperation with birth parents and find out if and in what way a biological family is a threat to child's life and his/her safety and protection. Given that reunification with biological parents is the goal of foster care, foster parents should be aware of the importance of continued contact between a child in foster care and their biological parents.2) It should be remembered that every parent, including a parent deprived of their parental authority, has

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2) The importance of contact between a child placed in foster care and birth parents is underlined in the Family Support and Foster Care System Act of (Art. 40); Art. 113 of the Polish Family and Guardianship Code [Kodeks rodzinny i opiekuńczy], as well as the work of authors dealing with this issue, i.e.: Sokołowski (2010), Olearczyk (2007) Ruszkowska (2013).

a right of access, unless the court decides to deny access rights for reasons of the child's best interest.[3)]

This paper is an attempt to analyse contact of children in foster care with their biological parents and its impact on the functioning of a foster family and a child placed in it.

CONTACT WITH BIRTH PARENTS IN THE LIGHT OF RESEARCH RESULTS

For the purposes of this paper, the author used the data collected by Piotr Jaworski at the seminar under the author's supervision. Surveys were conducted on a small group of 30 foster families from the Biała Podlaska poviat. A questionnaire for foster parents was used as a research tool. As shown in Figure 1, the percentage of children with and without birth parents is significant.

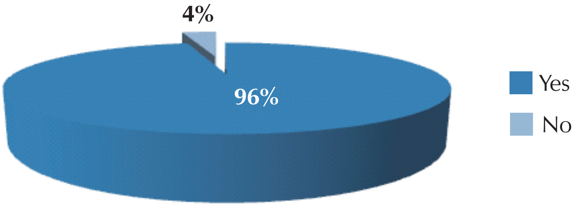

FIGURE 1. Foster children having biological parents

Source: Piotr Jaworski's research results for his BA thesis "Situation of a child in a foster family" (based on the example of the Biała Podlaska poviat)" carried out under the supervision of Dr. Marzena Ruszkowska in 2015

The research findings confirm the generally accepted thesis that a percentage of natural orphans[4)] in foster families is very small. In the present study only a small group of natural orphans was examined, i.e. 4% of all respondents.

The next part of the paper will attempt to verify the author's own research that was carried out among 95 foster families in the town of Biała Podlaska

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[3)] Act of 6 November 2008 amending the Act on The Family and Guardianship Code and some other acts [Ustawa o zmianie ustawy Kodeks rodzinny i opiekuńczy oraz niektórych innych ustaw, Dz.U. 2008, nr 200, poz. 1431].

[4)] According to Jolanta Szymańczak, there are about 15% of natural orphans in family-type care (Report No. 95 *Foster families* p. 7). The Report *Children's in Poland*: *data, numbers, statistics* shows similar data (around 16%). See Falkowska, Telusiewicz-Pacak (2013).

and the Biała Podlaska poviat in 2010 and 2011, as part of her PhD dissertation. The study was conducted at the turn of May and June 2015 in the same territorial area. It was based on a diagnostic survey – with data collected for Piotr Jaworski's BA thesis carried out at the seminar under the author's supervision. Contact with birth parents and its impact on children placed in foster care will be compared and analysed from the perspective of foster carers.

The analysis of the chart shows that 11% of the foster children do not maintain contact with their birth parents, in this 4% are natural orphans (Figure 2).

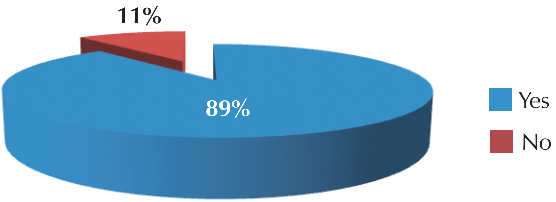

Figure 2. Contact with biological parents – 2015 study

Source: Piotr Jaworski's research for his BA thesis "Situation of a child in a foster family" (based on the example of the Biała Podlaska poviat)" carried out under the supervision of Dr. Marzena Ruszkowska in 2015

Contact between children in foster care and their birth parents looked slightly different in the research carried out in 2010–2011 (Figure 3).

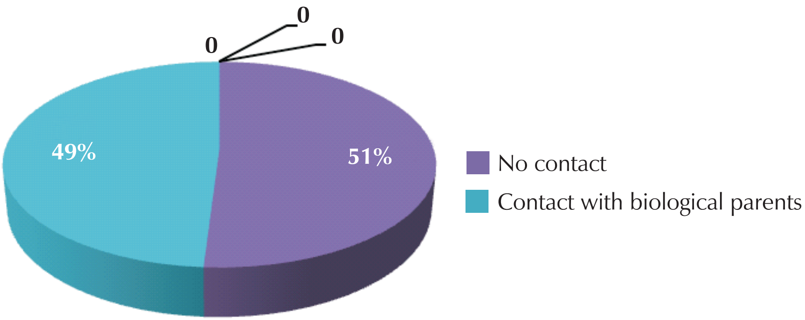

Figure 3. Contact with biological parents – 2015 study

Source: Marzena Ruszkowska's research for her PhD thesis "Foster family as educational care environment. Field comparative study" carried out in the town of Biała Podlaska and Biała Podlaska in 2010–2011.

The data show that as many as 51% of foster children did not maintain contact with their biological parents. This percentage included a large group of children whose one or both parents were dead (approx. 20%). However, it should be emphasised that every third foster child did not maintain relationship with his/her birth parents.

Notwithstanding the different sizes of research groups, the comparison of the two research findings carried out in the Biała Podlaska poviat provides grounds to conclude that both the change in legislation (amendment to the Polish Family and Guardianship Code, entry into force of the Family Support and Foster Care System Act on 1 January 2012) and an ecological perspective on family policy and family problems, brought about a change in the perception and the importance of maintaining a bond with the biological family. In the light of the idea of reintegrating the child with a biological family, this approach seems quite obvious. Currently, the majority of children in foster care maintain continued contact with their biological parents, although its quality and impact on the foster family and on the situation of the child may differ.

ASSESSMENT OF CONTACT WITH BIRTH PARENTS AND ITS IMPACT ON THE FUNCTIONING OF A FOSTER FAMILY

Despite the new regulations in place and the apparent increase in the amount of contact with the biological family, the reluctance of foster carers towards visitations of biological parents continues to exist. As transpires from frequently expressed statements, contact with birth parents leaves a lot to be desired. It adversely affects the functioning of foster families and proper fulfilment of their tasks, including care for and education of a child.

The following are examples of foster carers' statements regarding the negative impact of contact with biological parents on the overall functioning (psychological, physical) of a child in the foster family:

- "I let the child visit a den and I deeply regretted it, I collected a terrified, tearful teenager after a desperate phone call to me";
- "A child bed-wetted for several nights after such visits";
- "The child showed signs of anxiety, distress, problems with emotional control";
- "The mother was under the influence of alcohol and the child felt embarrassed and ashamed";
- "The child cried for a long time after the mother left";

- “After phone talks, the child always cried, so at this moment the parents have no contact with the child, only with us”.

In many cases children do not want to keep in touch with their parents, as is evident from the following statements:

- “The child did not want to approach his parents, he did not want to talk to them, he was trying to do different things at that time, everything but participate in the conversation”;
- “My children keep postponing their parents’ visits saying that they do not feel like meeting them”;
- “When his parents came to visit him and asked how he was doing, he replied that everything was good and immediately ran away, such situation has already happened several times”;
- “We encourage the child to keep in contact [with her parents], but she consistently refuses saying that she doesn’t want to, so contact is basically non-existent, and if it does happen, it is usually in a form of a short, 2–3 minute phone conversation”;
- “The contact is only by phone, and the child is reluctant to volunteer information limiting his answers to: “I don’t know” or monosyllabic “yes, no, OK”.
- There are also situations where birth parents make contact just for show, or out of necessity to give an account of this type of visits before a guardian or the court, as evidenced by the following statements:
- “It seems to us that parents do not come to visit a child, but to have a coffee, eat some cookies and hear from us and from their child that everything is fine and he can still live with us”;
- “On the whole, parents cooperate, although sometimes they pass up on the meetings and neglect visitations, only to re-intensify them immediately before the hearing date”;
- “At the beginning of their placement, the children seem to look forward to the visits with the time less so, they enjoy every candy, every coloured pencil. What amazes me is the parting: children do not cry, birth parents go out like after the film screening leaving the cinema – without any emotions” (Jaworski, 2015).

From the quoted statements and subject matter research (Arczewska, 2004, pp. 83–94; Ruszkowska, 2013, pp. 90–93), it can be concluded that foster parents assess birth parents’ visits rather negatively. Children often respond with misbehaviour afterwards, they become cranky or irritable, they relive the meeting, are disappointed, cry, they have problems controlling their emotions. Contacts with birth parents have particularly adverse affect on children with addicted parents, especially struggling with alcohol addiction. The impact of cooperation with the biological family on the child's adaptation and development is also viewed negatively. From the research (*Potrzeby w usamodzielnieniu…*, 2007), it transpires that the biological family has also a negative impact on the process of young people ageing out of foster care. They fear social stigma that may be attached to them due to their pathological family, that is why they often choose other places than their hometown to become independent.

According to a study by Marzena Ruszkowska (2013, p. 93), ca. 9.5% of foster families view the cooperation with biological parents as satisfying. Similar results are shown in M. Rżysko's survey findings (2010, pp. 19–25) with 10% of foster families stating that an obligation to cooperate with biological parents facilitates their work. Factors that contribute to a positive attitude towards parental participation and towards the parents themselves differ and are largely dependent on the type of family. Caregivers who are family members mainly cite bloodline and close consanguinity, whereas families who are not relatives of the child (whether professional or non-professional) offer the following explanation: "when caregivers are positive about visitations, children are more accommodating, because for them parents are the most important"; "It's important for children because they identify with their family"; "Parents love them in their own way and the child knows it"; "Seeing good will on our part, a child will not experience conflicting feelings and frustrations" (Ruszkowska, 2013, p. 93).

To sum up, currently the majority of birth parents maintain continued contact with their children, but unfortunately its quality varies and is still not satisfactory. Only every tenth foster carer accepts visits from biological parents and believes that contact with their child is conducive to reintegration with a biological family.

SUMMARY

The role of a foster family is to support and complement – not substitute the child's biological family. Contact with birth parents should be helpful in overcoming problems affecting the biological family and – in the long run – should serve to expedite reintegration in the environment from which the child was taken.

The negative emotions aside, it should be remembered that for many children, contact with the immediate family is very important, it gives them a sense of security, allows them to feel like a family member for a moment. A biological family cannot be treated as the ultimate evil. Neither it should provoke in children negative emotions towards their parents by showing their mistakes and defects. It is equally wrong to prohibit or restrict contacts between birth parents and their children placed in foster care.

Of course, maintaining contact between birth parents and foster parents continue to pose the greatest challenge in exercising foster care. The quality of this relationship depends on many factors, i.e. the expectations of one and the other side, foster carers' attitudes, beliefs and pedagogical awareness. What also seems vital is relevant preparation for this type of meetings, not only on the part of foster parents, but also biological ones and the need to explain to them that these meetings are not meant to do any harm, but bring benefits, primarily to the child involved in a foster care system.

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Ustawa z dnia 6 listopada 2008 o zmianie ustawy Kodeks rodzinny i opiekuńczy oraz niektórych innych ustaw [Act of 6 November 2008 amending the Act on The Family and Guardianship Code and some other acts (Dz.U. 2008 nr 220, poz. 1431)].

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WORK WITH CHILDREN AND YOUTH WITH INTELLECTUAL DISABILITIES IN THE ENVIRONMENT OF A NURSING HOME – THE TRAJECTORY OF THE FATE OF SOCIAL ORPHANS[5)]

ABSTRACT

The main purpose of the article is to show the problem of working with children and young people with intellectual disabilities in environment of a nursing home. The authors try to answer the questions, which methods and forms of work with children with intellectual disabilities are practiced and which are considered the most effective ones. Attention was paid to the relationship with the family and the socio-economic situation of parents as important factors determining placing a child in the nursing home. The considerations are of a theoretical and empirical nature.

Keywords: social orphanhood, intellectual disability, nursing home

INTRODUCTION

In recent years, the interest of researchers in the functioning of people with intellectual disabilities has increased significantly. The importance of support from the social environment in independent action, decision making, and thus – the preparation for an active life of people with intel-

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[5)] Bibliographical note of the first edition: "Praca Socjalna", 2017, No 2, pp. 85–103.

lectual disabilities – has become an issue primarily taken up in relation to psychology, sociology, pedagogy and anthropology.

For a few years, as Stanisław Kowalik mentions (2006, pp. 135–156), we are observing a great advance in the understanding of intellectual disability. Changes have already been made in the nomenclature itself, as well as in the perception of people with intellectual disabilities, who are increasingly becoming subjects of freedom and rights. This in turn contributes to isolating them in closed institutions less often Żmudzka, 2003; Sękowski, 2002; Mrugalska, 1996; Świtaj, 2012).

Nevertheless, many authors point out (Żmudzka, 2003, pp. 47–57; Sękowski, 2002, pp. 129–144; Mrugalska, 1996, p. 55; Świtaj, Wciórka, 2012) that despite formal declarations about the equality of all people, we are still stigmatizing and stereotyping people with disabilities, especially the people with intellectual disabilities. The following statements: "disabled people are stupid, they do not understand anything, they cannot learn anything," "it is punishment for the sins of someone from the family," "mental retardation can be contagious" they confirm the stigma of the role of intellectual disability. In western societies, there are a number of stereotypes that often show a person with intellectual disability as useless, malicious, being a burden to others. The activity of these people is shown as unusual. It is seen as something unusual, when people with this type of disability, are independent, professionally active, or have their own families. Meanwhile, these people are not completely disabled, and the limitations that appear in their lives apply to the sphere of the intellect. If, therefore, they are provided with the right conditions for development, adapted to their needs and abilities, they can learn how to function in social life and satisfy at least some of their needs. There is no doubt that it is the task of the parents to work with a child with an intellectual disability on the development of autonomy, social skills, communication, and dealing with difficult situations. However, it happens that the immediate environment is not able to meet the challenges they face and cannot provide with the right conditions for development. The aforementioned failure of the family system becomes one of the reasons for placing a child in the institutions that are to provide him / her with conditions for the best functioning.

In order to better diagnose the phenomena described, we will refer to the concept of trajectory, which is increasingly used in research on human life. This is particularly the case for processes, events and situations that are accompanied by suffering and pain, often characterizing the lives of people with disabilities. In the view of Gerhard Riemann and Fritz Schütz (1992, pp. 89–109) the term "trajectory" describes a process characterized by the appearance of chaos in the life of an individual, which contributes to permanent changes in both his/her biography and identity. Similarly, this phenomenon is defined by Mirosław Nowak-Dziemianowicz (2006, p. 230), in which the "trajectory of suffering" refers to specific life situations "In which it appears, suddenly, in a previously unpredictable way." The appearance of these unforeseen events often, as the author claims, "no longer allows the life of an individual to follow the beaten, tamed and known routes" (ibid., p. 230). As a result an individual does not have influence on the course of his/her own life. In the place of the feeling of controlling all events in everyday life, appears the impression of being overwhelmed by the surrounding new, unknown reality.

In the presented article, the trajectory of the fate of people with intellectual disabilities is divided into the period before and after placement, with particular attention to the forms and methods used in working with the pupils of the Nursing Home for Children and Young People of the Congregation of the Franciscan Sisters of the Family of Mary in Augustów. Although in the research material we do not refer directly to the conceptual category previously described, it has become the starting point for organizing the collected material.

WORK WITH CHILDREN AND YOUTH WITH INTELLECTUAL DISABILITIES IN THE ENVIRONMENT OF A NURSING HOME – THE RESEARCH METHODOLOGY

The aim of the conducted research was to investigate the ways and methods of working with orphaned and intellectually disabled children. We were additionally interested in the issue of the fate of this social group in the context of being in a nursing home, which at the same time was connected with obtaining the status of social orphans. In the context of the phenomenon described, Sylwia Baudora (2006, p. 85) focuses on the importance of the psychosocial functioning of a child. Within this context, she defined the social orphanhood as "a special psychological and social condition of a child, when he/she is deprived of the care of his/her parents and is under the custody of other persons or institutions, while contact with parents is insufficient or does not exist at all". Therefore, it was important for the subject matter to find answers to the following questions:

- What methods and forms of work with children with intellectual disabilities are practiced at the nursing home?
- Which methods of working with mentally impaired children are considered the most effective?
- Does the level of the child's disability influence the choice of working methods?
- What factors determine the return of a child to a help home?
- What are the most often environments of the pupils' origin?

On the one hand the answers to the research questions are to show the methods of working with intellectually disabled children, to indicate the effectiveness of the actions undertaken, and on the other hand – to reveal the living conditions and trajectory of the fate of the pupils, which can provide information on the family environment and potential problems that prevented children from remaining in their homes.

A qualitative approach has been applied in the study. The interview was used as a research method. The technique that was used was a standardized, in-depth interview, which was conducted with six teachers working in a nursing home, including the headmistress of the institution. The scenario of the interview was the tool. The research tool consisted of three main categories of questions. The first category concerned the trajectory of the nursing home's pupils' fates, the second – methods of work used in the facility, and the third – the assessment of the effectiveness of individual methods and the impact of the degree of disability on the choice of working methods.

The research was carried out[6] in Nursing Home for Children and Young People of the Congregation of the Franciscan Sisters of the Family of Mary in Augustów in March 2015. It is a facility with many years of experience. At the time of the research there were 79 girls with moderate, severe and profound intellectual disabilities.

The task of the facility is to prepare pupils for independent functioning in everyday life to the extent corresponding to particular levels of impairment. The institution provides the girls with round-the-clock care, accommodation, food, education and medical rehabilitation at the level of applicable standards in the area and form that result from the individual needs

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[6] The research was carried out in the framework of the master's seminar conducted by Dr Joanna Borowik at the Faculty of Pedagogy and Psychology at the University of Bialystok They were carried out by Mrs. Agnieszka Frąckiewicz.

of residents. The staff of the facility consists of secular and religious people. These are psychologists, occupational therapy instructors, teachers, child carers, people, speech therapists and medical staff (a family doctor, a psychiatrist, physiotherapists and nurses).

TRAJECTORY OF THE FATE OF DISABLED SOCIAL ORPHANS – ANALYSIS OF RESEARCH RESULTS

The first group of questions, which were asked to the respondents, referred to the reasons for placing the child by the parents in the nursing home. The answers revealed not only information on immediate causes, but also gave the image of the socio-economic situation that prevailed in the families of the pupils.

The analysis of the collected material shows that the two main reasons for placing the child in the nursing home is the economic situation of the family and parents' lack of qualifications to provide comprehensive care to their child. One of the respondents says:

> *The child's treatment and rehabilitation is often a long-term process and requires large financial expenses on the part of the parents. One of the parents, most often the mother must give up gainful employment to give care to the child. Earnings of one person are often not enough to bear the high cost of treatment and rehabilitation of the child.* (R2)

Another respondent adds:

> *Some residents are affected by several diseases or deficits, an example may be Iwona* [the name of the woman was changed – ed. aut.], *a girl intellectually disabled to a significant extent, with epilepsy, quadriplegia, and vision defect. Due to paresis, Iwonka cannot overcome architectural barriers alone, she has problems with moving. This is really hard for her parents.* (R3)

The economic situation of families in which disabled people live may deteriorate not only due to the fact that one of the parents quits his/her job.. In such families, additional expenses appear, such as the cost of multidimensional rehabilitation, which – *de facto* – becomes the basic need of a person with special requirements. In addition, in the case of the aforementioned nursing home, many residents come from large families. The respondents pointed out that the needs of a disabled child are so high that they do not allow for allocating sufficient funds to other children. In addition, many families are affected by unemployment, they stay on benefits or run small farms that do not bring high incomes. Then, we can see that the economic situation has many aspects and is a significant factor in deciding whether or not to place the child in a nursing home.

It should be noted that the inability to competently deal with one's own child and, consequently, place him/her in a nursing home is probably unimaginably difficult. Interestingly, in some answers, there were statements that parents do not take such a step as a way to get rid of the "problem", but as their duty in the context of providing the best care. Nevertheless, it is important to remember that the interviews were not carried out with parents. This type of argument may well be a symptom of the occurrence of cognitive dissonance and attempts to rationalize the decision making, which in the opinion of many members of our society may be a manifestation of lack of love and an act of getting rid of the problem.

Another factor that contributed to the decision to place a child in the nursing home, is the place of residence. Research suggests that many families of the residents live in the countryside, where there are is no access to rehabilitation centres, specialists and schools in which offspring could undertake at least basic education.

The respondents admit that other reasons for placing girls in a nursing home is the occurrence of pathologies in families, which is accompanied by educational failure and contingences.

The interlocutor evokes an extreme case of pathology in the family:

> *Beata* [name of the woman was changed – note. aut.] *comes from an incestuous relationship. Her grandfather is her father. It is a family abusing alcohol, living in primitive conditions, where a crime is the norm. When Beatka recalls the time of living at home, you can see fear in her eyes. […] Pathological conditions of life in this family were the reason for placing a child in the Nursing Home.* (R1)

Another respondent says:

> *There are pathologies in most of the families. The main factor causing a pathology in a family is alcoholism. A particularly dangerous situation is in families where alcoholism concerns the mother, the father and sometimes also grandparents. In these families, there are often fights, abuse of power, psychological and physical abuse of children and other people.* (R4) There are mentioned also contingences:

> *In three cases the girls were placed in the nursing home because their mothers had died. Single fathers were not able to meet the care needs of their disabled daughters.* (R6)

The respondent admits that there are situations when single mothers are intellectually disabled and need parents' help themselves, and their children are placed in nursing homes:

> *Two residents are children of single mothers. Their mothers are also intellectually disabled and need their parents' care. After the death of the grandparents of one of the girls, her mother was placed in an old people's home, and she was placed in a children's home. In the second case, the grandparents gave the small one to the institution because they wanted to provide her with proper care, as they were already elderly and could not cope with the needs of their disabled daughter and granddaughter. After their death, the mother was also placed in a nursing home.* (R6)

However, the respondents admit that the majority of girls come from complete families, although they were often treated badly and neglected. The aforementioned is proved by the following answers:

> *Children from these homes come skinny, dirty, neglected, and sometimes with lice.* (R1) *These apartments* [from which the residents come from – note. aut.] *are often dirty and neglected, and most importantly unsuitable for the disabled child's needs.* (R4)

One of the respondents is of the opinion that the level of education correlates with the skills and the willingness to look after a disabled child:

> *A low level of education may be the cause of pedagogical inefficiency of parents and helplessness. This results in the inability to deal with the care of a child with intellectual disability. Eight parents of our pupils do not even have elementary education. Only one of the mothers has a higher education.* […] *For parents with higher education, a disabled child may be an obstacle in making a career, gaining fame, recognition.* (R6)

The statement shows that it would be reasonable to put a hypothesis that: the lower the level of parents' education, the greater the difficulty in caring for a disabled child. At the same time preoccupation with work, making a career, does not help to look after a disabled children either. However, when we take into account the economic factor, which was indicated by respondents as one of the main reasons for placing a child in a nursing home, it is easy to notice that the probability of giving a child to a nursing home will be higher in case of the people with lower education, and often – they are people with lower earnings.

The last reason for placing a child in a nursing home, which was indicated by the respondents, is the age of the parents.

> *The parents sometimes explain their decision to place their child to the Nursing Home with their elderly age and care, fearing that after their death there will be no one to look after their disabled daughter.* (R5)

On the basis of interviews, it can also be concluded that the relationship between parents and their disabled children is difficult. The respondents say that their professional experience shows that the longer a person stays in the nursing home, the less often is their contact with their parents. They are not interested in the progress of children, often they do not respond to invitations. It also happens that after a visit at home, the child returns stressed or when hearing of a potential visit at the family home does not want to go there. The examples cited indicate a disruption of family bonds and relationships between the child and parents, which, unfortunately, more predispose the pupils to become a social orphan.

The analysis of the collected material shows that the trajectory of the girls' life before getting into the Nursing Home in Augustów was complicated. The mere fact of placing children in the nursing home was probably a traumatic experience. Regardless of the psychophysical state, the family is a natural environment for the growth and upbringing of a person. Probably if the family environment was able to satisfy all the child's needs and surround them with love, it would be the most suitable place to live. Unfortunately, the collected data show that in a family environment it would be difficult to find correct and required conditions for children with disabilities. The image reflected on the basis of the interviews, shows a series of pathologies. Children in their homes were exposed to physical as well as psychological violence or biological neglect. However, apart from pathologies, we can see that the families of children with disabilities are in a place of a social structure, which perhaps does not allow sometimes, despite sincere intentions, a comprehensive care of children. Unemployment, low income or place of residence, unfortunately, force parents to place their child in a nursing home.

Trajectory of the fate of children with disabilities in the discussed case is not just experience from family homes. One could say that it adopted a new, definitely different course at the time of placing children in the centre.

We will now look at the situation in which children with disabilities found themselves when they were placed in a nursing home. Particular attention will be paid to the working methods and their effectiveness.

METHODS OF WORKING WITH INTELLECTUALLY DISABLED CHILDREN IN THE NURSING HOME IN AUGUSTÓW – ANALYSIS OF RESEARCH RESULTS

Discussion on the methods of working with intellectually disabled children, which are also social orphans, should start not by describing specific activities that are conducted towards their multi-level improvement, but with paying attention to the environment of a nursing home. If the family does not look after their disabled children and there are no prospects for a new life within its structures, the nursing homes become the basic place of life for the pupils – their new home.

The respondents were asked how they perceive the nursing home in Augustów as a living environment for the disabled girls. In general, attention has been paid to the two following aspects: The nursing home perceived as a place of everyday life and the nursing home as a place for improvement and methodical work with the pupils. With respect to the first aspect, the respondents perceive the nursing home as: a place where there is a family atmosphere, a space full of acceptance, love, kindness, where the pupils are treated as their own children, which is expressed in their joy and sincere contact and perception of employees as family members.

Considering the nursing home as a workplace and a place for rehabilitating the children, attention was paid to: very good conditions for psychomotor development, positive effects in developing the resourcefulness, physical and manual mobility of the pupils, satisfactory work efficiency, good equipment and extensive specialist care. The only drawback are the housing conditions, and more specifically – the size of the rooms where the children live. It is noted that great importance is attached to the atmosphere prevailing in the nursing home. The employees make efforts to satisfy the basic needs of girls, such as the need for closeness or belonging. This is a condition for the child's development in other fields. The advantage is that employees demonstrate a high level of awareness of what conditions must be met in order to carry out effective work in the field of psychomotor rehabilitation – and not only.

As far as the methods of working with mentally disabled children are concerned, it was pointed out that in addition to what is being done at the nursing home, that cooperation with other centres and institutions is important.

> *Regarding the cooperation of the Nursing Home with the environment, it is based on the contacts with institutions such as, for example, health centres, psychological and pedagogical counselling centres, schools, kindergartens and other nursing homes. The effect of cooperation with health care centres is that all residents of the Nursing Home are under constant control and care of specialists. The institution constantly cooperates with the Pedagogical and Psychological Clinic in Augustów This cooperation mainly consists in diagnosing children by the clinic and cooperation of a psychologist with the carers in the implementation of educational and revalidation tasks. The nursing home, in cooperation with special institutions, exchanges experiences of revalidation and education work with children with intellectual disabilities.* (R6)

Analysing the quoted statement, we can see that the nursing home cares for providing comprehensive care for the pupils. One of the most important elements is to make a good diagnosis in order to be able to adapt the methods of work accordingly. Moreover the girls are involved in the local community life: they participate in the life of a nearby parish, go shopping, have contact with volunteers who undertake various types of activities, such as organizing games and singing together. One of the respondents admits that such activities: *additionally affects the revalidation of children, and contacts with people outside the institution help the children to learn norms of social coexistence and to integrate with the local community.* (R2)

At the nursing home, the pupils are under the care of a highly qualified staff responsible for individual activities in specific areas, including a comprehensive program of work with the child. In general there is being implemented a program aiming at:

- socialisation – learning to make contacts in a manner adapted to the abilities and skills of a disabled person and coexistence in a group;
- development of independence and of cognitive skills;
- learning spare time management
- development of interests;
- supporting individual development of a pupil in the psychological, social, movement and speech areas.

It was also pointed out that, despite all the activities that are being undertaken, there are fundamental principles of cooperation with disabled children:

> *The most important philosophy is not to hurt. This work requires identifying the needs of the residents and adapting the methods individually to each of them, but also allowing the residents to do everyday life activities by themselves. Children have to learn how to function by themselves, to make them feel better and more comfortable.* (R4)

Supporting the residents' independence is a kind of giving a chance, creating the reality of girls towards a sense of agency and thus – creating internal motivation.

In relation to specific methods of working with pupils, it must be emphasized that the routine of everyday life is important. The activities are organized according to a strictly organized schedule, which creates a sense of security and at the same time eliminates the element of surprise. Moreover, it is organized in such a way that it can ensure the implementation of individual and group activities. The carers are assigned from three to four pupils, which provides subjective and individual treatment and in-depth identification of needs, which is based on the analysis of:

- data on the family situation of the person under care;
- demand for services (nursing, health, rehabilitation, therapeutic, social, educational, religious);
- the pupils' features: age, physical and mental state, locomotion, cognitive activity, communication skills, and signalling and satisfying the needs, positive and negative traits of the pupil, as well as the possibility of contacts with the family and the analysis of the financial situation.

Moreover, the individual care program is established taking into account long- and short-term goals, using individual services: nursing, health, rehabilitation, therapeutic, social, educational and religious.

So we see that before the concrete work begins with the child, this process is preceded by an in-depth analysis that will allow it to start. Importantly, the plan is modified every six months, depending on the needs and progress of the pupils.

> *We select the methods after reading the documentation and interviewing the resident. Often, we also intuitively try, hoping that we will be able to choose something suitable. It happens that we choose the right method at the*

> *beginning, and within six months the state worsens and then we have to look for a new method again.* (R6)

It is worth emphasizing that choosing the right method can determine whether the child will succeed or not. However, success is defined through the prism of the child's individual capabilities. One of the respondents states:

> *One should approach each child individually, taking into account his/her pace of development, mental and physical abilities. The child's success leads to changes in a specific area of development. It should be noted that the success for one child is independent drawing, completing contours, and for another child drawing a line with the help of an adult. An important task for teachers is to find a method of work to support cognitive, socio-emotional and motor development in an attractive way.* (R5)

In the nursing home there are carried out the following classes:

- ergotherapy (cleaning works – leaf raking, removing snow, weeding flowers, self-service activities – dressing and undressing, eating while maintaining good manners, observing personal hygiene, taking care of the cleanliness and aesthetics of the surroundings);
- art therapy (ceramic and art classes – cross-stitch, knitting, painting, sculpture, drawing, paper art, visual arts, theatrical performances);
- motor rehabilitation (rehabilitation);
- speech therapy (exercises to improve speech articulation, understanding words, development of vocabulary, grammar correctness);
- motor skills.

There are also classes conducted applying the Weronika Sherborne Developmental Movement Method, the Good Start method and dogotherapy. Various types of trips are organized, in order to socialise the pupils.. The respondents speak about the methods used in the following way:

> […] *ceramics classes are the best method in revalidation work with children with intellectual disabilities. Through the moulding and modelling clay, manual dexterity is developed, artistic interests are released, the imagination is activated.* (R2)

> *The speech therapy classes include natural games in which various life situations that emotionally engage are played. The disabled child does not understand the "make-believe" situation, which is justified by the fact of*

> *the domination of speech and situational thinking. Important in the speech therapy work with the intellectually disabled child is teaching speech, understanding its social and content value. Of course, the use of any procedure to improve articulation is an important goal, but a second-level one. The speech revalidation process is complex and long-lasting, therefore it requires great patience and perseverance on both sides.* (R1)

> *I apply the Developmental Movement Method. It is a method in which the residents exercise their knowledge of their own body. These exercises are particularly important, because with their help we can develop knowledge of building our own body, conscious control over the body and its movements, and consequently – its behaviour.* (R3)

The surveyed teachers are of the opinion that, despite the attractiveness of particular methods of work and the involvement of the teachers, it is sometimes difficult to bring children to work.

> *Children often have to be encouraged to take action, and young people are reluctant to take on new challenges. The teachers working with disabled residents come across these problems every day. It is difficult to encourage children to work according to established rules if they do not want to. It takes a lot of effort for the teacher to make the child work during classes.* (R6)

Sometimes pupils are of the opinion that some forms of work are unnecessary, because they will not change anything in their behaviour or appearance. In the situation when the girls do not see any point in undertaking an activity, the resistance appear. An important part of life in the nursing home is the celebration of name days, birthdays, public and church holidays, which allows you to get acquainted with the secular and religious tradition. They are organised in different forms – on site or away from the residence. All ceremonies are organized in a manner adequate to the mental and physical capabilities of girls. The pupils also participate in occasional events organized in the city.

The research shows that, in the opinion of the employees of the Nursing Home in Augustów, the pupils are provided with complex and multidimensional care. Considering the psychophysical condition of the pupils, it seems that such an approach is necessary in order to improve their condition. A manifestation of a competent approach is not only taking care of the developmental part of the child, but also making efforts to create at least a substitute of a family home, which is extremely important in the case of social orphans.

METHODS OF WORKING WITH INTELLECTUALLY DISABLED CHILDREN IN THE NURSING HOME IN AUGUSTÓW – ANALYSIS OF RESEARCH RESULTS

When discussing the methods of working with intellectually disabled children, one cannot avoid the issue of their effectiveness. For this reason, the last part of the interview was devoted to this issue. The analysis of the collected empirical material shows that, paradoxically, people who are responsible for work in individual areas believe that it is their method that brings the best results in the overall development of the child. Most often this approach results from the fact that individual teachers or caregivers work in one therapeutic space. They are able to observe the progress of the pupils in their own area of activity, which, however, are the result of a multi-faceted therapy reflected in many areas of the residents' lives. The respondents agree that *the success in applying any method lies in the regularity of work* (R5). The director of the centre, on the other hand, states that in her opinion the most effective methods of work, bringing the most positive effects, are: the Good Start Method and the Sherborne Developmental Movement method.

Working with a child depends on his/her intellectual, psychological and physical condition, and thus we cannot speak about the general level of effectiveness of the therapeutic methods used. Nevertheless, the statements indicate the advantages of individual methods:

> *The Weronika Sherborne method positively influences the motor development of disabled children. Different disability features of the pupils of the institution: paresis, contractures, balance disorders, result in delays in the development of small and large motor skills.* […] *The work program of the Developing Movement Method allows little children to overcome many of these barriers, making it easier for children to use motor skills and giving them a sense of mobility. Classes in the form of a game help children to learn and consolidate body parts and directions in space.* (R3)

> *The Good Start Method is very effective because it gives positive results, promotes cognitive development, develops reading and writing skills, shapes the lateralization and orientation in the body and space scheme. However, the effects of the work are varied, which is also characteristic of working with disabled children.* (R5)

> *For me, the best method is art therapy. It gives the best effects and satisfaction for the residents. Most of the works made with this method can be publicly displayed at various exhibitions or sent to a competition. These people are so specific that they like to be praised and rewarded. We even organise internal competitions at home. Works with these methods are most often demanding a lot of work and time, which is why this method works best.* (R2)

> *Thanks to speech therapy classes, children learn communicative behaviours that enable the child's independence and resourcefulness in life. The pupils practice the verbalization of their own thoughts, experiences, requests and wishes, as well as improve the ability to ask questions and formulate answers.* (R1)

The presented statements indicate a subjective perception of the effectiveness of individual methods. However, each of them offers to improve the pupils in a different area and in various scopes. On the one hand, respondents pay attention to development in the psychomotor area, on the other – emphasize social or emotional improvement.

Interestingly, in the conversation about effectiveness, there was an oppositional thread, that is to say – lack of effectiveness. They are of the opinion that if the methods are not well adapted to the child's abilities and skills, e.g. they are too tedious, difficult, etc., it may lead to anxiety, discouragement, a sense of insecurity and even an outbreak of aggression. The reaction to the method may also be dependent on the pharmacology used. The key element in the choice and effects of the method used is the ability to match it to the child's degree of disability.

> *Each therapist should be very flexible and creative in searching for different methods of work and be able to match them to the intellectual abilities of a given person. He/She should also be very self-critical in what he/she does, and sometimes, if he/she choses the wrong method, he/she should quickly withdraw from it and look further. In practice, the range of various activities includes an increasing number of residents, ranging from moderate to profound intellectual disability, and it is very comforting.* […] *To an increasing extent, the persons conducting classes appropriately adapt the methods to the abilities, skills and intellectual level of the pupils. The degree of disability has the greatest impact on the choice of methods. You should not attempt any activities without identifying the disability degree and reading the documentation. Each degree has different needs and cognitive abilities. You have to be well prepared so that you do not do any harm.* (R6)

In the last statement, it is noted that despite the multitude of interactions, numerous methods, etc., one of the most important factors that can affect the effectiveness of the actions taken is the preparation of a therapist.

RESEARCH CONCLUSIONS

The implications of the research are extensive. First of all, the family situation of children with intellectual disabilities is not optimistic. On the basis of the collected research material, it can be assumed that having disabled children is a problem, not only in the economic or social context, but also in the dimension of the daily functioning of the family and the way the child is treated by his/her relatives. The most important question is: what developmental chances does the child have if left under the care of the family only? The problem needs to be analysed in the multidimensional perspective.

The research shows that most of the children in the nursing home in Augustów come from poor families. Without the external support, the family is unable to cope with the situation. Moreover, the spreading pathologies in the residents' homes indicate that not only the disabled child needs be under care, but also his/her family. Most of the children from the Augustów institution come from small municipalities where there is no access to medical centres or specialist services. In this situation, it can be assumed that the trajectory of the fate of an intellectually disabled child will have a downward trend in any development. Of course, we do not generalize at this point. We only want to draw attention to problems that may occur in small local communities and in families struggling with poverty or various pathologies.

On the one hand, placing children at a nursing home is socially stigmatized, and on the other, it is the only solution to the situation. Considering the number and variety of methods used at the nursing home, it is difficult to imagine that an average family could provide such conditions. It seems that starting life in a nursing home is a turning point, a milestone in the development of a disabled child. The trajectory of fate suddenly takes a completely different course. When a young person herself/himself is placed in an institution, she/he is subject to multidimensional, diverse care, as a result of which she/he has a chance for more independent functioning. As in the family environment, also in the environment of the nursing home, the human factor plays a significant role, if not the most important one.

Employees' competences are a key aspect that affects the quality of life of the pupils.

However, taking into account the fact that the family is the best environment for raising a child, it should be given appropriate support in order to prevent the child from being placed in an institution. However, in a situation where, in order to make it function better, the child stays in an institution, parallel to the actions taken in relation to the child, it is also necessary to undertake and organize the necessary assistance to his/her parents.

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Transl. Danuta Zgliczyńska

SOCIAL SERVICE – IDENTITY AND DIVERSITY

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ON THE NEED OF ACKNOWLEDGING SOCIAL SERVICES[1)]

In the Volume 3 of 'Praca Socjalna' 2017 have been published eight – seemingly very different articles[2)]. They talk about social workers, curators, family assistants, school pedagogues, multidisciplinary activity of non-governmental institutions, there is also a little bit of history. Someone could even say that it is a coincidental set, and that the articles have nothing in common. Of course, it is just an appearance. In fact, all of the articles focus on the same issue, which is social services. It is true, that they do that fragmentarily, but what other way is there, if the problem is so versatile. It is true, the articles are different, but they have to be different if they are to convey an abundance and diversity of social services. In reality, their common publication is intentional – such set allows to illustrate – out of necessity a very limited – existence and actions of social services. It should also be an incentive to revitalise and estimate the issue of social services, and, as a consequence, allowing them an appropriate place in a state order of social policy.

In a discourse on helping and its organised, public forms, 'social services' have a well-established place, one can say – for years, or even from the very beginning. Despite that, and above all – despite the actual meaning of social practices hidden behind the term, a rank of social services – up to this point, did not find an appropriate confirmation neither in theory (doctrine) of Polish social policy nor in politicians and decisions-makers view, who are responsible for creating public policies' agenda.

The need of change in social assistance and social work is written and talked about for years, however, the fact that something needs to be done

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[1)] Bibliographical note of the first edition: "Praca Socjalna", 2017, No 3, pp. 5–16.

[2)] In this section are included four of them.

about social services is not talked about at all. At the same time – I am truly convinced, that a key to modernisation of social assistance and development of social work is, firstly an earlier noticing and estimation of the problematics of social services and, secondly, their conceptual and institutionalised ordering. In order for that to occur, social services must have their rank restored/given and their matter should be centralised in the discourse. With the very definition of social services, there seems not to be a problem. It can be owed to a great extent, to Barbara Szatur-Jaworska, who devoted several of her works to the issue (Szatur-Jaworska, 1995, 2001, 2006, 2010). Another work worth mentioning here is one by Michał Porowski (1998).

Social services according to M. Porowski are: a set of versatile actions (services)
- conducted from a professional duty or on a voluntarily basis;
- in a frame of public institutions, non-governmental organisations or informal occupational groups (self-help groups);
- helping individuals or families and societies experiences various types of life difficulties in gaining back a feeling of self-worth, authorship, fighting with helplessness, gaining back or improving a capacity of social functioning, meeting basic needs by appropriately chosen educational, supporting, caring, protective, rehabilitative, corrective and other activities;
- creation of conditions necessary to obtain the above aims.

Social Services according to B. Szatur-Jaworska are institutions, organised groups and also individuals realising a broadly understood social work and other interconnected forms of helping and supporting people. Among remaining subjects of social policy, they are differentiated by:
1. an indirect contact with people using the services;
2. an individualisation of targets and methods of working;
3. a pre-intervention diagnosis of needs and capabilities of individuals, families and societies who are to be beneficiaries of social services;
4. reacting in situations in which common procedures created by society fail to meet the needs and solve problems of individuals, families, and groups;
5. focusing on those needs of individuals, groups, gatherings, which are important for their social functioning, being a part of a society.

A basis of distinguishing social services from other subjects of social policy is a conjunction of all of the above-mentioned traits

Source: Szatur-Jaworska, 2001, 2010; Porowski, 1998

However, that up to this point, the definitions do not have any practical application – they are not used to distinguish and to fully describe a fragment of reality referring to social services, which includes administrative and/or scientific institutions of social practices, marking areas of undertaken actions and their comprehensive characteristics.

Without a doubt, an inner diversity and spatial and organisational disperse of social services do not help to comprehend them fully:

- social services act to help numerous social categories, among others: people with physical or mental disability and their families, children deprived of a proper care, problematic families, children and adolescents socially unfit, homeless, unemployed, addicted to alcohol or psychoactive substances, former prisons, immigrants and asylum seekers, people without or with a low income, various types of minorities and so on;
- there are such social services, which, in a legal-organisational way act independently, however, there are also such, who deliver their services in connection with other types/systems of services, e.g. health or educational services, often working on a boundary with them, which makes this boundary blurred (e.g. a case of social support for people with mental disorders, language classes in a country in which a refugee is staying, protected flats, or cultural activation of children from slums);
- social service function in all possible states: in a service-receiver house (e.g. house care service), ambulatory (e.g. all types of health centres and clinics), in semi-stationary state (e.g. support centres, socio-therapeutic common rooms, centres of social integration), in a stationary state (social help hoses, shelters for homeless), but also on a street or in a night club (so-called party work);
- social services create cadres with a very diverse types of education and levels of specialised professional competencies; there is place for both very high qualifications (e.g. family therapists) as well as relatively simple activities (services like housekeeping);
- social services, unlike any other, are open to volunteers – not only for economic reasons, but above all, because some types of help (e.g. terminal care) require from people motivation other than the usual economic one.

A diversity signalled above and a disperse of social services comes in a great degree from its very nature. It should be underlined, however, that institutional factors additionally emphasise it. Let's notice, that, firstly, a part of social services activity happens within law-organisational framework, but in fact there are several of these frameworks: in the first place we talk about a system of social assistance, but also about educational system (e.g. school pedagogues, psychological – pedagogic counselling), health care (e.g. addiction therapies), justice department (guardianship), and also: a) apart from the case of social assistance, in these systems they are on peripheral places; b) these systems are ready to various extents to accept ethos and deontologist rules characteristic of social services; c) there are no rules and mechanisms of common fluent cooperation. Secondly, a part of social services functions on specific institutional 'no one's fields' (e.g. social and professional reintegration, which does not belong to social assistance nor to professional market services). Thirdly, there are such activities of social services, which are placed in weakly institutionalised areas (some activities/services of nongovernmental organisations e.g. citizen's counselling).

As a consequence, an existence and activity of social services as a distinguished, having its own identity area of public life and public policies shifts the attention of not only public opinion, politicians and decisions makers, but also the very people employed in social services, for money and for free. In such situation it is unrealistic to assume that it will be easy to create in them an awareness of a common place and interests. Let's notice also, that the above 'them' contains a long list of professions and quasi-professions, and activities (engagements) of volunteers. There are, among others: social workers (general, clinical, social organisers), family therapists, addiction therapists, occupational therapists, educators (of various types), curators, professional advisors, culture animators, school pedagogues, family assistants, foster families and coordinators of foster care, coaches of supportive/social employment, street workers, house carers, members of AA groups and others.

Surely, a terminology chaos, which occurs in a discourse about helping and its organised forms, is connected with the above state of matters. Key notions here are – apart form 'social services' – a term which in the last two or three decades became hugely marginalised, above all – 'social assistance' (also in versions often used in verbal communication: social assistance/social work, understood 'broadly' and 'narrowly'). A problems lies in a fact that, these notions – cited more or less intentionally as words with similar meaning, or even as synonyms – are often used interchangeably, although in fact they are different. We underline however, that social services are not the same thing as social work and social assistance.

Mistaking social services with social work comes surely from a particular place, which is taken by social work among dispersed and chaotic social services. It plays two roles. In the first one, social work is a standardised service (one of many, although usually considered as a basic service) delivered to persons/families for whom social services work. It can occur in a form of a so-called general practice or a more advanced clinical or environmental practice (community organising). In the second role, social work is a kind of meta-service – a service performed in reference to the remaining services offered directly to people/families in need by social services. What is important here is managing or developing of actions of social services and also popularising and coordinating them on the level of particular consumers. Among considered roles of social workers, particularly important seems to be the role which refers to a mediation between clients/consumers and services they most need: in its most developed form it becomes a 'case management'.

A source of a practice of equalling social services and social work is, in turn, an earlier-mentioned fact, that they lie within the same law-organisational framework, social service to a great extent. Such practice is misleading due to two reasons. Firstly, it excluded such activities, which come to realisation within other systems (which was already mentioned). Secondly – in Polish reality – social assistance is also a financial help, whose essence, sense, 'logic' and pragmatics are very different than social services (which will be talked about later).

Linguistic carelessness makes a language of a discourse unprecise (not to say – blurred). Using such language makes it impossible to order or even to thoroughly describe social practice, or to change (reform) well-planned public policies. Maybe we encounter here a type of a vicious circle: inadequate language is incapable of expressing problems of helping and their real importance, as a consequence it does not appear in public policies agenda, in turn, as it is not in this agenda, there is no pressure for language precision.

One can explain to him or herself, why public opinion, decisions makers, and politicians do not see and do not appreciate social services. It is harder though to comprehend why they still do not find the right place in Polish doctrine of social policy.

In developed welfare states, social services as a new, autonomic, and equal to others, social policy system serving realisation of its own, important social functions emerged between the sixties and the seventies of the 20th Century. A common identity of a broad category of actions, which are institutionally unintegrated and not coordinated was noticed then. Such services were addressed to diverse populations of people and families with specific problems and needs. Their subjective differentiation was justified as follows (Kamerman, Kahn, 1976):

- social services are very diverse from the inside, however, an essence of their actions is very similar – they undertake a set of tasks close to one another and socially very significant, which, importantly, lie outside a range of actions of other institutions' systems – they take care of/support people and/or families experiencing various types of life problems;
- social services act in an individualised manner (personalised) – they are fitted to individual needs and the circumstances of service-receivers;
- an offer of social services cannot be replaced with financial support or with any other types of services, e.g. health, educational or any other type;
- in social services, social work is a central profession, on the same basis as medical professional play a key role in healthcare, and teachers – in education; still, social services require a partaking of representatives of other professions and quasi-professions to an extent in which there are more of those individuals than there are social workers;
- social services in their essence work for persons and families regardless of their economic status.

In development of welfare states, a moment of noticing and acknowledging of social services can be – in my opinion – treated as a completion of the process of instituting of common ideas, unconditional social laws. It also meant an ultimate break up with a tradition dating back to the 19th Century of public charity, which was addressed solely to poor people and families and which combined – primary – financial support with – let's call it – non-material support. Sadly, although in Poland at that time, services of social services were present and served in a non-marginal way, they were not acknowledged. It seems, that the main practical reflex of changes and reorganisation happening in social policies of Western countries was a decision from the sixties about a formal introduction to the list of professions a new profession of social worker, which was connected with an onset of a relevant professional education, and allowed to prepare and start an implementation of government program of development of professional social services (which is replacing in communist Poland social carers with social workers).

The actions undertaken in Poland, in reference to the processes of social services autonomy observed in other countries and institutionalised reorganisations stemming from those, paradoxically had an opposite effect. In reality, an attachment of social work and social assistance confirmed a position in social policy doctrine, according to which non-material support (services) given to citizens not coping with life difficulties, belongs, together with social benefits, to tasks of social assistance, which, – as an institution of a caring technique – is an element completing a system of social security.

What is interesting, is that the above-mentioned fragment of social policy doctrine has not changed until today, despite the fall of communism in Poland and a vastness of changes happening afterwards. To confirm, let's cite a short quotation from a text book published within A Library of Social Worker: 'A term social assistance can be used referring to meeting, using public resources, basic life needs of people and families unable to do it on their own. It is created by a system of financial, material benefits and services. Social assistance completes gaps left by other types of social benefits, due to their restricted objective (type of benefits) and subjective (type of people) range, playing an important role in a system of citizens' social security. It interferes, when a person or a family is unable to cope with their difficult situation on their own, no matter, if that was a result of their own actions or whether it was a random case. On the 29th of November 1990, Parliament adopted a new law about social welfare, reflecting current needs and defining a place of social assistance in a system of social security' (Księżopolski, Magnuszewska-Otulak, Gierszewska, 1996, pp. 262–263). It should be also noted, that a current law (from year 2004) about social welfare did not change anything in this aspect.

Let's notice, that material help (benefits) and assistance in a form of service (including social work) serve to fulfil different functions. Material help is an essence of a function, which can be named compensatory-protective and whose sense is to ensure necessary life resources for basic needs or which enables a decent living environment for those who do not have such resources. Social services, in turn, together with social work serve a promotive-developmental function – which is obtaining and developing resources and competencies, thanks to whom, individuals and/or families experiencing life difficulties can improve their social functioning, social status, overall life quality. As much as compensatory-protective function fits the idea of social security, promotive-developmental function does not (See also Table 1.).

Table 1. Characteristics of compensatory-protective and promotive-developmental functions of social assistance

	Compensatory-protective function of social assistance	Promotive-developmental function of social assistance
Aims:	Providing decent living environment	Life independency and integration with society
Basic forms of help (instruments):	Basic importance of material help and services (mostly protective), they are complementary	Basic importance of services which focus on acquiring and/or strengthening various types of adaptive skills and efficacy capacities key from the perspective of environmental requirements of modern society for families, individuals, and communities, they can (but do not have to) be completed by material help
Rule of redistribution:	Selectiveness – benefits are only for persons/families fulfilling income criterion	Inclusiveness – decisive factor is an existence of needs/problems
Basic procedures for 'an entrance to the system':	Qualifying procedures (checking living conditions, above all – an income criterion) within an administrative procedure	Diagnostic procedures (identification of needs, problems, resources) performed according to professional deontology
A role of services receiver:	From an aim's perspective, an active cooperation of a receiver is not compulsory	A services' receiver is their active co-producer – he or she ultimately influences services' effectiveness
Helping relationship:	It is unnecessary to build a helping relationship between service giver and receiver	A helping relationship is a basis of cooperation between services' giver and receiver
Side effects:	Unavoidable – qualifying rules and requirements: • stigmatise services' receivers (especially people receiving benefits), which influences their social status and results in demanding attitude (Kaźmierczak, 1998), and • encourage to 'play games' with social system, whose consequence is mutual lack of trust and negative stereotypes	There is a danger of simulating activity by services' receivers when there is no helping relationship built and/or when services' givers do not follow rules of professional deontology

It turns out, that these functions, when ascribed as in Poland – in a common law-organisational framework of social welfare – are hard to combine without any losses for one of them. This is the case, because a logic of both functions is different: they serve different aims, require different rules of action, use different tools (forms of help). They are also different in terms of an extent in which they require administrative procedures – the first one usually comes down to such procedures, for the second one – they have a secondary meaning, because in a process of qualifying for assistance and also later – in a phase of realisation, other than law-administrative criteria matter, mainly professional ones. A practice of Polish system of social welfare shows, that the compensatory-protective function is somehow stronger, which marginalises the promotive-developmental function. To be honest, it is hard to expect things differently, as it is exactly this function, which makes social welfare an element completing social security.

The promotive-developmental function, as can be easily observed, is fulfilled not only by social services and assistance performed within a social welfare system, but also by a whole of social services. A problem is, that, unfortunately, independently of the law-organisational structures they actually operate within, they are always marginalised, because in none of them do they play a primary role. Such state of matters, I believe, for quite some time, does not have a rational explanation, with one remaining, that 'It has always been like that' (Kaźmierczak, 2012). There is however, a very strong argument to change that – to ensure social services a separate place within social policy doctrine and to implement institutional solutions respecting this place. This argument is of course the promotive-developmental function, which is performed exclusively by social services. Therefore, if we agree, that a modern state, just and well-developed, cannot do without this function, we must also acknowledge the need for reorganisation of the institutional order of social policy. In particular necessary is a thorough transformation of social welfare system and – let's call it – its surroundings. In other words – there are new regulations required – not a singular law, but several, at least two – about social services and about social transfers, but also other, e.g. about social and professional reintegration and a long-term care.

Changes mentioned above will not happen on their own – someone has to make an effort. Such force will probably not be social services users, for the same reasons they decide to reach for help. This force should be social services professionals. It requires from them an awareness of common interests as a basis for integration and creation of their own environment, active on public scene and able to lobby. A small steps in this direction are presented in this issue of "Social Work in Poland" under the joint title of "Social Service – Identity and Diversity" in the papers as this one and A. Żukiewicz's about the tradition of social services in Poland, T. Kamiński's about the dilemmas they face and M. Arczewska's about cooperation problems of various services in helping children.

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GENESIS OF PROFESSIONALIZATION OF POLISH SOCIAL SERVICES[1)]

ABSTRACT

The article continues the discussion about the identity and history of the Polish social services. In particular, it addresses the genesis and beginnings of the formation of the educational system of social workers. The memory about the beginnings is an indispensable element of thinking about the future in the present. Coming up with solutions for the future without respect for the achievements of the past creates a risk of committing errors of the past generations. It also entails the risk of neglecting the development of proven solutions which are well-grounded in Polish social, cultural and mental conditions. We should remember that history is the best teacher for contemporary activists involved in the fields of theory and practice.

Keywords: social service, social worker, social work, social worker education, social services education history

INTRODUCTION

The issue of Polish social services education has been (and still is) addressed by specialists in social pedagogy, sociology, social policy and, respectively, historians of particular disciplines. Examples of works on the topic of the education of social services in Poland are, in particular, publications by authors/editors such as: Andrzej Pruszkowski [ed.] (1996), Anna Kwak, Andrzej Mościskier [ed.] (1997), Aleksander W. Nocuń, Jerzy Szmagalski (1998), Krzysztof Czekaj, Krzysztof Gorlach, Małgorzata Leśniak [ed.] (1998), Maria Kolankiewicz, Anna Zielińska [ed.] (1998), Andrzej Niesporek, Kazimiera Wódz [ed.] (1999), Anna

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[1)] Bibliographical note of the first edition: “Praca Socjalna”, 2017, No 3, pp. 17–28.

Kotlarska-Michalska (2003, pp. 31–43), Anna Zasada-Chorab (2004), Ewa Kantowicz (2005, pp. 3–14), Arkadiusz Żukiewicz (2005, pp. 45–58), Jerzy Szmagalski (2006, pp. 5–24), Ewa Kantowicz (2008), Elżbieta Trafiałek (2008, pp. 3–17), Ewa Kantowicz (2008, pp. 84–92), Arkadiusz Żukiewicz (2008, pp. 92–107), Ilona Mroczek (2010, pp. 79–88), Krzysztof Piątek, Katarzyna Szymańska-Zybertowicz [ed.] (2011, pp. 109–196), Ewa Kantowicz (2012) and others. The upcoming centenary of the creation of The School of Social Service [Studium Pracy Społeczno-Oświatowej] in Poland provides inspiration to explore historical reference in order to get closer to the beginnings of the Polish education of social services. This can be achieved across the disciplinary frameworks of sciences which locate their output in the curriculum of social workers education and their partners co-creating the former and contemporary systems of care, help, integration, support and social development. Such motivation lies behind the present discussion. In particular, the intention is to adopt a historical perspective to address issues connected with the process of the creation of the Polish system of education of professional social services in its so-called first period.

Embarking on a detailed discussion, one should first restrict the meaning resulting from the selected title, as it can evoke false associations, which should be avoided in a publication in a specialist journal. The term 'genesis' itself is often understood in many ways. In the understanding adopted here, it covers the causes, sources and beginnings of the given process. The orientation towards the issue of social service workers and their training for professional activity sets the qualitative scope of this genesis. The term 'professionalization' in itself is very problematic and deserves a separate analysis. Here, as the reference point, the joint effort by Krzysztof Piątek and Katarzyna Szymańska-Zybertowicz (2011) can be mentioned. These authors have undertaken the discussion of some issues in professional social work in the light of the theory and practice of social services activities, including professional training. The discussion presented below will focus on the causes and conditions which accompanied the development of the education system of the Polish social services. Specific educational initiatives will be mentioned which gave rise to the Polish educational system, which, in turn, laid the foundations for the future system of professional education for social services. It is meant as the opener of a cyclical publication. It is assumed that the intended collection of articles will fit in a broader scope of scientific research activity based on the historical methodology of past exploration concerning the space of social work[2].

FROM EVENT-ORIENTED PHILANTHROPY TO SYSTEMATIC SERVICE

Looking back on the European Middle Ages, it is possible to identify the beginnings of the Polish state (996), which were accompanied by the spread of the idea of Christian love for God and fellowmen. Love and mercy for those in need following from it orientated social thinking towards charity. Caritas based on the principles of the Gospel resulted in practice in the creation of places where help was delivered to persons who were sick, wounded, homeless, orphaned, poor, etc. That period of time witnessed numerous wars, plagues, natural disasters depopulating lands and sometimes leading to complete extinction of settlements, villages or towns (for a broader discussion, see: Davies, 1992, p. 122 and subsequent). A specific demand for philanthropy grew in response to life problems connected with the fulfilment of basic human life needs (cf. Radwan-Pragłowski, Frysztacki, 1998, p. 215 and subsequent).

Charity undertaken on the Polish territories since the beginnings of the Polish state until the time of the Second Polish Commonwealth was a response to current social needs of the population inhabiting the land. At the same time, it was consistent with the Christian ideology of caring for 'thy neighbour' as 'for thyself'. The power of the principle following from this ideology is evidenced by numerous works of charity intended to aid people in difficult life situations. These were, in particular, hospitals, hospices, shelters, soup kitchens, etc. Such actions were the domain of donors, who used the opportunities provided by social involvement to fulfil their

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[2] A number of texts have been published to serve as an introduction to a series of discussions about the Polish professional education of social services. These texts offer a contribution to the discussion about the beginnings of professional education of the welfare system and social assistance workers, see: A. Żukiewicz, O początkach kształcenia polskich służb społecznych. Przyczynek do dyskusji o źródłach profesjonalnej tożsamości [On the beginnings of education of Polish social services. A contribution to the discussion of the sources of professional identity], *Praca Socjalna, 6/2017*, pp. 76–88; A Żukiewicz, Tradycja i rozwój. W dziewięćdziesięciolecie kształcenia polskich służb społecznych [Tradition and Development. On the 90th anniversary of Polish social services education], *Praca Socjalna, 5/2015*, pp. 3–11.

assumptions about the worldview or to meet legal duties imposed on landowners, municipal rulers, etc. Examples can be edicts requiring to record beggars, who were given specific rights and duties (Radwan-Pragłowski, Frysztacki, 1998, pp. 216–217; Davies, 1992, p. 141 and subsequent; Huizinga, 1967, p. 276; Gawlas, 2011, pp. 63–105).

The social thought dating back to the 15th century already stressed the need to care for citizens, who were the foundation of the state. Demographic shortages, social deficits and educational limitations drove authors such as Mikołaj Rej, Andrzej Frycz Modrzewski, Jan Kochanowski, Piotr Skarga and others to speak in public. Apart from publications, they undertook necessary practical actions aimed at realization of the ideals they preached (Radwan-Pragłowski, Frysztacki, 1998, pp. 217–224). One example is the Brootherhood of Saint Lazarus of Bethany, whose aim was to combat poverty and help beggars (for a broader discussion, see: Kracik, Rożek, 2010; Balon, 2015).

The Enlightenment period in Poland brought intensified actions of the protagonists of social development and restoration of the state through education and national culture. The care for the Polish Commonwealth was accompanied by reformatory actions in line with the ideology of the transformation of social relations on the basis of freedom, equality and respect for human dignity as well as love for fatherland and patriotism. The party of the advocates of social, political and economic changes included persons such as Adam Kazimierz Czartoryski, Andrzej Zamoyski, Ignacy Potocki, Stanisław Konarski, Hugo Kołłątaj, Stanisław Staszic and others, who spoke for the case in public (for a broader discussion, see: Grabski, 1984; Mrozowska, 1993, p. 3 and subsequent). In the field of education, one important figure of the period is Grzegorz Piramowicz, the author of the student's book for the planned common national schools (for a broader discussion, see Boreczek, Witusiak [ed.], 2011). One particular example in the field of care for the weakest were the actions in the field of education. In addition to the improvement of everyday life culture, actions were taken in the field of social care which aimed at combating various forms of parasitism and crime using means of law enforcement. To this end, houses of coercive work were created, which activated beggars and homeless rovers to participate in production (Radwan-Pragłowski, Frysztacki, 1998, pp. 229–231).

If the medieval beginnings of institutional care were a domain of 'church groups' (Wyrozumski, 1992, p. 452), further development of this area of social activity consisted in an increasing group of wealthy lay donors getting involved in charity work. In these actions, human effort was engaged to counteract effects of wars (hospitals), poverty and misery (night shelters, soup kitchens) as well as social pathology (work houses, etc.). One description of this state of affairs was provided Helena Radlińska, who wrote: "Charity indulged in itself. Medieval princesses and monasteries sought merit in surrounding themselves with crowds of 'their' poor, the same ones for many years" (Radlińska, 1935, p. 65). The objective, then, was not to solve problems and enable independency, but to offer ad hoc reaction to occurring difficulties. The development of the social discussion regarding social issues in the following centuries, in particular in the periods of romanticism and positivism, guided social actions towards systematization of actions, transformation of relations between people, and education (Radwan-Pragłowski, Frysztacki, 1998, p. 244 and subsequent). Of particular importance in Poland under the partitions was the idea of organic work. This direction was said to offer an opportunity to change both economic and social relations on the occupied Polish territory. 19th c. social thinkers and activists compared the society to a living organism, all organs of which have to function correctly to ensure wellbeing of the whole structure (for a broader discussion, see: Matusik, 1996, pp. 67–84).

Both romanticism and positivism, and in particular social romanticism, inspired enormous human effort which, on the foundation of optimism and involvement in every-day grassroots work, made the ideas of education and better tomorrow come true (Radlińska, 1964, p. 334 and subsequent). This was accompanied by the increasing conviction about the need to create solutions which would comprehensively and systematically enable constant (stable, cyclical) fulfilment of social aid and assistance tasks. Dynamically developing capitalism and the accompanying migration of people from the countryside to cities generated phenomena which in the 19th c. Europe resulted in the occurrence of social issues and problems. The prominence of these negative phenomena required systematic action and creation of a network of institutions funded from private and public means. This process is presented comprehensively by Aleksander Kamiński (1980, p. 82 and subsequent, p. 300 and subsequent).

In order to carry out systematic actions, it was necessary to first involve huge means for the creation of permanent institutional organisms, which, on the basis of recognition (investigation) of social phenomena, would undertake programme actions targeted at removal or prevention of processes responsible for unfavourable situations leading people, families and communes to destitution in every-day life. The relevant institutions required professionals and their preparation required the creation of appropriate educational programmes (Kamiński, 1980, pp. 88–90).

BEGINNINGS OF PROFESSIONAL EDUCATION OF SOCIAL SERVICES IN POLAND

It is commonly acknowledged that the fatherland of education training specialists in the field of social care (assistance) are the United States of America. It should, however, be noted that at the beginning many courses were offered in the American and European conditions at similar time. The first American Summer School in Philanthropic Work was created in 1898 (Wódz, 1996 p. 16), while in England courses had started already in 1896 under the auspices of the Charity Organisation Society (cf.: Kantowicz, 2013, p. 117) and the same year saw the establishment of a school to train social service workers in Amsterdam (Theiss, 1992, p. 47). The end of the 19th c. marked the beginning of thinking about professionalization of social services in which the idea of combining scientific research with the vocation to help others has come true.

The Polish experience of the period of the partitions, where any educational activity was subject to censorship and permission from the administration of the occupant countries(3), dates back to the second decade of the 20th c. In 1911, still at the time of the non-existence of the Polish state, the first Polish school for women who wanted to offer professional help to the ill and healthy alike was created in Kraków. This was the University School of Nurses and Hygienists, which educated social activists, who took professional actions in the field of health and disease prevention (Witkowska, 1928, p. 17). The first form of professional education addressed towards adult education workers were lectures and seminars covering topics of extra-school education. Such an opportunity appeared in the academic year

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(3) Common history research informs us that in each of the three partitions the level of interference and repression was different. This lead to, among others, differentiation of social and educational activities promoting the idea of helping others using trained competences and knowledge by territory. The best situation was in the Austrian partition. Consequently, we are inclined to think that the primacy of Kraków in this respect resulted from the opportunities available at the time of Poland's dependence.

1913/1914. In the Free School of Political Sciences in Kraków, the attendees could learn about the tasks and scope of educational actions addressed towards the working youth and adults (Radlińska, 1928, p. 11).

One educational initiative at the middle level, aimed at training specialists in social and pedagogical work, was the Faculty of Social Work. According to Helena Radlińska (1928, p. 10–11), this unit was created in 1916 in Kraków at Baraniecki Higher Courses for Women. The activity of this school, however, was not developed in the direction of social service, as assumed at the beginning, but was limited to the pedagogical dimension of the preparation of women for motherhood. The idea of social services education reappeared only after Poland had regained independence. On the basis of this experience, in 1925 A. Baraniecki School of Social Work was created in Kraków. The founders were graduates of Baraniecki Higher Courses in Kraków associated in the [Union of Alumni of the Baraniecki Higher Courses for Women]. The aim of the school established by the founders was to train specialists who could undertake social service tasks in social institutions run by the government, local governments and private entities. During one year of instruction, the attendees were familiarized with issues of law, ethics, economics, administration, co-op, social policy, medicine, organisation of social work and librarianship. The post-secondary character of the school allowed only persons at least 18 years old who had graduated from a high school passing the ‘matura’ exam (Radlińska, 1928, p. 13; Witkowska, 1928, pp. 15–16).

Another educational venture addressed towards women who in their social activity were to serve as teachers and instructors in various fields connected with the household was the Main Economic School for Women. It was created as early as in 1913 in Snopków near Lwów by the Women Economic Education Society. It is worth mentioning that at this time Lwów, like Kraków, was under the Austrian partition, therefore it was characterised by a relative freedom of social and educational actions. During a three-year study programme, the students spent two years learning about methods of educational and instructional work and one year was devoted to practice. The middle level of education in practice meant that lower secondary school graduates could apply. As Radlińska (1928, p. 14) stressed: “Inspiring the spirit of sacrifice, they somewhat neglected theoretical social education.” The school orientated the students towards completion of operational tasks without in-depth scientific education based on the theoretical achievements of social sciences and the humanities.

After Poland had regained independence, the territorial reach as well as the educational offer for people who wanted to pursue career in social professions were extended. This process covered new territories, formerly under the Prussian and Russian occupation. The first schools for nurses were created in 1921 in Warsaw and Poznań. Both Warsaw School of Nursing and Poznań Higher School of Nursing laid down requirements for applicants, i.e. completion of at least a six-year secondary school programme and the age between 20 and 30. The programme took two years and four months to complete, and included lecture cycles and internship in healthcare units. These were based on proven American professional education programmes. As part of the theoretical training, the students took classes in: anatomy, physiognomy, bacteriology, economics, hygiene, emergency help, drug studies, general and specific nursing, dietetics, nurse ethics, nursing history and hospital administration (Witkowska, 1928, p. 17). In the subsequent years, the model was further developed in Warsaw and Katowice. In 1923, the Nursing School at the Orthodox Jewish Hospital in Warsaw was opened and in 1927 in Katowice in the Silesia region, the School of Nursing and Social Care at the Red Cross admitted first students (op. cit., p. 17–18).

Another professional group which belongs in the field of social services were pedagogues and assistance facilities heads. In the so-called first period of the professional education system, high schools were created in Poland which trained future candidates for specific professions. In 1927, following an initiative by mother Urszula, the Vocational School for Dormitory Heads was established at the Congregation of the Ursulines. It was located in Czarny Bór near Vilnius. In the same year, the State Course for Pedagogues in Assistance Facilities was launched. This initiative was located in the office of the State Seminar for Shelter Workers in Warsaw on Nowy Świat Street. This institution was created in 1919 as part of the nationalization of the Seminar for **Shelter Care Workers** run by the Society for Pre-School Education in Warsaw (Samsel, 2003, p. 518–519; Radlińska, 1928, p. 13). During one year instruction, the students learned about issues from the fields of pedagogy theory, psychology, law, hygiene, pedagogy history, pre-school and religious education, children readership, drawing and singing as well as running a household (Witkowska, 1928, p. 16). The model was also used in the training of pedagogues and assistance facilities heads in Vilnius, Opatówek, Częstochowa, Kraków, Poznań and Lwów (Samsel, 2003, p. 518).

The Poznań Catholic Social School was established as a result of efforts by the Poznań Union of Charity Associations “Caritas”. Its activities date back to 1927, when it became possible to launch didactic-pedagogical work thanks to the Regulation of the Minister for Work and Social Care dated 13 June 1927. At the initial stage, the school ran short-term courses. The graduates were prepared to perform service in Catholic institutions and in parishes. The domain of activity encompassed pedagogical and assistance-oriented actions. In 1937, the school obtained the status of a higher school, and the educational cycle took full three years of study. It became the Higher Catholic Social Study, which was run without interruption until the outbreak of the war in 1939 (Dulczewski, 1997, pp. 586–593; Radlińska, 1928, p. 13; Witkowska, 1928, p. 16).

The first Polish college to offer comprehensive and multidisciplinary professional education to candidates for social service was the Study of Social and Educational Work. It was established in 1925 at the Pedagogical Faculty of the Free Polish University in Warsaw. From its very beginning, the college was orientated towards theoretical and practical development of the students. At the initial stage of activity, it offered a two-year study programme with four majors: 1) teaching adults and working youth, 2) organisation of social and cultural life, 3) librarianship, 4) social care of mother and child. The major study programme was combined with general education content which was common for all. It included topics from such fields as economics, administration, law, social policy, sociology, psychology, social pedagogy, methodology, ethics, history and methods used. Major-oriented courses addressed specific issues connected with the methods of work with target social groups and fields of knowledge which constituted foundations for operational field work. The programme details and the reality of actions carried out by the Study were presented in detail in the publications of Helena Radlińska (1928, pp. 12–13; 1964, pp. 429–437) and Helena Witkowska (1928, pp. 14–15). In the later periods of activity, the Study obtained the status of a unit incorporated in the Pedagogical Faculty. In practice, this meant a change of the rank and academic importance of the first Polish college to train professional social service workers.

IN LIEU OF CLOSING REMARKS

Keeping the requirements of an academic publication, it must be stressed that the genesis outlined above, together with the outlined creation process of the Polish professional education of social services, fits in a broader project of historical research. Its effect will be further analyses and discussions presenting the history of the Polish social services education. The abundance of experience can be used to the benefit of future models and educational programmes for workers of care, assistance, integration and support systems as well as social development. The first conclusion of the historical research of the past of the Polish education system for social services conducted so far is the remark about the need to return to pedagogical activity, which is currently neglected. Practical experience shows clearly that apart from theoretical and method-oriented preparation of workers for professional activity, one important component is providing inspiration for the service. Issues connected with who and how should nowadays prepare candidates for social policy, assistance and social integration, etc. are left open. Nevertheless, remaining silent in this respect can in practice lead to neglect already at the educational level, which will likely result in limitations in the sphere of the service ethos, acknowledgement and identification with its mission and, first and foremost, to every-day relations becoming instrumental, with the 'client' perspective dominating the perspective of 'a human in need'.

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SOCIAL WORKERS – CHANGE AGENTS OR SYSTEM CONSERVATISTS?[1)]

ABSTRACT

The text considers a possibility of social workers' functioning as so-called social change agents in Polish socio-political conditions. The process of structuralising of Polish social work takes place in the context of its functional restrictions. Social work is seen mainly from the perspective of institutions of social assistance, it is a process which aims to achieve planned social changes calculated to enhance people's potential for solving and preventing problems.

Keywords: social worker, change agent, professionalisation of social work

INTRODUCTION

Social work in Poland is evolving as an area of practical [professional] activity and also as an area of scientific reflection. A glance on the period of the last twenty five years, especially after year 2004, allows to notice a range of changes which occurred in this field. They can be seen especially in reference to requirements presented to candidates for the profession of social workers. Also, the expected roles of social workers, a thrive towards introducing innovative work methods and a growing number of experiments and scientific publications allow speaking about a unique [characteristic] professionalisation of social work in Poland.

An important point of reference here is a new global definition of social work accepted by International Federation of Social Workers General Meeting and International Association of Schools of Social Work General Assembly in July 2014. The definition focuses, among others, on the fact, that social work should be a profession which promotes social change. Ac-

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tion for a greater cause of social change *'is motivated by the need of counteracting these structural conditions which contribute to marginalisation, social exclusion, oppression'* (Global definition of social work, 2016). In the presented text, therefore, I would like to focus more closely on the possibility of social workers' functioning as so-called social change agents in the concrete Polish socio-political conditions. Social work is seen mainly from the perspective of the institution of social welfare [pomoc społeczna] and social workers are seen as providers of social state policy, naturally restricted by its priorities and procedures in place. This means, that it is extremely hard for them to be autonomous change agents.

CHANGE AGENT, THEREFORE WHO?

Using the term 'change agent' in reference to social workers is nothing new. In a way, the quoted global definition of social work only confirms what was obvious for researchers of social work for a long time. For instance, Allen Pincus and Anne Minahan in a famous work from year 1973, entitled '*Social Work Practice. Model and Method*', used the term '*change agent system*', which meant a system of change agents, which refers to social workers and institutions employing them. According to these authors, Social work in its essence is a process aiming to achieve a planned social change (Trawkowska, 2010, p. 189). Therefore, the aim of social work understood in this way is enhancing people's abilities to solve problems and to prevent them, including them in systems which offer appropriate resources, services, and possibilities, promoting correct functioning of these systems and influencing development and improvement of social policy (Kaźmierczak, 2005, p. 97). In turn, Charles D. Garvin and Brett A. Seabury (1996, p. 94), when talking about working system, considered the term 'change agent' as unusual and nonspecific, because a social worker is a particular factor of change. Still, they accepted treating of social workers as active 'changers' of reality. Social change is therefore an official and key part of the mission of social work and, as an effect of consciously undertaken and planned actions, it should be active on the level of an individual, family, social group, community and, indirectly, on the level of the whole society (Kaźmierczak, 2005, p. 97).

In order to define, who a change agent is, what characterises him or her, and what types of change agents one can separate, it is worthwhile to refer to the scientific literature on management studies. In this literature, in the context of organising changes, change agents appears very often and their analysis can offer fruitful conclusions when considering the very process of social change and the characteristics of its active subjects. Of course, one should remember about the specificity of social work, especially the difference between its targets and practice and the targets and practice of a market enterprises' functioning. Still, on the basis of management sciences and the practice of managing companies, a usefulness of the 'change agent' category can be observed.

A synthetic presentation of issues connected with change agents was performed by Mariusz Sobka and I am referring to his work later in the text. Firstly, he pictures a general definition of 'change agent' who can be described as a worker (individual) or a team (usually in case of implementing changes on a larger scale) responsible for: a creation of such conditions, which encourage an implementation of changes, a support of the realisation of these changes, and also an assessment of their effectiveness (Sobka, 2014, p. 78). He also quotes a catalogue of the roles played by change agents by Ronald and Gordon Lippitt. There are eight of these roles:

- an inspirer directing the diagnosis,
- a specialist in shaping social relationships supporting change and engaging workers in actions towards change,
- a finder of information about organisation reality, in the area of social facts,
- someone who identifies various possibilities,
- a partaker in problem solving activities,
- a technical expert delivering detailed expertise in a given area,
- a coach and a teacher,
- an advocate, which also means a consultant attempting to influence the management and workers of an organisation (Sobka, 2014, pp. 79–80).

It is also interesting to look at the typology of the roles of change agents from the perspective of tasks undertaken by social workers in their professional practice.[2)]

[2)] I am not comparing here the typology of change agents with the typologies of roles of social workers, because there are too many of them and such comparison would require some common ground in terms of the criteria. Therefore, it seemed more practical for me to refer to the tasks undertaken by social workers. Also, it should be noticed, that a description of professional roles of social worker depends on the specific tasks, which such worker performs for clients of social welfare, institutions of social welfare and a local community (Łuczyńska, 1996, p. 87).

Social workers diagnose the situation and without doing it, a rational implementation of intervention process is impossible. This refers to the diagnosis of a need for change as well as to its range, form, and so on. Surely, social workers are specialists in the area of social relationships' shaping, as they handle problems of social functioning. In this sense, they have the competencies for engaging and supporting partakers of the process of change. A significant element of social workers' job is gathering data necessary for an effective intervention management, which also means an implementation of a process of a planned social change. When doing their tasks, social workers consider various forms of their actions and they personally take part in problem solving activities of their clients. Often, they play expert and educational roles, and they act as representatives of their clients in front of various institutions. Therefore, one can say that the roles ascribed to change agents by R.J. Lippitt and G.L. Lippitt, with no major modifications, match the activities undertaken by social workers.

Sobka (2014, p. 80) also emphasises a fact (significant from the perspective of analysing social workers as change agents), that, originally, a change agent was somebody from the outside of a system which was undergoing changes. Nowadays, however, it is believed, that a change agent can come from within (a company or organisation). This approach can correlate well with the specificity of social work, because in its case, what interests us, is a change in clients and their environment. From the client's point of view, social worker is surely an external factor of change, however, from the perspective of a social community which is being changed by him or her, or an institution employing him or her, a social worker is a component of a changing system. As pointed out by Barbara Bąbska and Paweł Jordan (2014, p. 45) in reference to an organiser of local community, *'while changing the community, usually they are also in the process of change […] even merely as a result of experiences they gathered.'* Therefore, a change agent is not only an inspirer, moderator or judge, but also an active partaker in the process of change. As formerly quoted Garvin and Seabury (1996, p. 100) define social workers: *'we do not seat aside thinking about the human condition, on the contrary, we are in the middle of actions, trying to shape them with care, change and reverse their social course'.*

It I also worthwhile to quote an interesting qualification of change agents, according to which we can classify:

1. Generators of change, whose task is to present problems and issues in such a way that a conviction about a need for change occurs.
2. Practitioners of change, whose task is to prepare and implement changes.
3. Adaptors of change, who, by adapting and examining the change, define it as a new norm for a given system (Sobka, 2014, p. 86).

Therefore, even when considering the term ‘change agent’ as controversial or not sounding well, one must state, that social worker is in fact a person, who should contribute to change implementation. Considering the specificity of their profession, they can be both change generators or change practitioners, and also adaptors. In the second part of the text, I would like to look more closely at the barriers, which restrict the use of social work as an instrument of social change.

BARRIERS OF CHANGE – TOWARDS CONSERVATION OF A SYSTEM?

In Polish reality, there are many barriers, which restrain using social work as an instrument of social change. These barriers also make social workers seem to be perceived more as system conservatists rather than social change agents. Social workers themselves also have a reason to think that their influence on the social reality is not really significant. Such picture emerges from empirical research conducted in the environment of Polish social workers.3)

Before I quote some results of this study, it is worthwhile to look at the problem of barriers restricting changes from the theoretical perspective.

A notion particularly important here is a category commonly occurring in the literature on management sciences – a resistance to change in an organisation (company, place of work, enterprise). Having modified this category to a need for change in the context of social work, it should be noticed that each change disrupts current rules of functioning and therefore,

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3) An experiment which had numerous publications and an in-depth analysis, was conducted in year 2010 as part of a project called *‘Creation and development of the social welfare and integration services standards’*. It engaged 120 active social workers from social welfare centre [ośrodek pomocy społecznej], family help centres [centrum pomocy rodzinie] and specialised institutions (e.g. centres of support for homeless [ośrodki wsparcia dla bezdomnych] or foster care centres [ośrodki działające w systemie pieczy zastępczej], see Rymsza, 2012; Łuczyńska, 2013).

by definition, introduces unrest when it comes to the future. In order for a change to be successful from the very beginning, there needs to be a real dissatisfaction from a current state of things, a frustration. This dissatisfaction should be accompanied by a vision of a desired state and the results of the change which is to be implemented. A third significant element are experiences connected with the early phase of introducing changes (Sobka, 2014, p. 55). A resistance to changes occurs therefore as a reaction to unrest and uncertainty, and it increases in case of first negative experiences connected with the change. Therefore, the resistance is a reaction fully justified and this is why a social worker, who really wants to be a change agent, should be prepared to meet this resistance in a client, an environment or his or her superiors.

A constructive element of a mechanism of introducing changes is social influence. As Garvin and Seabury write (1996, p. 101), social influence is connected with subtle powers used by people during interactions. These powers are used to shape decisions and actions of other people. The mechanisms of social influence can be used in reference to clients and to co-workers. In this way, changes can be elicited in people (individuals or groups), organisations and environments (communities). Using groups or social network as structures influencing a change in an individual can be seen as the most effective action which social workers in this domain can perform (Garvin and Seabury, 1996, p. 102). The influence can also be seen as a degree to which an individual can influence strategic, administrative or operational conditions of their work (Łuczyńska, 2013, p. 135). Having an influence is therefore an element of social workers' subjectivity. In order to be a change agent, they have to have not only a feeling of influencing a client and/or a social community, but also a feeling of partaking in decisions concerning the targets of their work and defining the methods of their work. Whereas, as David Howe writes (1996, p. 235) *'Apart from the way of acting, all vital elements of their work are defined by others in managers orders or in an indirect way by the type of resources, directions of policies and procedures of departments, and, in the last instance, by rules and laws concerning both clients and institutions of social care.'* Lack of a feeling of social influence in both above-mentioned dimensions is therefore a significant obstacle and a demotivating factor when trying to fulfill the role of change agent.

A good illustration of restrictions faced by Polish social workers in their everyday work is, described by Mariusz Granosik, bureaucratic scheme of a functioning of frontal personnel of centres of social welfare. Accepted and implemented schemas of actions are, according to him, a consequence of the way of interpreting clients and their problems (Granosik, 2006, p. 178). In the case of bureaucratic scheme, a social worker focuses on the documents and treats the law and formal criteria as the only determinant in the decision making process, they fulfil their duties only in the formally described boundaries and at lowest cost, and they do not challenge the institution. The whole knowledge about the client comes solely from the documentation and it has a quantified character. The aim of social workers is a social fulfillment of the rules, which, in practice, equals missing the essence of the problem and its causes, so the following intervention is ineffective (Granosik, 2006, pp. 179–181).

As suggested by research, social workers quite commonly criticise such bureaucratic system of acting. They complain about the side of administrative work and negate its utility. They also undermine the fairness of the current procedure. This position is however accompanied by the subordination to these bureaucratic rules, which can be observed in the statement, which was used as a title of a text focusing on this issue: *'I tell it like it is, I do what they tell me to do'* (Granosik, 2012, p. 187). The prevalence of bureaucratic structures in social work is also observed by Granosik (2012, pp. 194–195) in the institutionalisation of social welfare centres [ośrodki pomocy społecznej] and in the way they monitor their work. The workers are being paid basing on the so-called paperwork, which is also closely connected with the material support (administrative decisions about granting or not the financial support). In such circumstances, which in a considerable degree are independent from a social worker, a dilemma whether social workers should follow the role of social control agents or social change agents is quite real (Granosik, 2012, p. 195). Comparing the studies form year 2010 with the earlier research, Granosik concludes, that more than ten years ago, social workers quite bravely undertook actions outside the procedures, in alliance however with the feeling of their professional mission. Nowadays however, they seem to fulfill mainy the procedures, although they consider them not very effective, impractical, and even not fair. This conclusion surely does not refer to all Polish social workers, but still, it mirrors a general and observable tendency prevailing in the everyday work of the majority of them.

If a social worker is to become a change agent, it is worthwhile to cite results of studies, which talk about social workers' attitude towards the issue of change in general. As stated by Marta Łuczyńska (2013, p. 115): susceptibility to innovations or resistance towards all changes implies an attitude towards a profession performed by the workers. It is directly connected with a necessity of finding oneself within ever-changing social situations, entering unrepeatable, unique relationships with the clients. A question social workers were asked had quite general character, they were supposed to indicate whether they liked all changes and novelties they encounter in their life. It was assumed that a self-conscious change agent would be open to novelty. The experiment showed that the most reluctant of changes were Family Support Centres' [PCPR, powiatowe centrum pomocy rodzinie] workers (50.1% of workers employed in these institutions) and Social Welfare Centres [OPS, ośrodek pomocy społecznej] workers (49.7% of workers employed in these institutions). Most open and accepting of novelties were workers of specialised centres [placówki specjalistyczne] (54.7% of workers employed in these institutions) (Łuczyńska, 2013, p. 166). A matter left for interpretation is whether around half of the workers who are reluctant of changes is a lot or not. From the change agents' perspective it is quite a lot. As social change is directly a core of the profession of a social worker, then an openness and readiness for change should be the prevailing characteristics of representatives of such profession. Maybe, what explains such results is a before-mentioned mechanism of resistance to change, stemming from an anxiety of the uncertain results of the rules of functioning. However, this explanation assumes such an interpretation of the question asked, according to which a social worker is liable to the change and is not an active 'changer' of the reality. Paradoxically, it can turn out that those reluctant of changes social workers actually by their work induce positive changes in their clients and environments, and carefullnes or even anxiety of changes refers to their own life situation: uncertainty in their place of work, and ever-changing regulations, and so on.

CONCLUSION

Summing up, it is worthwhile to quote one more piece of research, which refers to the dreams of social workers. In such form, social workers had an opportunity to reveal their expectations, their own vision of their profession, they could sketch a unique ideal of social work. The answers, in a considerable degree, correlated with the above-mentioned barriers resulting from bureaucracy of the actions and restrictions of the autonomy of professionalists. These dreams come down to the formula: more prestige, more money, more opportunities for performing only social work, fewer clients, less bureaucracy, less administration (Łuczyńska, 2013, p. 150). Social workers are also quite reluctant professional group, in such sense that they care more about keeping a certain state of their own work security for the price of a lack of autonomy characteristic of the so-called free professions. A determinant of this reluctance is a declaration, that they want to be full-time, permanent workers of institutions, instead of going in the direction of a free profession. Supporting in the vast majority the corporative-like dimension of their profession, they want to function more like nurses and midwives, employed permanently at National Health Care institutions, rather than doctors, who have their own practice (Rymsza, 2011, p. 244).

It is no wonder then, that despite the critique of system bureaucracy and complaints about the restrictions in performing real social work, the majority of Polish social workers rather copies and consolidates schemas, which in the end of the day makes it harder or even impossible for them to be change agents. However, one should retain hope, that a care for better professional preparation and an increase of the professional awareness of both social workers and managing cadres, will contribute to the realisation of their mission as real change agents. What should accompany this process is a creation of relevant institutional – law frames for practicing this profession.

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Social work with families in the context of cooperation of social services in the local environment for the best interest of the child. The perspective of family support workers[1)]

Abstract

The aim of the article is to present research data on the cooperation of social services for the best interest of the child in the local environment from the perspective of family support workers. From the accounts of family support workers emerges a coherent picture of the nature of the best interest of the child whose basic, psychological, social and emotional needs are satisfied. The respondents also point out the need for cooperation between family support workers and representatives of other social services so they can act effectively and complementarily for the benefit of the family.

Keywords: family support workers, cooperation of social workers, local environment, the best interest of the child

Introduction

The best interest of the child is a fundamental issue of family law and its protection is one of the key principles of the legal system. Although the concept of the „best interest of the child" is not defined on the basis of acts, one can find attempts to define it in source literature. It is worth referring to the definition formulated by Wanda Stojanowska (1979, p. 21), in which the term „best interest of the child" as defined in family law

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[1)] Bibliographical note of the first edition: "Praca Socjalna", 2017, No 3, pp. 48–64.

means a set of tangible and intangible values necessary to ensure a child's proper physical and spiritual development, and to prepare them for work according to their capabilities. Social workers play an important role in the protection of the best interest of the child. According to Article 119 of Social Welfare Act of 12 March 2004, the social worker's responsibilities include analysing and evaluating circumstances where social security benefits are required. Moreover, the social worker is required to provide information, advice and guidance on solving difficult life situations to individuals who, as a result of that help, will be able to solve the problems. The social worker is also required to cooperate with other professionals in order to prevent and reduce social pathology, stimulate community involvement and self-help activities, as well as to participate in initiating, developing and implementing aid programmes to improve quality of life.

AIM

The aim of the article is to present the findings of the author' own research on social services for the best interest of the child in the local environment from the perspective of the family support workers.

METHODS AND TECHNIQUE OF RESEARCH

The research was carried out in the period September – November 2015. In the course of the research, a total of 80 in-depth interviews were conducted with representatives of social services – assistance professions: family judges, guardians ad litem, family support workers, social workers, representatives of non-governmental organizations acting for the child's and family's best interest, and 14 interviews were conducted with family support workers. The respondents came from diverse environments, as shown in Table 1.

The research was supposed to answer two key research questions:

How is the term „best interest of the child" defined by the representatives of social services acting for the child's and family's best interest in the local environment?

How does the cooperation of social services in the local environment for the protection of the best interest of the child work?

Table 1. Respondent codes with seniority and gmina size

Respondent's identifier	Gmina size in thousands	Social worker's job seniority in years
A1	Town with a population of up to 20,000	3 (formerly a social worker)
A2	Rural gmina with a population of over 6,000	3
A3	City with county rights with a population of over 100,000	2,5
A4	City with county rights with a population of over 100,000	6
A5	Rural gmina with a population of up to 6,000	3 (5 as a social worker)
A6	Rural gmina with a population of up to 6,000	8 months
A7	City with county rights with a population of over 100,000	3 months (formerly a youth correctional counsellor, a social worker by education)
A8	City with county rights with a population of over 100,000	2
A9	Town with a population of between 20,000 and 40,000	1,5
A10	Rural gmina with a population of over 6,000	3
A11	City with county rights with a population of over 100,000	4
caA12	Rural gmina with a population of over 6,000	10 months
A13	City with county rights with a population of over 100,000	3 (formerly a caseworker in a non-governmental organisation)
A14	Town with a population of between 20,000 and 40,000	5 months

Source: The author's study based on typology: Krawczyk, Potkański, Porawski, 2008.

Research conclusions show, therefore, the context of the cooperation of social services, problems in this area and the challenges facing social welfare system and judicature.

Research conclusions[2)]

The best interest of the child

A coherent picture of what is the „best interest of the child" emerges from the statements of the surveyed family support workers. It is the satisfaction of their basic, psychological, social and emotional needs. Providing the child with a sense of security and fostering their development is also part of the best interest of the child. Actually, it is the provision of a sense of security that seems to be a crucial part of the „best interest of the child".

> *The best interest of the child is a sense of security, belonging and a sense of complete acceptance. It is the provision of all their needs, including the basic ones. It is important for a child to have a sense of security and love* [AS1].
>
> *The best interest of the child is to give the child a place where they're safe, loved and where they want to come back* [AS4].
>
> *The best interest of the child is to create such conditions for the child that they can live with dignity, feel love, warmth and home, and don't witness fights* [AS5].
>
> *The best interest of the child is a sense of security, including physical, that no one would wake them up at night and throw them out of the house* [AS7].

The respondents often mentioned the emotional aspect – love and a sense of bonding:

> *It's about family warmth and love – these are the most important things* [A6].
>
> *The best interest of the child is to create such conditions for the child that they can live with dignity, feel love, warmth and home* [A5].
>
> *The child must know that they are loved* [A3].

The family support workers pondered the relationship between the two principles: the best interest of the child and the integrity of the family. In the opinion of the respondents, the integrity of the family should be preserved for as long as it is possible, but when the best interest of a child is

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[2)] The article uses part of the material that forms the basis of "The best interest of the child from the perspective of family judges and social services" – in preparation.

at risk, it should be heavily protected by taking the child away from their environment.

Raising a child in a family gives them a sense of security and allows them to stay in constant contact with their loved ones. It allows the child to grow up with a sense of love and acceptance, and teaches how to express and fully experience emotions. This is reflected in the following statements:

> *The best interest of the child is first of all to be with all household members. It doesn't matter if it's in poverty or – as it seems to us – in poor housing conditions. It's about being together and sticking together* [AS1].

> *The best interest of the child and the best interest of the family are closely intertwined. One is dependent on the other. When bad things happen in families, it's children who suffer* [AS5].

Nevertheless, the respondents emphasised that the principle of the best interest of the child is of the utmost importance from the perspective of working with families and supporting them in solving their problems. This is reflected in the following statements:

> *In my opinion, working with the child is at the heart of working with the parents* [A1].

> *The best interest of the child is the most important thing. Adults will manage somehow. My impact on adults is limited, I can try to influence them as long as it affects a child, but I have neither the tools nor the right to organise adult people's lives* [A7].

If, however, there are situations that threaten a child's safety and impede their development and identity formation, it's best for the child to be taken away from the environment in which they suffer harm. In the opinion of the family support workers, removing a child from their family is a dramatic and extremely difficult situation, but sometimes separating a child from their parent or parents is the only possible and good solution. These conclusions are reflected in the following statements:

> *I used to think that it's best for a child to be with their family, but now I don't think it's always the case. Sometimes it's in a child's best interest to be separated from the family as soon as possible* [AS7].

> *When a child has been removed from their parents, the best reward is seeing a changed, well-functioning and safe child. I've removed many children*

> *from their families, but I never once doubted that we were doing the right thing* [AS3].

> *It is a very dramatic experience for a child. It's because they don't really know what's going on, why a person came to their house and took them away from home, from their place and family and moved somewhere else – they don't understand this situation. But it lasts a few hours, sometimes a few days, and as life has shown children adapt very quickly to a new environment and appreciate the difference between what was then and what is now* [AS9].

> *I had a case of a 12-year-old girl who didn't even hug her mother when she was being taken away, she only said „bye". Her mother never visited her again. Separation is treated as a temporary solution and it's possible for parents to bring their children home, nevertheless some of them never try to contact their children again* [AS3].

> *There're children who ask to be taken away, who don't want to be with their parents. They also know that this may be a temporary situation. These children are actually very mature, they have been through a lot and are they're prepared for it, some even look forward to it. Later, when they see the difference, they don't want to come back and are grateful* [AS4].

When asked about changes in the social perception and definition of the „best interest of the child", the family support workers often answered that what contributes to the best interest of the child is unlikely to change. They emphasised, however, that the issues of violence weren't talked about in the public space and the cases of child abuse didn't receive much media attention in the past.

RESPONSIBILITY FOR PROTECTING THE BEST INTEREST OF THE CHILD

In the opinion of the family support workers, parents are responsible for fostering their children's harmonious development.

> *It's the parents who should act in the best interest of the child, but these are the times we're living in. Many people aren't doing well, besides there're such factors as unemployment and poor housing situations. It has a huge impact. If a family live in a dilapidated tenement house, children have allergies and they can't afford medications, it's very difficult to help* [A1].

The respondents emphasised that parents themselves impair the integrity of the family.

Some parents use their child against each other to argue and fight for themselves. The child is treated instrumentally then [AS3].

> *It's increasingly common for people to be reluctant to listen to what should be changed because they're convinced that they're doing the right thing. These are often certain mechanisms that resulted from their childhood, patterns of behaviour that they inherited. Families struggling with addiction are the worst to work with because addiction is a disease and first of all they are sent to rehab, so that can get back to normal. Often these are families that aren't just dealing with one problem but many problems, including the most difficult ones* [A1].

> *It's hard sometimes. I'm happy if a family want to change something, but it is not so easy – you have to work for a long time to change something. There're families that are very difficult to reach, families who don't want to change anything. They like the life they're living* [A11].

In the family support workers' statements one can see a need for subsidiary support for families with difficulties in fulfilling care and educational duties. Along with the increasing problems that require intervention, more social services and their representatives are put in place. This can be seen in the following statements:

> *My job involves gaining the trust of a family and establishing a relationship with their members so that they know that I'm there to help them. I stand up for families by showing their progress and efforts. I cooperate with the school, the court, social workers and run family visits. Social workers don't get to spend much time with families and don't know all their problems. I visit families at different times of the day, every day. I visit them during a crisis situation and whenever I'm asked to do so* [AS1].

> *I try to make a family understand that the family support worker is a friend of the family. But it's an arduous, gradual process, and you can't make it overnight. I'm very pleased when I see that something has changed in a given family and that they're proud of themselves. It can be something small, something that we don't usually take notice of in our everyday lives, but it's a milestone for this family. I'm happy when a child hasn't been taken away, that they're together, that the child is doing well at school, that they're making progress* [AS5].

> *We're in constant contact with the school because we take care of all school-related matters. We also attend to formalities in offices and help families with everyday life activities* [AS3].

PLACING THE CHILD OUTSIDE THE FAMILY ENVIRONMENT

The respondents emphasised that their close contact with families and everyday presence in their environment, gives the family support worker a comprehensive picture of the family situation so that they can best respond to a child's needs. Nevertheless, the decision to place a child outside the family environment is often surrounded with uncertainty.

> *I think you can just see and feel that a child should be taken away, but there are always doubts. We always wonder if it was a good decision* [A7].

The respondents said that doubts also arise when parents don't cooperate or when they hide their problems.

> *It's difficult to make decisions when families don't tell me the truth and when parents don't cooperate. It's most important that they speak the truth because even if something is wrong, it's easier to take action* [A2].

THE TOOLS OF THE FAMILY SUPPORT WORKER

The family support workers claimed that the tools they have at their disposal give them limited opportunities to make an impact on their customers. This is reflected in the statements below. It turns out that talking to the clients is the only tool they have.

> *Being a home support worker, I don't have any tools. My only tool is a good word, assistance in attending to official matters, some advice or writing a letter* [A5].

> *I can only visit families and talk, that's all. If I find out about such situations as abuse or violence, I can always bring it to the attention of a guardian or turn to the court. I reach out to a psychologist or a psychiatrist to set up an appointment on behalf of my client. If there're other problems, I can refer them, for example, to parenting support programmes or for diagnostic and psychological tests* [A7].

> *Generally, we talk, work with children, and refer parents to specialist consultations, parent, psychological and psychiatric workshops, if necessary. We show them that there're many institutions and many different ways and solutions and advise them to contact an institution and not to be afraid to use help. We don't provide specialist help, we only point to solutions* [A9].

All of the above-mentioned statements point out the need for cooperation between family support workers and representatives of other social services so they can act effectively and complementarily for the benefit of the family. In the opinion of the respondents, it is the support of caseworkers, social workers or schools that is their key tool. It should also be mentioned that the family support workers realise that their position does not allow them to put pressure on their clients.

> *I can't do anything legally, I can only ask a caseworker for cooperation* [A4].

> *We aren't taken seriously. We don't really take any decisions and our clients know about it* [A10].

> *I often get the impression that families don't take family support workers seriously* [A9].

COOPERATION WITH SOCIAL WORKERS

Because family support workers work within the social welfare system, their cooperation with social workers is of key importance. The respondents – family support workers positively evaluated this cooperation.

> *When I return from the field and a mother doesn't want to cooperate, or something else is going on, I meet with a social worker to discuss it. It's not a problem for them to visit this family with me. We always try to discuss, consult and determine further proceedings. We don't get in each other's way as far as the division of tasks is concerned* [AS12].

Nevertheless, the family support workers said that *social workers are better perceived because they are associated with money* [AS3].

It is worth paying attention to the interesting recommendation of one of the respondents:

> *I wish I had a voucher or a pass to take a family to the cinema, for example, because some of these people have never been to the cinema before. They can't*

> *think about what they have seen or digest it. Children in these families don't have any toys and we don't have additional resources to help them. I can show them what things can be made of paper or some colouring books, and that's it* [AS5].

There were also some negative comments about cooperation with social workers.

> *In my opinion it isn't really working. I may tell a social worker that in a given family things have become bad, that something must be done about it, that children are neglected, but what can a social worker do if the family have already received an allowance? I like working with guardians ad litem. In my opinion, they care more than social workers about improving the welfare of families* [AS10].

Finally, the family support workers pointed to the lack of a clear division of competences in practice. This is how one of the respondents put it:

> *Our duties overlap. They aren't precisely defined, and very often these duties are the same. Social workers are responsible for material issues – they ensure that families are getting the benefits they are entitled to. Our main goal is to support and motivate families. When we take action, this scope of duties overlaps and the same work is done twice. That's why communication between these two parties is so important to determine and share duties* [AS14].

At this point, it is necessary to draw attention to the previously mentioned issue of communication and information flow. This is how one of the respondents explained it:

> *It's not easy to get to know a family well. A social worker may think otherwise. Sometimes we have been working with a family for a year and it's difficult to say whether they are telling us the truth or not. That's why it's so important to cooperate well, be it with a social worker or guardian ad litem. It's crucial that there is a flow of information and that some things can be consulted. Sometimes people just lie and while it may seem that things are better, they actually aren't* [AS2].

An interesting phenomenon noticeable in the course of the research was the attitude of the family support workers towards social workers. Their statements suggested that they did not identify themselves with the social welfare system and found themselves in opposition to social workers (us vs. them). The family support workers also mentioned emerging communication problems and impaired exchange of information between them and social workers, which is caused by the fact that social workers work primarily in the social welfare center during office hours, whereas family support workers are engaged in fieldwork during irregular working hours. The latter problem, however, seems to be only organisational in nature and was signalled in small centers. The somewhat negative attitude towards social workers and a lack of identification with the social welfare system on the part of the family support workers is, however, very disturbing.

Cooperation with other institutions

As stipulated in the act on supporting families and the foster care system, a wide range of family support workers' tasks and accompanying families in the course of their work duties makes them cooperate closely with representatives of various institutions.

> *I work with schools, including guidance counsellors and teachers, and with the court too. However, I work mainly with guardians ad litem, less with judges. I also work with a social welfare center, and the police. I often contact the employment office and work with non-governmental organisations, such as Szlachetna Paczka (Noble Gift)* [AS3].

> *Family support workers work most closely with social workers and then with caseworkers and legal guardians. There are also courts, outpatient clinics, paediatricians, schools, guidance counsellors and psychologists. We work with psychological and pedagogical counselling centres and non-governmental organisations* [A8].

According to the family support workers, their cooperation with guardian ad litem services is very effective.

> *I really enjoy working with guardians ad litem. I have a good relationship with them. We solve problems together, discuss them, come to conclusions, decide what to do next, and how to help families further* [A11].

> *Guardians at litem are respected by families, that's why I care about good cooperation* [A9].

The scope of cooperation between family support workers and guardians at litem was defined by one of the respondents in this way:

> *Our cooperation is mainly about developing a plan of how to work with families, but also with ourselves – who does what, who oversees what issues. It's about our community visits. Together, we also discuss decisions about the removal of a child from their parents* [A3].

The respondents were very positive about their partners in the local environment. They claimed that their work is greeted with understanding and support of other social services.

> *I work with the police, with police community support officers, with other institutions, with schools, with guidance counsellors, with foundations. I'm not complaining, we work so well together* [A4].

> *Good cooperation is very important, be it with a social worker or guardian ad litem. It's crucial to have a flow of information and to be able to consult some things* [A2].

> *We work successfully with the school. It's a wonderful source of information. When parents have some educational problems, the school informs us and they're happy to work with us. At our request, they provide children with psychological help. We also enjoy good cooperation with the psychological and pedagogical counselling center* [AS10].

> *Our police community support officers are great. Whatever we ask for, it's never problem* [AS14].

Nevertheless, as in the case of social workers, the school and their representatives may be difficult partners for family support workers.

> *There're guidance counsellors who are very involved, sometimes they make community visits with us, but there're also those who claim not to have time and it's difficult to make an appointment with them even during their working hours at school* [AS3].

> *Schools are too conservative. There is a „let George do it" attitude. They know there're such institutions as family support workers and they think that we will deal with everything* [A8].

It's not uncommon, however, that the family support workers feel that the cooperation isn't going well and that it is not based on partnership.

> *I think that each institution uses our information because we really know the most. That's why we're more sorry that we're left out in the decision-making process, that we have no say in it* [AS9].

The family support workers also made critical comments about Child and Family Courts.

> *Judges don't know when the right time is to remove a child from their families. They rely only on what is in the documents. I think that if they visited a family once or twice, they'd change their mind* [A5].

> *Everyone thinks that a child should stay in the family, and then all of a sudden the judge claims that they must be removed from their home* [A13].

These statements suggest that the family support workers, just like social workers, question sometimes the court's decisions regarding the protection of the best interest of the child, in particular by placing them outside their family.

Although this does not apply to the court, whose verdicts are independent, due to confusion concerning the necessity of taking action, a question must be asked whether the principle of partnership is part of the relationship between family support workers and institutions such as the police or the Probation/Guardian Court Service, nevertheless it reflects the nature of this relationship. The need for the complementarity of cooperation is reflected in the following statements:

> *I stay in touch with each institution. If a family is under guardian supervision, everyone knows that I'm in contact with the guardian – we exchange information, meet often, and make community visits together. The same thing goes for the school. I often visit the school, I ask for opinions, I ask how the cooperation between the school and parents looks like, whereas with social workers and parents we develop a work schedule* [AS9].

> *It's very important to expand the network of contacts. So if I work with a family, I'm obligated to contact the school and preschool, and a psychiatrist if it's possible. I'm also in contact with a guardian at litem and various institutions that work with the family. In fact, everyone in one way or another stays in touch with the family* [AS13].

The family support workers taking part in the research pointed to the need to organise joint meetings for representatives of various institutions and social services to ensure a flow of information and to create an opportunity to discuss and exchange remarks on what needs to be changed.

WHAT FACILITATES THE WORK OF THE FAMILY SUPPORT WORKER?

According to the respondents, a family's openness to cooperation and their readiness to accept help is essential to the success of family support. As it was already mentioned, the key role in this context is creating an atmosphere of trust. That is how one of the family support workers described it:

> *The first thing I do is gain the trust of families. It takes a very long time sometimes, but once I've gained their trust, it's easier to work with them because they're more open. Thanks to the hours, seemingly not connected to their problems, I spent talking with them, I have a chance to get to know these people really well and then I can form an opinion about them. Then I know if it's possible to fight for this family as a whole* [A4].

Another factor which facilitates the work of the family support worker is an effective cooperation with representatives of other institutions. The respondents emphasised that interinstitutional cooperation is easier in small communities. This is reflected in the following statements:

> *It helps a lot that the community is small and everyone knows each other. We work much more effectively* [A1].

> *Staying in touch with schools, psychologists, guidance counsellors or guardians makes the work much easier. We enjoy good cooperation and it may be due to the fact that our community isn't very big and basically everyone knows each other. If it's necessary, we call or meet guardians, decide on the aim of our work, or we simply visit our clients together* [A15].

WHAT IMPEDES THE WORK OF THE FAMILY SUPPORT WORKER?

According to the respondents – family support workers, their work is often impeded by an accumulation of problems that occur in families as well as the passive and demanding attitude of their members.

> *I don't hide the fact that I've got the worst families, the ones that social workers couldn't help for many years* [A1].

In their opinions, their clients treat them initially as free domestic help. Establishing a good relationship strengthening the family depends entirely on the skills of family support workers. It's worth paying attention to the following statements:

> *Families struggling with addiction are the worst to work with because addiction is a disease and first of all they are sent to rehab, so that can get back to normal. Often these families aren't just dealing with one problem but many problems, including the most difficult ones* [AS1].

> *Sometimes it takes a very long time, sometimes we stand still and we work as much as our clients allow. We're often impeded by their passive and demanding attitude* [AS8].

> *A big problem is a lack of contact with clients and their reluctance to let us in* [A14].

> *Often, children are there just to collect benefits, get money, and parents believe that they're entitled to receive them. They don't see a problem in themselves. And the worst thing is that after they are removed from their homes, these children often copy their parents' patterns and think that they don't have to learn, that they won't have to go to work someday, that they will get money* [AS3].

The family support workers claim that working with families is impeded by a heavy caseload, especially office work commitments. This is reflected in the following statements:

> *The big problem is a lack of time. When family support workers have a dozen or so families whom they often visit, they have no time for anything else* [A13].

> *The thing is that we actually don't have time because excessive paperwork interferes with our tasks. Everyone has to show documents. In principle everyone writes the same thing, they just fill in various forms* [A1].

> *The worst thing is all this writing, this whole bureaucracy* [A4].

> *Paperwork is a big obstacle in our work. In principle, no more than 30 percent of time should be spent on office work, which is next to impossible.*

> *Unfortunately, we don't take notes of everything anymore. Some of us try to write down the most important things only. On the other hand, it's not quite right either because sometimes detailed notes are useful in court. Even if you like this job, bureaucracy takes a lot of time* [A14].

These examples show that despite the introduction of family support workers to the aid system, the responsibilities related to paperwork and the formal side of the aid process did not decrease: a new worker – new documents.

The respondents also complained that a lack of communication and coordination of activities of individual services makes it difficult for them to work:

> *I think that there're so big communication gaps between the institutions that we don't always understand our actions. There's the court, the guardian, the family support worker, the social worker who sometimes has unrealistic expectations of the family support worker* [A13].

In the opinion of the family support workers, the quality of cooperation depends mainly on the goodwill and openness of people working in various institutions, and not on the efficient operation of the aid system, which involves participation of various institutions:

> *It all depends on the people who work there. You often meet very involved people who want to do something. There're also people not interested in cooperating who claim that „this family won't come to good"* [A3].

According to the respondents, it is necessary to carry out activities for better communication and coordination of activities, as well as to make representatives of other services aware of what actions they can and should take.

> *I think that we should increase the awareness of guidance counsellors. It seems to me that the school system is much fossilised and that headmasters don't want to cause more problems for themselves, for example when issuing blue cards. Guidance counsellors are scared of writing letters to the court. The school takes action to protect families, but it doesn't get too involved. The relationship between family judges and us should be improved. There are those whom I really fear. I think that the solution to this situation is to organise joint meetings and discuss individual cases. I think it would bring*

> *mutual benefits and increase the comfort of family support workers, clients and judges themselves* [A13].

Whereas the suggestion for raising the school's involvement in educational issues is in full compliance with the demands of social workers in this area, it seems that the suggestion regarding the relationship with family judges is in contradiction with the need for objectivity in assessing evidence as expressed by judges themselves, and not getting involved in the case.

Finally, it should be noted that the family support workers also mentioned a lack of knowledge of families and the history of their cooperation with the social welfare system in the event of a change of place of residence.

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