

Charity, Philanthropy and Social Work

No. 2

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VOLUNTEERING FOR SENIOR CITIZENS – ACTIVATION FOR THE GOOD OF OTHERS

***Summary:** The social benefits of engaging people in volunteering are very high. Volunteering allows to gain new professional and social competences, remain socially active after losing a job, retirement or pension; building bonds and social capital in local communities. Priority is given to the dissemination of diverse forms of volunteering in different age groups, as well as the promotion of volunteering in various areas of social activity. Volunteering can also serve as an impetus for strengthening intergenerational solidarity by involving young people and the elderly at the same time. The results of the surveys show that volunteering is not well rooted in Poles' social consciousness, so it is important to make every effort to widely promote this type of activity. Currently, volunteers are indispensable in the Polish society and are an indispensable pillar for offering help to those in need, as well as the culture and values they represent.*

***Keywords:** volunteering, volunteer, activism, old age, social work.*

Introduction

Old age can become a time to realise one's passions and interests. Active ageing is significantly connected with the needs of personal development, self-esteem, belonging, living arrangements, adaptation to changing environmental conditions, social expectations and personal opportunities. The type of activity depends not only on personal preferences, health status and skills, but also reflects the social context, expectations and proposals of the environment, in which a person lives [Herman, 1998, p. 485]. In our society, which is called a postmodern one, lavishing youth, vitality and usability, old age is perceived as a worthless life. Meanwhile, old age opens up new opportunities, as it is not only a time to reflect on the present life, but also a chance to be useful. Old age is a value,

a moral task for seniors and the young generation. The lack of understanding, dislike between young and old, often very complicated mutual relations are phenomena relevant for each period. There will always be an abyss between those who think, say and do otherwise. Speaking of the conflict of generations, one should bear in mind not so much the chronological and biological age, but rather junior-senior, senior-junior relations, preferred lifestyle as well as attitudes and behaviours [Tomaszewska, 2014, pp. 512–523; Rejman, Czubocho, 2015, p. 9–23].

Volunteering – the essence of helping

The concept of volunteering, understood as a voluntary and free activity for others, derives from the activity of Swiss physicist and mathematician P. Cresole, who has been organizing volunteer camps since the 1920s to rebuild the ruined places during the First World War. The ideas of volunteering began to penetrate various areas of social life and found a fertile ground in many countries of the world. They also reached Poland, where such activities developed dynamically, especially after 1989 [Pawłowski et al, 2010, pp. 125–132]. As defined in the Johns Hopkins Center for Civil Society Studies, volunteering is free, voluntary work for strangers (non-family or close friends, neighbors), the environment, society or community, taken individually, in organisation or public institution [Geneva, 2010].

The European Union recognizes the special role of volunteering in building social cohesion and in youth policy. The term “volunteering” refers to all kinds of voluntary activities – formal, non-formal and informal – which a person makes of their own free will, his own choice and own reasons, without remuneration. Volunteering is (...) a tool for individuals and associations to solve problems and meet human, social, intergenerational and environmental needs; It is performed within the framework of a non-profit organization or community initiative [Majchrowicz, Tomaszewska, 2015, pp. 61–70].

In the history of our country there is a long tradition of social work, the tradition of helping each other, helping to solve problems of other people. Volunteering at the beginning did not have an institutional framework, but eventually became a part of church organizations, self-help organizations, and finally non-governmental organizations. For a long time it was primarily related to initiatives undertaken within or under the care of ecclesiastical institutions. Voluntary activities are also strongly rooted in the health system, especially in health care facilities. Volunteering is associated with sickness, disability, rehabilitation, childcare in care and educational institutions, hospitals. For others, volunteering is a collection of money, food, etc. Everybody builds their associations for volunteering

based on previous experiences. Well-known concepts: socialization, philanthropy, favours, charity, social or prosocial work, volunteer work, turned into volunteering [The Act of 24 April 2003]. The volunteer may be any person over the age of 18, as well as an underage person, with the consent of the parent or legal guardian [Wilmowska, 2011, pp. 5–6]. The European Volunteer Center and the Association of Voluntary Service Organizations recognize that volunteering is free, selective and motivational work. Nowadays, volunteers can be met not only in the area of social work and social assistance (with these spheres, it was common in social awareness to associate the field of volunteer activity), but also in many other areas of social life, such as ecology, culture, health and others [2016].

Volunteering for social work

Volunteering is a broader concept than philanthropy and charity because it is directed at people and is associated with immediate action (i.e. social assistance), and covers almost every area of social life and the environment (for example, for the protection of the environment, the protection of animals, the protection and multiplication of the various values and goods for human consumption, in line with the idea of sustainable development). The term “social work”, referring to the American social service, according to Helena Radlińska means that the activity is conducted by social forces and realizes social goals, i.e. it is directed towards attaining some objectivized social good. Social work is the cornerstone of social self-organization, growing out of the readiness of community members to cross their own privacy and acting oriented towards achieving different social goals by working together. It is not about the social involvement of an individual, “on his own”, but about social activity, organized in the structures of non-governmental organizations, mainly by associations (spontaneously, not initiated by public services), by the cooperation of the members and using their volunteers [Radwan-Prąglowski, Frysztański, 2009].

Under Polish legislation, social work is defined as a professional activity aimed at assisting individuals and families to strengthen or regain their capacity to function in society through appropriate social roles and creation of conditions conducive to this end [Tomaszewska, Kłos, 2015, pp. 127–142]. Social work is also referred to as professional action, aimed at improving the living conditions of individuals and society by alleviating human suffering and reducing social problems. Social workers are qualified, developing their ability to work independently to improve situation of people [Dubois, Krogsrud Miley, 1999, pp. 15–59]. “The stereotype of social work is still popular in Polish society as a top-down form

of activity, a remnant of the political system functioning in Poland before 1989. The low social prestige of volunteering has a negative impact on the perception of this form of activity by key stakeholders who are potentially its main beneficiaries. [...] It is also a challenge that the information about volunteering as a form of full participation in society and enhancing opportunities in the labour market (e.g. through volunteering) is particularly poor among groups with potentially less opportunities to find employment – disabled people or people from smaller towns” [2010]. The power of volunteering lies in the personal potential and motivation of individuals who help others [Jeffries et al 2006, pp. 67–68]. Volunteering meets the need to be useful to another person, opening a volunteer relationship with other people. “The volunteer lives and works under the influence of internal, spiritual forces, which naturally and persistently support interpersonal relationships. The volunteer is a strong, but not aggressive, harmonious, loving person – desiring their good, respecting their freedom, showing friendship, avoiding coercion or power” [Kahlan, 2010, p. 145]. Volunteering allows for upbringing by meeting with another person: the suffering, the needy, the rejected. “There are truths that can be learned from a book that can be reached through intellectual speculations. But there are also truths for which there is no theoretical answer. They can only be known through personal testimony and life experiences” [Bugajska, 2005, p. 226]. One of the clear motives for engaging in volunteering is to seek social contacts, so emotional support in this situation from the beginning is probably the most important element, which is always expected. Many Poles did not cope with the consequences of changing the orientation of the state from protectiveness to the principle of subsidiarity, this is why they need so much multidimensional support [Firlit-Fesnak, Szytko-Skoczny, 2008]. Volunteer often benefits from volunteering while helping people and institutions, gaining experience and new skills in the profession, learning how to respond to situations; what is more, volunteering makes it easier to start a career, raise own self-esteem, self-acceptance, openness to new ideas and challenges [Roguska, 2010, p. 39, Rejman, 2014]; broadens the knowledge of modern, gratuitous activities for others, devoting to others, enriching and enabling self-realization. A volunteer can be not influenced by considerations of personal advantage and often does, but the activity itself always involves getting something in return (satisfaction, experience, knowledge). Volunteering as a specific lifestyle and way of living philosophy takes on the social role, gives life a specific dimension and permeates all spheres of its existence.

Significance of activating people aged 60+

There are more and more seniors amongst us due to the rising average life expectancy and birth rate remaining at low level. According to Eurostat forecasts, in 2030 the ratio of the population aged 65 and over to the number of people aged 15–64 will reach 36% in Poland and 2050 to 56% [compared to 19% in 2010]. The way in which older people function will increasingly affect the life of society as a whole. Support of the active ageing is becoming increasingly important. As the results, many studies indicate that being older in Poland is often associated with social exclusion, which manifests itself in this group, among others, low percentage of people participating in any form of education, low activity, low percentage of elderly using modern telecommunication technology, poor financial situation and passive way of spending free time. An attempt to reverse these unfavourable phenomena is promoted by the European Union's active ageing policy. In Poland, it is also reflected in government strategic documents. The current governmental activities addressed to seniors are: retaining older workers in the labour market, public and social activity of seniors and maintaining their independence as long as possible. Writing about the role of volunteering in social policy, the Council of the European Union notes its tremendous contribution to strengthening civil society, building cohesion and developing different social groups, highlighting the particular importance of volunteering "for the acquisition of older people's competences, their inclusion and prosperity, as well as the use of their knowledge, skills and experience". Meanwhile, in Poland, unlike other European countries such as Sweden, France and Italy, volunteering for adults is still underdeveloped. While very interesting and valuable initiatives are emerging in the country, there are still good examples that can serve as role models and systemic solutions that contribute to the development of 50+ volunteerism. At the same time, demographic changes and, consequently, the growing activity of senior citizens as well as active ageing organizations and institutions tend to look for opportunities to strengthen this volunteering area and to do sign activities to exploit the potential of adults for socially engaged activities [Konkluzje Rady, 2011].

In Poland, most people over the age of 60 do not work professionally. Sometimes it is a conscious choice, but increasingly it is a necessity resulting from difficult situation of the elderly in the labour market. Although this situation is improving year by year, Poland is still one of the last places among the European Union Member States in terms of the active participation of seniors. Poles live longer and healthier, and many of them could still work full or part-time after retirement. In this context, the social activity of the elderly is of particular

importance. Usually, it is an alternative to their professional activity, which they must or want to give up. There is no need to go to work, however, the free time needs to be somehow managed, and consequently there are lots of changes in their way of life, including social and family relationships. There is also the question of building a social position of a senior who can no longer derive from his professional work. The social activity of older people is also an opportunity for them to develop new relationships that counteract their isolation and loneliness, provide them with satisfaction and the sense that they are needed and can give much to others. Such activity is for seniors also the possibility of development, gaining new life experiences, skills to facilitate their daily life. With age, decreases the fitness of the body and the risk of illness and disability increases. This is certainly one of the reasons for being less active. There is a clear feedback. Passivity in working life, the reduction of people-to-people contacts evidently contributes to the deterioration of the mental and physical condition of the elderly. Conversely, all activities (in the professional or social sphere) are not only a means of preserving their good form, but also the ability to build their prestige, to define their role in the community as well as their family [Schimanek, Wejcman, 2013].

Senior volunteer

The whole community benefits the social involvement of seniors; however, it should be remembered that seniors benefit a lot from devoting their free time to others. An organization that intends to include senior volunteers in its activities should be prepared for such cooperation. Volunteer work is invaluable, but organizations need to be aware that cooperation will be fruitful only if we take care of good structuration. What is more, organizing for senior volunteering is different from volunteering for younger people. First of all, it is worth remembering that it is important for older people to prepare for volunteering and to determine their competence, availability, and needs. Focusing on needs makes it easier to understand each other and avoid situations where volunteering is too burdensome for a senior volunteer. Young people usually consider volunteering as a chance to develop their skills and gain experience. Volunteering creates conditions for them to learn and enrich their knowledge and skills, which is nowadays required when entering the labour market. Older people have the knowledge and skills they want to use, also in the sense of prolonging their professional activity. This is a huge intellectual capital composed of knowledge and experience acquired through formal and informal way. It is therefore worth understanding the motivation of the senior leaders and their needs before commencing volunteering.

- Older people may need more support and acceptance. It is therefore worth spending time and attention in the first stage (talking about their tasks, overcoming fears motivating them, and above all, ensuring that they feel good in the organization). It may be a good idea to assign an older person to an experienced volunteer who will familiarize with the specificity of an organization.
- Older people, seeking out volunteering, often look for opportunities to get out of loneliness, seek their place and work together with others. It is worth organizing an integration meeting for employees and volunteers, strengthening the feeling of belonging to the organization and enabling them to influence the shape of their actions.
- Collaboration with volunteers of all ages requires skilful management of intergenerational relations. The difference in age in the team is worth to exchange skills and experience and support each other. Young volunteers who work longer in the organization work very well as guides who introduce seniors to volunteering. An interesting idea is also to create age-bound teams to perform specific tasks – direct contact enables to get to know and exchange skills.

The most common motive for volunteering by the elderly is the willingness to help the needy and the perceived benefit of self-satisfaction – so it is important to organize the work of older volunteers so that they clearly see the purpose and results of their work. Organizations that want to involve senior volunteers need to become familiar with the specific needs of older people, but they should not be guided by stereotypes [2012].

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SUPPORT FOR BELARUSIAN IMMIGRATION IN THE INTERWAR CZECHOSLOVAKIA WITHIN THE RUSSIAN ACTION

***Summary:** After the First World War people of Russian and Ukrainian descent came to Czechoslovakia. Belarusian population represented the third largest ethnic community among the immigrants from former Russian empire. Prague became the centre of the Belarusian immigration in Czechoslovakia. Belarusian national life in Czechoslovakia developed mainly through their own organizations, clubs and newspapers. During the twenties and thirties of the 20th century the Belarusian migrants received the material and financial support and help in the interwar Czechoslovakia according to the project, which was known as Russian Action.*

***Keywords:** Czechoslovakia, Russian Action, Belarusian immigrants.*

The establishment of the first Czechoslovak Republic in 1918 was an important milestone in the development of the Slovak and Czech nation. The Czechoslovak Republic, which was one of the most democratic states of Europe in the interwar period, has become a symbol of new hope not only for Slovaks and Czechs, but also for other Slavic nations. The first president of the Czechoslovak Republic Thomas Garrigue Masaryk, who was famous for his social thinking and reforms, has decided to help migrants from Russian Empire. In June 1921 Czechoslovakian government started its project called “Russian Action”. The moral and financial aid was provided not only Russian and Ukrainian immigrants, who represented the largest communities in Czechoslovakia from Russian Empire, but also Belarusian immigrants. Russian Action was an exceptionally large program of international significance for its time, which could inspire the states of Europe at the present time.

The goal of the paper is to characterize the help and support of Belarusian migration, the third largest ethnic community among the immigrants from former Russian Empire, within the project Russian Action.

The situation in Belarus after 1917

The First World War and fall of the Romanovs' autocracy in 1917 gave a rise to national liberation process. Belarus was not an exception. In 1917 a number of nationalist organizations were established in Belarus, but the most important year for the development of Belarusian nation was 1918. On March 25, 1918 the Third Constituent Charter of the Rada of Belarusian Democratic Republic, which refused to follow the commands of Bolshevik government on the territory of modern-day Belarus declared the independent Belarusian People's Republic [Hoptová, 2013]. Tense political situation, especially after declaring the Belarusian Soviet Republic on January 1, 1919 (its official name, "Belarusian Soviet Socialist Republic", was given on February 3, 1919) caused the first wave of migration processes. Soviet-Polish War finished in 1921, once again effected on migration process in Belarus. According to the Treaty of Riga, the territory of Belarus was divided into two parts. The Western part was given to Poland, and on the territory of the Eastern part it was declared the Belarusian Soviet Socialist Republic (July 31, 1920) [Hoptová, 2014]. Belarusian people, who did not agree with the division of Belarus and did not agree with either Bolshevik or Polish government, started migrating.

The interwar Czechoslovakia

Czechoslovakia was the country, where Belarusian immigrants found their new home. During the interwar period Czechoslovakia was a very attractive country for Belarusians. First of all, Czechoslovakia was a Slavic state, which had relations with Belarusians (for example Francisk Skaryna, who came to Prague in the beginning of XVI century). It is also important to mention that Czechoslovakia demonstrated self-sacrificing commitment to let Belarusian immigrants from the Russian Empire to enter the country and then to provide them with moral and financial support. Czechoslovakia was one of a few countries that provided immigrants with support on governmental level. In June 1921 Czechoslovakian government started its project, called "Russian Action". The implementation of this project was assigned to the Ministry of Foreign Affairs of Czechoslovakia. In fact other Czechoslovakian organizations, such as Czechoslovakian Red Cross and Czechoslovakian Agricultural Union also participated in the project [Гарбульова,

2012, p. 81]. Besides its humanitarian, political and economic purposes, the main purpose of “Russian Action” was to support immigrants from Russian Empire, which had already collapsed up to that time. “For many immigrants this was an opportunity to finish education that had been interrupted by WWI and aftermath conflicts. Establishing several libraries, museums and pedagogical centers provided immigrants with the opportunity to develop their professional interests and skills” [Бабка и Золотарев, 2012, p. 3].

During the interwar period Czechoslovakia became a new hope for Belarusian immigrants. Mostly they were Belarusians, who were studying in Prague, but also those who came to Prague to get higher education. Prague became a center of Belarusian migration. Besides Prague Belarusian immigrants studied and worked in Brno, Bratislava and other cities [Мирочицкий, 1995, p. 826]. From the ethnic point of view, Belarusian people after Russians and Ukrainians were the third biggest expatriate community in Czechoslovakia.

The organization “Belarusian Gromada”

Belarusian national life in Czechoslovakia was developing mostly through its own societies, organizations and newspapers. One of the most important among such organizations of Belarusian migrants was “Belarusian Gromada”, which had been established in Prague in 1922. It was a non-political organization of Belarusian students. In two years “Belarusian Gromada” accepted tens of Belarusian students, who were illegally staying in Czechoslovakia. On May 18, 1923 in its report to the Ministry of Foreign Affairs of Czechoslovakia “Belarusian Gromada”, besides other statements, declared the following: “Organization of Belarusian immigrants in Prague, called “Belarusian Gromada”, consists of 49 students (except Nikolay Vershinin, being the chairman), who are standing for the Czechoslovakian government by means of the Czech-Ukrainian committee”. This organization, “Belarusian Gromada”, had no financial resources to support Belarusian immigrants, coming to Czechoslovakia even for several days. The organization is considering on finding jobs for Belarusian immigrants, because it is difficult for organization to support them. Among the members of our organization there is a number of intelligent people, who are needed by our country or will be needed in future. Our organization expresses its deep consideration and kindly asks the Ministry of Foreign Affairs of Czechoslovakia to provide them with financial resources for their education” [Veršinin, 1923b].

“Belarusian Gromada” in context of “Russian Action” several times asked for financial support for Belarusian students, and this fact is proved by the document

dated September 1923, when the organization asked to accept 16 students (15 boys and 1 girl) in the age of 18–34 years, who illegally entered Czechoslovakia in 1923, coming from Belarus, occupied by Poland and Soviet government [Veršinin, 1923h]. This was not the only case, when the Ministry of Foreign Affairs of Czechoslovakia supported Belarusian students from “Belarusian Gromada”. The next case happened in 1923, when the Ministry of Foreign Affairs was provided with the list of 10 students, who illegally stayed at the territory of Czechoslovakia (came from both eastern and western parts of Belarus) and requested for support [Veršinin, 1923f]. Financial aid was requested not only by students but also by the entrants.

“Belarusian Gromada” already in November 1923 once again requested assistance of the Ministry of Foreign Affairs in supporting 26 students, in the age of 16-29 years, who illegally came to Czechoslovakia. They made it under pressure, they had suffered in the Western part of Belarus, occupied by Poland (these students came from Grodnenskaya, Vilenskaya and partially from Minsk provinces) [Veršinin, 1923g]. “Belarusian Gromada” did not have enough financial resources to support them, so the organization requested assistance of the Ministry. In the request of the Chairman of Belarusian Gromada, Nikolay Veršinin, who stated that the organization “has no shelter and no resources to feed them. Belarusian immigrants are staying in the hostel for Ukrainian immigrants, who provided Belarusians with shelter, where they can sleep and eat. Some of Belarusians work in the construction industry, but usually for short term, for 2–3 days. They do not want to return to Belarus, occupied by Poland, telling that they prefer to die from hunger in foreign country rather than die in Polish prison. “Belarusian Gromada” does not know how to deal with these political immigrants and has no financial resources to support them, so it kindly requests the Ministry of Foreign Affairs to allow these immigrants, even some of them, to continue studying in Czechoslovakian schools” [Veršinin, 1923c].

Belarusian Gromada published its own journal called “Belarusian Student”. It was published every month in Belarusian language to familiarize young Belarusian generation with Czech life, culture and, first of all, with Czech literature. In journal there were examples of fiction and articles, describing Belarusian immigrants’ life in Prague. Besides, authors of the articles described the situation in Belarus of that time.

“Belarusian Gromada” did not have enough financial resources to publish the journal and already in February 1923 the organization requested support from the Ministry of Foreign Affairs [Veršinin, 1923d]. In April 1923 the Ministry fulfilled the request and decided to support Nikolay Veršinin with 3000 korunas

[Ministerstvo zahraničnických věcí ČSR, 1923]. Unfortunately this support was not enough and already on June 8, 1923, an editorial committee that was headed by Yan Stashkevich once again requested help from the Ministry of Foreign Affairs. Yan Stashkevich convinced the Ministry that the articles would be scientific and fictional: "If the articles had been of publicist style, they would not have been so rude to the states, zechoslovakia has borders with" [Stankevič, 1923].

"Belarusian Gromada", developing Belarusian national identity, made an attempt to establish a Belarusian pedagogical institute in 1923. "This is an honorable goal and direct message to the Czechoslovakian nation for the sake of Slavic culture and future to support the Belarusian nation. This will help "Belarusian Gromada" to establish an institute for professional teachers in Prague or other city of Czechoslovakia, for 50 students, 3 professors, 2 teachers and 1 assistant, administration and financial needs, to find the required financial resources. We also kindly request the Ministry to allow these students to attend Czech universities and lectures and to have internships" [Veršinin, 1923e].

In this request the organization proposed a preliminary budget for the institute. In this preliminary budget it was mentioned that it would require 13 250 korunas per month for the staff; for household, office and other expenses (rent, library, medicine, fuel, electricity, including maintenance) it would require 16 500 korunas; students' expenses – 25 000 korunas per month; type writer – 5000 korunas and 15 000 korunas for other services, required for establishment of the institute. The whole sum required was 74 750 korunas [Veršinin, 1923a].

The Ministry of Foreign Affairs did not fulfill the request due to lack of financial resources.

By the request of "Belarusian Gromada" and by permission of the Ministry in 1924 "Belarusian Gromada" was changed to "Belarusian Council". This organization was established in Prague to support all the Belarusian immigrants, staying in Czechoslovakia at that time. The founder of "Belarusian Council" was Nikolay Veršinin.

The Union of Malorussian and Belarusian Students "Russian Culture Union"

In the end of 1924 was also established in Prague one more organization – the Union of Malorussian and Belarusian Students "Russian Culture Union". The first session was held on November 29, 1924, where 67 people took part. During the first session of the General Assembly Nikolay Yaroshenko was elected as a chairman [Svaz vysokoškolských studentů – Malorusů a Bělorusů – Jedinstvo ruské kultury,

1924]. The organization had been intensifying its activity and, as a result, the number of its members had risen. By the end of 1925 there had been already 260 members. Beside financial support of the Ministry of Foreign Affairs, this organization got financial resources from contributors (in 1925 large sum of money was contributed by Americans). Like every organization, the Union of Malorussian and Belarusian Students had come through a number of changes, and this fact was underlined by Ermolay Guliy at the meeting in December 1925. In the annual report of the organization it was stated, that many members of the union had graduated and come to France, where they had found a better job [Lukeš, 1925].

The union was cooperating with several immigrant societies in Prague and organized lectures and seminars. For example, in 1926 the union organized a couple of lectures in cooperation with Russian National University. In this year it organized meetings commemorating famous poets, Ivan Grigorievitch Naumovich and Taras Shevchenko.

The cooperation with Ukrainian immigrants' community

In its life abroad Belarusian immigrants' community was closely cooperating with Ukrainian immigrants' community. In the end of the 1920s, as a result of this cooperation, a number of collaborative organizations were established.

By the initiative of many academic societies "Central Buro on Ukrainian and Belarusian Academics migrated to Czechoslovakia" was established in Prague. Constitutional meeting was held on January 28, 1928, where there were 18 representatives from various societies. During this meeting the charter and main goals of the society were declared. These goals were as follows: to provide the graduates with job in Czechoslovakia and abroad, support in visa receiving procedure, provide with all required support, that no other societies can provide [Lukeš, 1928b]. Putting these goals into practice, the union requested for financial aid from the Ministry of Foreign Affairs.

Lack of financial resources made the Central Buro request financial aid from Czechoslovakian government with the following requests:

1. to allow the scientists to work in Czechoslovakia not as foreigners but as persons, who lost their motherland on historic circumstances and are breaking bread with friendly Czechoslovakian nation;
2. to include the issue of immigrants into international agenda;
3. financial aid to accomplish the goals of the organization and to support Ukrainian and Belarusian immigrants [Zazimko and Volochiv, 1928].

On June 9, 1928 unscheduled meeting of the union was held, during the meeting it was decided to abolish the union as its goals could not be accomplished by its own financial resources [Lukeš, 1928a].

One of the major organizations of Belarusian and Ukrainian migrants was "Fund for Ukrainian and Belarusian Aid in Prague". This was a non-governmental organization, based in Prague. The Fund was established on 29 March, 1929. According to Paragraph 7 of the Charter, the goal was to provide grants and scholarships, support Ukrainian and Belarusian students, studying in Czechoslovakia, with all sorts of aid. The languages of communication were Ukrainian, Belarusian and Czech. Both legal entities and persons could join the organization. The main rights of the members, as it was stated in Paragraph 11 of the Charter, were to participate in all meetings of the organization, active and passive voting rights. As for duties, they were to follow the Charter, resolutions, taken by the Fund, and to pay the membership fee. According to Paragraph 15, members could receive financial or moral aid, sometimes even both, only during one semester or maximum one year. Moral aid meant all non-financial aid (to find a second job, get another scholarship or credit, to use library, get recommendation-letter). Financial aid included scholarship in financial or material form provided by the Fund. The amount of scholarships was decided by General Assembly. According to Paragraph 16, all the scholarships were given as loans and had to be returned by one payment or by instalments, but no later than five years after graduation. In extreme circumstances, according to Paragraph 16, this period might be prolonged by the resolution of Committee, but not later than 10 years after graduation [Siropolko, et al., 930].

The Fund requested support from Czechoslovakian government as it was in 1931. By 1938 "Fund for Ukrainian and Belarusian Aid in Prague" Prague had consisted of 78 members.

One more example of cooperation between Belarusian Ukrainian migrants was "Ukrainian and Belarusian Forest Engineering Students in Prague Gromada". It was a non-political organization, the main goal of which was to support Belarusian and Ukrainian students.

In spite of the fact that Belarusian immigrants in Czechoslovakia did not represent a big community, they were a part of the whole picture of interwar cultural and social life in Czechoslovakia. Belarusian immigrants, most of whom were students, could not only study, but also freely express their opinions and hopes, celebrate national holidays, speak freely, work freely, with no sanctions, have right to establish societies, organizations, publish journals (for example "Belarusian Student", "IskrySkaryny", "Bulletin of Belarusian Student Organizations") and contribute to the national press. The Rada of Belarusian Democratic Republic

also was located there and had been working in Czechoslovakia since 1923 up to 1943 [Шабловская, 1995]. The Czechoslovakian Republic, led by Thomas Garrigue Masaryk, was very interested in Slavic national movement, financially and morally supported Belarusian immigrants in their activity and in accomplishing their goal, which at that time was the same in every society – development of national culture, assistance of their compatriots and patriotism. As a part of “Russian action” moral and financial aid was provided not only to Belarusian immigrants but mostly to Russian and Ukrainian immigrants. In the 1920–1930s Belarusian immigrants several times requested aid from the Ministry of Foreign Affairs of Czechoslovakia (most of the requests were fulfilled). The Ministry of Foreign Affairs provided financial aid for saving Belarusian national heritage, resulting in establishing Belarusian Foreign Record in 1928 (it was given to the USSR together with the Russian Historic Record in 1950, but most of documents disappeared) [Сурмач, 1995].

Taking into account this fact, one can come to the conclusion that “Russian Action”, which allowed Belarusian immigrants to come to Czechoslovakia after the First World War, accomplished its main goal, which was to help the Belarusian immigrants to get education.

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**PRINCIPLES OF OPERATION OF LONG-TERM
CARE INSTITUTIONS ON THE EXAMPLE
OF PODKARPACIE VOIVODESHIP**

***Summary:** In order to meet challenges posed by demographic changes, we should strive to create a comprehensive and coherent long-term care system that will suit the needs of dependent people and replace the existing set of unrelated activities. It is worth considering the possibilities of eliminating the social causes of health degradation, while the barriers ought not to be sought only in the health care system, but also in the wider social environment. Furthermore, we should develop a new system beyond the short-term horizon, which shall enable a holistic approach to social issues [Błędowski, Maciejasz, 2013, pp. 61–69]. It is certain that Poland will face the necessity of the development of social policy, which is a long-term care, because of the age limit reduction; at which an insured, professionally and physically efficient person passes to disability, as indicated by an analysis of lost years of work due to change in work capacity. As a result of longer average life expectancy, more and more people will be sick, disabled and infirm in the elderly [Szkutnik, 2010, p. 232].*

***Keywords:** the elderly, care and treatment facilities, social security.*

Introduction

The aging population represents a huge challenge for all Member States of the European Union. Demographic changes are progressing very rapidly – in the 1990s in Europe the proportion of people aged 65 and over was 13.9 percent, in 2030 – according to forecasts by Eurostat [Europop, 2013] – it is expected to reach 23.8 percent, and in 2060 – up to 28 percent. The latest European Commission report named “2015 Ageing Report” predicts that by 2060 average male life expectancy in the European Union will rise relative to today to 84.8 years (this is more by 7.1), and women – to 89.1 (6 more). This process causing the group

of economically inactive people in 2023–2060 will increase by about 19 million, and only in the euro area – by about 14 million. Most importantly, increasing the average life expectancy affects significantly the number of the oldest people, especially, aged 80 years and older (this age group will increase from the current 5 percent of the EU population to 12 percent in 2060). Therefore, it will not remain neutral for the existing social security system, which may prove to be inefficient. The same applies to health services, which nowadays are moderately focused on the needs of the elderly; as well as public services – directing its offer to the above age group [Tomaszewska, 2015, pp. 244–256; Rejman, 2014, pp. 8–9]. Recently, in discussions relating to the aging of Europe, the term “100-” began to appear in the place of current “65+”. This is why the development of facilities intended for the elderly will become a necessary condition to dependent and old people, including increasing the number of long-term care facilities.

Long-term care

One can state a rapid development of various forms of long-term care in Poland in the mid-90s. The period of 1999–2001 became groundbreaking, due to the reform of the healthcare system, which has made many changes in this area. Restructuring of health care institutions contributed to the creation of many public long-term care facilities. Moreover, new rules for financing under the health insurance system were the inspiration for its development. Non-governmental organizations, individuals, as well as church organizations received the right to create private long-term care facilities. As a result, an offer of long-term care can be addressed to various target groups. The range of offered features has greatly expanded. Furthermore, the principles of patient selection, as well as specific criteria apply in each care facility while receiving long-term care, have been introduced [Śmiarowska, 2007, p. 5].

The European Union’s long-term care policy is focused on the development of local networks of support and assistance in the place of residence of an elderly person. Western European countries are primarily characterized by a variety of forms of care services for older people, as well as share of expenses for their care. Care services are mainly related to caring traditions of the country. We can discern the privatization of long-term care in liberal countries, such as the United Kingdom and Ireland, while in the other countries, such as Germany, Austria and the Netherlands, the main providers of care services are non-governmental organizations funded by the state. The Nordic countries, in turn, are dominated by public system of care services for low participation of NGOs and the private sector.

On the other hand, in the Mediterranean countries (e.g. Italy, Spain, Portugal), a family plays the dominant role in care provision, along with the support of church organizations and very limited support from the state [Krzyszowski, 2006, p. 152].

Long-term care includes efforts to support dependent individuals in terms of functioning, which mainly means performing of basic daily tasks. The dependence of the elderly from the others is permanent and deepens with the passage of time. The level of necessary long-term care is conditional upon the level of functional dependency. This relationship is of multi-dimensional category, which consists of age, the degree of autonomy loss and socio-economic factors [Fidecki et. al, 2011, pp. 1–4].

Long-term care is characterized by continuous, professional care and rehabilitation. It may support the continuation of either medical or dietary treatment. Both adults and children can benefit from provided nursing services. These results from the scope of tasks, are to be implemented in different types of care [Kozarkiewicz, Szczerbińska, 2007, pp. 55–60]. The beneficiaries of long-term care are mainly disabled and chronically ill people who do not require hospitalization. What is more, long-term care services are mainly used by those who require professional and intensive care (often round-the-clock) and nursing combined with continuing treatment [Stachowska, 2010, p. 388].

The development of long-term care includes creation of public and extramural long-term care facilities, creation of private long-term care centres run by NGOs, church organizations and individuals, as well as the development and implementation of the principles of financing these benefits. The selection criteria of patients and standards for provided services were extremely important for the development of particular categories of institutions and forms of long-term care. The objectives of care are realized by long-term care facilities in the structure of health care and social assistance, although the statutory tasks of both departments vary considerably. The basic package of benefits provided in the above mentioned forms and stationary directing mode for long-term care facilities is regulated by the Act of 15 April 2011 on medical activity (Dz. U. 2011 No. 112, item 654), the Act of 27 August 2004 on health care benefits financed from public funds (Dz. U. 2008 No. 164, item 1027) as amended and its implementing rules [Bielawska, 2015, pp. 7–20].

The health care system also covers the activities, as well as institutions involved in the treatment of chronically ill and requires full-time care patients. We can distinguish two kinds of the above institutions:

- health care centres, which provide twenty-four hour health services and include care and rehabilitation of the patients, who do not require

hospitalization. These patients are provided with medicines and medical products necessary for treatment, care and rehabilitation.

- Medical nursing centres, which also provide health services during the day; besides, nursing and rehabilitation activities include care of patients, who do not require hospital treatment and provide them with medications needed to continue the treatment.

Both health care centres and medical nursing centres provide accommodation and food needed for the patients' health. The above centres also conduct the essential health education for patients and their family members, along with preparing them for self-care at home [Suszko 2012, pp. 29–58].

Health care centre and medical nursing centre as a form of stationary long-term care

The institutional support is help in the form of care, provided in a specialized institution to people who cannot due to, for example, health exist independently in their current environment. The literature in the field of gerontology emphasizes that institutional assistance should be provided if the aid environment is inadequate and should not be treated as a substitute for welfare. An extensive network of community support ought to help seniors maintain independence according to the concept of *aging in place*. In the case, where the environmental support is insufficient, or more commonly, the health of seniors prevents their independent living, it is necessary for an older person to get institutional support. Institutional support is provided in the following two ways: social welfare and health care system; while the main indicator of granting one of these types of assistance should be health condition. However, in practice, health care institutions act as substitutes in relation to social welfare institutions [Szweda-Lewandowska, 2010, p. 128].

Benefits and services available under the long-term care are spread between different parts of social security system, and more specifically between the health care system, the social insurance system and the social welfare system. The above systems provide assistance in the form of cash or in kind. Benefits in the form of cash are care additives paid by the social insurance institutions [Rybka, 2015]. Care benefits are available under the social security institutions. Furthermore, the benefits in kind are possible in various forms of nursing and care services implemented within health care and social assistance. Nursing services in the field of health care are contracted by the National Health Fund and referred to as products. In contrast, the social assistance system guarantees, the so-called services, for which funding comes from the local government budgets. We can

mainly distinguish stationary long-term care, nursing home care, palliative care and hospice care as the parts of the products contracted by the National Health Fund. [Mitek, 2010, p. 3] In the scope of social assistance, it is a material assistance in the form of cash benefits and in kind (material assistance and services) [Tomaszewska, Kłos, 2015, pp. 48–53].

Table 1. The institution system and long-term care benefits in Poland

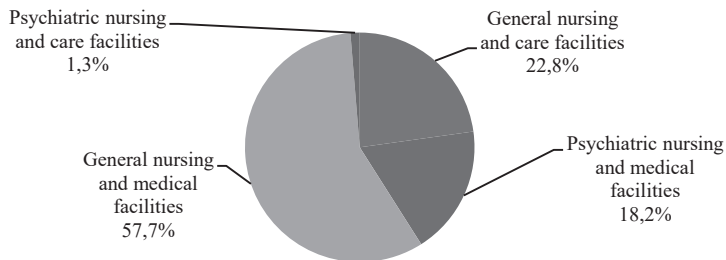
		Healthcare system	Social assistance and family benefits (budgetary financing)	Social insurance system
Cash benefits			Care and nursing allowance	Care allowance
The provision of in kind and material services	Stationary care (closed)	Health care centres, medical nursing centres, hospices, geriatric and palliative care branches	Nursing homes, Family care homes, environmental support homes	
	Environmental care (open)	The benefits of a nurse and general practitioner	Specialist benefits, the provision of care at home	
	Semi-open care	The benefits of a nurse and general practitioner	Daily nursing homes, environmental self-help homes	

Source: Grewiński M., Krzyszkowski J. (red.), *Współczesne tendencje w pomocy społecznej i pracy socjalnej*, Warszawa 2011, p. 44.

24/7 stationary care is realized in health care centres (ZOL) and medical nursing centres (ZPO) which are defined in the Act of 30 August 1991 on health care. The aim of these institutions is the round-the-clock care and treatment of people who have completed the process of diagnosis and surgical treatment, thus no longer require hospitalization. Health care centres (ZOL) or medical nursing centres (ZPO) – hereinafter referred to care centres – are healthcare facilities and perform similar functions. They provide 24/7 care and nursing, rehabilitation and continuing treatment for people, who do not require hospitalization and, due to health condition and disability, require a twenty-four hour care benefits. Long-term care facility application is issued by the family doctor or a doctor from a hospital ward after treatment in the hospital. The similarity of ZOL and the ZPO definitions make it impossible to categorize specific, to each of these establishments, group of patients, while the limitations of the Barthel Index reduced drastically the availability of long-term care benefits. The National Health Fund finances health benefits in the health care centres and medical nursing centres. Therefore, while

staying in the facility, a person bears food and accommodation costs. A monthly charge of the lowest pension amounts to 250%, but the fee cannot be higher, than the amount equivalent to 70% of the monthly income of the beneficiary within social assistance. The fee is usually much lower than the actual costs, thus, institutions are forced to seek for cost savings [Błądowski, Maciejasz, 2013, pp. 61–69].

Chart 1. Beds in the stationary long-term care facilities according to the type of facility in 2012 in Poland (% scale)



Source: Central Statistical Office, 2014.

Guaranteed benefits provided under stationary conditions are realized in care facilities for adults or children/young people up to 18 years old. The stay of the beneficiary who is over 18 years old and has been directed to special education is extended until the graduation. The guaranteed benefits include:

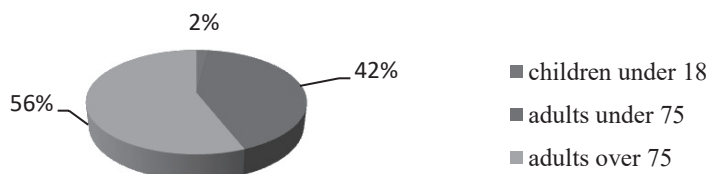
- benefits provided by a doctor;
- benefits provided by a nurse;
- general rehabilitation of the basic scope, carried out in order to reduce the effects of impaired mobility and motor improvement;
- the provision of a psychologist;
- occupational therapy;
- medication;
- nutritional therapy;
- supplement of medical products, specified in Annex 1 to the Regulation;
- health education involving preparation of the beneficiary, his family (or caregiver) to self-care at home.

Healthcare provider provides the beneficiary with diagnostic tests and medication which are free of charge.

Guaranteed benefits, referred to §4.1 shall be provided to beneficiaries round-the-clock, due to their health condition, rehabilitation and continuation of treatment. What is more, such people should not require hospitalization in a hospital ward, should receive 40 points or less in assessment of the level of

independence, hereinafter referred to as “Barthel scale”. Children under 3 years of age must not be assessed according to the Barthel index. The beneficiaries with malignant disease, mental illness or addiction cannot be accepted to the care facility, even if they receive 40 points or less on the Barthel scale. Assessment referred to in paragraph 1 is conducted by: prior to the adoption of the beneficiary to the nursing facility – health insurance doctor and nurse; on the day of the adoption, at the end of each month or whether the state of health has changed – a doctor and nurse of the care facility. A beneficiary is adopted to the care facility by the facility manager, in consultation with the doctor granting benefits for this facility [The Regulation of Minister 2013].

Chart 2. The proportion of patients of stationary long-term care by age in 2012 in Poland (% scale)



Source: Central Statistical Office, 2014.

The Order of the President of the National Health Fund determines rules for granting care benefits in stationary conditions (Regulation No. 87/2013/DSOZ). The benefits realized in care facilities for mechanically ventilated people apply to beneficiaries with respiratory failure, requiring hospitalization at intensive care units, including twenty-four hour, either mechanical or pressure ventilatory support [Majchrowicz, Tomaszewska, 2015, pp. 304–309].

Table 2. Number of places providing stationary nursing and care benefits in Podkarpackie Voivodeship

Range of benefits	Quantity
Benefits provided in health care centres/medical nursing centres	36
Benefits provided by long-term home care for mechanically ventilated patients	3
Benefits provided in health care centres for mechanically ventilated patients/in medical nursing centres for mechanically ventilated patients	3
Benefits provided by long-term home care for mechanically ventilated children	2
Benefits provided by health care centres for children and youth / medical nursing centres for children and youth	1

Source: Podkarpackie regional branch of the National Health Fund.

A demand for a long-term stationary care related to the demographic changes is far greater than the amount of benefits provided under a contract with the National Health Fund. What is more, the waiting lists are regularly extended. Functional disability in basic self-service is one of the main causes of admissions of the elderly to health care centres. The restoration of the ability to function independently is extremely important, so the patient is independent in basic activities of daily living. The average state of the patients at admission is 43 points of the Barthel scale, which means a significant disability and need of constant care of third parties. Furthermore, the analysis showed a clear dependency – the worse the functional state of senior at admission, the longer is time of his/her staying in a hospital. Therefore, patients who got to the facilities directly from an acute hospital ward were staying longer in a health care centre. Their health condition was the worst one, since they have had a stroke, fracture or life-threatening exacerbation of chronic disease. People admitted to the health care centre from their places of living were in most cases in stable condition. Moreover, they were often waiting for the vacant beds in the facility, while having *ambulatory rehabilitation* services, including *rehabilitation at home* [Kowalska et al. 2010, pp. 61–70].

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MODERN POLICE COMMUNITY SUPPORT OFFICER'S SERVICE AS AN INSTRUMENT OF SOCIAL SUPPORT

***Summary:** The article presents the characteristics of the work of a Police Community Support Officer in the contemporary world. It focuses on the principles of cooperation between the police and the local community. There are also presented the qualifications and social skills of a Police Community Support Officer as social support tools.*

***Keywords:** service, The Police Community Support Officer, police, social support, prevention.*

1. Organization of the service at the police community support officer position

A community policeman is governed by Order No 5 of the Chief Commander of the Police, dated June 20, 2016 – On methods and forms of carrying tasks by Police Community Support Officer and his supervisor.

The Police Community Support Officer is a police officer who was nominated to perform this function [Journal of Laws, 2016, item 26].

The qualification requirements are specified in the Ordinance of the Minister of Interior and Administration, dated June 19, 2007, regarding the requirements for education, professional qualifications and service experience to which police officers and other officials are responsible and their terms of promotion to a higher rank. To be nominated for a Police Community Support Officer position, a policeman must comply with the following criteria:

- at least secondary education;
- completed basic professional training;

- minimum 3 years of service in the Police [Journal of Laws 2007, No 123, item 857]. Due to the fact that the police career paths have not been precisely characterized, any policeman who has graduated from at least, a secondary school, completed a basic course with a positive result and has experience of a three-year service can become a Police Community Support Officer. We can assume that he should know the fundamental “secrets” of the police service, preferably if it is a prevention department, because it provides a solid basis for working as a community policeman. Of course, any other kind of service is also useful in performing that kind of tasks. The position in the accepted service is one of the most common in the Police, because it includes all the tasks of the entire scope of the formation.

Preassigning a service area to a Police Community Support Officer needs to be notified by him/her in writing, on application and submitted to the head of the organizational unit. In determining the area, the following criteria shall be taken into account:

- the total number and demographic structure of the population, the population density and the residential housing;
- security level and the total number of incidents requiring Police interventions;
- locations of endangered places, public buildings and other gathering places (Journal of Laws 2016, item 26).

2. Social skills

To classify and then to present the social skills of the Police Community Support Officer, it is necessary to characterize his duties. It is then possible to determine what competences are useful.

Methods and forms of carrying tasks by Police Community Support Officers are specified in Order No. 528 of Police Chief Commander, dated June 6, 2007. It defines that the basic form of the Police Community Support Officer service is carrying out the tasks resulting from his duties.

The main Police Community Support Officer's tasks are:

- carrying out the territorial reconnaissance assigned to him, taking into consideration people, terrain, phenomena and events affecting the state of public order and security;
- implementation of social prevention tasks;
- implementation of tasks related to criminal prosecution;
- controlling the observance of the general and local law.

A Police Community Support Officer has the task of preventive interviewing with, for example, drug or alcohol addicts, juveniles at risk of demoralization, criminals, he/she should also contact with potential victims of a crime to identify appropriate ways to avoid danger. The range of a social prevention includes also a duty to keep in touch with victims and to initiate actions to solve the problem of fear [Mazur-Niewiedział, 2017, p. 74].

Police Community Support Officer's work is not one of the easiest. People turn to various things, serious and trivial. Topics are often embarrassing and refer to a private life. He or she mainly works alone, what is more he/she cannot be anonymous. A uniformed policeman is always in the spotlight. People keep an eye on the Police Community Support Officer's behaviour. A community policeman must be impeccable and set a good example.

He should have the ability to establish contacts, inspire trust and be open to other people. The paragraphs of Order No. 805 of the Police Chief Commander, dated December 31, 2003, clearly point out that the policeman should follow the principles of social coexistence and act so that his actions may be an example of the rule of law and lead to a deepening of social confidence in the Police. The conduct of a police officer in dealing with people should be characterized by kindness and impartiality, rejecting at the same time racial, national, religious, political, ideological, or other prejudices. The policeman should adhere to the principles of good behaviour, personal culture and care for a neat appearance. While carrying out his/her duties, a police officer should adjust his or her behaviour to the circumstances and characteristics of the people involved in the incident, in particular age, gender, nationality and religion, and to take into account the legitimate needs of those people [Journal of Laws 2004, No 1, item 3].

His tasks are very versatile, but generally related to contact with society. In that case he must show significant social and interpersonal skills. The basic skill in this area is effective communication. Interpersonal communication is the process by which people exchange information and can understand others and themselves. But communication is also the instrument by which group norms are expressed, social control is exercised, roles are assigned and expectations are expressed.

Effective communication enables:

- information transfer;
- getting to know other people;
- establishing and maintaining contacts;
- organizing cooperation;
- influencing others [Trzcińska, Wiciak, 2011, pp. 9–11].

The ability to communicate effectively is the competence that determines effective Police Community Support Officer's service. Communication competence means the ability to use the language according to the situation and the listener. [Trzcińska, Wiciak, 2011, p. 24].

One of the conditions for the effectiveness of acting to the security and public order is close cooperation between all entities involved in the implementation of this task. A varied profile and nature of the activity of government, local government and non-governmental entities provide opportunities for joint action on the basis of knowledge exchange and diverse experiences. They contribute to a state of improved safety, a sense of security based on awareness of causes or conditions conducive to crime, and ways to prevent it. Preventive measures should assume the cooperation between the local community and all the entities. Implementing actions based on cooperation strategies of many organizations which are interested in improving safety, preventing social pathologies favours better policeman – citizen cooperation, forms a sense of responsibility for safety in the local environment.

A Police Community Support Officer puts into practice his tasks of:

- inspiring and organizing preventive activities, cooperating with other policemen;
- initiating and participating in meetings organized by local government units, schools or organizations that can contribute to improving safety and public order as well as combating social pathology;
- informing residents about the dangers and providing information on how to protect themselves, behave in specific situations and improving safety;
- keeping in touch with the victims and initiating the actions to deal with fear, and providing counselling for this group of people;
- counteracting domestic violence.

The police always focus on diagnosis, prevention and prosecution. A Police Community Support Officer's regular cooperation with the representatives of the local community makes him/her more noticeable in the area of the service, inspires confidence and social approval. The principles of professional ethics say that a police officer should be included in the social coexistence and should act in such a way that his actions may be an example of the rule of law and lead to improved social confidence and a sense of security.

The benefits of the Police cooperation are:

- increase in legal and victimology awareness of the society;
- reducing fears of becoming a victim of a crime;
- increase in a sense of security that allows proper functioning in social structures;

- crime reduction;
- creating safe cities (municipalities, settlements, districts) for doing business and leading social life.

One of the most important forms of cooperation to improve the sense of security are prophylactic programs implemented in cooperation with local entities. Every implementation of a prevention programme needs to diagnose the problem, determine its sources, possible effects and ways of countermeasures, and then set goals and actions to prevent or eliminate them [Manual for the Police Community Support Officer, 2014, p. 294–295].

In daily work, the community policeman carries out into execution many prevention programmes e.g.:

HOOLIGANS PREVENTION PROGRAMME

THE GENERAL AIMS OF THE PROGRAMME ARE:

- improving safety of the residents;
- reducing a fear of becoming a victim of a crime;
- improving the legal and victimology awareness of young people and their parents;
- reducing hooligan delinquency associated with theft and the devastation of public and private property;
- making the recipients aware of the legal implications of criminogenic activity and the risks associated with belonging to the group of hooligans;
- giving young people a critical look at the events provoked by groups of hooligans.

Social pathology prevention programme the general aims of the programme:

- decreasing social pathology;
- improving safety of the residents;
- reducing a fear of becoming a victim of a crime;
- improving the legal and victimology awareness of society.
- broadening cooperation in order to counteract more effectively unfavourable phenomena harming the personal rights of citizens;
- preventive impact on owners and employees of the shops and restaurants that break the law;
- improving safety of people travelling abroad;

Prevention program concerning safety of the elderly

THE GENERAL AIMS OF THE PROGRAMME:

- improving safety of the elderly people;
- reducing a fear of becoming a victim of a crime;
- activating local communities to counteract all kinds of social pathology;
- reducing the scale of acting to the detriment of the elderly;
- improving the legal and victimology awareness of the elderly;
- familiarizing the recipients of the prevention program with the characteristics of the work field (e.g. employees of the power plant, gas plant, post office, social workers, etc.).

“Carefully – dog” preventive program the general aims of the programme:

- improving safety of the residents;
- reduce the fear of becoming a victim of a crime;
- improving the legal and victimology awareness of society;
- broadening cooperation with non-governmental entities in order to counteract more effectively unfavourable phenomena harming the personal rights of citizens;
- preventive impact on the owners of dogs breaking the rules, which are listed in the preventive program of the law;
- creating a safe and human-friendly environment that will not generate any threat to it.

Vandalism prevention programme

The general aims of the programme:

- counteracting the destruction of private and public property (graffiti);
- activating local communities to counteract vandalism;
- broadening cooperation with self-government administration, housing estate administration, local media, schools and, if necessary, with other institutions in order to counteract more effectively;
- creating a safe and friendly environment;
- making a positive impact on young people in order to prevent the phenomenon of vandalism.

Safe garden programme

The general aims of the programme:

- improving safety of allotment gardens;
- improving the legal and victimology awareness;
- activating the owners and users to take steps towards public safety and order improvement.

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Legislation:

Police Act of April 6, 1990 (Journal of Laws of 2016, item 1782)

Other legal acts:

Order No. 805 of the Police Chief Commander of 31 December 2003 (Journal of Laws 2004, No 1, item 3)

Order No. 528 of the Chief Commander of the Police of 6 June 2007 (Journal of Laws of 2013, item 38)

Order No. 5 of the Chief Commander of the Police of 20 June 2016 (Journal of Laws of 2016, item 26)

Annex to the Regulation of the Minister of Interior and Administration of 19 June 2007 r. (Journal of Laws 2007, No 123, item 857)

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LIVING CONDITIONS OF POLISH PEOPLE IN THE PERSPECTIVE OF SOCIAL POLICY (DATA ANALYSIS)

Summary: *The study presents a description of the living conditions of Polish people. Issues addressed in this study will be considered in the context of the efficiency of social policy and they concern the following aspects: population, health, work, unemployment and standard of living. The question is to be answered, whether social policy is effective when it comes to improving the living conditions of contemporary Polish society and what should be improved. The analysis of the above issues will be carried out on the basis of statistical data gathered by Central Statistical Office in Poland. The charts and tables included in the study will present quantitative data for the period in years 2011–2015.*

Keywords: *social work, social policy, unemployment, health, old age, illnesses.*

A social policy was initiated by differentiation of social classes and social strata, social tensions and the emergence of poverty. The term “social policy” is attributed to a French thinker—Charles Fourier (1772–1837). In turn, the creator of modern social policy was Otto von Bismark, the first chancellor of the United German Empire. The first Polish theoretician of social policy was Stanisław Rychlicki, who called for creation of the social plan which aim was to defend people dependent on the economy, against adverse effects of the economic system [Machelski, 2005, pp. 9–10, p. 19].

An important feature of the development of societies was the emergence of social benefits. The scope of social policy covers many areas ranging from education to health, insurance claims, support for poor people and prevention against social exclusion [Orczyk, 2008, pp. 7–8].

Social policy is a type of public policy which uses the government to achieve well-being of all citizens, taking into account socio-economic inequalities and

the inequalities between different groups of citizens. The scope social policy covers mainly matters of employment and unemployment, social security, health, education and culture [Firlit-Fesnak, Szyłko-Skoczny, 2007, pp. 21–34].

As a result of the political transformation (since the late 1980s), social policy has undergone profound transformations. The biggest changes concerned political, economic, demographic and social determinants. The necessity of changes in politics resulted from European integration and participation of Poland in the global economy [Firlit-Fesnak, Szyłko-Skoczny, 2007, pp. 54–68].

Working method and data analysis

This study is based on the analysis of the existing data which were processed to obtain the necessary information and conclusions. Statistical data were taken from Central Statistical Office of Poland (GUS). The tables and graphs below provide numerical data regarding the population of Poland, health condition of Polish people and the situation in the labor market.

Table 1. Polish population by gender and age in 2011–2015

Gender	male					female				
	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
Pre-working age – 14 years and less	2 984 959	2 974 206	2 961 289	2 958 298	2 953 532	2 834 018	2 822 408	2 810 137	2 805 853	2 801 032
Working age: 15–59 years for women, 15–64 years for men	12 416 711	12 295 738	12 159 027	12 020 917	11 872 379	13 649 390	13 579 974	13 487 055	13 388 090	13 277 020
Retirement age	2 020 228	2 095 154	2 181 191	2 273 421	2 367 439	4 633 141	4 765 819	4 896 960	5 032 023	5 165 837

Source: self-study based on data acquired from Central Statistical Office of Poland.

Table 1 shows that the most numerous group are people at working age. It also can be seen that women are the most numerous group and when it comes to the retirement age, women outnumber men two times.

Table 2. Polish population by age and place of living

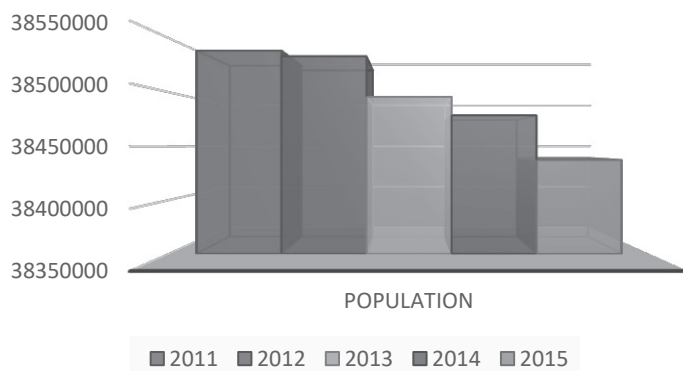
Place of living	City				Village			
	2012	2013	2014	2015	2012	2013	2014	2015
Pre-working age	3 916 439	3 890 766	3 875 671	3 869 484	3 150 329	3 104 596	3 067 325	3 032 311
Working age	14 977 564	14 763 159	14 568 489	14 358 387	9 627 994	9 658 987	9 661 673	9 643 781
Retirement age	4 442 286	4 603 984	4 772 192	4 938 558	2 418 687	2 474 167	2 533 252	2 594 718

Source: self-study based on data acquired from Central Statistical Office of Poland.

On the other hand, Table 2 shows that more people live in cities than in villages. When it comes to pre-working age, the difference in number of people, in these two areas amounts to about 500 thousand, while for people in retirement age it amounts to 5 million.

By contrast, there are two times less people in the villages at the retirement age than in urban areas. Data from 2011 are not available at Central Statistical Office of Poland.

Diagram 1 shows the total number of Polish people in Poland in 2011–2015

Diagram 1. Population in Poland in 2011–2015

Source: self-study based on data acquired from Central Statistical Office of Poland.

It can be seen that the number of Polish citizens is decreasing gradually. In 2011 there were 38 538 447 people in Poland while in 2015 – 38 437239, i.e. the difference is about 100,00 people. Polish population is constantly transforming. The reproduction level is decreasing. Population reproduction – is the process of replacing generations as a result of birth versus death ratio [Okólski, Fihel, 2012, p. 6].

Studies show that the percentage of children is decreasing and the number of elderly people is increasing. This situation i.e. population aging, has a negative impact on the labor market. The increase in the number of people at the retirement age implies the need for geriatric care management [Sobczak, Wyrzykowska-Antkiewicz, 2013, p. 30].

Health

The definition of 'health' proposed by the World Health Organization (WHO) – recognizes that health is a state of physical and social well-being and not merely lack of disease or disability [Lalak, Pilch, p. 361; Rejman, Prendecki, 2014].

On the other hand, sociologists describe health as active social participation, i.e. ability to effectively perform social roles [Parsons, 1969, p. 326].

There are many definitions of 'health' presented in the literature. This study adopts the typology of Tomasz Mieczkowak, who distinguishes following types of health:

- **Physical health** – proper functioning of an organism;
- **Mental health** – including:
 - **emotional health** – the ability to recognize emotions and express them in an appropriate way, the ability to cope with stress, tension, anxiety, depression and aggression;
 - **mental health** – the ability for logical, consistent and clear thinking;
- **Social health** – the ability to establish, maintain and develop good relationships with other people;
- **Spiritual health** – related to religious beliefs and practices as well as to personal set of principles, values, behaviors and ways of achieving inner peace and balance [Maszczak, 2005, p. 74].

The following tables and graphs show data regarding health of Polish people in 2011–2015.

Table 3. State of health in 2011–2015

Illnesses/ Age	2011	2012	2013	2014	2015
tuberculosis	8 478	7 542	7 250	6 698	6 430
venereal diseases	1 253	1 726	1 892	1 659	1 753
tetanus	14	19	14	13	12
pertussis	1 669	4 684	2 183	2 102	4 956
measles	38	71	84	110	48
Hepatitis B	1 583	1 583	1 540	2 763	3 518
Hepatitis C	2 188	2 265	2 641	3 550	4 285
Hepatitis A	65	71	48	76	49
Rubella	4 290	6 263	38 548	5 891	2 026
AIDS	162	145	160	125	122
salmonellas	8 813	8 444	7 577	8 392	8 652
bacterial dysentery	17	13	19	44	18
Food poison	2 195	1 787	1 643	1 534	1 439
scarlet fever	18 267	25 421	25 115	22 885	26 782
brain and meningitisbacterial inflammation	866	754	863	722	725
Meningitis	1 040	1 268	1 058	1 813	876
Viral encephalitis	399	347	399	353	273
Mumps	2 585	2 779	2 436	2 508	2 208
Trichinosis	23	1	9	32	27
Flu	1 156 357	1 460 037	3 164 405	3 137 056	3 843 438
Rabies vaccine	7 842	7 999	7 844	8 661	8 150
psychiatric disorders caused by alcohol	1 404 148	1 546 155	1 610 543	1 595 016	1 593 125

Source: self-study based on data acquired from Central Statistical Office of Poland.

Table 3 shows that the number of ill people is systematically increasing. The number of people falling ill with flu (or suspected cases) increased three times over the past 5 years, while the number of people falling in with the scarlet fever increased by 6, thousands. There was a steady increase in the number of people suffering from viral hepatitis who got infected even twice a year (up to 1,8 thousands of people in 2011 and to 3,00 thousands in 2015). Only some diseases have a declining tendency, e.g. encephalitis, tuberculosis.

Table 4 shows the number of hospitals in Poland along with number of patients in 2011–2015.

Table 4. Number of hospitals in Poland along with wards and patients in 2011–2015

Hospitals/patients/ years	2011	2012	2013	2014	2015
Hospitals without wards and braches	814	913	966	979	956
Wards	6 262	6 716	6 892	7 063	6 978
Patients	7 888 995	8 337 016	8 471 686	8 459 098	8 397 512
Psychiatric hospital	48	49	48	49	48
Psychiatric hospital patients	201 207	197 099	195 533	201 552	200 760

Source: self-study based on data acquired from Central Statistical Office of Poland.

Table 4 shows that the number of hospitals was increasing steadily, for example: there were 814 hospitals in 2011 while in 2015 the number increased up to 956 hospitals. In hospitals (excluding psychiatric hospitals) the number of patients was increasing. In psychiatric hospitals, the situation with mental illness vary. In 2011 and in 2014, the number of patients was increasing while in 2012, 2013 and in 2015 the number of such patients was decreasing.

Labor market and unemployment

Work is a way of a of personal improvement and development which leads to acquire number of valuable moral values. Through work we learn to carry out given duties, to be systematic, conscientious and also be patient in overcoming difficulties and persistent in achieving the goals [Stochmiątek, 2015, p. 81]. Unemployment is a complex and dynamic phenomenon characteristic for a market economy.

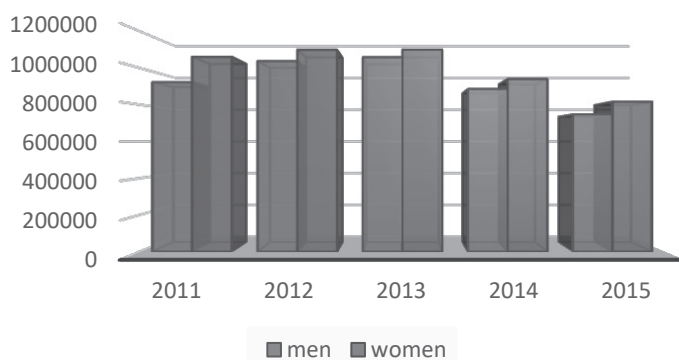
In the literature are distinguished the following types of unemployment:

- **overt** – established on the basis of the records gathered by job centers. This type of unemployment is characteristic for cities;
- **hidden** – refers to people who are deprived of work, who do not seek any job and do not report their situation to the job centers; therefore they are not registered as unemployed. This type of unemployment refers usually to the long-term unemployed living in the countryside;
- **general** – which results from labor surpluses in the country;
- **regional** – occurs only in certain areas (regions) of the country;
- **economic** – is related to fluctuations in the labor market. It is characterized by the fall in labor demand when employers dismiss temporarily superfluous staff and employ them again when the economic situation improves.

- **structural** – is caused by mismatch of the labor supply, mainly in terms of qualifications. As a result, the unemployed lose the chance to work in gained profession and they need to re-qualify. This type of unemployment is generally permanent and may have a negative impact on the mental health of the unemployed;
- **seasonal** – refers to the employment of workers only in certain seasons; this type of unemployment occurs usually in agriculture, construction and processing industries;
- **steady** – refers to the normal flow of workers between workplaces. It involves short-term unemployment and does not affect the balance in the labor market;
- **technological** – results from the introduction of technological facilities in a workplace which results in less demand for workforce.
- **short-term** – refers to people who are unemployed for no more than 3 months;
- **medium term** – refers to the unemployed who remain without a permanent job up to 12 months;
- **long-term** – the unemployed remain without work for more than 1 year;
- **chronic** – it happens when the state of unemployment is growing and prolongs over time. It results in significant unemployment which vary in terms of age, gender, occupation and education [Koral, 2004, pp. 37–39].

The following tables and graphs show the situation of the unemployed in Poland in terms of age, gender and place of living. Diagram 2 shows the number of people registered in job centers according to the gender of the respondents.

Diagram 2. Number of unemployed people according to the gender in 2011–2015



Source: self-study based on data acquired from Central Statistical Office of Poland.

Diagram 2 shows that from 2013, the number of the registered unemployed was systematically decreasing. It can be seen that the unemployed women slightly outnumber the unemployed men.

Table 5 shows the number of the registered unemployed according to gender and region of living.

Table 5. Number of unemployed men / women in relation to the total population according to gender and region of residence in the years 2011–2015 (in %)

Region of living	gender									
	Unemployed men (in %)					Unemployed women (in %)				
	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
Central region	35,	35,	40,	43,	41,	39,	41,	44,	47,	45,
South region	28,	28,	32,	37	35,	34,	36,	40	43	41,
East region	35,	35,	38,	41,	39,	43,	45,	45,	48,	46,
North- West region	26	25,	29,	32,	30,	33,	34,	36,	40,	38,
South – West region	28,	27,	31,	35,	32,	34,	35,	37,	41,	38
North region	27,	28	31,	34,	31,	38	40,	41,	45,	43

Source: self-study based on data acquired from Central Statistical Office of Poland.

Table 5 shows that in 2015, the highest number of unemployed men in relation to the general population appears in the central region of the country – 41.5% (in 2011 – 35.6) while the least number of the unemployed men is in the north-west region – 30.2% (in 2011 – 26%).

In contrast, the highest number of unemployed women appears in is the eastern region of the country – 46.5% (in 2011 – 43.1%). The least number of unemployed women is in the southwest region – 38% (in 2011 – 34.6%).

Table 6 shows the situation of the unemployed according to gender and education.

Table 6. Number of the unemployed by age and education in the years 2011–2015

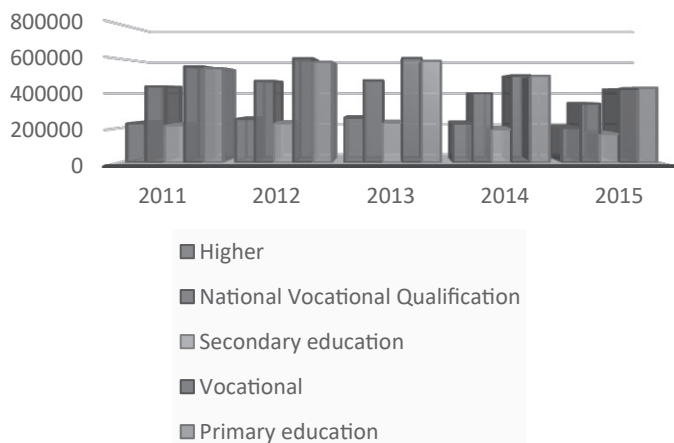
Education	Gender									
	men					women				
	years					years				
	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
Higher education	70 585	80 475	84 744	73 598	64 642	155 247	170 514	174 071	151 843	135 603
National Vocational Qualification	172 843	195 957	200 230	165 653	137 247	267 850	276 503	275 844	235 388	203 552
Secondary education	69 125	78 490	80 952	67 410	56 479	145 338	147 780	147 850	124 445	108 079
Vocational school	308 332	348 578	353 019	291 637	243 366	247 494	255 334	252 645	212 630	181 558
Primary education	301 587	334 129	339 482	287 234	245 467	244 275	249 055	249 046	215 342	187 346

Source: self-study based on data acquired from Central Statistical Office of Poland.

Table 6 shows that from 2013 the number of unemployed steadily decreased. In 2015, the highest number of the unemployed men had only primary education – about 245 thousands (in 2013 – 339.5 thousands), and the least number of unemployed men had a secondary education – about 56.5 thousands. In turn, the highest number of unemployed women had vocational education – 203.5 thousands (in 2012 – 276, 5 thousands), while the least number of the unemployed women had secondary education – about 108 thousands. Paradoxically, there are two times more unemployed women with higher education than men with the same type of education, for instance, in 2013 there were 174 thousands unemployed women, while only 84,00 unemployed men.

Diagram 3 shows the number of registered unemployed people by type of education in 2011–2015.

Diagram 3. Number of unemployed people according to the type of education in 2011–2015

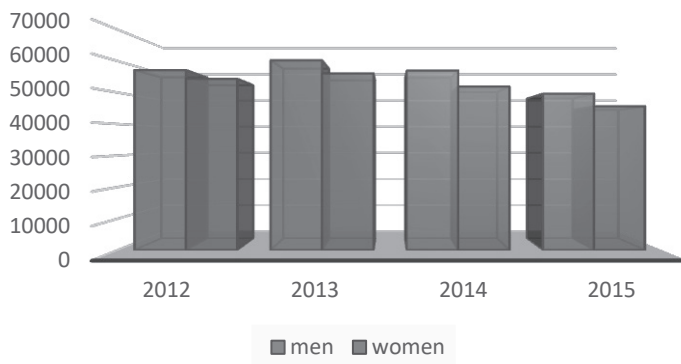


Source: self-study based on data acquired from Central Statistical Office of Poland.

According to the diagram 3, it can be stated that the highest number of registered unemployed people have vocational education and primary education. In turn, the least number of registered unemployed people have secondary education.

Diagram 4 shows the number of registered unemployed people by gender in the years 2012–2015 (Data regarding the year 2011, is not available in Central Statistical Office of Poland database).

Diagram 4. Number of unemployed people with disabilities according to the gender in the years 2012–2015



Source: self-study based on data acquired from Central Statistical Office of Poland.

According to the Diagram 4, the number of unemployed people was decreasing systematically. On the other hand, the number of the unemployed disabled men was slightly higher than the disabled women.

Summing up the issue of unemployment, it can be stated that the data presented show a high level of special variability in Poland. The differences in territorial units (e.g. municipalities) are frequent and much higher than the differences between them. An important factor is the existence of a metropolis nearby a given area and their impact on the employability of rural areas and small towns located within reachable distances [Miś, 2011, p. 299].

Table 7 provides data regarding the number of people benefiting from social security system, i.e. financial and non-financial help and care support, together with the allocated amount of money.

Table 7. Number of people benefiting from financial and non-financial help, caring services and money allocated for this purpose

People/ amount of money	Number of people benefiting from the proposed help					Amount of money allocated for the proposed help					
	Years	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
Financial help		1 697 703	1 634 632	1 723 038	1 639 645	1 544 563	2 698 219,	2 205 103,	2 651 253,	2 632 851,	2 615 490,
Non- financial help		994 230	959 685	986 611	928 133	896 519	950 332,	940 926,	991 951,	986 524,	1 007 746,
Care services		n	n	n	88 880	93 272	n	n	n	385 591,	407 071,

Source: self-study based on data acquired from Central Statistical Office of Poland.

Table 7 shows that from 2013, the number of people benefiting from social security system is systematically decreasing. From 2011 the sums of money allocated for this purpose are reduced. Between 2011 and 2015, the difference in financial help amounts to about 84 millions. In turn, in 2015, there was an increase in non-financial help compared to 2011. From 2014, the number of people receiving help form Social Welfare Center (i.e. care services) increased by approximately 5 thousand people in a year.

Table 8 shows the number of people living on Social Insurance Institution and Farmers' Social Security Fund pensions.

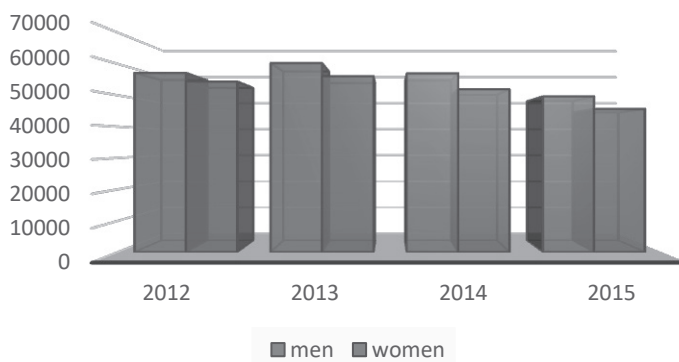
Table 8. Number of people receiving pensions

Number of people/ years	2011	2012	2013	2014	2015
Number of pensioners	9 123 563	9 027 428	8 951 849	8 870 286	8 879 628
Number of retirees	5 237 024	5 231 775	5 243 966	5 236 448	5 310 101
Number of annuitants	1 210 882	1 156 915	1 109 668	1 068 467	1 016 229
Number of people taking family pensions	1 349 018	1 353 011	1 352 508	1 353 740	1 350 144
Farmers (retirees and annuitants)	1 326 638	1 285 725	1 245 708	1 211 632	1 203 157

Source: self-study based on data acquired from Central Statistical Office of Poland.

Table 8 shows the number of people receiving benefits (such as pension, invalidity allowance or survivor's pension) from Social Insurance Institution and Farmers' Social Security Fund. It can be seen that the number of pensioners increased by about 70 thousand people between the years 2011 and 2015. The number of pensioners is falling slightly. The number of people benefiting from Farmers' Social Security Fund systematically decreased between 2011 and 2015 by about 120 thousands of people. Summing up this data, it can be stated that the number of beneficiaries of Social Insurance Institution and Farmers' Social Security Funds lightly decreased.

Diagram 5. Number of people benefiting and not benefiting from state aid in 2011–2015



Source: self-study based on data acquired from Central Statistical Office of Poland.

Diagram 5 shows that about 1/3 of the Polish population benefited from the various types of state financial aid. The number of people receiving state aid through the Social Welfare Centre, Social Insurance Institution and Farmers' Social Security Fund systematically decreased. The increasing number of people who did not benefit from state aid could be due to the following factors: migration of people in pre-working age, negative rate of natural increase etc. The data analyzed does not include 2016, when the parental benefit 500+' was introduced, as it could significantly change the statistical data regarding the discussed issue.

Conclusions

In Poland, population ageing is being more noticeable. It results from declining fertility rates and rising of life expectancy. The first effects of those changes are already visible, but they will definitely increase in the coming decades [Adamiec, 2016, p. 109].

The impact of population ageing on public finance has many aspects. The number of working people decreases, thus decreases the financial profit from contributions. As a result, the enhance in number of people in the retirement age boosts the need for financial support.

The less working people, the bigger problem with pension system is. The adverse demographic predictions also point to the need for changes in the health care system, social help, education and training for children and adolescents, and of course, in the social security system [Malinowska-Misiag, 2016, pp. 135–136].

According to David Gil, the main attention should be focused on the availability of resources to enable people to prolong their lives and improve the quality of life. Social policy is in fact, a deep political field, i.e. where various ideologies clash [Lavalette, Pratt, 2010, pp. 18, 22].

Social policy aims to improve general working conditions and life conditions of the population, as well as to improve social and cultural relations, which lead to satisfaction of the society. Social policy objectives apply to all social groups and are designed to lead to proper functioning of the society [Rajkiewicz, 1979, p. 30].

The goals and the tasks of social policy are very similar to the 'Europe 2020 strategy'. The aim of this strategy is to bail out Europe from the economic and financial crisis and to prepare the economy for the next decade. This strategy covers three areas:

1) Intelligent development – development of the economy based on knowledge and innovation;

2) *Sustainable development – supporting economy based on environmentally-friendly resources;*

3) *Development of social inclusion: supporting economy characterized by high rates of employment and providing economic, social and territorial cohesion*

The objectives of the 'Europe 2020 strategy' are:

- a) The educational purpose relates to the problem of early school leavers and increases the number of people aged 30–34 with at least higher education;
- b) The rate of employed people aged between 20–64 years should increase (from the current 69% to 75%);
- c) Research and Development investments should amount to 3% of GDP;
- d) Reduction of carbon dioxide emissions by at least 20%, e.g. increasing the use of renewable energy;
- e) Reducing the number of Europeans living below the poverty threshold (Werra, 2011, pp. 193–194).

In conclusion, social policy is closely linked to the labor market and economic integration. The importance of social policy in the EU will grow steadily, as it has a huge impact on the lives of millions of Europeans [Anioł, 2007, pp. 431–447].

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