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Contents

Arkadiusz Żukiewicz

University of Lodz
The Department of Social Pedagogy

DETERMINANTS OF SOCIAL WORK
IN THE WELFARE CENTRES IN POLAND

Summary: *Social Work is one of the essential lement sin the Polish welf are system. Empirical research shows that social work, as one of the elements of welfare, is practically marginalized. Social work is determined by many factors: 1. Social Politic (social and welfare policy, legal regulations); 2. Institutions and organizations; 3. Social Workers.*

This article will concentrate on the practical side of identity problems and suggestions to solve them.

As a result of a research, four different types of social workers have been identified:
- *a reformer (dynamic);*
- *a conformist (static);*
- *an official (conservative);*
- *a dummy (regressive).*

Determining the actual state of affairs enables us to elaborate on definition of the ideal social worker. An ideal social worker should be able to realize the following roles: Helper; Rescuer; Advisor; Informer; Intermediary; Animator; Reformer; Planner; Researcher; Co-ordinator; Master; Disciple. In the case of social workers their training should guarantee the ability to perform all the roles indispensable for carrying out the strategic objectives.

Keywords: *social work, social worker, social policy, determinants of social work, welfare system, social pedagogy.*

Introduction

Social Work is one of the essential elements in the Polish welfare system [MPiPS, 1994]. The legislator defines it as the full range of activities which are provided by the government or non-government al organizations that aim to give help for socially excluded individuals and families to reinforce and regain the ability to function in the society. Importantly, social work supports, conditions favouring above-mentioned objectives that help strive for a better individual and family [Dz. U. 1990, art. 8.5].

Empirical research shows that social work, as one of the elements of welfare, is practically marginalized [Marzec-Holka, 1998]. According to research the marginalization of social work is caused by two parties: 1) social work with less insight and 2) individuals (families) receiving help themselves for the brief time without future considerations.

1) For example, social workers with less insight and understanding for various given problems and situations prefer the option of immediate financial support. It is true that for many social workers, immediate financial aid is to be preferred. Distributing money, being the immediate form of support, appears to be the right instrument overall, however in the long run, it contributes to the emergence of demanding and passive attitude. Consequently, dependence of the needy individuals (families) on social institutions and organizations becomes stronger. The aim of social work is not to strengthen the dependenceof the poor on support, but to help the needy to be able to stand on their own feet.

2) Moreover, the attitude to the needy will not improve, if only immediate forms of help instruments are used. The destitute must think in long terms for the ideal of permanent security of their lives, not for temporary and fleeting sense of security, which in reality cannot be counted as a form of security or welfare. The alternative is social work aiming for motivating, activating and influencingdestitute individuals and families positively towards the directions leading to changes in their attitudes and efforts that may enrich the environment around them [Żukiewicz, 2002a].

Determinants of social work
– proposal of the tool of analysis

Social work is determined by many factors.*Social* and *welfare policy* and *legal regulations* being the most important factors in welfare system stand as two pillars that help sustain *Social Politics*. The nature of the three factors above determines the quality of welfare institutions and organizations.

Institutions and *organizations* as a second main factor are independent on the rules of Social Politics and in turn, they examine and emphasize to the highest degree possible the role and status of Social Politics.

The third main factor is the *Social Workers.* The worker's mentality is pragmatic. They are the sole practitioners who implement and execute various regulations and policies handed down from Social Politics to institutions and organizations. Their mission is to provide assistance to the needy by following the rules stipulated by the welfare system. The Social Workers, therefore, influencedirectly the status and stance of Social Work. The workers, as a main determinant factor, relationship to Social Work is that of most intimate compared to the other main factors [Żukiewicz, 2002a]. The workers, perceived as a main determinant factor; their relationship to Social Work is that of the most intimate compared to the other main determinants. The social workers remain closest in terms of conceptual relations to the sphere of Social Work (Fig. 1).

Fig 1. The relationships of the determinants in Social Work

Legend:
Indicators strongest relations:
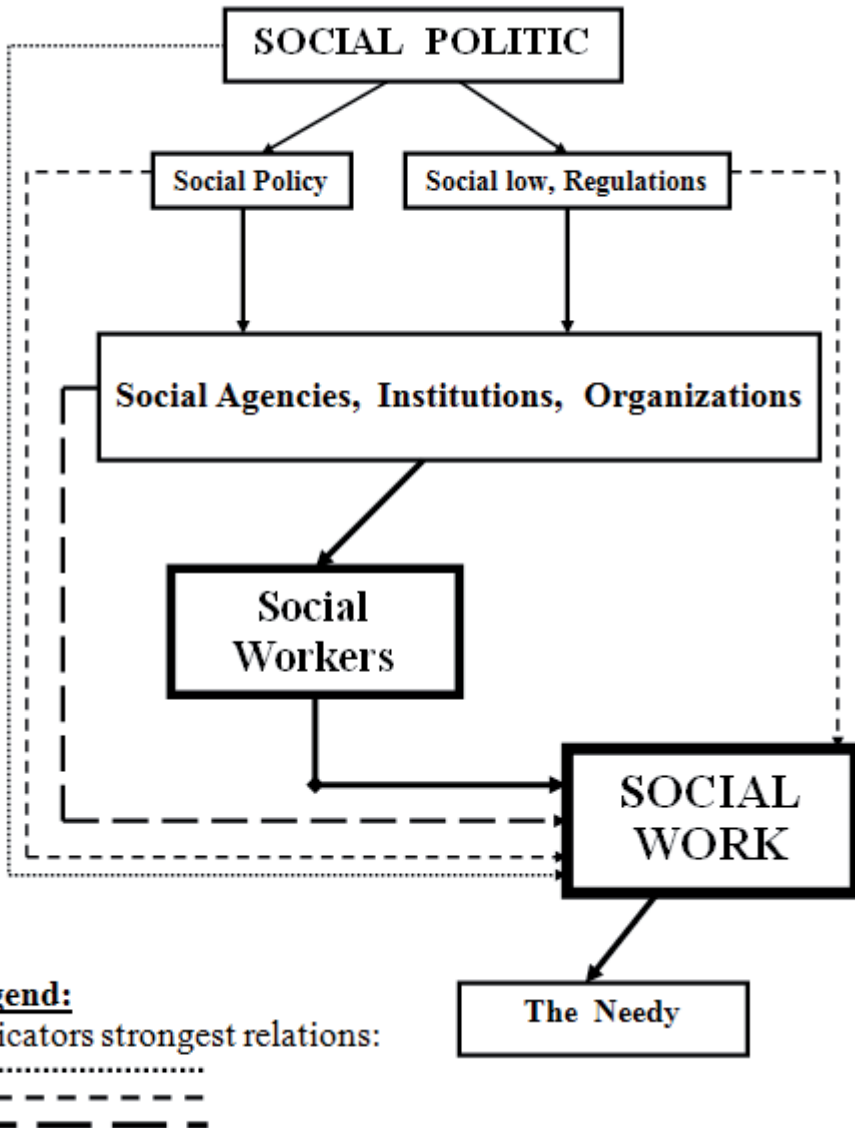
With the domain of political and systemic assumptions social work is a legitimate and instrument that may be applied in the practice of welfare [Dz. U. Nr 64, poz. 414]. However, at the level of legal regulations, social work remains to be viewed only as a complementary form of help. The tendency to marginalize social work is evident and confirmed by the fact that its placement in the catalogue of welfare system tasks, represents psychologically interior status compared to others. For example, the per-

vading trend is to prefer financial assistance over any other form of help. Social work is not only considered least but also preferred less [Żukiewicz, 2002a]. Such trend is inconsistent with the political assumptions of social market economy.

In regard to social welfare, social market economy assumes that the needy individuals and families will be assisted to the point where they can be free of any further welfare assistance. Its assumptions hold that the needy individuals and families must be taken care of so that they can function in society independently from a welfare system.

A political will to implement solutions based on the motivational model [Żukiewicz, 2002c] of welfare policy is expressed; on the other hand, the law duplicates the solutions typical for the redistribution model [Żukiewicz, 2002c] functioning in the previous system consisting in distributing financial help as a preferred form of welfare.e [Szubert, 1993; Księżopolski, 1996]. The discrepancy between the theory and practiceindicates the need to improve the welfare system in order to create conditions for the functioning of legal institutions which will bring the desired consequences by improving social conditions of people and families whose situation necessitates the intervention of welfare institutions [Auleytner, 1994].

The collected empirical material shows that the continuously growing potential of the private sector in the welfare system is not used effectively enough in carrying out the systemic tasks [Urbaniak, 1997]. Lack of co-operation and co-ordination between public institutions and commercial or non-profit organizations decreaseseffectiveness and efficiency of help on the macro and micro scale [Żukiewicz, 2002b]. The examined Welfare Centres indicate limited diagnostic potential [Żukiewicz, 2002a]. This results from the inconsistency between political assumptions and practice as well as fallacious legal regulations giving priority to financial help. However, better co-operation with private welfare institutions creates the possibility of more precise and effective help to the person in need of welfare, if negative stereotypes are overcome.

So far the need for improvement of the status of Social Work has been considered in a rather theoretical sense. For the remainder of this article we will concentrate on the practical side of identity problems and suggestion to solve them in an effective manner.

As a result of a research, four different types of social workers have been identified [Żukiewicz, 2002a, s. 127]:
- a reformer (dynamic);
- a conformist (static);
- an official (conservative);
- a dummy (regressive).

The largest group among the 120 examined social workers of various Welfare Centres in Wrocław (Poland) are the representatives of the first type – the reformer, 32%. This is the most desirable category of social workers as they are highly qualified and characterised byopenness to changes in the welfare system. They display a genuineurge for involvement in co-operation with other institutions and organisations supporting the processes in helping the needy people. This group penetrates the communities of people under its care by intervening and activating its internal potential [Żukiewicz, 2002a].

The representatives of the conformist type are the third largest, 27%. They are characterised by conscientiousness, honesty and involvement. Professionalism is accompanied by empathy. Relations full of understanding between the workers and the people under the care favour the co-operation during the process of gaining economic independence or integration with the community. However, the care is not always accompanied by complete involvement and the workers do not actively undertake additional activities benefiting the peopleunder the care, causing changes for the individual or the system and developing their professionalism. The conformists are characterised by identifying themselves with the job and general awareness of their mission. However, in practice, their activities which appear merelyas a service are limited to performing only within generally accepted standards [Żukiewicz, 2002a].

Official types constitutes a group greater than the previous one, 28%. They are characterised by a matter-of-fact and unemotional attitude to their work. This is not a service but only work based on the rules resulting from the legal regulations. Professionalism results only from the sense of duty and the tendency to perform well. Stereotypical view of their beneficiaries as parties in a potential administrative and legal relationship predominate. There are tendencies to generalize and absence of individualization in the relation with the destitute. This type seems to be suited to function in public administration but assuming the attitudes characteristic of an official in their relations with people in need may be deemed as improper. Research shows that welfare beneficiaries need contact with people who treat their cases individually and personally, based on partnership and understanding, sometimes even sympathy [Żukiewicz, 2002a].

A dummy, represented by 13%, needs no arguing about the negative effects of their attitude. Passivity, regression, pessimism, indifference to professional matters are the features characteristic of this type. They differ from other types in displaying the negative attitude towards the people in needwho lack orientation in their existential situations and the potential help that could be administered (apart from money). The dummies are not interested in improvement of their educational standards for a higher service to the needy. It may be unanimously

stated here that welfare institutions and organisations cannot afford to employ this type as it is not only detrimental to the institution and the destitute, but also to the whole welfare system [Żukiewicz, 2002a].

Determining the actual states of affairs enablesone to elaborate on the definition of an ideal social worker (in terms of his/her role when performing operational activities). An ideal social worker should be able to realize the following roles [Żukiewicz, 2001]:

1. **Helper** – organizes the first contact with the beneficiary, performs preliminary assessment of the problem and transfers to the proper specialist unit;
2. **Rescuer** – analyses and evaluates phenomena leading up to the need of the welfare system and grants the benefits;
3. **Advisor** – advises and helps to solve existential problems to the people who subsequently will be able to solve their problems themselves;
4. **Informer** – informs as to the possibilities of problems solutions and help which may be obtained from proper institutions and organisations;
5. **Intermediary** – supports in seeking help from proper institutions and organisations;
6. **Animator** – initiates social activity and inspires self-help to satisfy existential needs of persons, families, and communities;
7. **Reformer** – initiates new forms of helping people in difficult situations and inspires the emergence of institutions and organisations which could provide services indispensible to improve the situation;
8. **Planner (promoter)** – participates in inspiring, elaborating, implementing and developing of social programmes directed towards improving the quality of life;
9. **Researcher (diagnostician)** – reveals, analyses, and interprets social needs and problems influencing interpersonal relations, increasing quality of life as well as overcoming and solving positively social problems, also creates the concepts of programmes of social activities;
10. **Co-ordinator** – aims at co-ordination and co-operation of an individual with institutions and organisations to carry out the tasks of the welfare system;
11. **Master** – passes on their own professional experience to trainees and less experienced colleagues to induce them into reality of social work;
12. **Disciple** – continuously gains knowledge to improve professional qualifications and full orientation in the dynamics of changes in the area of social work.

In the case of social workers their training should guarantee the ability to perform all the roles indispensable for carrying out the strategic objectives. Readiness to undertake all kinds of operational tasks is an obvious consequence of the choice made by the people serving in the welfare system. It is also important that during the training the candidates should be aware of the importance of social work and effective social influence. This will result in the fact that this form will be more frequently undertaken by social workers in their professional activities.

Research results prove that another important element in professional training is providing the candidates with the instruments of protecting their own mental health. In this service the workers are constantly confronted with the problems of their customers who assume various attitudes towards them, from nihilism to extreme aggression [Żukiewicz, 2002a]. Poverty, pathology, passivity, helplessness, demanding attitude, frustration are the phenomena which a social worker must skilfully deal with;*empathy must trigger motivation* to be active but it can not negatively influence the rationalization of the undertaken activities. Help can not consist in doing things for the beneficiaries but in stimulating and supporting in the process of social integration and economic independence. The task is to involve the person in need in the activities aiming at improving their situation and supporting them in carrying out consecutive stages of the process.

Conclusion

Polish legislators oblige local councils to carry out social work as one of the forms of social help. Independent of where it is in the catalogue, social work is indicated directly and defined in the act as social assistance. Hopefully, with the increase of general awareness of its positive role, social work will get increased priority in the welfare system. Local councils, obliged to undertake and propagate social work, should ensure the proper level and range of the work of Welfare Centres. Social work results in permanent change of attitudes and lifestyles of the receivers, their economic independence and integration with the community. This form of assistance also activates their potential. This increases independence in solving social problems and keeping responsibility. This effect coincides with directions of systemic changes towards motivational model of welfare policy in Poland which is an indispensable stage in the process of co-existing with the European Union.

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Anna Muzyczka

The Bronisław Markiewicz State Higher School of Technology and Economics in Jarosław

Janusz Mierzwa

The Jan Grodek State Higher Vocational School in Sanok

CIVIL SOCIETY AS AN ELEMENT OF SELF-GOVERNANCE DEVELOPMENT

Summary: The idea of civil society lies within the community, the operating principles of which comprise the citizens themselves. It is an ideal creation where attempts of forming such mature society, based on citizens' activity, had been lasting for a long time and in the result shall lead to building a democratic state. The role of citizens is voluntary and conscious participation in public and political life and readiness to discuss the roles and values of common good. Mature civil society has possibilities to create social attitudes and behaviors of groups and individuals, influence the functioning of public and social institutions and organizations. It possesses the ability of self-organization and activity based on cooperation. Clashing of various interests and activity groups creates the area for conscious citizens who are the basis of civil society.

The process of political transformation in Poland was meant to lead to development of self-governance based on local self-government inspiring the activity of citizens. The role of territorial self-government in transition from the structures of authoritarian society, with every area being subordinated to the state, to the civil system shall be based on supporting the creation of social cohesion, stimulating activities and creativity of citizens and supporting the local civil initiatives leading to solution of common problems.

Keywords: self-governance, civil society, activity, participation.

The period of political transformation in Poland has shown the enormous social potential, which was unveiled through, or as a result of withdrawal of the state from the social activity, and through creation of bottom-up activities, which are one of the most efficient methods of stimulating civil

activities. The creation of local self-governments was the beginning of self-governance development in the sense of "civil virtue" based on social cohesion. The condition to create "civil virtue" within society is the existence of effective mechanisms providing social balance and civil culture, strengthening the state.

Alongside the mechanisms such as law regulations (prohibiting its citizens very little) and civil institutions and organizations the key is the role of civil culture. Accepting moral virtues, namely civil activity and consciousness, manifested by the ability to cooperate, acceptance of failures, respect towards others or responsibility to do work as a duty towards the state and community[1].

The characteristic feature includes a conflict as a form of competition, which decides about the direction for civil development.

Civil society is a very complex phenomenon. The characteristic rules of social activity reduce the role of the state but they are to be described, as civil society must be supported by at least the majority of the society. The models of social activity are manifested throughout many forms, including the operations of non-government organizations. In Poland, the sector of non-government organizations is still a new and constantly developing area of social life, in respect of organizational, legal and institutional areas.

Nonetheless, the network of people, communities and organizations does not guarantee the functioning of "proper" civil society [Sasinowski, 2012]. We have faced the examples where tools used for the care of common good, building and protecting values were used to serve other purposes, thus creating "dirty" civil capital [Internet sources: 1].

One of the fundamental features of civil society is local self-government. You may look at it from various perspectives: as an objective scope it is comprised of a self-government community of local people, residing in a specific area. The condition for belongingness to a certain community is permanent residence at a locality. As a subjective scope, the territorial self-government has legal entity (public), enabling decision-making on behalf of self-government for relationships with other state institutions and private (civil-law), allowing free use of its own assets [Kowalska, 2009].

The Self-government community is created to forward the decision-making process, concerning the important life issues of citizens into the hands of their representatives. Regardless of how well the duties are fulfilled by self-government through selected representatives, formally it is important to check locally, how the public funds are spent and decisions are made. This can be achieved by active and integrated community. In such society people are trustworthy and consociate

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[1] "*Civil society is an area of operation of institutions, organizations, social groups and individuals, extending through family, state and market, where people undertake free debate about the values comprising of common good and freely cooperate with each other to fulfill common interests.*" – Strategy for Support for Development of Civil Society for 2007 – 2013, Ministry of Social Policy, Warszawa 2005.

to fulfill common goals. They may have different views and beliefs, but respect each other and are tolerant of distinctness [Wendt, 2007].

The possibility of creating and articulating different points of views, seeking a compromise, and the consent for coexistence of different attitudes "based on the rule of tolerance, shall be complemented by such shape of community (especially self-government), so as the commonly realized goals and the community development could be debated about by the individuals concerned" [Internet sources: 1].

The basic feature of civil society is the consciousness of the community's needs and striving towards its fulfillment, active and responsible interests of the community issues. The members of the community pursue the creation of such reality when everyone is equal and has equal chances – whereas the individual chooses how the created favorable conditions will be used and what results will be achieved [Internet sources: 2].

The rule, the idea of civil society is based on, uses the fact that a human is a social being, cannot live alone, and to be fulfilled in life, considering the human aspect, needs other people. Hence we live together, everyone shall actively create the reality and change it for the better [Internet sources: 2].

There are numerous ways to fulfill the idea of civil society. The process is diverse, depending on community. Boundary conditions of such processes in Poland were described by the constitution, principle of subsidiary, service minded role of public administration, Civil Service, free media, judicial independence. It is only a preliminary condition, tools and institutions, without which the creation of free society and equal citizens is impossible. For such legal basis, there must be activity and direct commitment. Citizens' level of commitment influences the dynamics of civil institutions' development, being a direct form of their needs' and social interest representation [Sasinowski, 2012]. Where the citizen is absent a individual, the public administration intervenes and forces its own solutions, good from the institutions' perspective [Bujak, 2014].

Civil society includes two areas: civil group activity – operations of non-government organizations[2] focusing the social capital of local and self-government communities - informal groups, social movements and social consciousness. The creation of sense of community and liberating social power to activity constitutes the basis for building, the so-called "third sector"- a platform to build mutual trust and ability for solidary cooperation and partnership.

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[2] *It must be highlighted that the term "civil society" in practical aspect can often be brought down to so called third sector, distinct through separation into private and public entities and private and public areas of operation. First sector is a market where entities and aims are private. Second sector is state administration, where entities and aims are public. Third sector where entities are private and aims are public – this is civil society. For such understanding of the term – civil society functioning includes all enterprises of public character initiated and fulfilled by private individuals and non-government organizations.* Chancellery of the Senate, Civil Society and its institutions, January 2014, p. 4.

The process of creating the sense of community in every society is slow. Social consciousness and creation of rules of civil society is a process, and in Poland, where additionally there is alack of traditions in this area, such consciousness is created laboriously. It is associated with years of Polish history, divisions, which are carried across social organization, and running policies focusing citizens' activities in the place of work and not at the place of living, which weaned people their self-governance. The level of public involvement in local issues is exceptionally low. It is confirmed by the low level of voter turnout over the last years.

Elections, are often perceived by citizens as an activity of "changing places" in top political authorities that cannot lead to a real change. There is an accompanying belief that local authorities are not eager to engage the citizens in managing public affairs, the citizens themselves are not interested in it; they are not involved in initiatives of local authorities nor in projects of non-government organizations.

"Motivation of citizens for civil activity shall start from the recovery of public institutions, imputing the mechanisms of responsibility towards the citizens, transparency, dialog and true, not fictional social debates" [Giza, Rogaczewska, 2014]. In the future, positive experience with public institutions will allow to overcome social reluctance and sense of distance towards the operations of these institutions.

Such virtues as kindness, altruism and selflessness are inherent in Polish people. The above acts are completely spontaneous and informal. This social potency is not used in classical forms of involvement (politics, associations), the level of trust for which is very low. But it is visible in the activities of small business, neighborhood or parish movements. Apart from fulfilling its own interests, it fulfills the goals of the whole society (not only by providing employment) [Giza, Rogaczewska, 2014].

The coexistence of three social life categories: private, public (self-government, community) and the state by coherence of legal solutions, civil involvement, and the awareness of own rights (e.g. the right to the access to information) and availability of financial resources to enable correct functioning of local societies (self-governmental, civil) as the organized society, as a civil group helps to define and influences achievement of aims and tasks of self-government, and is also a source of partnership cooperation, inspiration and control of citizens over self-government [Wytrążek, 2010, Rejman, 2007].

To conclude, it must be stated, that territorial self-government as a public institution, to which all members of the community belong, shall enable the obligatory fulfillment of the potential in the community. From the legal-formal points of view, such opportunity was enabled by creation of democratic institutions of civil society on every level of territorial division. Local and regional communi-

ties, elected in the direct elections to the managerial structures are representation of thereof. Non-formal movements shall be created independently, bottom-up, and the process itself is more difficult and depends on the maturity of structures and individuals [Kulesza, 1997].

Such paradigms of legal solutions in Poland were standards of functioning of territorial organization of the country and region introduced within the European Union. Devised paradigms, legal and economic standards successfully functioning in the European Union were implemented on Polish grounds. Public administration reforms have brought changes, both in political and economic areas; with cultural impact and consequences for Polish integration with European Union. Its key significance is described by setting of institutional basis and frames for development of civil society.

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Kinga Przybyszewska

State University of Applied Sciences in Konin

SOCIAL POLICY TOWARDS SINGLE-PARENT AND LARGE FAMILIES ON THE EXAMPLE OF MASOVIAN VOIVODESHIP

Summary: *Realization of the family friendly social policy, which is the family social policy, seems to be very easy and obvious in Poland, since the Polish society deems the family to be the most crucial and permanent value. Social policy and social work help the whole family while helping individuals. The analysis of the support for the family can be carried out by using a few aspects: financial assistance and family support projects.*

Keywords: *Social policy, social assistance, single-parent family, large family.*

In Poland, as in the whole European Union, social policy is an important area of integration and is usually understood as actions taken on behalf of all members of society, according to their socially important needs [Dziewięcka-Bokun, 2000, p. 10].

A huge responsibility rests with the state institutions established to protect families. Activities on their behalf should focus primarily on the protection of the rights, equal opportunities in life by facilitating access to education, health care system and protecting in the face of risk and different social threats [Kłos, 2013, p. 174]. In the global literature on the subject, reasonableness of changes in social policy is mainly seen as a more explicit need to synchronise changes in the sphere of labour market, family and state policy [Esping-Andersen, 2010]. A distinctive feature of modern social policy is its decentralisation. Local social policy is organised by local authorities, having the best recognition of the environmental needs, families, the elderly, the disabled, the homeless, foreigners living in the community without a residence permit, children and youth, labour market, etc.

In Poland, the implementation of family friendly social policy, seems to be very easy and obvious since Polish society deems the family to be the most crucial and permanent value. Social policy and social work help the whole family while helping individuals. Social assistance is an institution of state social policy, the scope of which is defined in Poland as follows [Ciura, 2006]:

- granting and payment of benefits stipulated by the Act on Social Assistance;
- social work;
- operation and development of the necessary social infrastructure;
- analysis and evaluation of phenomena emerging demand for social assistance benefits;
- implementation of tasks resulting from identified social needs;
- development of new forms of social assistance and self-help within the defined needs.

Single-parent and large families have been recognised in Poland as those which require the intervention within social assistance of multiple social work interventions. The position of families is especially difficult when both situations (many children and broken home) overlap. The most common problem of families with children, regardless of the structure, is the helplessness of the family in matters of care and education, which combines with other dysfunctions, such as addiction, domestic violence, unemployment, disability, long-term illness or family crises [Ławniczak, Marszałkowska, Mierzejewska, Polczyk, Zeller, 2011].

Assistance granted to families in Masovian voivodeship can be analysed considering various aspects: financial assistance, material assistance and support programs for families. Such assistance may be considered with a residential situation of a family in connection with having children or programs implemented by various local government institutions. Expenditure items directed to both types of families represent a significant part of JOPS[1] budget and local government institutions (the same family benefits, benefits from the alimony fund and contributions to the pension scheme of social insurance account for almost a half of the budget).

Like in the entire country, in Masovian voivodeship the financial assistance is granted to families in the form of either grants and/or benefits. Families that are becoming independent and find themselves in a difficult situation can count on help from the state in the form of subsidies or housing allowances. Families with children can also rely on financial assistance in form of various benefits, allowances or a large family card.[2] „Flat for the Young" programme is one of the forms of financial aid granted to families to let them

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[1] JOPS are all the institutions which provide help for the families among community or municipal
[2] Big Family Card provide a number of discounts and additional powers for family 3+ in public institution but also in private firms.

become independent. It is a nationwide program, which provides assistance which is financed by the government. In addition, families with the third child of their own or adopted within five years from the date of purchase of an apartment, can count on the early repayment of part of the loan. What is more, people who begin construction of the first of their own homes, can get help from the state. These people will be able to use the new rules of the so-called partial refund of VAT tax on construction materials. The use of „Flat for the Young" programme depends on several conditions, including that the price of housing does not exceed the rate specified for a given location.

One of the basic forms of financial assistance to families, applied throughout the country, are housing allowances intended for the maintenance of either owned or rented flats, or a single-family house. People who are in a difficult financial situation and fulfil the criteria, including income, can benefit from it. The average monthly income per household member during three months preceding the date of application for a housing allowance may not exceed 175% of the lowest pension in the one-person household and 125% of the other households. The housing allowance can be obtained on condition that the dwelling is adapted in size to the number of people in the household. In Masovian voivodeship (2013), 67 637 people were granted 375 312 benefits totalling 87 120 988 PLN [https://rodzina.gov.pl/mieszkanie/dodatki-mieszkaniowe].

Families withchildren, from the time of the birth can use various benefits, such as the baby bonus. Additional benefits are available for children with disabilities and their caregivers. These solutions are offered nationwide.

Large Family Card is included in the forms of financial assistance to families, which can be granted to families with at least three children, regardless of total income. Such card is granted by the commune head, the mayor or president of the city at the request of a member of family with many children. 15 local government cards were created in Masovian voivodeship [https://rodzina.gov.pl/mieszkanie/dodatki-mieszkaniowe].

The following cities and municipalities joined the following program in the Masovianvoivodeship: Błonie, Ciechanów, Garwolin, Góra Kalwaria, Grodzisk Mazowiecki, Izabelin, Jabłonna, Jaktorów, Klembów, Konstancin-Jeziorna, Kozienice, Legionowo, Lesznowola, Łomianki, Marki, Milanówek, Mińsk Mazowiecki, Mława, Mszczonów, Nieporęt, NowaSucha, Nowy Dwór Mazowiecki, Ostrołęka, Otwock, Ożarów Mazowiecki, Piaseczno, Powiat Wołomiński, Płock, Płońsk, Pułtusk, Radom, Radziejowice, Rzekuń, Serock, Siedlce, Sochaczew, Sokołów Podlaski, Teresin, Węgrów, Wieliszew, Wołomin, Wyszków, Zielonka, Zwoleń Żabia Wola [Karty Dużych Rodzin w polskich samorządach – raport Związku dużych Rodzin 3+, Warszawa marzec 2013, p. 7; http://kartaduzejrodziny.3plus.pl/raporty/raport/].

School feeding is another form of assistance. It is accomplished through national programs: "Glass of Milk", "Fruits at School" and funding of meals in school canteens within the multiannual programme "State aid in terms of feeding". In Masovian voivodeship, there are 1 327 canteens in schools of various profiles. 209 109 children have school meals there. The percentage of pupils eating meals in school canteens is therefore at the level of about 30%, which is an average result compared to the other voivodeships. Municipalities and cities fund meals for students in a particularly difficult financial situation – in Masovian voivodeship students who eat free meals account for 16.6% of the students. According to Polish Humanitarian Action studies, a demand for reimbursement of meals is greater, such help is additionally needed by 10.3% of all students in the Masovian voivodeship. What is more, 35 504 people have been granted a total amount of 18 006 982 PLN under the "State aid in terms of feeding" programme [https://rodzina.gov.pl/mieszkanie/dodatki-mieszkaniowe, p. 22].

Financial support from the state, including all the benefit services and social work, is directed to poor families, regardless of the criteria. Low-income families can count on help from the municipalities throughout Poland. It consists of the financing of social, housing units and substitute households. Assistance from municipalities is related to the duty of planning and implementation of activities, which are aimed at creating the conditions to meet the housing needs of local communities. Parents with children can expect help with childcare, such as nurseries, children clubs or kindergartens. In 2013, over 241 million of PLN was allocated to the functioning of nurseries in Masovian voivodeship. On the other hand, the daily caregivers have not been allocated any funds (same as in previous years) [https://rodzina.gov.pl/mieszkanie/dodatki-mieszkaniowe, p. 56]. Therefore, it is not surprising that the assessment of such needs is weak, especially in the needs in the area of services for families, especially single-parent ones.

At the same time, it should be noted that the number of children aged 6 has been remaining at a high level of downturn for the past five years in Masovian voivodeship. The increase in the number of children aged 6 compared to the year 2011/12 of 4 769 is due to the implementation of compulsory education. In the school year 2011/12 it was 38 036, while in the following year 42 805. Thus, a growth in the number of children aged 6 has been observed since 2009. In Masovian voivodeship, the percentage of children aged 6 in the first class of primary schools increased from 1.3% in the school year 2008/09 to 27.1% in 2011/12. However, there was a decline in 2012/13 to 23.2% [http://www.3plus.pl/samorzadowe-karty-duzej-rodziny,k68.html].

Another important area of family support from social assistance is a family protection from violence. 7 318 victims of domestic violence were given assistance

in 2013 in Masovian voivodeship. What is more, perpetrators of domestic violence benefited from the social assistance – 4 620 people. 567 families who were victims of domestic violence and 214 perpetrators of violence were provided with assistance in cities and counties, including the capital city of Warsaw. In towns having the rights of a county 784 families and 648 offenders were assisted. Local government institutions allocated 1 453 901 PLN to counteract violence in the family in 2013, while organizational units allocated 812 101 PLN [http://www.3plus.pl/samorzadowe-karty-duzej-rodziny,k68.html, p. 55].

Programmes profiled on families can be divided into national programs and those operating in the individual counties or municipalities. Undoubtedly, one of the most important programme is a nationwide programme subsidizing in vitro. The aim of the "Infertility Treatment Programme in the IVF method for the years 2013-2016" is to ensure equal access and benefit from the in vitro fertilization procedure to infertile couples. The programme budget provides the amount ofPLN 244 million for the entire period of the programme. In 2013, the government issued PLN 33 million for this purpose, while in 2014 it was a cost of PLN 80 million. So far, the government programme for the treatment of infertility by in vitro serviced 13 505 couples. Over 10 000 pairs were selected for the programme, and less than 3 000 are expected on the first visit to the contractor. 9 166 pairs have already started the procedure of treatment. Barely 175 pairs did not pass the medical qualifications. 44 pairs have completed the treatment so far. Until now, 425 children were born due to the in vitro programme. There are 4 institutions implementing the programme in Masovian voivodeship, all of them are located in Warsaw. Most of the country funds - PLN 29 995 240 was handed over to Masovian voivodeship [*Raport o realizacji obowiązku szkolnego przez dzieci 6-letnie Raport o realizacji obowiązku szkolnego przez dzieci 6-letnie w województwie mazowieckim w latach szkolnych 2008/2009 – 2012/2013,* Warszawa sierpień 2013, p. 49. http://www.kuratorium.waw.pl/files/f-6193-2-raport.pdf].

"Happy School" is another important programme with nationwide range. It has been implemented in primary schools since 2009. Children have a friendly, colourful play areas and a safe and modern playground thanks to the programme. In Masovian voivodeship, 1 545 schools benefited from this programme in the amount of PLN 13 023 905 from 2099 until 2013. In turn, 521 schools were granted PLN 39 503 186 for the arrangement of school playgrounds [http://www.3plus.pl/samorzadowe-karty-duzej-rodziny,k68.html, p. 39].

To sum up, family support programmes are implemented in various districts of the Masovian voivodeship, which are co-financed by the European Union – European Social Fund under the Human Capital Operational Programme,

Priority VII: Promoting of social integration, 7.1 Development and dissemination of active integration, 7.1.2 Development and dissemination of active integration by county family assistance centres. It is worth to remember that the transformation of transformative family are undoubtedly the grate challenge for social policy, which always raises question: how to support and what form of assistance.

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http://invitro.gov.pl/

Katarzyna Tomaszewska

The Centre of Medical Care in Jarosław

PSYCHOSOCIAL ASPECTS OF AGEING IN THE LIVING ENVIRONMENT OF AN OLD PERSON

Summary: *According to contemporary psychological knowledge, adulthood, including senility, is combined with multidirectional and multidimensional changes. These changes have a significant impact on social functioning of seniors. The ageing process affects all people; its course is conditioned by many factors. Besides psychological factors of ageing, we can distinguish social factors.There are lots of healthy individuals among elderly people who lead an active lifestyle; there are also sick people, who pursue their passions, despite the ongoing process of a disease with different degrees of functional disability. The article presents psychosocial aspects of ageing in the living environment of an old person. The first part deals with definitions associated with ageing. The second part, based on the analysis of this publication, describes psychosocial changes that occur during this period of life. Moreover, the impact of needs and emotions related to successful ageing are discussed.*

Keywords: *senility, ageing, living environment.*

Introduction

The development of civilisation changes our theoretical perspective on ageing. Since 1900s, the average life expectancy has increased by at least half – from 47 years to 68 years and is still increasingdue to improvement of living conditions, hygiene, medicine and healthcare development. Life expectancy is also influenced by environmental status, education, gender (drug addiction is more common among men) diet, lifestyle or occupation [Makucha, Moroń, 2011]. In Polish dictionary the word "senior" includes a broad and di-

verse age group of people; it refers to the eldest member of the family or a person at the retirement age. People who are 65 years old belong to the lower age limit; people who are 65–75 years old are considered to be old ones; the age group of 76–85 years are elderly people; while those who are over 85 years old are considered to be venerable and long-living. "Near-retirement" age is defined as the period when a person is 50–70 years old – that is the case, when most people leave the labour market [Błędowski et al., 2012].

Symptoms of old age and ageing may be determined by metrical, social, biological and psychological age. Metrical (chronological) age is measured by an individual's age, it is helpful in determining the age ranges and the corresponding development standards. Social age is related to social factors, it refers to cultural and social expectations of behaviour of people in late adulthood, the possibility of performing of social function and activity level. Biological age is measured by physical fitness of the body as well as by the level of changes in various organ systems. Psychological age expressesan individual's mental ability and the quality of psychosocial functioning.

Population ageing is associated with many social, medical, cultural and economic consequences.From a social point of view, the ageing process results in an increase in demand for social assistance. From the point of view of medicine, we can see an increasing demand for rehabilitation and therapeutic support concerning cultural aspects, it becomes important to provide older people with a possibility to participate in social life, sustain various forms of their activity, education and acquisition of new skills. As to the economic aspect, the problem becomes an imbalance between the economically active people, gathering and generating various resources for financing of state institutions and those who make use of such financing. Nowadays, in the developed countries the ratio of economically active people to the number of people in retirement age is about 5:1. It is expected that this ratio will be 1:3 by 2040 [Steuden, 2011].

Definition of old age

Ageing, as a natural process of development, is one of the stages of human life, which can be neither be undone nor reversed. Until recently, old age was mainly considered as a period of total health status deterioration, somatic ailments, infirmity, progressive dependence on the environment, isolation, loneliness, lack of affection and kindness and finally, waiting for death. Meanwhile, the social activity of the elderly proves that old age does not necessarily mean a complete reconciliation with the laws of nature. On the contrary, it points to the potential for further management of the development as well as the pursuit of values giving greater

meaning to human existence. Changes in social attitudes towards old people contribute to drawing new directions of social policy [Hamilton, 2006, pp. 13–15].

According current medical and psychological knowledge, old age is not a disease because disease is a disorder of structure or function in a human, leading to exhaustion of adaptability, organs and tissues disorders, and thus, a consequence to functional disorders and changes in the body. Moreover, old age is also not a disability, as by crippling we understand a serious injury to hinder or prevent normal functioning. Therefore, old age is only a natural time of life, following mature age, as youth is preceded by childhood [Krzyżanowski, 2004, pp. 79–80]. Ageing may be different in many countries and various continents, which is closely connected with the economic development of the state, social and health policy, education and awareness of citizens, access to healthcare, lifestyle and generic factors. A decrease in the average age of life expectancy is observed in countries with a low level of economic development. No protection of basic necessities of life causes an increased incidence of pathological processes and hence accelerates ageing. Age limit, which is determined by the calendar age, does not always result in the biological age, which is also referred to as efficiency age or functional age (resulting from organ changes). Age boundariesmentioned in the literature are considered to be imaginary ones and are rather related to the determination of retirement age which is associated with a completely new situation in life of an elderly person [Straś-Romanowska, 2002, pp. 263–292].

Old age is a specific period. It is the last of seven stages of human life, often causing fear of the inevitable and unknown. This period runs in a differentiated manner; it is individualised in relation to each person. It is also one of the concepts that have not been clearly defined by both social and biological sciences. Old age is identified with a decrease in stamina, deterioration in health, change and loss of social roles and the reduction of bonds. Furthermore, it is a factor of biological, psychological and social changes [Sokołowska, 2013]. According to the World Health Organisation (WHO), the person aged 65 is considered to be in the old age, which is connected with the change of socio-economic status caused by going into retirement [Tomaszewska, Kłos, 2014, pp. 118–134].

According to the assumptions of WHO, the aged people are considered to be the ones aged over 90.This age limit is characterised by multiple disorders associated with limited efficiency of various systems, including locomotor system and sensory organs [Leszczyńska-Rejchert, 2005]. In Poland, the aged people become the subject of an explicit interest, but actions on their behalf are balanced out by other priorities [Mossakowska et al., 2007]. According to the assumptions of the World Health Organisation (WHO), the concept of life quality, conditioned by the state of health (*Health Related Quality of Live* – HRQOL) refers to the indi-

vidual in physical, mental and social state [Raspe, Kohlmann, 1994, pp. 85–92]. Nowadays, the importance of old age as the next stage of development is increasingly accentuated, and at the same time, there is an emphasis on the differences of individuals in behaviour and mental processes. The pace and intensity of the ageing process is different for everyone, depending on the biological, psychological characteristics and cohort [Płaczkiewicz, 2015, pp. 97–109].

Biological, psychological and social aspects of ageing

Biological dimension of ageing includes a plurality of organic changes at the cellular level, especially, in the form of loss of reproductive ability and progressive degeneration. Biological old age is associated with reduction in physical fitness and co-occurring disorders (the so-called "plural pathology"). Additionally, there is a growing risk for people over 65 to have mental health problems. Reaction time increases in various everyday activities. Numerous changes include the dimension of cognitive functioning of an old person [Zielazny et al., 2013, pp. 284–287]. The sensitivity of a few senses deteriorates in perceptual and motor processes, especially sight and hearing. Moreover, there is an overall decline in psychomotor skills. The degree of selectivity and the ability to concentrate are weakened in attention skills. The capacity of memory decreases. And although the intelligence quotient decreases since 60, it should be noted that the functions of fluid intelligence are subject to ageing process; they are conditioned by biological characteristics, enabling the acquisition of new skills, while the level of crystallised intelligence, which is the result of learning and acquiring experience, either remains constant or even tends for growth. It should also be noted that changes in the intellectual functions are affected by numerous factors: type of education, the personality and his/her activity as well as aspiration [Kielar-Turska, 2004, pp. 285–292].

Psychological theories of ageing indicate the existence of two particularly important trends. The first one is related to cognitive psychology, the other one refers to personality theory. Cognitive concepts assume that people with high intelligence and people with lower educational level are affected by deterioration in physical activity during the ageing process. Poorly educated people with lower level of intelligence are influenced by a significant deterioration in mental activity. Regardless of the level of education of older people, they operate less efficiently in new situations [Skalska, 2007, pp. 95–97]. The deterioration of operation depends on the type of personality of the individual in old age. The characteristics that affect the rate of ageing include: neuroticism, extraversion, openness to experience and conscientiousness [Parnowski, 2009, pp. 31–33]. At the societal

level, changes mainly relate to the degree of loss of social roles, such as the role of the employee or membership in social organisations. Social relationships continue to be important, especially those ones which have been initiated at earlier stages of development [Bee, 2004, p. 326].

Social position of the elderly frequently results from three theoretical assumptions, the last of which is the most modern, to which all communities should strive. According to the first theory, social position of seniors changes along with the change of previously performed social roles. This is connected with the transition to retirement age and a reduction of economic activity. However, it isimportant whether an older person voluntarily decides to stop working, or whether these changes are independently imposed. The second theory is about the structural dependency, when the social position depends on solutions made by political and economic institutions. The last, the most modern and positive theory of full success of old age refers to high social position of older people, when society creates conditions in which older people can develop themselves. This approach can blur the boundaries of the retirement age and prevent seniors from turning off. According to seniors, "healthy ageing" is synonymous with the principle of "going and doing". Nevertheless, it is necessary to have psychosocial resources and motivation to act [Tobiasz-Adamczyk, 2009].

Psychological dimension

The continuity of human development throughout life is indicated in modern psychological approaches. This approach reflects in a proper way what takes place in the period of old age, which is long due to the number of years and differentiated because of the direction and scope of the ongoing changes. Authors of publications pay attention to the most experienced positive and negative aspects of the period of old age. Satisfaction with retirement, contentment associated with care of children and grandchildren, the ability to make changes in their own lives, greater capacity of evaluating different situations can be included to the positive ones. Life wisdom can be an important positive characteristic – an objective, though not a universal attribute of old age. Age does not guarantee wisdom, although favours it, but only to a certain extent. Furthermore, a specific, different pattern of communication appears between spouses who become more intimate in their fellowship. Among the negative aspects, the authors mention: awareness of the upcoming end of life and the associated fear, the need to be adapted to social changes, civilisation and culture, which for many older people is rather difficult; difficulty in maintaining intergenerational dialogue, the loss of loved ones (family members, friends, acquaintances), increasing symptoms

of various diseases, loss of sense of being useful in connection with the retirement [Steuden, 2011].

Awareness of the impending retirement time often causes stress which can be threatening to physical and mental health. End of career, deteriorating health, difficulty in performing daily activities, loss of position of the head of the family can worsen mood, and even lead to depression. Depression is the most common mental disorder in this age, affecting especially single or self-reliant people. Sadness, fatigue, sleeping problems, lack of hope for the future and irritability are common occurrences as well. Changes taking place in the psyche depend on lots of factors: health conditions, genetic conditions, changes in the brain, character, physical activity and mental habits, lifestyle, life experience, attitude of the society. According to Denis B. Bromley (1969), correct adaptation to ageing indicates: "good health, mental acuity, activity, honesty in dealing with others, friendly attitude towards people, life satisfaction, self-esteem, high levels of morality, inability to avoid death, a sense of satisfaction and security". Bad adaptation to old age is manifested by: "hostility, the presence of anxiety, isolation, guilt, dependence on others, fear of people, apathy and being prone to depression" [Babiarczyk et al., 2013, pp. 453–457].

Social dimension

The approach to old age is mainly determined by life, material and family situation, intellectual and physical activity, educational, cultural and intellectual level, character traits, interests, needs, behaviour and lifestyle, performed social roles as well as attitude towards old age. Transcendent wisdom is a result of subjective development and manifests itself in achieving mental balance as well as lack of death fear. One of the most important tasks of human is to come to terms with retirement, learn how to understand and accept death as the last stage of life. Erik Erikson (2004) proposes an extremely interesting look at human development at various stages, on the one hand emphasising the impact of upbringing, and on the other hand, – the role of exceptional liability of the person for their own development, so that, in their late adulthood, one enjoys a life wisdom resulting in a positive balance of life.

Many people consider retirement as pleasure and life satisfaction; it is not always associated with decrease in social interaction and life activity. Lots of older people continue to provide an active lifestyle, but the above mentioned activity is not a matter of necessity. It rather reflects various important needs of the individual [Zawadzka, Stalmach, 2015, pp. 298–304]. Retirement does not occur suddenly; it takes several years to prepare for retirement, so the change of life-

style is not unexpected. Moreover, people who have already retired have a sense of tiredness, pressure of work and the combination of household, family and work responsibilities, especially women [Czapiński, 2007]. Older people can use their own time according to their own will and needs, psycho-physical condition and financial possibilities. They can follow what is happening in media, in television, cinema, theatre or literature; spend more time with their family, friends or peers. They can broaden their interests through participation in various forms of education, e.g. the University of the Third Age [Morgulec, Adamowicz, 2011, pp. 3–4]. They can also, on a voluntary basis, actively participate in many areas of social support (hospices, nursing homes, retirement homes, charities) and at the same time, use their professional skills. Decline in independence is a great difficulty for many old people. There is also a risk of loss of independent functionalcapacity, as a result of certain central nervous system diseases, strokes, organ damages, cancer and other diseases. Therefor, one can state an increasing need for help and support. In terms of interpersonal relationships, there are new problems and challenges not only for old people, but also for young ones. Being an independent, resourceful and helping person, the old person becomes dependent and a person in need of support. There is a need to develop other than the existing adaptive mechanisms [Steuden, 2011, pp. 19–27].

Needs and emotions of old people

According to the concept of Maslow, the lower human needs are ones of physiological nature (eating, breathing, sleeping, avoiding pain, thermoregulation) and psychological needs (security, stability, constant environment, the need for belonging and love, respect). Higher needs can be divided into cognitive ones (knowledge, understanding, satisfaction of curiosity), aesthetic ones (beauty, faith and order) and self-realisation. The highest need can be achieved when all the lower needs are met, [Makara-Studzińska, Kryś-Noszczyk 2012, pp. 77–86].

Psychosocial needs of older people largely coincide with needs of people of other age groups. Clark Tibbitis, the American gerontologist, has created an extremely accurate classification of senior needs:

1. The need to carry out socially useful activities.
2. The need to use free time in a satisfactory manner.
3. The need to be recognised as a part of society, communities and groups.
4. The need for recognition as an individual human being.
5. The need to maintain regular social contacts.
6. The need to create opportunities for self-expression and feelings.
7. The need for health care and access to social services.

8. The need to properly set lifestyle and maintain a relationship with the family.
9. The need for adequate mental stimulation.
10. The need for spiritual satisfaction (Nawrot, 2013).

The above mentioned needs have an individualised hierarchy. When they are not properly satisfied, an old person may feel meaninglessness, emotional instability, sleep disorders and depression. From a sociological point of view, old people or, the aged ones can be defined as a generation, social group or social and professional group. Old people make up a generation because they are the social group with similar life experiences, social needs and attitude to reality. Furthermore, generation is also a social group having a congruous relationship to values due to similar nature of socialisation processes and upbringing based on similar models. Each generation should strive to protect the most precious values, principles and standards which become a cause of conflict between generations [Kotlarska-Michalska, 2002, pp. 147–159].

Successful ageing and preparation for old age

In the axiology of social policy, a significant responsibility is attributed to the individual in safe and prosperous old age.Negative perception of old age reinforces the elderly that they are useless and unnecessary, thus gradually withdrawing them from social life [Łakomska, Wachowska, 2008, pp. 51–55]. An ageing population reduces demands on the health care system, especially when people are in good condition when retiring. Counteracting the economic, budgetary and social consequences of the progressive ageing of population should be linked with measures ensuring quality health care for all citizens. These initiatives should include children, youth, seniors and active people. At the core of activities, the health care system is widely understood as prevention, health education, culture, family social life etc. Priorities motivate to achieve those goals as well as national and international programs with health concerns. The paradigm presented in the WHO is a socio-ecological model in which a doctor not only deals with the state of the body, but is also a psychologist to some extent; he is a liaison with the individual's health status, inner life and environment [Szatur-Jaworska, 2002].

Conclusion

Gerontological literature examines the phenomenon of ageing from biological and social points of view. This phenomenon refers to everyone and is inevitable in relation to the ontological course of life, regardless of any

practical application of a theory of human ageing. Generally, these processes affect health of the individual, and consequently influnce the subjective feelings referring to quality of life. Health condition results in a degree of independence and the associated restrictions. This, in turn, affects the functioning from both social and psychological sides. Mental attitude of people in the period of "autumn of life" is expressed in declared and represented attitudes towards ageing, which affect the relationship with the world [Cuber et al., 2010, pp. 490–496].

The analysis presented in the article points out that being a senior is also an acquisition of new social roles, offering a chance for the implementation of postponed plans; on the other hand, some of them can inspire fear and anxiety. Completion of the professional activity means reducing contacts with co-workers. What is more, seniors' attention is directed towards adults, generally towards their children, in order to support them in bringing up their grandchildren. Contacts with the family are sources of emotional and mental balance for the elderly. It is important to differentiate between giving help to close relative and leading own lifestyle, development of passion, personalgrowth, learning as well as spending free time in a proper way. Nowadays, the disappearance of multi-generational families becomes an increasing problem, and what goes with it – a sense of redundancy or uselessness, accelerated ageing, resignation and degradation. Due to the scale of the problem, there is a need for broad education of the society in order to prepare for the old age, and in the case of the elderly and lone people, their social activation is very important. – taking part in local community activities, volunteering or studying in the University of the Third Age.

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Krzysztof Trębski

The Faculty of Theology of Trnava University (Slovak Republic)

CODEPENDENCE AS AN ISSUE IN THE ALCOHOLIC'S FAMILY

Summary: Alcoholism creates a strong imbalance, both in the alcoholic's life, and in the whole family. Since family is a unity made up of all its members, each one responds to the action of the other trying to adapt and tending to restore equilibrium. The paradox of alcohol addiction is that the alcoholic gradually loses self-control but acquires mastery of interacting with manipulation of other family members or people who are close to him. Family members adjust their psychological response mechanisms, and become codependent. Codependency becomes a mechanism of "pathological response" to alcoholism of a family member. We talk about codependency when the mode of functioning of family psycho-physical level depends or is controlled by the alcoholic [Morgan, 1991].

The knowledge of the reactions and psychological mechanisms have been established in the family of an alcoholic and their unmasking with passing of time and are the necessary conditions for a real solution to the problem [Cermak, 1988, p. 111].

Keywords: codependency, alcoholics, alcohol abuse consequences in the family.

Introduction

We can define codependency as an excessive emotional or psychological reliance on a partner, usually one with an illness or addiction, who requires support. In the Merriam-Webster dictionary codependency is specified as "a psychological condition or a relationship in which a person is controlled or manipulated by another who is affected with a pathological condition [as an addiction to alcohol). (https://www.merriam-webster.com/dictionary/codependency, 2016].

The word "codependency" has been shortened (codep, co-), restricted (only for the co-alcoholic or co-addict), and expanded into general usage to describe almost any persistent concern a person may have. It has been changed from a hyphenated word "co-dependency", which indicates a co-occurring event, to a nonhyphenated, single word "codependency", which indicates an independent event. No wonder there is confusion, especially since the meaning of the original word has never actually received complete agreement from the professional treatment field or individuals in the recovery arena [Lisansky, Gomberg, 1989].

Using the term "codependency" has many advantages which can act as a shortcut to understanding the nature of addiction. Scientific literature proposed three hypothesis on codependency origins. Firstly, as a pathological process which develops in a similar way as other kinds of addictions [Sunderwirth, Spector, 1992]. The second hypothesis sees codependency as a personality disorder, as a reaction to the effective addiction of the partner or the persistent situation of stress generated by living together with an alcoholic in the original dysfunctional family [Homila 1994; Fagan-Pryor, Haber, 1992; Wilson-Schaef 1986]. The third one refers to codependency as a behavior developed by living with the addict [O'Gorman, 1990; Spann, Fischer, 1990; Kiehne, 1988]. Wilson-Schaef [1986, p. 21] and does not agree on explaining codependency as a personality disorder, but he describes it as a real illness arising through different kinds of dependence from the alcoholic.

Wegscheider-Cruse [1985] describes codependence as a specific condition characterized by preoccupation and extreme dependence (emotional, social, and sometimes physical) on a person or object. Eventually, this dependence on another person becomes a pathological condition affecting the co-dependent in all the other relationships. The condition of codependence often implies delusions/denial, compulsions, frozen feelings, low self-confidence, and stress-related medical complications. Other definitions underlie the excessive need to be taken care of that leads to submissive and clinging behavior and fear of detachment.

1.   Diagnostic criteria of codependency

Cermak [1986] proposed some criteria for diagnosing codependency as follows:
– the investment of self-esteem in controlling oneself and others, in particular during adverse situations;
– taking responsibility for meeting the needs of the others before one's own;
– experiencing anxiety and distortions of boundaries around issues of intimacy and separation;

– being enmeshed in relationships with people with personality disorders or alcohol problems;

– having at least 3 behaviors from a list of 10 other signs and symptoms including: denial as the primary coping strategy, constricted emotions, depression, hypervigilance, compulsive behavior, anxiety, substance abuse, being victim of sexual or physical abuse, stress-related illness, remaining in intimate relationship with the dependent person for more than two years without seeking help [Cermak, Timmen, 1998; Cermak 1991].

From the scientific point of view, the concept of codependency is still in its early stages of development. Several issues still have to be solved if we want this concept to gain further acceptance and be developed into a sophisticated tool for helping professionals. Until sufficient practical studies will have been completed, it is premature to establish the scientific validity and reliability in order to display codependence as a legitimate personality disorder, and therefore, to see codependence formally included in the Diagnostic and Statistical Manual of Mental Disorders (DSM) nomenclature. Today codependency has not been formally included yet in the DSM classification as a disorder apart, but the DSM-5 [2013] classified it among the Dependent Personality Disorder, which manifests itself mainly with excessive and pervasive need to be looked after, submissive, clinging, needy behavior because of the fear of abandonment. This may be expressed by:

1. Difficulty in making routine decisions without input, reassurance, and advice from others;
2. Need to have others assuming responsibilities which they should be attending to;
3. Fear of disagreeing with others and risking disapproval;
4. Difficulty in starting projects without support from others;
5. Excessive need to obtain nurturance and support from the others, even allowing them to impose themselves rather than risking rejection or disapproval;
6. Feeling vulnerable and helpless when alone;
7. Desperate seek of another relationship when one ends;
8. Unrealistic preoccupation with being left alone and incapacity of taking care of themselves [American Psychiatric Association, 2013].

Codependency has become an important concept in the treatment of alcohol abuse in families. Codependency does not refer to help but it creates difficulties in the recovery of the alcoholic himself. The family members of an alcoholic (for our purposes, a man: husband, or father, etc.) living their relationship in an unhealthy way, can fall into a deep dynamic of codependency. It is a kind of dys-

functional helping relationship in which one person or more people (for example wife and children of an alcoholic), support(s) or enables another person's alcohol addiction (usually the husband or father) with his immaturity, procrastination and irresponsibility [Burn, 2016].

The codependent family members do everything possible to hide the problem, preserve the family's prestige and project the image of a "perfect family". Black [1981] indicates three rules observed among the co-dependent family members of an alcoholic: "Don't talk. Don't trust. Don't feel". These rules codify the tacit prohibitions against speaking honestly about the issue and/or about one's feelings. Those who want to be accepted into the family must obey these rules.

Once a family member begins investing more psychological energy in his/her false self than in one's true self, codependence has taken on a life of its own [Friel, Subby, Friel, 1984]. The spouse and children may avoid making friends and bringing other people home in order to hide issues caused by alcoholism. Codependent family members often forget about their own needs and desires. They devote their lives to attempting to control or cure the drinker [Wekesser, 1994, p. 168].

The family keeps the secret because of being ashamed or to avoid unpleasant comments. Professionals have commented that the family of an alcoholic is sick in relation to its secrets because you cannot heal or remove what remains hidden. A rule in force in dysfunctional families is that no one can say what they really feel. The alcoholic is unable to deal with their own or other people's feelings. The alcoholic tries to maintain the status quo at all costs. For these reasons, feelings cannot occur within the family. This control is subtle but it achieves the objective of preventing the real and profound communication between family members.

The fear of changing or making a wrong move, in this family, creates a situation of rigidity and stagnation, preventing a constructive solution to the problem. This situation destroys relationships, increases tension, and precludes any possibility of dialogue.

We could say that the person with the alcohol problem is like someone stuck in mud. The other family members, in their efforts to help, often get pulled down into the mud too. The first step in solving the situation is when the others start to get their own feet on solid ground. Codependency seems to be a stable ground to provide help, but soon becomes quicksand. An interesting example is offered by Alexander (1985), who compares codependency to a lifeguard on a crowded beach, knowing he can't swim and hesitating to tell anyone for fear of starting a panic.

Harkness [1997, 2008] lists the basic symptoms of codependency: intense and unstable interpersonal relationships; inability of being alone, accompanied by frantic efforts to avoid being alone; chronic feelings of boredom and emptiness; subordination of one's own needs to those of the person with whom one is involved; overwhelming desire for acceptance and affection; external referencing; low self-worth.

Norwood [1985, p. 47] defines a codependent person as someone who has developed an unhealthy pattern of relating to others as a result of having been closely involved with someone with the disease of alcoholism. Then he combines this definition with primarily intra-psychic symptoms, such as low self-esteem, constant desire to be needed, a strong urge to change and control the others, and a willingness to suffer.

Codependency, as we said, is a condition that results in a dysfunctional relationship between codependent people and others. A codependent is addicted to help someone. They need to be needed. Codependency, like any other addiction, is caused by a feeling of emptiness and low self-esteem. Instead of alcohol, a codependent uses the needs of others to make themselves feel whole. That's because they really do not want to cure an alcoholic, otherwise they wouldn't be needed any longer! Even codependents instinctually know that the relationship within the family is unhealthy, but they are convinced that the problem lies in the other person or that the problem is situational.

Codependents often vacillate between pride and shame, which is both confusing and frustrating for those around them. As they care so deeply about the others opinion, they place great importance on how they appear. They develop a facade to use when dealing with the outside world and with those they are most intimate with. Since this facade is pleasing to others, it must be protected and maintained at all costs. Eventually they begin to identify emotionally with the facade. Confusion escalates as the false self "replaces" the true self. The false self continues to be shaped by the others needs and wishes, while the true self becomes the repository for unwanted and unmet personal needs and, as a consequence, a source of shame.

In the dysfunctional family of an alcoholic, the family member learns to become attuned to the needs and feelings of the alcohol abuser rather than the others'. Many codependents wives or children blame the people around them for their problem, or, more accurately, use them to deny their problem: "I'm not codependent, I just love him so much!", "It's just that he need so much my help!" or "My family couldn't get along without me!".

Codependent relationships finds that the love in the relationship is lived in the context of the discomfort of the family and the alcoholic rescue. The helper

(wife, son, mother, etc.) shows love at first through the provision of assistance and the alcoholic feels loved especially when he receives care. The members of the alcoholic's family prone to codependent relationships often find intimacy in relationships where their main role is to help and support. These helpers are often dependent on the title to satisfy their emotional needs, such as the need to feel useful, and the need to maintain the other close due to the fear of abandonment. Feeling responsible also increases their low self-esteem.

In the codependent relationship, the alcoholic's dependence on the helper is also profound. The former is bound to the latter because the helper's long-lasting aid prevented their maturity, life skills or confidence, enabled their addiction, poor mental or physical health, making them dependent on the helper's assistance. Their poor functioning makes them need love, care, and concern from the helper, further reducing their motivation to change.

2.   The differences between the alcoholic and the codependent person

At this point it seems appropriate to compare the way of life of the alcoholic person and the codependent's. This description clarifies the links and similarities in their behaviors:

–   The alcoholic concentrates all his life around alcohol, the codependent instead focuses on the alcoholic's feelings, thoughts and behavior;
–   The alcoholic feels a strong desire to drink, the codependent person wants to control or prevent his drinking;
–   The alcoholic usually has relapses after a withdrawal period, the codependent repeats the effort, often useless, to change the alcoholic according to his desire;
–   When the alcoholic stops drinking, he experiences symptoms of withdrawal syndrome (irritability and nervousness), the codependent person experiences anxiety and tension in the periods in which the alcoholic does not drink;
–   The alcoholic feels incapable of severing the link with alcohol, the codependent person feels the inability to break off the relationship with him, despite the efforts to do so [Brewer, Zawadski, Lincoln, 1990].

The codependent persons' behavior can be only understood in the context of the alcoholic's behavior itself [Bepko, Krestan, 1985]. To provide appropriate help an accurate and complete diagnosis of the entire family environment should be made.

3. Some proposals of solutions to codependency

Codependency can be difficult to change by one's own as codependent behaviors often starts in the early stages and are reinforced over many years. Resolving codependency can improve relationships, decrease anxiety and depression, and improve self-esteem.

Psychotherapy can help people understand why they overcompensate, fulfill everyone's needs but their own, or put themselves only after the others. Family therapy and cognitive behavioral therapy are both well suited to treating codependency, although any form of therapy is likely to help. A therapist can help a person identify codependent tendencies, understand why the behaviors were adopted in the first place, and develop self-compassion in order to heal and transform old patterns.

According to Holtz, a therapist might work on some of the following aspects to help someone change codependent patterns (www.goodtherapy.org/codependency):

- – Improving self-care: as codependent individuals tend to focus on others' needs, their own needs often get pushed to the side. This can become dangerous. Understanding self-care assessment is important for one's overall well-being;
- – Setting boundaries: setting limits with others forces them to learn to take responsibility for their own lives and facilitates self-reliance. It also allows the person who is codependent to invest time and energy into himself/herself or other things;
- – Fixing vs. support: support includes empathetic listening and encouragement. On the other hand, fixing is swooping in and solving problems for other people that are capable of solving themselves;
- – Helping others in productive ways: fulfill the need to help others in a productive and healthy way, such as volunteering, instead of through personal relationships that may be unhealthy;
- – Learning about family patterns: understanding the unhealthy codependent patterns in the family will help to make a person aware of how the family members relate to one another and how these patterns have transferred to other relationships outside the family.

Conclusions

From the point of view of the helping relationship (counseling of codipendent people), the biggest problem people face in getting help for codependen-

cy is the lack of self-awareness. Becoming aware of their traits of codependency is the first and most important step in dealing with them. With the awareness comes also the opportunity for changing.

Once recognized, the codependent person can receive help to learn the process of detachment which is the process where family members are able to live meaningful, enjoyable and satisfying lives, regardless of the alcoholic behavior [McKay, 1996]. This is an important part to overcoming co-dependency and thus allows the codependent person to be responsible for their own life. It is never easy and the codependent may have difficulties with this process confusing it with abandonment, so it is important that through therapy or counseling, they are constantly reminded that it is a process of reaffirmation of one's self.

To unlock the behavioral mechanisms of codependency an outside help is needed, provided by people trained in psychology, human and spiritual matters. The intervention is aimed at the whole family, so that its members become aware of the roles and, through appropriate treatment, can return to behave authentically.

There are various recovery paths for individuals who struggle with codependency. For example, some may choose cognitive-behavioral psychotherapy, sometimes accompanied by chemical therapy for depression. Codependent people can also benefit from meeting with peers in a group-therapy or support-group setting. There also exists support groups for codependency, such as Co-Dependents Anonymous (CoDA), Al-Anon/Alateen (groups that have been designed to support the family and friends of alcoholics, that is also focused on helping members break their cycles of dependency), and Adult Children of Alcoholics (ACOA), which are based on the twelve-step program of Alcoholics Anonymous model, and Bible-based groups with spiritual counseling.

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Halina Stecko

**The Bronisław Markiewicz State Higher School of Technology and Economics
in Jaroslaw**

Sylwia Stecko
University of Rzeszow

AROUND THE TERMS:
"SOCIAL HELP AND SOCIAL WORK"

Summary: *This article deals with considerations on the subject of social assistance and social work. It aims to provide definitions and characteristics of both social assistance and social work. It can be concluded that social assistance is the oldest method of providing social security and social work is one form of social assistance.*

Keywords: *law, social assistance, social work*

Introduction

Social assistance is the oldest method of providing social security and has a very long tradition. The origins of social assistance date back to antiquity. Even then, in communities there were people in need of help due to illness, disability, age, orphanhood or poverty. Before the modern notion of social assistance was shaped and implemented, social assistance had changed in its concept and forms of activity. Its development can be divided into several phases, which are reflected by the changing name of this phenomenon: a public charity, social care and social assistance.

In the Middle Ages support to those in need, i.e. the poor, the crippled, the elderly and others came from the Catholic Church through its extensive charitable activities, in particular through a number of monasteries, fraternities, charitable societies established also for this purpose, and to some extent guilds and municipal authorities. Such activities at that time could hardly be treated merely as a form of private charity because all these organizations, in a way performed, tasks of the state. The transformation of state regimes and the formation

of the modern state with its extensive administration engulfing public service has changed the situation.

In 1601, Queen Elisabeth passed the so called law of the poor (Old Poor Law or the Poor Relief Act), considered as the first source of law in the field of social assistance, imposing an obligation on the community to help individuals deprived of family care. However, it was only after the appearance of factories and development of capitalist means of production that the numbers of those in need of support increased sharply. At the same time the ideas of the French Revolution brought about the collapse of the previous political and social solutions. Therefore, state authorities were faced with the task of organizing public charity. In England, the country of the industrial revolution, the Act of 1834 envisaged establishing facilities for the poor, but with the assumption that they provide living conditions at the lowest level so as to discourage potential users. These institutions had some characteristics of correctional facilities, and work was compulsory for anybody fit for it.

In the nineteenth century, Denmark came to the forefront in the area of creating social care, yet taking a different approach than England. The Danish constitution of 1849 included provision of care for those unable to secure a livelihood, and a well-developed local government helped its implementation. In 1891 fixed cash benefits for the elderly were introduced, which was another stage in the development of social activity after immediate help and shelter-like institutions for the elderly, orphans and the infirm. Gradually, there followed transformation of communal and state public charity into an organized social care. By providing fixed benefits to the elderly in England in 1908 and Denmark in 1922 the system of social provision was established to appear alongside social care. The First World War and then the Great Depression led to further expansion of social assistance [Muszalski, 2007, p. 171–172].

A similar evolution took place in Poland. The beginnings of public charity are to be found in the legal regulations issued at the end of the *Rzeczpospolita*, namely at the end of the 18th century. Then, in the so called Congress Poland, as early as 1817 a law was introduced on the care for the poor, and in 1842 wider provisions on the organization of health and charitable establishments were added and extended in subsequent years. There were also partition regulations in force and state regulation was significant. The burden of responsibility rested therefore on communes supported by the charitable activity of the Church, Jewish communities and private persons.

On the Polish ground, public charity dates back to the eighteenth century. During the partitions, the respective responsibilities in this regard rested on communes. Public bodies engaged in charitable activities were supported by the Catholic Church, Jewish communities and private entities. An example of the state

taking over control over public charity can be seen in setting up a commission of good order – *boni ordonis* – dealing, among other things, with the issue of poverty. On 2 December 1817, in Congress Poland a law was passed on the care for the poor and those unable to work. Then in 1842, in the Kingdom of Poland there appeared a lengthy act regulating matters related to public charity. It concerned the activities of hospitals and other care institutions, parish houses for the elderly and infirm, as well as societies and charitable establishments. Old people, handicapped and orphans were taken care of by parish custodians, which included both lay people and the clergy. The supervision of institutions providing help and care came to be the responsibility of the newly established Central Welfare Council. In 1864, communes assumed greater responsibility in the area of public charity, for example communal bodies were able to levy special taxes to be used by charity [Sierpowska, 2007, p. 14].

After regaining independence in 1923, a law on social assistance as a comprehensive regulation corresponding to the needs and demands of society was passed. It provided the aims and scope of care, defined the responsibilities of communes and other local and state government units of administration. The welfare system created by the act was in force until 1950 when the institution of local government came to an end. Social activity became the burden of trade unions operating in workplaces. In 1961, the competence in the field of social care was taken over by the Minister of Health. Then in 1973 health care centres established groups of social workers whose role in the 1970s and 1980s was taken over by professional social workers.

In connection with the processes of political transformation in Poland, social assistance has undergone rapid transformation. This was due to subsequent changes in the law of social assistance which took place in the years 1992–2004. The end of the period of legislation development in the field of social work was marked by the adoption of the Law on Social Assistance on 12.03.2004 (Dz U. 2015, 163 [consolidated text in Law Gazette]). This law entered into force on 1st May 2004 and is the outcome of efforts made to adapt the Polish legal regulations to the requirements of the European Union [Nitecki, 2009, p. 29]. As a result of this regulation, the position of local government bodies in the area of social assistance was strengthened. An important change that followed was the transfer of various allowances and benefits, e.g. fixed sick child allowance or temporary childbirth allowance, to family benefits. This law was amended many times, but the changes did not affect the scope of benefits or the group of persons entitled.

The presented history of social assistance shows that it replaced the previous social care. The concept of social assistance was introduced into the Polish legislation for the first time in the Law on Social Assistance of 29.11.1990 (Dz. U.

No. 64, item. 414, 1998 consolidated text). It refers to the institution of state social policy aimed at enabling individuals and families to overcome difficulties which they are unable to overcome themselves. It, therefore, involves not only meeting the essential livelihood needs, but also the efforts aimed at helping an individual or a family overcome hardships or difficult situation they might have. This means that the concept of social assistance is broader in nature and it includes the concept of social care, which means that any form of social care will also be part of social assistance, but not every social assistance act will be synonymous with social care [Nitecki, 2009, p. 30–31]. The state is obliged to provide, through its various functions, social assistance and support to individuals and families in a difficult situation. This function is regulated by the provisions forming part of the social rights of the public [Leoński, 2007, p. 431].

In the literature on the subject, it is assumed that the social security provided for in Article 67, paragraph1, of the Polish Constitution (The Constitution of the Republic of Poland of 2 April 1997. (Dz. U. No. 78, item 483 with amendments) covers social insurance, social provision and social assistance (Jończyk, 2001, p. 30). Thus, social assistance may be recognized as an institution of state social policy, whose authorities of the state and local governments provide benefits for individuals and families in a difficult situation which they are not able to resolve on their own [Nitecki, 2009, p. 31] . The definition formulated in this way suggests that social assistance can be considered in its positive and negative aspect as well as its narrow and wide meaning.

The positive value is based on a positive indication of the spheres of state activity carried out through its entities that will mean social assistance in the above sense. It is determined by the content of the existing rules in this area of law and, therefore, it is the legislation that decides what spheres of the state activity are classified as social assistance.

In the negative view, the scope of social assistance includes benefits from the state for the individual professional groups, e.g. police officers, teachers, military, etc., which is a form of state support aiming to create better conditions for performing a given service or profession [Nitecki, 2009, p. 31].

Social assistance can also be perceived in the narrow sense – *sensu stricto* – and wide – *sensu largo* [Leoński, 2007, p. 440].

The narrow sense of social assistance is associated with the normative act devoted to this subject, that is, the act on social assistance and the regulations contained within regarding the objectives, benefits and rules and procedure for their distribution.

The wide perspective of social assistance is associated with any legal regulations permitting equivalent benefits, which are necessary to satisfy the needs

of individuals or families whose own efforts are insufficient in this regard. Here, social assistance includes such laws as the Act of 21. 06.2001 on Housing Allowances, (Act of 21. 06.2001 on Housing Allowances, Dz. U. 2013, poz. 966, j.t.) Act of 28.11.2003 on Family Benefits (Act of 28.11.2003 on Family Benefits Dz. U. 2015, poz. 114, j.t.) or the Act of 13.06.2003 on social employment (Act of 13.06.2003 on social employment Dz. U. 2011, Nr 43, poz. 225, j.t.) on social employment and others. This enumeration is not taxative (exhaustive), but just an example, indicating the types of acts included in the broad sense of social assistance [Michalska-Badziak, 2002, p. 211]. The legislator can, therefore, make changes in this regard by modifying the laws listed or adding new ones. Another important issue is how to view social assistance. In the subject literature, Tadeusz Kuta sees social assistance as community support for individuals who found themselves in a difficult situation that cannot be relieved through their own work [Kuta, 1980, p. 130].

According to Wojciech Muszalski, the purpose of social assistance is the active support of the needy. The aid may therefore be provided in all cases where an individual is unable to cope alone. This support is the duty of the state as a form of organization of the whole society. Assistance may concern both material and non-material matters, and in particular it should enable the beneficiaries to overcome their difficulties on their own [Muszalski, 2010, p. 155].

The Social Assistance Act in Article 2, paragraph1 defines social assistance as an institution of state social policy aimed at enabling individuals and families to overcome difficult situations, which they are not able to overcome using their own efforts, resources and capabilities. According to the regulations set out in Article 2 paragraph 2 of the Act, social assistance is organised by units of central and local administration in cooperation with organisations such as foundations, associations, the Catholic Church, other churches, religious groups, employers and both natural and legal persons.

It should be noted that the definition given in the law on social assistance (Act of 12.03.2004 on The Social Assistance Dz. U. 2015, poz. 163, j.t.) best reflects the essence of this concept. Currently, social assistance is sometimes more often placed in the newly emerging branch of law, i.e. the social law. In Poland, this type of law does not have a long tradition. The term '*social law'* appeared in the literature in the early 1990s and referred to the changes that had taken place in the sphere of social security. The social and economic reforms that had been carried out created new forms of benefits that lay outside the classification of social security (insurance, supply, aid). One example of this kind of benefits is unemployment benefits [Sierpowska, 2007, p. 55]. The social law may extend its control of these forms of assistance. In Poland, however, it does not have

the status of an independent branch of law, it is not fully formed and remains in close connection with the administrative law [Żakiewicz, 2003, p. 8]. Social work is a relatively young discipline, considered one of the main forms of social assistance. The term '*social work*' appeared in 1917 in the name of the American Association National Conference of Social Work. The date shall be regarded as the beginning of professional activities related to helping the people in need [Kamiński, 2000, p. 431]. In the documents of the US National Association of Social Workers (National Association), it is stated that social work is a professional activity consisting in helping individuals, groups or communities improve or restore the ability of social functioning and to create social conditions conducive to these goals [Kamiński, 2000, 432]. It can therefore be said that the distribution of social work as a specific field of science and practice omit lay in:

1) the dynamic development of the science of man;
2) attempts to apply scientific research to identify the living conditions of individuals and social groups;
3) attempts to apply and take advantage of achievements in the field of effective assistance and psychological and social care.

These assumptions were formulated for the first time in the United States, hence the country is considered the homeland of the scientific basis of social work. Outstanding contributions in this field came from Mary Richmond who introduced the method of individual cases to social work.

Social assistance in Poland since the beginning of political transformation has been subject to rapid changes. The changes were initiated in 1990 by the first, after 1923, new Act on Social Assistance. The Law was amended in 1996 thus adding new conditions for granting aid. The year 1999 is the first of social assistance functioning in the new framework following the administrative reform which introduced further significant changes, most important of which is the decentralization of social assistance. Analysts see many benefits in shifting a substantial part of the environmental benefits of social assistance from the state government level to the local authorities.

An important part of the local system of help should be the non-governmental sector. As Józefa Eliza Głowacka writes: the local system of social assistance should be carried out substantially through a network of non-governmental organizations [Głowacka, 1998, p. 5].

The practice of social work in the concept of Werner Boehm is about rebuilding the relationship of individuals, who lost bond with the environment, by providing material conditions and bringing them back into the system of connections and social interaction. An interesting definition of the practical aims of social work can be found in the Statute of the Collegium of Social Workers

in West Virginia. In this sense, social work is primarily analysis and intervention, a system of interactions and relationships between individuals and certain social institutions, stimulating an individual's ability to perform their vital tasks and meet their vital needs. A similar view of social work is shared by A. Pincus and A.Minahan, who assume that it is a specific type of interaction between people and their social environment which affects their ability to fulfill life tasks, their own values and aspirations [Szamgalski, 1996, 78]. This approach views the primary goals of social work mainly as the development of human capacity to solve their problems, and the ability to contact the relevant social services which can help achieve self-fulfillment. William Gordon agrees with such an approach, assuming that the aim of practical actions in social work is to maintain a balance between the individual and the environment, which means intervention in both the environment as well as the individual in difficulty, the latter being unable to balance the demands of the environment on its own. [Olubiński, 2004, p. 24]. In turn, Brenda Dubois and Karla Krogsrud Miley, two other theorists of social work, emphasise the professional aspect of activities in this field. According to them social work "includes professional activities aimed at improving the living conditions of individuals and society and alleviating human suffering and solving social problems. Social workers, as professional caregivers working with people, develop their capacities and increase their ability to act, provide social assistance and measures and develop social structures that facilitate this action [Dubois and Miley, 1996, p. 25]. The above approaches to social work indicate that in the United States the range of activities in this regard is very wide. The social worker is responsible not only for material assistance, but also diverse activities of an educational, rehabilitative and therapeutic character addressed to individuals and families who experience difficulty in social functioning for all sorts of reasons, be it psychological, physical, or social, or because of different kinds of addictions [Szmagalski, 1996, p. 77]. In a somewhat narrower sense social work is perceived by many Western European countries, also in Poland. Here is the definition presented by the European Council in Resolution No. 16: "Social work is a specific activity, whose task is to facilitate mutual adaptation of individuals, groups and social environments in which they live and to develop a sense of individual self-worth through the use of the possibilities inherent in the people, in interpersonal relations, and resources shared by local communities." In this definition of social work less emphasis – than in the American one – is placed on the preventive and educational functions of such activities [Szatur-Jaworska, 1995, p. 108]. Finally, as rightly observed by Charles Galton Darwin and Brett A. Seabury, most definitions focus on improving the interaction of an individual with the environment in order to optimize the development

of the individual, and this optimization can be understood in two ways, namely: 1} what the individual receives from the environmental resources in order to develop, 2} what they [individuals] can contribute to the environment. With this in mind, a social worker should strive to create such interactions, which bring optimum benefit both to individuals – by changing their behavior-and to the environment [Garvin and Seabury, 1996, p. 30–31].

In Poland, the definition of social work somewhat differs from the Anglo-Saxon or West German ones. This was caused by various factors. First of all, it must be noted that in Poland from the very beginning there was a strong support of the church based on the principles of the Christian faith. In addition, the experience of life under occupation or partition played a large role. It should be stressed that in our country, social work developed mainly under the influence of educational theory (social pedagogy and sociology of education). And, although examples of individual and institutional social assistance were already known in the Middle Ages, its highest development is seen in the period between the two world wars. In that time the Constitution of 1923 played a significant role in the development of state system of care as it contained an act of help and care. It defined care as satisfying, from public funds, the basic livelihood needs of those who themselves cannot do that. The interwar period also marks the beginnings of the scientific and professional development of social work in Poland. The forerunner in this regard, and especially in social pedagogy was Helena Radlińska, according to whom "social work meant extracting and multiplying human efforts, their improvement and organization of joint action for the good of the people, in other words the processing of environment by human power" [Radlińska, 1961, p. 25]. Radlińska considered social assistance as all the activities of interpersonal, group, or environmental nature, which, regardless of the situation in which the entity finds itself, serve to optimize its [entity's] development making it capable to independently solve its own problems, as well as to transform the environment in which it lives [Radlińska, 196, p. 26].

Aleksander Kaminski, who developed the concept of social pedagogy in the communist period, similarly understands social work,. Aleksander Kaminski situated social work within social pedagogy, but as a distinct field in relation to health, social care or service, and accepted that "Social work is the activity of both meeting basic and developmental needs, of balancing the shortcomings biological and socio-cultural character, as well as of strengthening the development opportunities of individuals and groups through their appropriate participation [Kamiński, 1974, p. 74–75]. Therefore, the pioneers of social pedagogy in Poland view social work as both meeting the needs of an individual, compensating its developmental shortcomings as well as supporting its successful development. Thus, social work comprises activities such as care, education, and culture.

The situation changed after World War II, namely in 1953, when Poland nationalized all forms of assistance. The prevailing view at the time was that the socialist system, by providing work for all, would eliminate misery and poverty, rendering social assistance unnecessary. It was only in 1960 that the institution of social carer was restored again, alongside which appeared the Polish Committee for Social assistance, nursing homes etc. This situation lasted until the end of the 1980s, but radical changes in this area took place in the 1990s in connection with the transformation of the political system in our country. Since the early 1990s there has been an intensive development in both theory, research and practice of social work. The achievements and efforts in the development of the theory and practice of social work in Poland culminated in an act on social assistance of November 1990. Therein, social work is defined as "a professional activity, aimed at helping individuals and families to strengthen or regain the ability to function in society and to create favorable conditions to this end" [Act of 29 November 1990 on Social Assistance Dz. U. 1990, Nr 98, poz. 99]. From the above definition of social work transpire areas of activity that it should be focused on, namely 1) boosting the lost or weakened strengths and abilities, 2) meeting specific needs and providing individual and collective resources, 3) prevention of social dysfunction. The Law on Social Assistance of 12.03.2004 does not mention social work, but social assistance. It is believed that this is due to European character, where actions of this kind are still largely on voluntary basis. In the European definitions "non-professional" action is central and government agencies only support such activities. The law reads that "social assistance is an institution of state social policy, aimed at enabling individuals and families to overcome difficult situations, which they are not able to overcome using their own efforts, resources and capabilities." The definition taken from the Polish Act seems to better reflect the meaning of social work, for it stresses help and not doing all the work for others. Therefore, help is not offered to people who do not want any change but to those who want to make an effort to build a better future for themselves and their nearest [Czarnecki, 2009, p. 149]. The Act also precisely defines social groups eligible for aid. It lists 15 common situations in which the state social assistance authorities are obliged to assist. Contrary to popular belief, poverty is not a condition entitling to assistance. In the light of the above mentioned Act, social assistance consists of:

1) granting and payment of benefits provided for by law;
2) social work;
3) provision and development of the necessary social infrastructure;
4) analysis and evaluation of phenomena resulting in demand for social assistance;

5) the implementation of tasks in response to identified social needs;
6) the development of new forms of social assistance and self-help in the context of identified needs (Act of 12 March 2004 on social assistance).

The presented objectives and tasks of social work demonstrate that this discipline is of a practical nature, because it practically means solving social problems and meeting socially recognized needs and ambitions. The practical nature of social work is closely linked to the profession of social worker. The characteristics of a social worker are presented by Jerzy Mikulski, according to whom "social worker is a specialist satisfying social needs professionally and through social work methods" [Mikulski, 1981, p. 12]. According to this definition, a social worker is an employee who:

1) specializes in human affairs;
2) performs their professional activities by means of solving social problems or demonstrating concern for a human being;
3) deals with the needs of individuals, small groups and communities;
4) carries out activities through the following methods of social work: individual case method, groupwork, methods of organizing environment [Mikulski 1981, p. 13–16].

The profile of a social worker and their professional role have changed depending on the needs of the individual, groups or communities. Through an extensive and continuously improved education system, the social worker has changed and improved becoming a professional who is focused primarily on helping people in need.

In view of Article 49 of the Law on Social Assistance of 1990, a social worker is a person who has the appropriate qualifications, namely has graduated from a school of social workers or university studies in: social work, social policy, social rehabilitation, sociology, education, psychology or related disciplines. The amendment of 14 06.1996 to the law on social assistance specifically set forth the obligations of employees and basic professional ethics of social workers. The task of social workers under the Act is, amongst others, to assist people but only those who require such assistance to be able to become part of an active social life and to prevent the marginalization of people dependent on social assistance. This role of a social worker therefore calls for appropriate moral values. Hence, such professionals should be characterized by:

1) friendly interest and kindness towards people;
2) eagerness to assist all those in need;
3) sincerity and kindness, forbearance and patience towards the applicants;
4) real tact, cheerfulness, or seriousness depending on the case at hand [Zarębska, 1983, p. 29].

As indicated by the literature, the job of a social worker is a profession that poses very high demands, both in terms of skills and ethical attitude. One consequence of these requirements is the need for social workers to take various professional roles. The scope of challenges that the social worker faces is constantly growing and they have to perform ever more difficult tasks. Nowadays in Poland there is a situation in which there is a new line of social division, associated not with racial or cultural differences, but with the very participation in social life. Thus, people who do not participate in full in public life are excluded, to a greater or lesser extent, from the benefits of developing civilization. The social world starts to be divided according to who is in and who is out. In this sense, lack of work is the main cause of exclusion. Excluded people lose their sense of security to such a high degree that they themselves are no longer able to return to a previous state. The task of the state is therefore to help them to the extent that this security has been restored to them. Social assistance schemes in Europe are therefore aimed at restoring this feeling or keeping the sense of deprivation as low as possible. The European tradition requires that such people (excluded) are given more than just enough to survive, that is why the excluded in Europe live in the sense of smaller discomfort than, for example, in Africa, where social assistance protects them only from starvation.

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