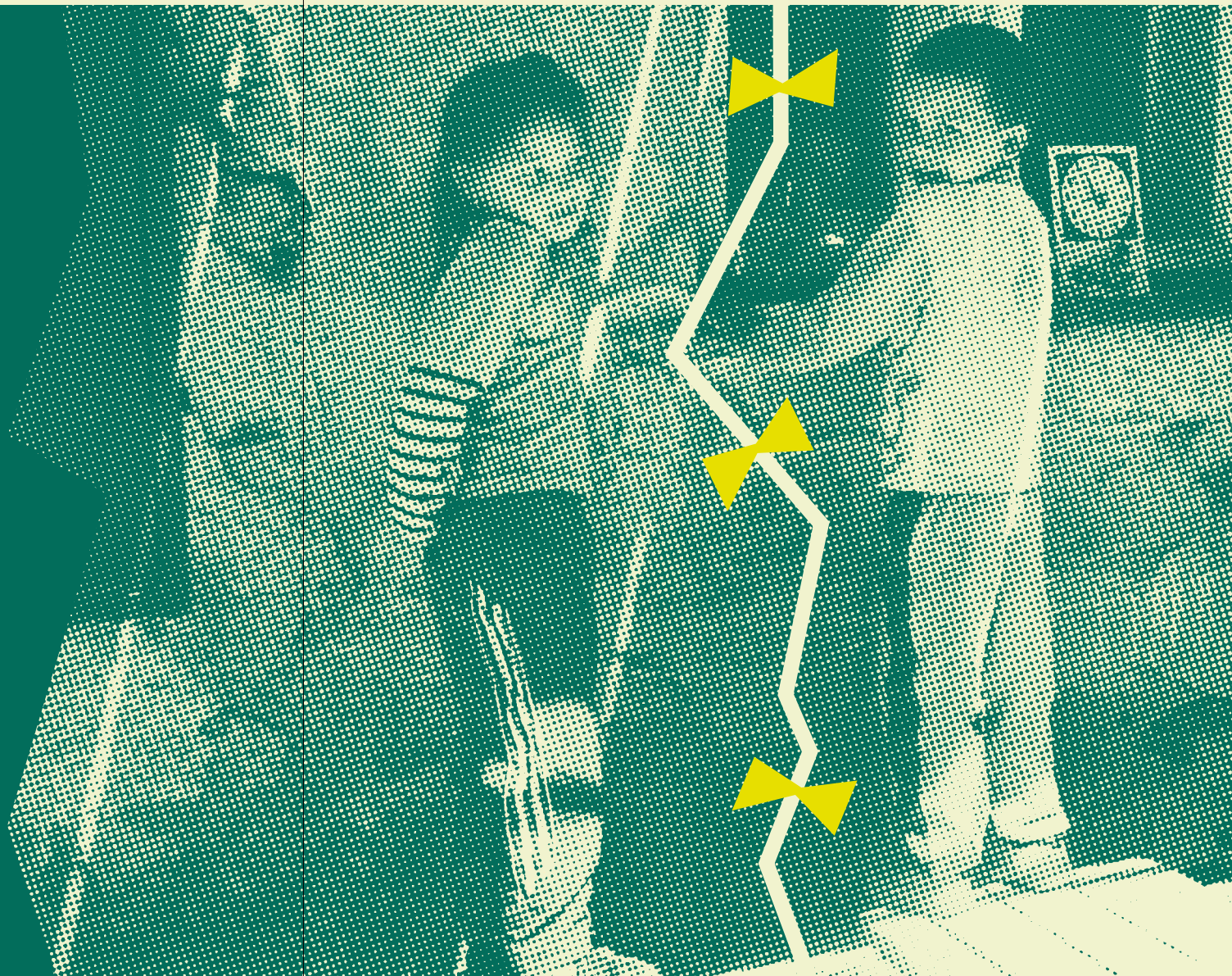


# Keeping families together



**Program:** Europe for Citizens (2007–2013)

**Project:** Support for integrity of families endangered by social exclusion and their place in changing Europe

Final publication – conclusions from the project realized in the countries of Visegrad Four in period August 2009–July 2010

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## INTRODUCTION

In countries of Visegrád four is paid more and more attention to families in need. The target groups are:

- » families with many children but on the low level of education which is the way to bad honored work, to longterm unemployment and dependency on social benefits;
- » young families with low or middle earnings they find in situation overindebtedness;
- » families living in excluded localities without accessible transport, post, health care and school facilities and another public services, with unsatisfied hygiene and heating, suffering on malnutrition and health problems;
- » young people living in streets and drug addicted.

Instead solving problems with suitable living conditions, discharging from debts, helping to addicted or support by searching good job there are children separated from parents which has negative impact either on integrity of families either on emotional deprivation during stay in childrens home and similar educational institutions.

The European Economical a Social Committee in the year 2009 elaborated a document **Programm for citizens** – drafts of civic society. The Committee appeals to European institutions to make sure that our priorities are not only national but first of all European problems. In time when all member states of European Union participate on the discussion on economic and financial recovery is this challenge extraordinary important.

In this context was realised project **Support of integrity of families threatened by social exclusion and its place in changing Europe**.

The main project partner was SKOK, association of NGOs providing social and health care-social services in Czech Republic, other partners are from Slovakia, Poland and Hungary. Most of them are organisations belonging to the European Anti Poverty Network (EAPN) or organisations they co-operate with EAPN closely.

It is obvious that project supported by European structural funds are focused on problems of unemployment, education, children in care. This project stress integrity of the family as an important factor protecting before poverty and social exclusion.

Project is innovative also by invitation of people living in poverty to open themselves towards their surrounding area and together with the other people in the community search the way out in difficult situations.

Project was realised by national meetings in Brno, Warsaw, Budapest and Bratislava, where all partners took part. Each of these meetings created its own plan how to bring people experiencing poverty from the appropriate regions ("To say it in their own words") and then, the next day, experts ("Put our minds together").

27.-28. May 2010 there were international meeting in Brno (Czech Republic) where families and experts from countries of Visegrád four met again rather richer than before. There were officers from the MOLSA, from the Institute of Ombudsman and EC representation in Prague.

The side goal of the project was involving new experience into strategic plans namely NAPSÍ into all participating countries.

*Prague, June 2010*



CZECH REPUBLIC

## KEEPING FAMILIES TOGETHER

*Milena Černá, Civic Association SKOK*

In recent years the Czech Republic was criticized several times both by international organisations and institutions (e.g. UNICEF) and by Czech professionals, particularly these from NGO circles. The subjects of this criticism in particular were the lack of policy concerning families with children, the fact that measures of individual government departments are not coordinated and that in many cases the principle of “the best interest of a child” is not sufficiently taken into account. Preventive measures directed at reduction of number of children separated with their parents (referred to institutional care) are not satisfactory and there is not even time limit set for a child’s stay in facilities for substitute family care.

It refers to children whose families – as “basic units of society and natural environment for development and well-being of all its members and children in particular” – are deprived of “necessary protection and assistance enabling them to perform fully their role in society” (The Preamble to Convention on the Rights of the Child, 1989).

According to statistical data the number of children staying in facilities of institutional child’s care in the Czech Republic do not decline. It is obvious that in some cases institutional care is inevitable and in cases of serious danger for health and life of a child it also means “the best interest of a child”. Nevertheless in cases of children’s long-term stay referred to these facilities right after their birth or before they reach age of 3 years it has – despite the best efforts of personnel of such institutions – such an impact on their health and social relations that many of them will not be able to cope with it during their entire life. About one fourth of the reasons for referring children to facilities of institutional care constitute health problems, 17% refers to combined health and social problems and two third of them because of social problems.

The social reasons mean that the children are being taken from their families because parents are lacking experience, are incapable or because they are simply poor (the criterion of a good standard for the family is a child’s own room, own bed and own desk for doing his/her homework).

The Social Services Act no. 108/2006 Coll. mentions, as one of social services, the redevelopment of families as an emergency and preventive service. The redevelopment of families means a supportive family care and finding adequate solution for families endangered by social exclusion. This service is not only more effective but also more economical with regard to spending public funds. Nevertheless it has to be skilful and

professional, goal-directed, systematic and for that reason also interdisciplinary and carried out as a team-work. It has to take advantage of human resources of a particular community. When efforts to keep the child in his/her natural family environment fail it is necessary to try once and again to protect this child from being referred to institutional care for years.

The goal of the project Helping Together Endangered Families – (Společně Pomáhat Ohroženým Rodinám “SPOR”) – is joint and mutual training of providers of social work of “family redevelopment”, exchange of experiences and multiplication of effective methods of social work aimed at protection of integrity of families. Convincing our society of importance of family redevelopment and assistance or social assistance in families endangered by social exclusion will be for our country one more step forward in the united Europe.



# SITUATION OF FAMILY IN CZECH REPUBLIC

Jan Vrbický, *The Civic Association Salinger*

The family, an institution which after advent of modern era is considered to be the basis of every human organisation. In 20th century in our country this institution has described some circles, from concept of middle class family founded on humanitarian basis of modern society through expropriation of the family by the state in 1950's to finding its own life in normalisation period of 1970's which led to a kind of colonisation of totalitarian system as Ivo Možný mentions. This process together with other phenomena resulted in the Velvet Revolution and started to look for its place in the free postmodern world which divided institution of family into many forms of discourse about what exactly the family is.

Definition of the family embraces coexistence of two persons, married couple with children and seniors and "extended family". For purposes of this publication which is dealing primarily with support of integrity of the family through its redevelopment, the family is understood as coexistence of at least two people one of which is a child under 15 years of age and the other is a biological parent of the child.

The more difficult form of presentation of the notion of family reflects also its difficult position in the society. Contemporary life style based on productivity results in long-term decline in birth-rate, increase of number of divorces and in a life style to which the term "singles" is applied. In 2007 total fertility rate was 1,44 children for a woman in reproductive age what was a steep increase, which can be explained by the fact, that it was a case of women born during baby boom of the Husak era of 1970's. Nevertheless generally the level of fertility is not sufficient to secure direct reproduction of generations. At the same time there is "masculinity crisis" resulting in impaired capability to play the role of a partner and father. And when we add to this the separation of sexuality from reproduction then we have to state that the family as a foundation of state is in danger of extinction.

A measure that generally is applied to counter this situation is pro-family policy of state. Status of family in the state is based on the Family Act 94/1963 Coll. in the valid wording. The next important document is the National Concept of Family Policy of 2005 which in its preamble constitutes family as "the basic and most important entity of our society". Following facts that are already known to us it concludes that the family becomes weaker and its role and function diminishes. It is necessary to reverse this trend.

The basis of this process is commencement of discussion involving the whole society. This discussion should react to changes in the society. Then follows discussion concerning more profound support for family needs and family members. Generally the basic aim is to change the social environment in order to enable fulfilment of parenthood and at the same time regard for needs of family members. It has been said that it is impossible to reach this basic goal without an approach involving many government departments.

In the context of this publication its introductory contribution refers to a particular segment of pro-family policy, namely to families and their members that are threatened with social exclusion or to problem of protection of social rights of children.

The Protection of Social Rights of Children Act no. 359/1999 Coll. in valid wording defines protection of rights of child, its justified interests and assists jeopardized families in restitution of their functions. All these activities realize agencies of protections of social rights of children and people entrusted with realization of these activities.

At the same time this activity is the one of the basic things in implementation of National Action Plan for Transformation and Unification of System of Care for Endangered Children for the period 2009–2011 (NAP). For this target group the goal is a long term reduction of number of children referred to institutional care through configuration of network of available services and unification of procedures. It should be emphasized that while since 2000 the number of these children was standing still or was growing then in 2008 this number was reduced from 9269 (in 2007 – it refers to children with mandatory institutional care or imposed protective care) to 8203. On the other side it is true that about 60% of children after institutional or protective care were of age. It is the reason why it is necessary to react to the existing state and to give through the National Action Plan a concrete shape to projects or apply new working methods which will result in greater integration of the family with society. Here also belongs redevelopment of the family which is the subject of this publication.

Before we'll start to discuss the redevelopment of family itself we have to present some theses that can commence the civil discussion on integrity of family.

1. Generally families as such have a weak voice in enforcing their needs. There is not even any umbrella organisation nor other pro-family subject able to stand up for their demands. Because of that it is necessary to stimulate such civic initiatives.
2. All statutory family related norms are clashing with each other.
3. Presently the application of multi-disciplinary approach to the issue of care for the family is not a common practice but theoretical statement.
4. Families themselves and NGO's have no voice in creation of system of transformation and unification of system of care for endangered children.

5. Competition between social service providers is beneficial for clients only when social services react to functional social network and community plans.
6. The future of social services aimed at family and children as the target group is “return” to natural environment.



## FAMILY REDEVELOPMENT IN CZECH PRACTICE

*Věra Bechyňová, The Czech Centre for the Improvement of the Family Life (STŘEP)*

In Czech community of social workers a notion of redevelopment of the family was for the first time defined by Oldřich Matoušek (Matoušek, 2003): Family redevelopment/support for the family – processes supporting functioning of the family that are contrary to the processes excluding any family member because he/she constitutes a threat to someone or because he/she himself/herself is threatened by any member of the family. In the Western countries an opinion prevails – reflected also in practice of social work – that family redevelopment should be the method of first choice in most cases in which social services are contacted for the reason of occurrence of domestic violence. Nevertheless family redevelopment has much larger sphere of action, e.g. as a measure complementing addiction therapy for adults. Work with a family may have form of assistance of trained volunteer, therapy provided by a professional for the whole family or some member of the family in domestic or other environment, service provided for the families (e.g. attendance of children in specialised day care centres, preparatory pre-school education, attendance in maternity and family centres). This definition thanks to its broad approach can be applied to different forms of work with the family. The family is understood as a receiver of the support in the broadest sense; the reasons for choice of this form of social work, its aim or scope are not strictly specified.

The difference between social work with the family and family redevelopment in the area of protection of social rights of children and social services was becoming more and more blurred; professionals disputed whether the family redevelopment is a functional model for work with endangered families. The family redevelopment used to be discredited with arguments like “we are carrying out the family redevelopment already four years and there is no progress at all.” Because of that the practice called for a narrower definition presenting the family redevelopment as a model embracing multidisciplinary cooperation and working with time factor (Bechyňová, 2008): **“Family redevelopment** is a set of protection of social rights, social services and other measures and programs that are provided for and/or imposed on parents of a child and the child whose social, biological or psychological development is jeopardized. The aim of family redevelopment is prevention, mitigation or elimination of causes of the threat and provision of help and support for parents and children in maintaining whole family. Effectiveness of help and support is constantly monitored, assessed or re-formulated by the multidisciplinary team, parents and a child depending on current needs of the child and realistic capabilities of parents/family.

In particular it is the activity aimed at averting the possibility of depriving family of custody of the child or realisation of contact of the child with his/her family during the child's stay in an institution or enabling safe return of the child to home. Inseparable part of family redevelopment are steps supporting tenability of qualitative changes in the child's family after its return to home from facility for institutional care. The basic principle of family redevelopment is to provide help for the child by helping his family".

### **Basic features of family redevelopment:**

- » Appointment of multidisciplinary team of family redevelopment with a distinct coordinator.
- » Members of multidisciplinary team always are: employee of unit of protection of social rights of children (SPO), employee of centre for family redevelopment (CSR – e.g. NGO offering social stimulation services for families with children), employee of facility for institutional care or children in need of instant help (UV) if the child is placed outside the family and other specialists working with the child or whole family (e.g. psychologist, teacher, specialist teacher, paediatrician, judge.).
- » If there is no centre for family redevelopment (CSR) then the task of family redevelopment demands more from other specialists, nevertheless it should be carried out in multidisciplinary way.
- » A role and tasks of each member of the team are known to team members and to the family. The team works according to prearranged rules.
- » The rules are known to the family, all participants approve and observe them if there is no clear deterioration of child's situation calling for an intervention of employee of family centre.
- » There is concrete, measurable, feasible, time limited multidisciplinary plan of family redevelopment with constantly monitored and assessed results. The plan can be reformulated to meet current needs of the child and possibilities of parents/family.
- » Parents and children know that are involved in family redevelopment plan, they participated in development of redevelopment plan they approve it, understand the plan and regard it as important.

**Realisation of the goal** of family redevelopment in reality depends on many factors whose mutual impact influences a degree to which the child in a family is endangered and probability of success of strengthening healthy family functions. It is necessary to work on these factors from the very beginning of family redevelopment and take them into account in setting redevelopment plan. These factors belong to following areas:

- » **Family risk factors** – parents or one of the parents spent their childhood in dysfunctional family, some of their earlier born children were given up for adoption, they have history of drug and alcohol abuse etc. The rule is that such parents are poorly educated, unemployed and/or unemployable, lived for long time at or below poverty line, have financial problems, have rent arrears, owe money to various financial institutions etc. The parents do not have much confidence in social workers who are helping them and in institutions in general. They are afraid of changes, do not believe that they themselves are able to change – it seems like they want to protect the child and themselves from further failures. For that reason they tend to avert attention of the helping workers from the essence of their problems, they belittle them, quite often they do not see these problems in a realistic way. Trans-generational reoccurrence of these tendencies is not an exception and there is tendency of worsening of its impact on life quality of the child and whole family.
- » **Risk factors of environment** in which family lives and will be living – it is necessary to look in very sensitive way for a compromise between life of the family within extended family, in community and social balancing of difficulties posing threat for children in family and at which individual family redevelopment steps are directed. It is important that the family has some dwelling. If the family has lost their dwelling then the family redevelopment is not an instrument for getting accommodation unless there will be close cooperation with the municipality authorities regarding redevelopment and finding solution for dwelling situation of the family. Waiting period for getting accommodation in shelter houses becomes longer and longer, families with more children virtually have no chances for a place in such house. Necessity to separate the father from the rest of the family is also connected with many risks that for the family are hard to cope with. Generally renting of a apartment cannot be a long-term solution since it causes that debts of the family are still growing and there is real risk of further social decline (illegal sources of income, work of children etc.).
- » **Current social situation** of the family at the time of including to family redevelopment program – it is necessary to know above mentioned risk factors, their probable duration and correlation between these factors and existing threat to the child. Then it is necessary to assess the level of child's development, its situation within family and larger social environment. It would be an appropriate thing to direct attention at areas connected with child's physical health, its psycho-social development, and quality of relations between children, parents, siblings or extended family, capacity of parents to secure adequate care and upbringing for the child. It is important thing to know what institutions intervened in family affairs up to now, what was their strategy, experiences and how they assessed situation of the child and the family by the end of their cooperation with the family or what is their present opinion and plans regarding further cooperation with the family. Also it is necessary to take into account legally binding and not yet valid court rulings about educational measures that constitute important factors in planning concrete steps and duration time and intensity of family redevelopment.

**Legal framework** for all workers connected with family redevelopment is defined in particular by following acts:

- » the Protection of Social Rights of Children Act no. 359/1999 Coll., in wording of later regulations,
- » the Social Services Act no. 108/2006 Coll. in wording of later regulations.

Specification of acts lacks the Realisation of Institutional or Preventive Care Act in School Facilities no. 109/2002 Coll. in wording of later regulations. The current wording of this act does not open directly room for family redevelopment. Nevertheless it does not mean that the mentioned act prohibits managers and other employees of facilities for institutional care from cooperation regarding family redevelopment with a child, parents and other members of multidisciplinary team.

### **The Protection of Social Rights of Children Act no. 359/1999 Coll., in wording of later regulations**

The family redevelopment is a new theme in legal regulations of social work. It is regulated by amendment to the Act no. 359/1999 Coll. (extensive amendment no. 134/2006 Coll.) This amendment contains changes related to family redevelopment in following paragraphs §12, subpar. 1. a, b, § 12, subpar. 2, § 29, subpar. 2, a, b, c..

### **The Social Services Act no. 108/2006 Coll. in wording of later regulations**

Social stimulating services for families with children mentioned in § 65 of the Social Services Act no. 108/2006 Coll. constitute an inseparable part of repertoire of services and programs – the family redevelopment. They are included into services of social prevention that help to counteract social exclusion of people threatened by critical social situation, habits and life style leading to conflicts with society, socially unfavourable environment and threat to their rights and justified interests by criminal acts of other individuals.

The goal of social prevention is assistance in overcoming their unfavourable social situation and protection of community from occurrence and propagation of undesirable social phenomena.

**Socially stimulating services for families with children** are local or ambulatory services provided for family with a child whose development is endangered by long-term influence of unfavourable social situation that his/her parents are not able to overcome without help. For these families the assisting social workers (service providers) are active and inventive guides on their way to changes.

## **INDIVIDUAL PLANNING**

*Nikola Šimíková, Silesian diaconate*

One of the obligations of social service provider pursuant to the Act no. 108/2006 Coll. on Social Services is to plan the course of social service provision as follows:

- » according to personal goals of the user,
- » according to needs of the user,
- » according to skills of the user.

With respect to individual planning, the provider is obliged to:

- » keep written individual records on the course of social services provided,
- » assess the course of social service provision in the presence of the user, where it is possible in view of their health condition and type of the social service provided.

One of the crucial aspects of legal regulation of social services is accenting the individualization of services. Individual planning is an important instrument of the individualization.

The law expressly stipulates that services shall be based on individually determined needs and personal goals of individuals, so their aim is to achieve goals of individuals who use the services.

Planning and assessment of the course of service provision shall be performed in the presence of social service users (or in the presence of their statutory representatives) and with respect to their possibilities.

The method of individual planning shall comply with the nature of social services. Responsible person is designated for each social service user – e.g. key worker, counselor, consultant, etc., who is responsible for the process of cooperation with the user.

Personal goals should be one of the principal factors in the progress of social service provider. Considerable attention paid to individual planning is based on the significance of this aspect of social service provision for both users and providers of the services.

In the course of individual planning, the authority of the user and their competency in terms of recognizing whether the service is suitable, appropriate for them is strengthened. Whether the service takes into account not only their needs, goals and values, but also whether the methods and means of pursuing these goals correspond to their skills,

abilities and need for safety at the same time. Individual planning offers the feeling of safety to users: they understand what is going to happen and how it is going to be performed and realize someone has a personal interest in them. Making a plan can also be a tool for mobilization, development of skills and motivation for the service users: they have opportunity to realize what their preferences and needs are, they may learn to make decisions and influence their lives.

For providers, it is important that the process of individual planning enables maintaining of service quality standards. For organization, individual planning introduces opportunity to develop social services based on systematically underpinned needs of the service users. Last but not least, individual planning ensures security for the provider: he knows what has been agreed with the service user and why he is doing exactly that what he is doing. Individual planning may also become a control instrument within organization: individual plans make it clear for both personnel and management what the provision of services should look like. Moreover, evaluation of outcomes of the provision of services brings motivation and satisfaction to personnel.

Individual planning is continuous, intentional, structured process where the actions (means) by means of which desired change should be achieved are specified. Basically, individual planning is particularly the process of bridging ideas and negotiating a "common interest" of provider and user of the service. This "common interest" is the depiction of how the change of unfavorable condition the user is facing now will look like – and that is the goal of cooperation. Depending on the goal agreed, the course of action is then designed defining the means of goal achievement and the risks, benefits and losses resulting from the change are identified as well.

Individual planning is a process consisting of the same parts as any other planning does: examination of the situation, creation of a plan, implementation of a plan and the evaluation.

## Individual plans

Individual plans used by social activation services come into existence in cooperation with the service user on the grounds of his ideas about the resultant change, therefore they can be labeled as person centered plans and the process leading to them as person centered planning.

The fundamental condition of individual planning is interaction and dialogue between the service user and the worker and other parties, where appropriate. Open dialogue is a key tool of such cooperation.

For individual planning, it is necessary to draw upon suggestions, ideas and visions of both parties. In some cases, involvement of non-professionals (family, friends, neighbors of the service user, etc.) with regard to the process and result of individual planning may be appropriate. Reinforcing the degree of social inclusion of the service user and gaining sources of informal support may be an advantage.

An individual plan may have various forms. It is based on the nature of a service and the possibilities of the user. For users using standard way of communication, both verbal and written individual plans may be applied and those may be supplemented with simple pictures, photos, etc.

## Goal of cooperation – personal goal

The goal of cooperation is considered to be a changed state that should arise from interaction of the user and the service provider. The whole family benefits from this change and that complies with their wishes, needs and values. The goal is mainly person-oriented so it is aimed at the user. If possible, the user contributes to and articulates the goals him/herself within the discussion with social worker and thanks to his/her assistance. Provider does not establish objectives for the user but may propose conditions and means to achieve them. Similarly, it is important to recognize and define where there are potential differences in what is crucial to the user and what social workers consider crucial to him/her.

Requirement on the user to articulate his/her personal objectives or cooperation goals in the course of early contacts may devalue the process of planning and impair the autonomy and independency of the user.

For better orientation in the process of individual planning, it is recommended to determine no more than 3–4 specific, partial goals the user wants to achieve with the assistance of social worker and determine their priority as well. Determined goals should conform to the following criteria (**smart**):

- » **specific, small and precise** – by means of achieving small goals it is possible to gradually accomplish big changes in the life of the user. Moreover, the achievement of the goal is a motivation element,
- » **measurable** – it is helpful to determine specific criteria by means of which both the user and social worker evaluate whether the goal has been achieved and their cooperation may move forward,
- » **attractive to the user** – achievement of the goal should be desirable particularly by the user, not only by his environment or assisting social workers,

- » **realistic, achievable** – goals should be achievable by means of existing sources in the time specified so that the mutual trust and motivation of the user would not decline in case he has not been able to achieve unrealistic goals,
- » **time-bound** – it is necessary to set the fulfillment deadline for each goal after which assessment of fulfillment/non-fulfillment of the goal will be carried out.

### **Implementation, review and periodic assessment of individual plans**

Social services quality standards stipulate that the provider designates responsible social worker for planning the course of social service provision and assessment of achievement of personal goals for each service user. This type of social worker is called a key worker. A key worker is of great importance for the user: It is him, who the user can contact whenever he needs, the worker understands him, is able to arrange assistance for the user, etc.

The implementation of the set goals is carried out mostly by means of tasks arising from an individual plan for both the user and the worker. Beginning with changes in formal aspects of family functioning (solving practical problems) has been proved to be most suitable for the cooperation. Only after building the trust, it is possible to turn to content of family functioning (mutual relationships). The user, with the assistance of social worker and possibly other people uses his/her own strengths. The worker supports achievement of the goals set by the user through the following actions:

- » providing essential counselling,
- » regular visits in the family,
- » accompanying the user,
- » training skills,
- » multidisciplinary cooperation in the interest of the user,
- » arranging quality use of free time for the whole family.

Based on previous agreement, in the course of mutual work social worker both interferes and let the user experience consequences of his/her decisions. They are always agreeing on where the user needs assistance and what he/she can handle by him/herself. Empowering process of the mutual work is of the same importance as achievement of the goal of a specific plan. In terms of the goal achievement, the goal itself is of the same importance as the process, the way leading to it.

The execution of planned steps also involves making records of the course of mutual work that will be necessary for the assessment – plan review later on.

In the course of cooperation, the flexibility of social worker plays essential role with regard to the development of situation as well as the emphasis on voluntary but active involvement of family members in solving situation of their family.

It is entirely based on individual judgement what time period is necessary to assess the goals, however, period of 3–6 months has been proved to be best for partial goals.

The final stage involves assessing, reviewing the goal achievements set in the plan: set goals are compared with reality – the actual situation of the user. As long as the assessment proves achievement of all goals and the user has no need for any further assistance of social service, the cooperation is finished at that point.

### **The essential principles of individual service planning are as follows:**

- » the service is planned together with the user, informal sources (family, friends, neighbors, etc.) play important role in it,
- » the service provided for the user is based on his/her real needs and personal goals,
- » the service planning is based on abilities and possibilities of the user, emphasizing his abilities and strengths which may serve as a cornerstone of the service,
- » in the course of the service planning, natural language is used, professional terminology has not been recommended,
- » the planning is based on wishes and needs of the user,
- » plans are reassessing and the user has an opportunity to change his/her personal goals,
- » plans must include fulfillment deadlines and the assessment criteria,
- » there are designated social workers responsible for the planning.

In today's social services we are trying to move working with people closer to "encouragement of the user". This shift has been shown to be a big issue particularly in the individual service planning process. It has been demonstrated to what extent it is difficult for social worker not to do things instead of the user and not to deprive the user of his/her competencies. The essential thing is to be able to find his/her sources, find what he/she can do by himself and what he/she can manage with little assistance. The user should, within his/her limits, take the initiative to fulfill his/her needs.

### **Individual planning in terms of improvement of the family life**

Creation of improvement plan (plan of work with the family on the gradual improvement the family situation) is an important part of improvement of the family life. Critical

principle for the creation quality and functioning plan is multidisciplinary cooperation, i. e. involvement of all parties concerned – specialists, parents of the child and child (if possible) and other close contacts (it may be e. g. a case conference). Social worker from OSPOD (Department of Social Legal Protection of Child) usually coordinates the planning process.

Improvement plan includes:

- » basic information about the user, contact numbers to important persons (parents, social worker, other members of multidisciplinary team),
- » letter of designation of the key worker,
- » list of responsible persons and their tasks, outlining the part of improvement plan the responsible person will be primarily involved in,
- » list of planned actions and utilization of social services,
- » list of anticipated risks and ways of responding to such situations,
- » date of next appointment, and possible reassessment of plan and modification of goals.

Copy of the improvement plan should be available for all parties involved (this is particularly important for contact information and reminding which tasks each party involved is obliged to fulfill).

## MULTI-DISCIPLINARY COOPERATION

*Romana Svobodová, Civic Association Domus*

At the present moment, we can often meet an expression **multi-disciplinary cooperation**. According to the experts, this expression can have various meanings. Having a closer look at the word "cooperation", we see that it means exerting a simultaneous impact or taking part in a joint action. Whereas, "multi-disciplinary" is the word made up of multi-, which means containing many branches or recurring many times. The word "discipline" can be translated as a branch of science.

When we discuss social work and redevelopment of a family, we mean cooperation of a team made up of experts dealing with the care of children. Cooperation becomes an important part of the family's effective redevelopment and is its integral and important part. The main question includes problems of families with children, families threatened with the taking children away from family and place them at an institutional education centre or problems of families whose children already stay at such a centre. These problems often cover many questions occurring together. The family is often in a vicious circle of social and psycho-social consequences of its difficult life situation. As part of cooperation to solve problems, the family meets many experts. Uniting these experts, coordinating them and organizing their work as team work mean following the key principle of the family's successful redevelopment. We mean particularly competent employees of the department of social and legal protection of children, of the centres offering services socially activating families and their children and we mean staffers of the homes for small children, employees of institutes diagnosing children, of educational centres, of nursery schools, of elementary schools, of special schools and staffers of health service centres. We mean also paediatricians, judges, senior court officials, staffers of probation and mediating services and so on.

A social worker is to be a person who will organize a multi-disciplinary team and will coordinate its work. When creating a team, one should necessarily see to it that the team's make-up be optimal. One should assign, plan, organize the procedure of the team's work and coordinate the work of its members. The well cooperating team is able to effectively communicate with parents and individual members of a family. It is particularly important when reaching agreement on cooperation, defining the principles of observing and the current sizing up (this cooperation). The social worker simultaneously creates a social support network for the child's entire family. Through this network, the family will be appropriately supported to gradually learn the necessary skills. Because the absence of these skills or the fact that they are inadequate are the reasons for including the family in the redevelopment programme combined with support. It is important that probably their position or situation in this network will no longer deteriorate.

Here are several types of families that we meet in the actual work of the social network. For instance, there are families that do not or do not want to recognize the existence of problems. Probably, they always lived on the verge of poverty and do not want to notice risk.

There is another type of a family that enters social network to seek support for solving their problems. When social service rejects the application of members of such families, they decide to solve problems by their own means. When solving problems, these families can possibly use some informal social network. The categories of families mentioned above will easily fall into social deprivation and they very rarely demand their rights as part of the state protection system.

Families that are in need of assistance in the long run seek support from social services. Such kind of behaviour of these families can result in a very intensive search for assistance when this family tries to make a social assistance centre its ally. The basic characteristic of these families is getting the necessary support and seizing all opportunities offered by every single social assistance service.

Social network also covers families demanding support to solve even simple questions. It is the adopted practice that these families seek support from organizations that are not authorized to offer such services.

The types of inconsiderate families consider social service centres as the last place where they can ask for assistance. Such families are generally viewed as thoughtless because they did not solve their problems for a long time. They ask social service centres when their problems cannot in principle be solved. Also, a simple question can become extremely difficult as it was not diagnosed at the proper moment. These families probably do not trust social service centres and are afraid of being stigmatized because they accept social assistance.

“Ignorant” families do not accept any kind of support, which is their reaction and attitude towards serious social deprivation<sup>1</sup>.

It is important that a social worker or a social therapeutic worker could differentiate among various attitudes and the behaviour of individual families and that he/she could base the family's redevelopment on this knowledge and on the values of multi-disciplinary cooperation.

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1 Matos, R.A., Sousa M.L. How multiproblem Families try to find Support in Social Services, *Journal of Social Work Practise* Vol. 18, No. 1, March 2004, pp. 65–80

The family's redevelopment is very difficult if a provider of socially activating services for families with children is not included in this undertaking. The provider is usually a private non-profit organization whose task is to ensure socio-legal protection of children. The case conferences are part of multi-disciplinary cooperation. They are organized to make work with families effective and thus to eliminate improper or double actions of various specialists and institutions. Participants in the case conferences are all experts in taking care of a threatened child. The case conference is an operational form of coping with a definite situation or solving a definite problem, stressing the value of the fact that cooperating entities join in the solution of the problem and that these conference reduce one-sided responsibility of workers ensuring socio-legal protection of children. The case conference is the meeting of representatives of professions and it is organized to seek the best possible solution to cope with a situation in a problem of a given family. This is a planned and coordinated multi-disciplinary meeting of specialists currently working with a threatened child and his/her family. Such a family and child have the right to be present at the case conference. They are also entitled to invite one person as social support. However, they do not have to be present during the entire case conference. It is important for the family and the child to be present at the conference's final conclusions, which suppose to have motivating influence on them.<sup>2</sup>

The important part of assistance is the approach to a family, based on partnership, which is adapted also to every member of the team. Effective cooperation means conditional acceptance of the views of other persons, their competences and the signed agreements. Coordination is the characteristic feature of team cooperation. Coordination is basically made up of the make-up of the team, mediation in other services within the family, meetings of the inter-disciplinary team and its conduct, starting reaching an agreement on the principles of communicating in a team and the frequency of the team's meetings. The next important question is the coordination of actions of the team members and the writing down of the team's protocols (minutes). If parents are absent the topics of a meeting are prepared with them and next they are acquainted with conclusions of the meeting (organization of the family's redevelopment). The value of the multi-disciplinary support for the family includes: greater effectiveness of support, transparency and uniform recommendations for the family, the opportunity to compare various aspects of views on the family's situation and various proposals of solution, mutual support of the team members, the opportunity to coordinate cooperation to meet the family's needs (for instance broadening/narrowing number of the team members, increasing/reducing the intensity of cooperation of individual members of the team with a family).

The most important role in multi-disciplinary cooperation is played by coordinator and employee of the socio-legal protection of children department. His/her role is based on

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2 Bechyňová V, Konvičková M.: *Sanace rodiny. (REdevelopment of Family) Portál. Praha 2008*

the relatively long- term cooperation with a family. They had information on the situation in the family before it was necessary to consider the taking of any institutional or educational measure. Using his knowledge of the family, he can propose measures as an expert and suggest services motivating the family and supporting it. Owing to colleagues from the team, the child's situation is sized up from various points of view and in case of a trial, it is possible to use information of colleagues from the multi-disciplinary team. The function of multi-disciplinary cooperation is exceptionally important when a provisional measure is taken or when a child returns from an institution for child's care to the family milieu.

The employee observes the family's adaptation to the child and vice versa and he follows the child's reactions to the home milieu. This depends on many factors, for instance, on the time of the child's stay at the educational child's care institution. The social worker coordinates the intensity and the frequency of social services for the family. The aim of his/her work is to support and direct the family in such a way that it would prevent the child's repeated return to the institution.

We can not forget to mention values of the multi-disciplinary support from the point of view of parents and the child. Parents get clear and coherent information and recommendations from all centres and institutions with which they are in touch. The offered support is to a greater extent directed at meeting individual needs of parents and their child. The kinds of support from individual centres and institutions are linked with one another. Clearly defined principles of open communication within the team can reduce the degree of the parents' distrust to members of the team. These principles can also reduce the risk that parents will falsely present their situation in contacts with educational centres and institutions. From the child's point of view, the multi-disciplinary support of his/her family influences his being a member of this family. If the child is at an educational or child's care institution, all actions taken by the multi-disciplinary team will be directed at his/her safe return to the family. The child is separated from parent only for the absolutely necessary period of time. When he is under the care of such educational institution, he/she meets his parents regularly at short intervals of time and the symptoms of deprivation are alleviated. The child's return to the family takes place step by step. The child is given an opportunity to gradually get used to his/her home that has changed for the better. After his/her return to the family, parents enjoy the support of the multi-disciplinary team ensuring greater support also for the child. If the quality of the parents' care of the child deteriorated, social assistance services could more vigorously meet greater needs of the child and parents. The goal is to prevent the repeated return of the child to the educational institution.



# SOCIAL CONSULTING FOR THE RENTAL DODGERS

Eva Mydlíková, Association of Supervisors and Social Advisors

*„Home is the hands you may cry on...“* written by a Slovak writer, Miroslav Válek.

Who can dare to take these hands away from children and why? Mostly their parents are those who are not able to take care of fulfilling children basic living needs. Most often single mothers are not able to provide satisfying basic family needs within the family income. If there are both parents in a family, there is probably someone seriously ill or disabled, addicted or unemployed, or someone in execution of punishment. Such social conditions assume a failure of the economic function of family which leads to its dysfunction and that induces a failure of next function of the family and so on... It springs up the domino effect which brings the family towards its break-up.

There is a way how to stop every single process. The important thing is when and with what effect on the person whose home is breaking up. The cardinal problem is to identify the devastating process of a family break up. Most of social clients live in rental flats. If a janitor/a caretaker give a notice that something is wrong to a local social department immediately after not paying of the first installment, the social department should act promptly and contact the family. But usually it is not earlier than the energy suppliers decide to cut off nonpaying households. Then the process of negotiating comes. Dodgers try to lend money from their relatives. After using this source here comes a dubious source of income. From that moment on it goes down rapidly towards its devastation. Municipality takes action only when the sum of rent debt oversteps the financial limits of a family. Municipality doesn't dispose qualified staff able to work actively with an economically dysfunctional family. They mostly act repressively against parents or intervene in the crisis time when it is necessary to relocate children to substitute family care and only within state authority.

Municipal administration takes advantage of accredited subjects especially for a performance of the social prevention, or advisory service for family in crisis. Association of Supervisors and Social Advisors (ASSP) cooperates with Bratislava City Government considering the rental dodgers since 2003. But the biggest problem is especially the late identification of families. These are usually in condition of rental debts which exceeded their financial limit so intervention of social crisis accedes.

In the families where we can assume any possibilities to save their homes we use several means of social work. Most of all we provide family social advisory services, negotiate on behalf of the family, and assist the family.

Usually social advisory for families initiates the whole process. Thus it is very logical step because that is the time when the diagnosis begins. Two advisors contact a family on initiative and with cooperation of a social worker from the labor, social affairs and family matters office or a social worker of regional government. Most of already visited clients will not refuse further cooperation. Approximately one-third of families decides to pay their debt in order to get rid off the label – problematic family and avoids a kind of control. Two social workers of ASSP visit the family regularly once a week usually late afternoon. The diagnostic process which is going on in a family finishes with specifying the social diagnose which reacts very flexibly on every change during the process and also includes detailed description of social symptoms and description of family positive prospects as well. During the advisory process all family members take part in, no matter how old they are or what their mental level is. This attitude is very demanding to the ability of the social advisor to adopt on the different mental levels of family members at the same time. This is one of the reasons why always two social advisors visit a family. The other reason is their security. Our clients' families often live in a place of frequent crime though there is a possibility that our advisors can be endangered. In addition, the visit of a family finishes in late evening hours. Within our advisory we create an agreement with the family on which fulfillment the entire family works on during a year-long contact. The priority of advisory process is usually focused on living conditions, family income, even a deprive threat of a child and relocate him/her to substitute family care.

Already during advisory it is necessary to provide for the family another means of social help as well. Housing is endangered mainly by getting into rent and energy arrears. We negotiate with a caretaker about installment calendar or a possibility to delay installments. Administrative office is often willing to come to an agreement and their reaction is positive. Our clients' flats are in such conditions and located in such areas that it is very probable that a very similar family would replace the previous one. So it is convenient for the Administrative office that someone 'gets it right' and they will avoid complications with executors or even negative media exposure of a case. We work with the family costing. We try to increase the family income and adjust already low costs. Family income can be raised by parents' more convenient jobs. We prepare parents for looking for a job or undergoing a job interview by training, simulation and role plays. We support them during an entrance interview and also after it. Even though family costs are adequate to their low income we still notice some kind of 'wave of buying things' and irrationality. If clients earn some money, they spend nearly all of them within a few days. Because they can not afford anything for a long time they feel euphoria and buy unnecessary things for their living. Clients influenced by advertisement often lend some money in order to do shopping and consequently they are

not able to pay installments. Our organization provides for families a training of financial literacy in a project called "Držgroši" – scrooge/ skinflint/ miser, cheapskate.

We provide assistance at contacting different bureaus and organizations. Our legal consultant mostly gives advice in case of: family allowance, inappropriate dissolution of a working contract, denying of paying a wage for 'black work' or during the period of probation, correct account for rent or energy, etc. We usually cooperate at not well-founded proposals for relocation of a child to a school with special needs or diagnostic installation; we arrange an expert opinion of a psychologist or a special pedagogue. If a family ends up on a street in the end, we bargain for better conditions with other non-governmental organizations somewhere they can stay together as a family.

Within our work with families we also have a program for children. We try to teach them social skills as an added value within performing our educational precautions. We organize stays/camps where children can learn how to be tolerant, how to respect each other by expressing their own feelings culturally and in an assertive communication, by solving conflicts in a constructive way. After these stays/camps we organize community meetings with the children once a month.

We provide supervision for our staff mainly considering their mental health during whole work with a family. Each pair of social advisors has an individual supervisor fully qualified and certified and is fully at their disposal. In addition, we meet monthly for group supervision. The topics are mainly relationships between advisors and clients and the methodology of work. The most frequent topics are: refusing cooperation, non-acceptance of a young advisor, clients' unreliability and deception, etc. After visits in families our advisors take notes into on-line sheet which we have authored and a volunteer from HP company has worked on it technically. Only the responsible advisor and his/her supervisor can take a look anytime at a family on-line sheet. And only a head coordinator of the project and a chief supervisor can have an access to all sheets.

We have contracted an external psychologist, a lawyer and a special pedagogue. We use the system of case management. Based on our longtime experiences we authored a methodology of social works with families which is presented in certified training – Field Social Work with Dysfunctional Family; and in the expert publication – Case study.

Demand for specialists in social work with families is forefront of our interest. Basic university knowledge proved to be insufficient and it is necessary to be specialized in area of social therapy focused on work with family. This further education should combine knowledge of psychology of family; sociological factors of work with family; legal aspects of administrative and family law; knowledge and skills how to use potential of networking and community mechanism; great knowledge and numerous skills of several sciences.



# PROGRAM OF HOUSING FOR FAMILIES IN NEED

*Luboš Tomko, The Institute of Christ the High Priest*

The Institute of Christ the High Priest (further as IKV), was registered with Home Office of Slovak Republic on 27 Nov 1992 as a Civic Association in accordance with the Act no. 83/1990. It is an organization, which should in addition have in scope of its activity helping sick people, disabled, homeless people, children from dysfunctional families and living in child care institutions, helping and caring after orphans, elderly, single mothers and all the others in need.

The fulfilling of these aims by our Institute is based on Fundamental Human Rights and natural moral law. The activities for helping affected people are carried out in various ways.

The aims of Institute of Christ the High Priest are:

- » to operate a shelter and re-socializing/rehabilitating centre for men in Žakovce,
- » to operate a house of social services for corporally disabled,
- » to operate a house for single parents,
- » to operate a shelter and re-socializing/ rehabilitating centre for women in Lubica,
- » to build up a facility for older citizens in future,
- » to build up so called protected workshops,
- » to operate a social enterprise,
- » to build up social flats in the town Malý Slavkov,
- » to rebuild of a former church school into a community centre in village Žakovce,
- » to help families in need,
- » to integrate marginalized groups into society.

In accordance to characteristics of the families which are taking advantage of the IKV services, it is necessary to point out that there are several social problems cumulated in individual families. The family members are often jobless and therefore without stable income, some of them are fosterlings of institutional children's care home, others stay and live completely without home.

Concerning the families' needs, we take care about following types of families:

## Incomplete families

For incomplete families we provide services in facility of emergency residence called Mary Magdalena House (Dom Márie Magdalény). This facility is intended for mothers with children and is situated in Žakovce within the area of IKV. Three main principles, the same as in other IKV facilities, govern also here are as following:

- » total prohibition of alcohol and addictive substances,
- » total prevention and prohibition of criminal activity,
- » therapy through work (that is mainly oriented towards proper child care and learning how to run the household).

In that facility we ensure 24 hours supervision and after working hours the supervision is performed by the employees of IKV on voluntary basis without demand on payment. In Mary Magdalena House two social workers have a full time job and one social adviser works part time. They oversight and motivate the mothers to care after their children properly, show them and learn how to run household. Moreover, they assist them in managing necessary administrative agenda. Approximately about 200 metres from their facility is an eatery and a laundry for homeless people and corporally disabled persons. Nevertheless, mothers do not eat in common eatery, either they do not wash their cloth in common laundry. These measures are done intentionally because the main aim is to prepare mothers for independent life outside the facility. Therefore there are created conditions for preparing meals and running proper household care in the facility. Because the children suffer from various problems connected with learning, there is assistance from a special pedagogue. Another special help is provided by psychologist to some children and mothers who were, outside the facility, tyrannized in the past.

Within the area of IKV there are several facilities providing social services for people who survived various life stories and at the same time a vital community is being created. Mothers with children get the bread, meat, milk and potatoes produced and grown by homeless people while undergoing the therapy through work. This activity somehow helps to mitigate the insecurity in financing this sort of facility in the context of valid legislative in the field of providing the social services and the position of non-public providers of social services.

Social services in the facility are provided for certain limited time according to concluded agreement. Since the year 2001 the services have been provided for circa 30 mothers with children. To the present we have the capacity for 6 mothers with their children, but this is insufficient, our plan is to broaden the capacity for 10 mothers.

## Complete families

Institute IKV provides social services also for complete families. We have rented an old school building from the municipality of the town Lubica for long term period, where we have furnished four flats for families. Present technical and hygienic conditions of building are unsuitable and it needs reconstruction. Whereas this object is not the property of IKV and is registered as a cultural sight of historical interest so that is why it increases the reconstruction costs. Therefore we have decided to find an alternative solution. With the help of financial means from financial EHP mechanism and Norwegian financial mechanism, we have reconstructed old school building for residential house with 9 flats in commune Malý Slavkov. Two social workers have a full time job and one social adviser works part time in the facility for complete families. All proceedings and activities of specialized personnel are focused on the family ability to be functional and to fulfil its functions. When the family becomes dysfunctional we solve such a situation in the way that the man or father is sent to a shelter and mother with children are accommodated in a facility of emergency residence, but this is only a temporary solution. When it is proved that the family is able to cohabit, they will return to the facility for complete families.

We provide social housing for complete families also in Žakovce in area of IKV, where four families live in two semidetached houses. Members of these families are former IKV clients who have started their own lives. In fact they are now independent families, able to live without any supervision. Social housing is provided for the indeterminate period.



POLAND

# THE SYSTEM OF SUPPORT FOR FAMILIES THREATENED WITH SOCIAL EXCLUSION

*Collective of authors, WRZOS*

## 1. Introduction to the principles of the functioning of the system of social support for families threatened with exclusion and of welfare in Poland

### **The system of assistance to families threatened with social exclusion in Poland**

The concept of exclusion or marginalization refers to the situation in which individuals become, for various reasons, deprived of the opportunity to fully participate in social life.

The emergence of the term of social exclusion is the consequence of discovering the fact that in modern societies some persons, despite the formal absence of obstacles, are actually deprived of the possibility to take part in many aspects of social life. This is linked to the lack of abilities to seize the existing opportunities and rights that these persons have and to the unawareness of the existence of these rights or to the absence of access to goods that make full participation in social life real. Social exclusion can also mean poor development of the network of social relations that cause the individual's isolation from social life.

Social exclusion is most often linked to the occurrence of poverty, but these are not identical concepts. Poverty need not determine social exclusion and social exclusion is not always linked to poverty. However, the individual's poverty increases the risk that this individual will be marginalized. At the same time, both poverty and social exclusion are often caused by other problems of such a person or his or her family.

Social exclusion is most often influenced by many factors. It is accepted that there are groups exposed to a greater extent to marginalization. These groups include: children and youth from neglected milieu, children being brought up outside their biological family, women singlehandedly bringing up their children, victims to the pathology of family life, including to violence in a family, persons with poor professional skills, jobless, homeless and disabled persons, psychically or chronically ill persons, lonely elderly people, persons leaving prisons, people who are members of ethnic or national minorities, as well as alcohol and drug addicts and their families.

The causes of exclusion are often mixed with its results. For instance, the person brought up in a dysfunctional family is more exposed to joblessness and social exclusion, which in turn increases the risk of the occurrence of alcohol and drug addictions, which in turn increases the risk of further social isolation.

At the same time, exclusion is the result of the individual's mutual relations with a social milieu. On the one hand, one can observe the process of excluding some individuals or groups by the social milieu, for instance, by giving them a negative label. On the other hand, marginalization causes the individual to start perceiving himself/herself as inferior and unable to participate in social life on equal rights.

Because of the complexity of the phenomenon of exclusion, actions aimed at helping socially excluded persons are taken in a diversified way, in cooperation with many entities and institutions. The struggle against social exclusion is usually linked to institutional support for overcoming both causes and effects of the exclusion. For example, assistance to the person, suffering from violence in a family, to solve this situation means at the same time the counteraction of his/her social exclusion. Assistance to jobless persons, suffering from social isolation, can consist in giving support for solving their personal problems, raising their skills, increasing their self-assessment and in the simultaneous initiating of systemic changes to improve the situation on the labour market. Assistance to socially excluded persons to solve their problems is very important as excluded persons rarely have the support network that would be helpful in the process of solving their difficult life problems.

### **Social assistance**

Social assistance is an institution of the state social policy aimed to enable persons and families to solve their difficult life problems, which they are unable to do by themselves using their own rights, resources and opportunities. The task of social assistance is also to prevent the situations that can result in social exclusion by taking steps aimed to make persons and families independent in their difficult situation and to integrate them with their milieu.

The March 12, 2004 law on social assistance (the 2004 law gazette, No.64, item 593) is the fundamental legal act defining organization of social assistance, tasks of social assistance, the kinds of services rendered by social assistance as well as the principles and the procedure of giving this assistance.

The law envisages that social assistance is given to persons and families, particularly because of poverty, orphanage, homelessness, joblessness, disability, protracted or grave illness, violence in a family, the need to protect victims to human trafficking, the need to protect motherhood or families with many children, because of helplessness in protec-

tive and educational questions and in running a household, particularly in incomplete families or in these with many children, because of the inability of young people, leaving round the clock protective and educational institutions, to adjust themselves to social life, because of the difficulties that foreigners have in getting integrated with life in Poland where they gained refugee status or supplementary protection. The law envisages that social assistance is given to persons having difficulties in the adaptation to life after being released from prison, because of alcoholism or drug addiction, a random incident and a crisis, natural or ecological disaster. The wording "particularly" means that social assistance can be given not only to groups directly mentioned in the law. The problems mentioned above are often pointed to as these that increase the risk of social exclusion.

Social assistance is organized by the bodies of government and local government administration cooperating in this area, as partners, with social and non-governmental organizations, with the Roman Catholic Church, with other churches and religious denominations and with natural and legal persons.

It is the duty of local government units and bodies of the government administration to ensure the fulfilment of tasks of social assistance to the degree envisaged by the law on social assistance. The most important role in giving assistance to socially excluded persons is played by a commune and a county that carry out their tasks in this scope to the greatest degree through Social Assistance Centres and County Family Assistance Centres.

### **Social Assistance Centres**

Social assistance centres are organizational units performing their tasks in social assistance in the commune. One Social Assistance Centre operates in every commune. As regards Warsaw, Poland's capital, eighteen Social Assistance Centres have been organized in Warsaw districts. The Centres differ from one another by organizational structure.

Such a centre is responsible for paying financial benefits and implementing non-financial benefits. The latter benefits include work for society, a funded ticket for public transport, fees for health and social insurance, non-cash assistance, including aid to prepare people to become financially independent, organizing a funeral, giving experts' counselling, intervening to resolve a crisis, giving a shelter, meal, necessary clothes, rendering protective services at the place of residence, at support centres, and at family assistance homes, giving specialized protective services at the place of residence and at support centres, protected flat, the stay and services at a social assistance home, care and upbringing in a foster family and at a protective educational institution, assistance to get proper housing conditions, including at the protected flat, assistance to get a job and to start running a household, including non-cash assistance to independent people, training courses, family counselling and family therapy carried out by adoptive and protective centres.

Money allowances are various kinds of benefits. Under the law, permanent benefit is granted to a person who attained majority and singlehandedly runs a household, is unable to do work because of age or is totally unable to work and who fulfils the income criterion and to a person who attained majority and stays in a family, who is unable to do work because of age or is totally unable to do work, if his/her income as well as the per capita income in a family are lower than the per capita income criterion in a family. Under the law, periodical benefit is given particularly because of a protracted illness, disability, joblessness. A person single-handedly running a household, whose income is lower than the income criterion of a person single-handedly running a household or a family, whose income is lower than the income criterion of a family are entitled to the possibility of being supported or gaining rights to benefits from other social insurance systems. The target benefit can be granted particularly to cover partial or total costs of buying food and medicines and of getting medical treatment, purchasing fuel, clothes, necessary household appliances, doing renovation and small repairs in a flat and also to cover funeral costs. In tune with the regulations on Universal insurance in the National Health Fund, homeless people and other persons deprived of Incomes and of the possibilities of gaining benefits can be granted the target benefit to cover partial or total expenditures on health services. This benefit can be granted in the form of a funded public transport ticket. The target benefit can be granted also to a person or to a family who suffered losses as a result of a random incident. This benefit can be granted also to a person or a family who suffered losses as result of a natural or ecological disaster.

The Social Assistance Centre pays fees for old-age pension and disability insurance for the person who will give up a job because of the necessity to take direct and personal care of a protracted or seriously ill member of a family and of his/her mother, father or siblings not living together with this person. The Centre will pay these fees from the sum of the per capita income criterion in a family if the per capita income in the family of the person taking care does not exceed 150 percent of the sum of the per capita income criterion in the family and if the person taking care is not liable to the obligatory old-age pension and disability insurance for other reasons or if he/she does not get old-age pension or disability benefit. This concern also persons who are on unpaid leave because of the necessity to take care of other persons.

Apart from financial assistance, Social Assistance Centres offer also social work. This work is done by social workers to improve the functioning of persons and families in their social milieu. Social work is carried out with persons and families to develop or to increase their activeness and life independence. This work is done with local community to ensure cooperation and coordination of actions taken by institutions and organizations important to meet the needs of members of the community. Social work can be done under a social contract. When doing social work social workers use methods and techniques, proper to this activity, and they are applied with due respect to the dignity

of a person and his/her right to self-determination. Social work is done to persons and families irrespective of their income. Therefore, social work should aim at activating socially excluded persons and at teaching them to be able to effectively participate in social life. Professional social assistance should not be permanent. On the contrary, it should aim at teaching the individual to be relatively independent, which is an important criterion of overcoming social exclusion.

Social Assistance Centres carry out also specialized counselling particularly legal, psychological and family counselling. It is done for persons and families that have difficulties or show the need to be supported for solving their life problems, respectively of their income. Legal advice is pursued by giving information on the binding regulations concerning family and protective law, social insurance and on the protection of occupants' rights. Psychological counselling is pursued by the processes of diagnosing, prevention and therapy. Family counselling covers broadly conceived problems of the family functioning, including educational problems in natural and foster families as well as problems of taking care of a disabled person and also family therapy. Most often this kind of counselling is pursued at the Centre by a specialized assistance section. Some centres run consulting centres employing psychologists, lawyers and other experts.

A lonely person, who due to his/her age, illness or other reasons requires the assistance of other persons and is deprived of it, is entitled to assistance in the form of protective services or specialized protective services. Protective services or specialized protective services can be granted also to a person who requires the assistance of other persons when his/her family and his/her spouse who lives separately and when relatives (ascendants and descendants) cannot ensure such assistance. Protective services include assistance to meet everyday life needs, hygienic assistance, nursing, recommended by a doctor, and ensuring contacts with a milieu as far as possible. Specialized protective services are the services adjusted to meet specific needs stemming from the kind of an illness or disability, offered by the persons who are experts at doing them. Granting protective services, the Social Assistance Centre determines their scope, the period and the place of offering them.

A homeless person can be covered by an individual programme of overcoming homelessness consisting in supporting such a person to solve his/her life problems, particularly family and housing problems and in the assistance to getting a job. The individual programme of overcoming homelessness is being prepared by a social worker of the social assistance centre together with the homeless person and is to be approved by the centre's manager. If the homeless person stays at a hospice or at a shelter home or the homeless, the individual programme of overcoming homelessness can be prepared by a social worker employed at this institution. A hospice or a shelter home for the homeless will implement the individual programme of overcoming homelessness in the case discussed in passage no.3. If the individual programme of overcoming homelessness requires greater means

of assistance than these at the disposal of the hospice or if it is necessary to give health insurance to the homeless person, the programme should be approved by the head of the social assistance centre. In such a case, the programme shows the entities responsible for implementing the programme's individual provisions. The individual programme of overcoming homelessness should take into consideration the situation of the homeless person and ensure special support for the person actively participating in overcoming homelessness. This programme, according to the needs of the homeless person, can take into consideration all means of assistance that the social assistance centre, pursuing the programme, has. The social assistance centre pays a health insurance fee for the homeless person covered by the individual programme of overcoming homelessness.

### **Social Assistance Homes**

The person who requires round the clock care because of his/her age, illness or disability, who cannot function independently in everyday life and who cannot be provided with the necessary social assistance has the right to be put in a social assistance home. When the person who absolutely requires assistance or when his/her legal representative do not agree to putting him/her at the social assistance Home or after putting him/her withdraw their agreement, this is the duty of the social assistance centre or the social assistance home to notify the proper court about this and if such a person does not have a legal representative or a guardian, they notify a public prosecutor. The Social Assistance Home renders services ensuring basic living standards, protective, assisting and educational services meeting the binding standard whose scope and forms meet individual needs of the persons staying in the Home.

The homes, depending on for whom they are destined, are divided into the homes for:

- » persons in advanced age,
- » chronically somatically ill persons,
- » chronically mental ill persons,
- » intellectually/mentally disabled adults,
- » intellectually/mentally disabled children and young people,
- » physically disabled persons.

Social assistance homes, after gaining a voivode's permission, can be run by local government units, the Roman Catholic Church, other churches, denominational unions, social organizations, foundations and associations and other legal and natural persons. The permission to run a social assistance home is given by the voivode determined by the home's location. To get the permission to run such a home, the applicant should show that He/she can meet definite standards. Despite this, the way of functioning of these homes and their organization differ from one another considerably.

## Support centres

To the persons who require partial care and assistance to meet their necessary life needs because of their age, disease or disability can be granted protective services, specialized protective services or a meal given at the support Centre.

The law envisages that a support centre is an organizational unit of social assistance of daily stay and that round the clock places of periodical stay can be run at the support centre. In practice, some support centres are the places of periodical residence for persons needing assistance, while some centres are the places where persons requiring support can get it during the day.

### Social assistance runs:

- » support centres for persons with psychical disorders,
- » daily assistance homes,
- » homes for mothers with under age children and pregnant women,
- » hospices,
- » homes for the homeless,
- » mutual aid clubs.

Support centres for persons with psychical disorders include community mutual aid homes or mutual aid clubs for persons with psychical disorders. These institutions give assistance to persons who as a result of the handicap of some functions of their organism or of the adaptation abilities require assistance to live in a family and social milieu, particularly to increase their life resourcefulness and independence and their social integration.

The community mutual aid home organizes individual or team training sessions to teach people self-service and social skills by teaching, developing or maintaining skills in everyday activities and in the functioning in social life. The period of using the place of the round the clock stay in the community mutual aid home cannot be longer than a month at a time. It is possible to extend this period to three months in justified cases.

## Family assistance homes

When it is impossible to ensure protective services at the place of residence, a person requiring the assistance of other persons because of age can use protective services and services ensuring basic living standards in the form of a family assistance home. The family assistance Home is the form of protective services and those ensuring basic living standards given round the clock by a person (social worker) at his/her place of residence for no fewer than three and no more than eight persons requiring this form of support because of age.

## Protected flats

The stay at the protected flat can be granted to a person who needs support for functioning in everyday life because of a difficult life situation, age, disability or disease, but who does not require the scope of services rendered by the round the clock assistance unit, particularly to a person with psychical disorders, to a person leaving a foster family, a protective and educational institution, youth educational centre, an institution for the under age persons and to a foreigner who has gained refugee status or supplementary protection in Poland.

The protected flat is the form of social assistance preparing persons staying there under the care of specialists for living independent life or it acts as a substitute for the stay at an institution ensuring round the clock care. The protected flat ensures the conditions for functioning independently in the milieu and as a person integrated with a local community.

The protected flat can be run by every organizational unit of social assistance or by a public benefit organization.

## County family assistance centres

The county family assistance centres are organizational units performing the county's tasks concerning social assistance. One family assistance centre falls per every county. There is the Warsaw Family Assistance Centre in Poland's capital instead of the County Family Assistance Centre. Town social assistance centres, that can be called "town family assistance centres," perform the tasks of county family assistance centres in the towns enjoying the rights of a county.

The most important areas of work of the county family assistance centres for the benefit of persons threatened with social exclusion include assistance to children deprived of care by their biological parents, including work for the benefit of foster families and help to refugees to become integrated. Foster families and the alumni of foster families take advantage of benefits granted by the County Family Assistance Centre.

Apart from the tasks envisaged by the law on social assistance, mentioned above, the County Family Assistance Centres also carry out tasks envisaged by the August 27, 1997 law on professional and social rehabilitation and on employing disabled persons. These tasks include preparation and implementation of the county programmes of actions to promote the benefit of the disabled persons as regards social rehabilitation and the observance of their rights, cooperation with other organizations and institutions promoting the benefit of the disabled persons, increasing funds for the fixed rehabilitation periods, for sports, tourism and recreation, rehabilitation equipment as well as for removing

architectural barriers and subsidizing the costs of the creation and holding of the occupational therapy meetings. These programmes of actions are in accordance with the strategy for the development of a province.

### **Regional Social Policy Centres**

The tasks of social assistance in provinces are carried out by organizational units – regional social policy centres. They take strategic and organizational steps rather than actions aimed directly at persons requiring support.

### **EU programmes for counteracting social exclusion implemented by social assistance**

It is possible for both Social Assistance Centres and County Family Assistance Centres to implement projects to prevent social exclusion, the funds for which are increased by the European Social Fund as part of the POKL. Especially for these entities, Social Assistance Centres and County Family Assistance Centres announce a competition for the implementation of systemic projects as part of the 7.1.1 action – the Development and propagation of active integration by social assistance centres and as part of the 7.1.2 action – the Development and propagation of active integration by the County Family Assistance Centres. Apart from this, they can also table motions to increase funds for projects organized as part of competitions.

### **Crisis Intervention Centres**

The aim of the functioning of Crisis Intervention Centres is to help persons needing support in various difficult life situations. All those who suffer from a sudden or protracted psychological crisis, who are threatened or suffer from traumatic experiences can use the assistance of these institutions. The Crisis Intervention Centres give support to persons who live under stress as a result of a sudden unfavourable change in their life, to persons experiencing marital difficulties, to elderly persons experiencing a crisis caused by the change in life, to persons who suffer from violence, including violence at home, to persons experiencing the loss of a close relative (for instance, death, parting, divorce), to persons experiencing an unexpected and unfavourable change in life (the loss of a job, adultery by a spouse, the threat by a grave disease and so on). This support is given to people trying to commit suicide and to these actually committing it and to persons who suffered from accidents and to these who were attacked. These Centres help also persons experiencing difficulties in their social relations and to parents having difficulties in bringing up their children. The fundamental goal of action of these centres is to undertake a crisis intervention viewed as a set of interdisciplinary actions taken for the benefit of the persons and families in crisis. The intervention aims to restore psychical balance and the ability to shift for one-self and to prevent the crisis from turning into chronic psycho-social insufficiency.

The Crisis Intervention Centres perform an important function in preventing and combating social exclusion. The connection between the crisis and social exclusion consists in the fact that the crisis poses a threat of the occurrence of serious dysfunctional changes that in turn increase the risk of social exclusion. Also, the persons who already suffer from social exclusion use the assistance of the Crisis Intervention Centres because they grapple with various kinds of problems linked to social exclusion.

The March 12, 2004 Law on social assistance serves as a legal basis for the work of Crisis Intervention Centres.

These Centres differ from one another by organizational structure and methods of work. There is an absence of legal regulations concerning their functioning in detail. Most often they work round the clock and offer most often psychological and psychiatric assistance (consultations), legal and welfare advice and often supporting groups. Many of them have also a hostel where one can stay for some period of time on definite principles. These institutions cooperate with social assistance centres, institutions and organizations offering psychological and psychiatric assistance, organizations of the administration of justice, the public prosecutor's office, the police and with non-governmental organizations. However, the way of this cooperation depends on the standards worked out in a given county. The crisis intervention covers persons and families irrespective of their income. One can report at crisis intervention centres in person or arrange a meeting with an expert on the phone. Any assistance is given free of charge.

The Crisis Intervention Centres are often opened also by other entities, most often by non-governmental organizations. The basis for their work is not the law on social assistance, but the law that concerns the operation of all non-governmental organizations – on the work of public benefit organizations and on the volunteers' service. These organizations determine the way and the scope of their work by themselves. Some of them run only hostels under this name and some of them run only counselling service centres. Some of these organizations give their assistance to all persons and some of them cover only the selected target group, for instance, victims of violence at a family.

### **Consulting centres**

Also, various consulting centres give assistance to persons requiring psychological, legal and social assistance. The consulting centres function most often at social assistance centres. Also, the commune's offices sometimes organize experts' advice for residents at information and consulting centres. Also, non-governmental organizations sometimes open such centres.

### **Psychological and pedagogical counselling centres**

Psychological-pedagogical counselling centres, including public specialized counselling centres, give psychological-pedagogical assistance to children and youth, including speech therapy aid, assistance to choose the Direction of education and profession, and also give parents and teachers psychological and pedagogical assistance to bring up and educate children and youth. These counselling centres employ pedagogical employees: psychologists, educationists, speech therapists, sociologists, professional advisers and physio-therapists. In practice, children and youth, particularly exposed to difficulties in adult life, use the assistance offered by counselling centres.

The September 7, 1991 law on the system of education serves as the legal basis for the work of psychological-pedagogical counselling centres.

### **Provincial and County labour offices**

Labour offices carry out tasks concerning the alleviation of the results of unemployment as well as concerning employment and professional activation of persons seeking jobs. The task of labour offices is to organize labour exchange, professional advice and Professional training courses, to give loans to cover the costs of professional training courses and to pay benefits. The labour office can also apply other instruments towards persons being in a special situation on the labour market. The April 20, 2004 law on the promotion of employment and on institutions on the labour market (the Law Gazette no.99, item 1001) is the legal basis for the operations of labour offices. Labour offices cooperate with Social Assistance Centres in giving assistance to jobless persons.

### **The treatment of alcohol and drug addicts**

The detoxification treatment of alcohol addicts is carried out by stationary and non-stationary addiction detoxification clinics and by other health care institutions. Undergoing the detoxification treatment is voluntary. Alcohol addicts can undergo the detoxification treatment of their addiction in health care institutions free of charge. In a province, the board of the province organizes round the clock detoxification institutions and a provincial centre treating addictions and co-addictions. Also, the head of the county organizes detoxification institutions.

### **Detoxification policlinics**

The Detoxification Policlinics give assistance to addicts, to those threatened with addiction and to members of their families. The Policlinics give help in the case of addiction to chemical agents (medicines, drugs and nicotine), when there is a threat of becoming addicted (persons who experiment with drugs, often in the situation favourable to becoming addicted, to persons grappling with behavioural disorders and problems at

school), in the case of addiction to non-chemical agents, for instance, to the Internet and gambling. These clinics have prepared a programme of assistance to gambling addicts, to patients with a double diagnosis (for instance, addiction to drugs coupled with psychical problems), to families of addicts, to co-addicted persons. Such clinics can offer patients a diagnosis, neurological and psychiatric consultations. These clinics can qualify patients for those requiring treatment at rehabilitation and re-adaptation centres for drug addicts. They can give them medical referral to a detoxification department and for consultations and advice on solving difficult problems. These clinics also take preventive steps.

### **The Commune Commissions for Solving Alcoholic Problems**

The taking of preventive steps and solving alcoholic problems are among the communes' own tasks. The communal commissions for solving alcoholic problems operate in the communes. The October 26, 1982 law on upbringing in sobriety and combating alcoholism serves as the legal basis for the commissions' work.

The Commissions play a special role in applying a procedure of obligating alcohol addicts, who are against voluntarily undergoing detoxification treatment, to do this. It is only the communal commission for solving alcoholic problems that is entitled to table a motion to a court to obligate an addict to undergo the detoxification treatment.

### **Non-governmental organizations**

The April 24, 2003 law on the operation of public benefit organizations and on the volunteers' service is the legal basis for the work of non-governmental organizations in Poland. Under the law every institution (thus both legal person and a unit without legal personality and established under laws) that which is not a unit of the sector of public finances and that which operates on a non-profit basis is a non-governmental organization.

Non-governmental organizations usually give assistance to definite groups of citizens in especially difficult situations that can result in their social exclusion. They specialize in helping to solve specific problems of these groups.

Non-governmental organizations in Poland play the leading role in preventing social exclusion. They can take very flexible and diversified steps for the benefit of various social groups. They also bridge gaps in the state system, giving assistance to persons for whom social assistance has not taken the form of a specialized offer.

Here are the examples of non-governmental organizations and the scope of their work to help groups threatened with social exclusion:

<b>Legal Intervention society</b>	Actions for persons who are discriminated against and threatened with marginalization – aid to refugees and to children deprived of the care of biological parents
<b>The Slawek Foundation</b>	Assistance to persons leaving prisons
<b>The “Blue Line” Nationwide Emergency Department for Victims of Violence in a Family</b>	Assistance to victims to violence in a family
<b>The Nobody’s Children Foundation The Committee for the Protection of Children’s Rights</b>	Actions for the benefit of children – assistance to a child that is being harmed
<b>The La Strada Foundation</b>	Assistance to women – victims to human trafficking
<b>The Centre for Women’s Rights</b>	Steps for the benefit of women, particularly, the protection of women against violence
<b>Tada</b>	Steps to counteract HIV/AIDS
<b>The Campaign Against Homophobia</b>	Actions to counteract discrimination against lesbians, gays, bisexual persons and transvestites
<b>The Centre for Women’s Promotion</b>	Steps to promote women on the labour market
<b>Integration</b>	Actions for the benefit of the disabled

## 2. The Family and Child’s Care

The division of the children’s care between the Health Ministry (children under 3 years of age) and the Education Ministry (children over 3 years of age), established after World War II, survived practically unchanged till the end of the 1990s. The placing of substitute care in the educational system was one of the fundamental reproaches formulated by both theoreticians and practitioners. They raised the institutionalization of substitute protection – a view prevailed that the upbringing at an educational institution is better than upbringing in a dysfunctional and pathological family. The taking away of a child from such a family and sending him/her to the educational institution in principle com-

pleted the procedure and the family was not entitled to assistance and the separation of the child was an obvious fact. This taking away was often treated as a peculiar punishment of parents for their educational neglect. Thus, educational authorities did not deem it necessary to do work in a family milieu, accepting the falsely viewed primacy of the child’s benefit. The related persons were appointed as foster-families. These were most often grandfathers, often grappling with their own unsolved problems, unprepared to play the role of foster-parents and subjected to control very rarely. The child received assistance with a delay, family problems were diagnosed in principle in the school age. It was often too late for school educators and social workers to take effective steps. Thus, the 1999 administrative reform somehow released the reform of substitute care and became its catalyst.

### Reform of the system of substitute care

The administrative reform aimed at decentralizing the state functions in tune with the principle of subsidiary. It consisted in limiting central power for the benefit of increasing local government. As it was necessary to redefine tasks of the newly set up local government bodies, the originators of the reform started re-examining most areas of social life. Like in the case of social assistance, this contributed to the formulation of new assumptions for tasks and to a considerable broadening of their scope – by transferring the system of the child’s upbringing from educational institutions to a family. Now, the key assumption of the new system of the family and child’s care was the primacy of bringing up a child in a family over institutional upbringing. The originators assumed that the most important line of the changes would be the systematic limitation of the number of protective and educational institutions for the sake of supporting family and the family forms of substitute care.

The all-round system of support for the family in a local milieu, based on cooperation of many entities, both public and non-governmental ones, was to become the basis of the new system. The originators of the new system stressed the importance of preventive actions, giving advice, early intervention and psychological and pedagogical support as the need arises. These actions were to result in decreasing the number of cases of putting children outside their families.

Social work with families was to be continued also in the case of putting the child outside the family and it was to aim at the child’s return to the family milieu, the most favourable for his/her development.

The originators of the system assumed that should the separation from the family milieu become necessary, foster family would be the best possible milieu for the child. They also postulated the development of the unrelated foster and the child-not-related

professional families. Protective and educational centres were to be both the last and the final link of the system. The stay outside the family, in every form of substitute care, was to be temporary and assistance was to aim at the child's return to his/her natural family. Every form of substitute care was to provide the child with an opportunity to maintain permanent contact with his/her natural family. The authors of the system expected to improve the quality of the system of substitute care by defining requirements for foster parents, by introducing training sessions and by systematically supervising their functioning. As for protective and educational centres, this goal was to be achieved by introducing the standards of care and education and the standard of services based on individual work with the child, by ensuring contacts with his/her natural family and by reducing the number of children in the centres.

### **The tasks of social assistance after the reform**

A new chapter entitled "The family and child's care" was introduced into the law on social assistance. In tune with the assumptions of the reform of the system, the legislator stressed that the child and the family were the carriers of rights as well as emphasized the child's right to be brought up in a family, establishing the primacy of the forms of family substitute care when it is necessary to put the child outside his/her natural family. The implementation of the goals of the reform was entrusted to the commune and to the county and although the main task – supporting the family in its milieu – was entrusted to the commune, the county is viewed as the entity responsible for the system of the family and child's care.

The law on social assistance defines the forms of assistance to the family and the child in the following order:

- » the family counselling centres,
- » the family therapy viewed as psychological, pedagogical and sociological actions aiming at restoring the abilities to perform its tasks to a family,
- » social work,
- » ensuring care to children outside the family.

The order of the forms of assistance is very important in this respect and in keeping with the assumptions of the reform. The legislator clearly pointed to assistance to the family in its milieu as to its main forms. He further specifies entities that should give assistance to the family in its milieu:

- » a specialist prepared to work in a local milieu,
- » protective and educational centres that provide daily support,
- » other entities whose actions give support to child and family.

The legislator divided duties concerning giving assistance to child and family between the commune and the county. The commune's tasks include: social work, maintaining and ensuring places in protective and educational centres of daily support or in protected flats, the creation of the commune's system of prevention and of the child and family's care. Besides, these tasks include: the creation of the communal system of counteracting violence in a family, the running of counselling centres and undertaking intervention to counteract violence in a family, the preparation and implementation of the programmes of protecting victims to violence in a family and running communal support centres. On the other hand, the county's duties include: running specialized counselling centres, organizing care in foster families, organizing and running adoptive and protective centres, round the clock protective and educational centres, running and financing the process of making the alumni independent and running crisis intervention centres. The county is also obligated to set up and run the centres of support for victims to violence in a family and to run specialized centres of support for these persons.

Thus, assistance to child and family has been divided into the community assistance, aimed at supporting family by social work, offering assistance in the case of violence in a family, aimed at taking various preventive actions organized by the commune, and into the system of substitute care, for which the county is responsible. The exception in this respect is the running of specialized counselling, for which the county is responsible. At the same time, the law on social assistance does not introduce the mechanisms of cooperation between the commune and the county, limiting itself only to obligating the county to professionally train and upgrade social assistance cadres from the county's terrain and to run methodical counselling for employees and heads of the social assistance organizational units.

### **The beginnings of the functioning of the new system**

Most tasks concerning the family and child's care have been entrusted to the county and more precisely to its organizational unit – the county's family assistance centre. In the period before the reform, the social assistance system was made up of the two cells: the communal social assistance centre, that is, an organizational unit of the communal local government and of the provincial team for social assistance, a government administration unit on the provincial level. The legislator assumed that in connection with doing away with most provinces, the cadre of the provincial social assistance teams would be employed in the new county family assistance centres, now being set up. The provincial social assistance teams employed on the average about twenty persons. Thus, if five counties were set up in a province, one can easily count that each of them could employ on the average several former staffers of the provincial social assistance teams. The situation was much worse in the "big" provinces, that is, in these that remained as a result of the reform. It is exactly in these provinces where regional social policy centres were

set up and it is exactly there where departments in provincial offices were set up. These centres and departments were also to be staffed with the cadre of the former provincial social assistance teams.

As can be seen, the beginnings of work of the county family assistance centres were very difficult, all the more so as the authors of the reform did not at all consider the tasks taken over by social assistance concerning the family and child's care. Therefore, the county centres had to carry out these tasks having the cadres not entirely prepared for implementing these tasks. Most of these staffers started performing tasks in this area with a delay, concentrating at the beginning on taking over documentation from educational institutions and on organizing their own institution.

As many as 2,919 persons were employed in the county family assistance centres in 2001. This number included seventy-four specialists and senior specialists in working with a family, that is, on the average, every fifth county employed a staffer professionally trained to work with a family.

In the next years, the number of employees increased fairly swiftly – already after a year it grew by 521 to reach the number of 4,674 in the year 2008, that is, by 62 percent higher as compared with 2001. The number of experts and senior experts in the work with a family increased equally swiftly – in 2008 it was higher by 78 percent than in 2001.

In their initial period of work, the counties were developing the forms of assistance in the milieu, and this work assumed the character exceeding the counties' area. However, this kind of activeness has been decreasing over time and starting to increase for the benefit of substitute care and for making the alumni independent (the growing number of protected flats). The actions supporting the new system of the family and child's care were addressed to the counties. The authorities introduced the system of training both on the central and the provincial levels. The main steps focussed on developing upbringing children by foster parents – that is, on preparing coaches and families to perform their functions, on exercising supervision and on giving support to foster families as well as on developing non-related and child-not-related professional families. The appropriate authorities improved the quality of round the clock protective and educational centres by introducing the duty to attain the proper standard, by developing the system of supervision exercised by the voivode, by shifting the educational institutions' orientation from concentrating on a child to focussing on supporting his/her contacts with a family and on preparing him/her to return to the family milieu. The progress in the reform is monitored and sized up by the institutions obligated to do this, but also by social scientists – which resulted in the preparation of a number of analyses and elaborations, most of them at the Institute of Public Affairs.

### **The county's most important social assistance tasks include:**

- » preparing and implementing the county's strategy of solving social problems, with a special regard to the programmes of social assistance, supporting disabled persons and other persons, aiming at the social integration of persons and families, belonging to the special risk groups,
- » running specialized counselling centres,
- » organizing care in foster families, granting funds to subsidize the costs of maintaining children put in these families and paying wages to these families that are ready to accept a child or because these child-not-related professional and foster families take care and bring up such a child,
- » ensuring care and upbringing to children entirely or partially deprived of the parents' care, particularly by organizing and running adoptive and protective centres, protective and educational centres for children and youth, including the daily support centres whose range of operation exceeds the commune as well as preparing and initiating programmes of assistance to the child and family,
- » covering the costs of maintaining children living in a county, put in round the clock protective and educational centres and in foster families as well as in another county,
- » granting money assistance to become independent and to continue studies to persons leaving round the clock protective and educational centres of the family and socializing type. This money is also granted to persons leaving social assistance homes for intellectually disabled children and youth, to persons leaving homes for mothers with the under age children and pregnant women, to persons leaving foster families and hospices for the under age persons. This money is granted also to persons leaving young offenders' homes, special school-educational centres, special educational centres and youth socio-therapy centres ensuring round the clock care or to persons leaving youth upbringing centres,
- » offering assistance promoting integration with a milieu to persons having difficulties in getting adjusted to life, giving assistance to youths leaving round the clock protective-educational centres of the family and socializing type, to persons leaving homes of social assistance to intellectually disabled children and youth, leaving homes for mothers with the under age children and for pregnant women, offering assistance to youths and children leaving foster families and hospices for the under age people, providing assistance to persons leaving young offenders' homes, special school and educational centres, special educational centres, youth social therapy centres ensuring round the clock care or youth educational centres and offering aid to people having difficulties in getting adjusted to social life,
- » providing assistance to foreigners who gained refugee status or supplementary protection in Poland and to these who have difficulties in getting integrated with a milieu,
- » running and developing the infrastructure of social assistance homes whose scope of action exceeds the commune and putting there persons directed to such homes,

- » running protected flats for persons coming from more than one commune and from county support centres, including from homes for mothers with the under age children and for pregnant women, excluding community mutual aid homes and other centres of support for persons with mental disorders,
- » running crisis intervention centres.

**The government administration tasks, carried out by the county, include:**

- » assistance to foreigners, who gained refugee status or supplementary protection in Poland, concerning an individual integration programme and paying health insurance fees for these persons,
- » running and developing infrastructure of the centres of support for persons with psychical disorders,
- » carrying out tasks envisaged by the government social assistance programmes to protect living standards of persons, families and social groups and to develop specialized support,
- » giving assistance to foreigners covering crisis intervention,
- » financing the stay of the foreigners' children in round the clock protective and educational centres and in foster families,
- » performing tasks concerning the international adoption of children, including entrusting the carrying out of these tasks to entities running non-public adoptive and protective centres, assigned by the Minister of Labour and Social Affairs.

However, fundamental goals of the reform have not been reached. Neither did the number of children put outside their family decrease nor did the number of foster families increase markedly. We observe an increase in the number of children sent to live under substitute care, while the growth in the number of foster families, including the unrelated ones, is far below the planned target. There are many causes for this state and it is difficult to show a single dominant cause without systematic research. This elaboration aims to analyze one of the possible factors of the failure of the reform – the absence of support for the communes.



# FAMILY HOSTEL AND COMPLEX OF PROTECTED FLATS AS A PATH TO SELF-RELIANCE

*Rev. Stanisław Słowik, Diocesan Caritas in Kielce*

The list of operation goals and the list of tasks being realised by Kielce Caritas is very extensive. The most prominent or leading areas of its activity include operation of various types of welfare institutions, running of non-public medical institutions and tutelary and educational facilities, including extensive program of summer camps. Another important area of activity of Caritas Kielce is organisation of various aid actions, especially during instances of natural disasters and as emergency aid and long-term assistance for people that are extremely poor and experience social exclusion. The more specific area of our operation is social mobilisation and increase of number of people active in labour market involving victims of long-term unemployment and homelessness. It is noteworthy that the first non-public Centre for Social Integration was established as a part of structure of Caritas Kielce. Caritas Kielce with its first offices for activation of unemployed or attempts of social and professional activation was the pioneer of realisation of such tasks in Poland.

We should also mention the other activities that make up the broad spectrum of Diocesan Caritas in Kielce. There is also an extensive package of training projects aimed at improvement of vocational qualifications of people employed within structural framework of NGOs and trainings for unemployed, for people leaving agricultural sector and many other activities.

Caritas Kielce was among the first to promote social employment or social enterprise and carried out other activities increasing the number of socially excluded people in the labour market.

The reason for undertaking housing related activities were the dramatically frequently appearing requests for help in access to a dwelling place. These requests were made by our charges, the people living in Caritas shelters and by outsiders who before that were not our boarders but found themselves in situation where their housing was endangered or were homeless and were looking, at least temporarily, for some help from Caritas. The clear example of that are several cases when married couple or one or the other of the couple asked for help in finding some flat for their family. Unfortunately in situation prevailing 5 years ago when there weren't adequate solutions in our structure it was

necessary to divide such family, e.g. a father and older son were admitted to a shelter for men, while mother with younger children was sent to a shelter for women. If the social and legal situation of such family was correct, i.e. there weren't conflicts or violence then dividing the family for the sole reason of not having an adequate flat would be perceived as a kind of failure. It also puts such family in danger of weakening family ties and disturbs the family atmosphere. For that reasons we quickly started establishment of a hostel only when such possibility emerged.

The strong aspect of solution in form of protected dwellings is above all the formation of self-reliance of people admitted to these dwellings. As it was already mentioned the persons living in these flats are obliged to care for their dwelling place, its condition, cleaning or even painting its walls. Fulfilment of these obligations is periodically checked by an employee of Caritas who coordinates operation of these flats. They control the level of maintenance of these places, if they are well cared for or if they aren't vandalized. This way these people learn how to care for their property, for a good that the flat is. The more essential thing is to remind them about necessity of paying for rent, electricity and utilities. It means instilling a habit that the maintenance of the dwelling is a priority and that this expense can not be put off for later or that it is not important if someone have sufficient means for that or not. The other important previously mentioned element is preserving the freedom in one's life. Inhabitants of hostels and protected dwellings are independent users of their dwelling places. If these places operate as an organised system linked to the institution then of course there a need to adhere to rules of collective dwelling, of preserving proper atmosphere at home and sometimes the time of receiving guests has to be limited.

However in the case of hostel which constitutes completely independent complex of living places there are not any limitations concerning reception of guests or leaving the dwelling space. Nevertheless it is important to watch quiet hours at night and not to disturb the neighbours. In connection with that it should be emphasized that principally living in a hostel is based on short term contract. So there is some danger that if someone will behave improperly or won't adhere to the rules of harmonious coexistence then he / she can lose such dwelling quickly. This element is very important since: firstly, it enables to undertake quick intervention, to reprimand a troublemaker after one or two alarming situations and it is also a stimulus for taking these people to task. The other important aspect is learning them to be responsible for their own fate. It particularly refers to children brought up in children's homes, tutelary institutions and quite often to people brought up in broken families who lack habits of caring for their flat and thinking about securing their fate. Often tutors not quite entirely identify themselves with the future of their charges, usually they act according to short-term contract ending on reaching majority by young people. After this period a charge who does not meet the expectations is dismissed since there is no legal obligation to care for him/her. Because

of that a flat allowing for considerable self-reliance and preservation of autonomy and identity on one hand and demanding some reporting or accounting for justified use of this self-reliance by this young person on the other hand is an ideal school of life which after several years may contribute to development of very positive habits.

In connection with specificity of Caritas activity in this area or with something that can be called an original program of Caritas concerning support through protected dwellings, we have to emphasize some elements of this program. The first such element is undoubtedly the correct recruitment of beneficiaries of housing project. Certainly it is not possible to allot such flat to any person who asks for that since the number of flats is considerably smaller than the number of applicants. Because of that there is a need to select families and persons who need it really badly and who positively have to be helped most. Certainly an attempt to get to know the family or requirement of some kind of recommendation should be considered. This should allow to avoid failures of various kind caused by the fact that the person negotiating terms of renting hostel or protected dwelling usually promises everything but later the problems emerge – usually they are related to drug addiction or alcoholism. In such cases a difficult decision has to be made about removal of such person and possible compensation for damages this person caused. In order not to allow for this to happen it is necessary to scrutinize persons applying for flat already in recruitment stage. Quite often we consciously and purposely offer temporary living in a hostel or some other facility in order to know such person better and to become convinced if the process of becoming self-reliant in case of this particular person is promising. In situations when there is no possibility to vet the person in advance we try to refer to opinions or recommendations of representatives of local government or parish, people who know this person and may in a way guarantee his/her proper behaviour.

The next important question concerning assistance program is the role of social worker or person supervising beneficiaries who live in protected dwellings. It is a key element since if this supervision is insightful, systematic and responsible then it allows to detect even the most minute symptoms causing risk of improper management of dwelling, payment arrears or bad habits and being the centre of so called dangerous company which may become a burden that “pulls down” this person. The insightful supervision enables quick reaction and breaking this alarming process. Even in situation when the beneficiary’s personality isn’t strong enough to guarantee that there is no risk the regular assistance through stimulating and supportive activities create possibility to correct this person’s behaviour, to change its attitudes and to shape its conduct in a way that is expected and in agreement with the intended program.

The other important element we already discussed before is orientation towards attitudes of being responsible for the person’s own life. It is an essential directive or

a goal of the program of protected and hostel dwellings. Nevertheless it is important not to content ourselves with mere expectations but to really support activities of a beneficiary while he/she benefits from Caritas’ help. In this context the other element should be emphasized. This element – so called economic training – for some may seem an intervention that is going too far. It may be realised in several ways, in most cases it is an individual conversation with a person responsible for a particular dwelling. In some cases there are also group meetings during which an adequately prepared trainer talks about principles of family budget management. There are two essential elements of economical training:

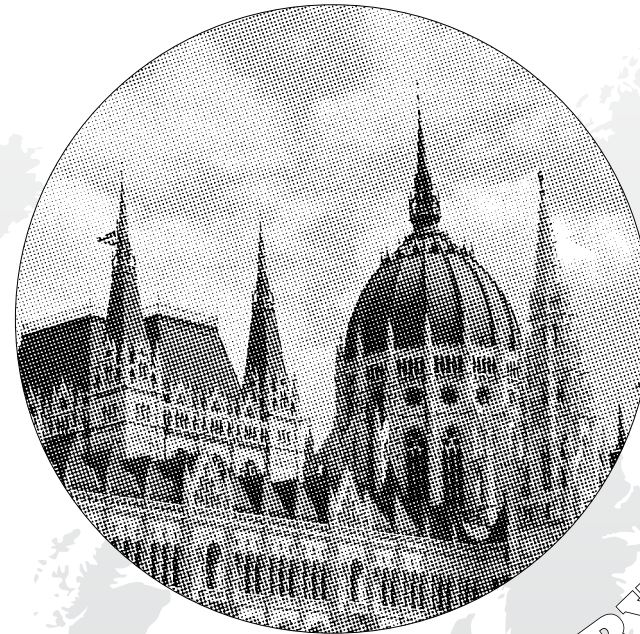
- » firstly, planning of monthly budget or joint definition of goals that are the most important in the next month and for what particular budget items the money from the income expected for this month have to be set aside,
- » secondly, definition of facultative, not necessary expenses,
- » thirdly, the expenses that can be entirely eliminated or set aside as the least necessary, which will be realised only when the family will have sufficient means. This is the planning stage. However, the second dimension of economic training is the stage of checking the execution of the plan. After one month a meeting with the family should be called in order to monitor and account for all expenses. The first question seems to be: if planned for the particular month income was reached and to look for reasons if not, what was the cause of erroneous estimation of the income during the planning stage. However, if the expected income was exceeded than it may be treated as a success and we can look what expenses set out as facultative were realised as the first ones. The biggest problem is when at the end of accounting period we see that there were realised non-planned or not priority expenses while these most important, referring to maintenance of the flat were put off for later. In such case planning the budget for the next month with some budget items being doubled is much more difficult. Nevertheless it is much better situation than a case of arrears involving several months, when without some serious assistance or additional sources of financing it is impossible to support family and continue living in such flat. Because of that a condition and chance for success of this undertaking is proper supervision, monitoring of persons living in protected or hostel dwellings.

At the end we’ll present some solutions we were talking about previously with reference to particular locations. As the most far reaching solution in the Caritas structure we consider a hostel for families in the building of former workers’ hostel of the Quartz and Dolomite Mine in Wiśniówka by Kielce. There are 9 independent flats of 26 to 38 square meters of floor surface. Usually there are flats consisting of two living spaces (rooms), large hallway with kitchen and full dimensional bathroom with shower and full sanitary central unit.

The other solution is a complex of protected dwellings organized at the House of Social Help and the Neighborhood House of Mutual Help in Świniary in county of Solec Zdrój which was put into use in 2010. This undertaking becomes a part, as the name alone indicates, of the chain of systemic solutions. This institution since its very beginning was intended for people with mental disorders and persons after long-term hospitalization. The persons admitted to this supportive institution after many months spent in a psychiatric hospital may use assistance either exclusively in a day-care system (it refers to people living near the institution) or may use a hostel of the Neighborhood House of Mutual Assistance. In such case an intensive therapeutic process is realized for one or two years in order to verify whether this person is really making a progress and is able to live independent life. If there is no such prospect then the reclassification follows and the person is sent to the House of Social Help. In such situation we have to take into account a long-term stay in institution providing care for 24-hours a day. If, on the other hand, a progress is evident and there are prospects of self-reliance then such person is transferred to protect dwelling where he/she can continue to learn how to run self-reliant life. It has to be said that during 10 years of activity of this institution there were at least several cases when persons after two or three years spent in psychiatric hospital, some of them fully legally incapacitated, returned after therapy to their neighborhood and were able to start families and to live independently. Such individual examples prove that possibility healing process and process of development of self-reliance are possible. Because of that this facility was enlarged by building a complex of protected dwellings which can accommodate up to 20 people. It consists of 14 flats which give great chances for shaping practical self-reliance, depending on how they will be used.

The other important element constitutes differentiation of people living in this complex – from already mentioned quite well of families which will be able to buy flats to families with very low income who realize program of leaving homelessness or program of breaking stereotype of social exclusion. The goal is to avoid creation of a ghetto and not to concentrate in one place too many persons burdened with various life problems. Combining these different functions in one living area gives chances for greater integration and for greater differentiation of the complex. We believe that it will improve chances for re-adaptation and successful therapy of persons admitted to protected dwellings and hostels with purpose of developing proper attitudes towards independent dwelling.

(text has been shortened by editors)



HUNGARY

# OVER-INDEBTEDNESS AS A THREAT ON THE INTEGRATION OF FAMILIES IN HUNGARY

Tamas Gyuris, Izabella Márton, Magyar Szegénységellenes Hálózat

The problem of increasing indebtedness is not a Hungarian phenomenon; at present in Hungary the outstanding loans of the population and their consequent indebtedness towards financial institutions are far below the Western-European average. It is quite evident, however, that indebtedness is continuously increasing; tendencies show that both indebtedness and over-indebtedness have become a serious problem of the near future in our country, also. At the same time, in Hungary the means to handle this problem are missing. While in other countries of Europe a sound system of institutions to deal with the problems connected to the indebtedness of the population has been created and these institutions have a functioning European network; in our country a series of questions related to this topic has only recently been put on the agenda. These are:

- » lack of availability of low sum, low interest loans for people living in poverty (lack of banks for the poor). Practically there is no central regulation to limit interest rates. As a result, there can be constructions in Hungary (like the ones offered by Provident), which abusing of the inaccessibility of other loans for large groups of persons living in poverty, set much higher interest rates than those accepted in the market,
- » the problem of usurer's loans affecting primarily those who live in the most disadvantaged regions of the country is getting more and more serious, and it is partly due to the lack of other accessible loans (provided by financial institutions). We can hear about usurers' practices from all over the country, but the problem affects particularly the villages (settlements) inhabited by poor people. Although this problem has received relatively wide media coverage recently, and certain steps have also been taken (mainly from the part of criminal legislation), we must acknowledge that as long as no convenient and accessible financial means are available, there will be people who, because of their situations, are compelled to resorting to usurers' loans,
- » the low level or complete lack of financial knowledge is to a great extent conducive to the indebtedness of the population. As in previous decades, basic knowledge on managing money, economy and market functioning are still missing from school curriculum. Among so many adult learning possibilities one can hardly find any that would recoup that missing knowledge, or would provide information on accessible services, basic rights, consumer protection, etc. in order to reduce the financial defencelessness and exclusion of people,

- » as we mentioned earlier, so far in Hungary neither a system of institutions nor a legal framework have been created to deal with the problem of indebtedness (e.g. we do not have the institution of private bankruptcy available in many Western-European countries). At present only the social service and welfare system is offering certain kind of help within the framework of a debt management service. This kind of financial support combined with counselling is limited to debt settlement of public utilities,
- » moreover, there are no services to help debtors with legal advice or legal representation in case of disputes with financial institutions or public utility service providers. At the moment, the consumer protection institution system does not seem to respond to these demands either,
- » last but not least, we can mention the low level of consciousness and corporate social responsibility of financial institutions. It is not only the financial constructions that are missing, it is also hard to find easily understandable and user friendly brochures and information material for the public.

Over-indebtedness as a phenomenon can be divided into two main groups in Hungary: the housing related and the credit related over-indebtedness.

## Housing related over-indebtedness

The Social Act has regulated the so called home maintenance support since 2004. The benefit is granted by the local municipalities on the basis of individual requests. The main conditions for the support are low income (the income threshold is 42 750 HUF per person per month which is approximately 150 EUR) and that the cost of housing exceeds 20% of the monthly income of the household. 200 000 families got home maintenance support in 2004. It meant 6 billion HUF (appr. 22 million EUR). The number of recipients increased to 350 000 in 2009 and the amount dedicated to 19 billion HUF.

The local municipalities get the 90% of the amount spent on home maintenance support from the central budget. The 19 billion (spent in 2009) meant the 0,1 per cent of the total state budget. Compared with the EU average which is 1 per cent it is clear that Hungary spends very small proportion of its financial resources on this form of supporting the housing costs of citizens.

Besides home maintenances support there used to be and there are different supporting measures. People get some subvention on the price of gas with different conditions from time to time. 2 million households could access to the subvention in 2006. This number meant almost the whole population with gas connection. The state spent 165 billion HUF (0,5% of GDP) from the central budget on this purpose. After some restriction in the regulation the number of entitled families reduced to 1 million in 2008. Although it was

planned to be ceased the government has just decided to keep gas price subvention until the end of 2010. It is still a question what will happen to this measure.

Although the existing but limited measures many families are unable to cover housing related costs. 300 000 families (8–10% of all the consumers) had arrears in 2003 and 600 000 families in 2009 (15–20% of consumers). More than 100 000 families got into arrears more than one year ago. The total amount of all the debts (gas, electricity and district heating) is around 60–70 billion HUF (222 million EUR). This amount is 3–4 times higher than the total amount of home maintenance support granted in 2009.

### **Credit related over-indebtedness**

Evidently the main reasons why people take up loans in Hungary are to make a home (to buy or the build one) or simply to consume. The amount of the credits taken up by households reaches the 40% of GDP. 60% of the credits have been taken up in Swiss Franc. The economic and financial crisis and the weakening of the HUF caused 20–30% raise in the amount of instalments. The amount of monthly installments reaches the 20–25% of the monthly income of families with credits. There are 5 700 000 credits hold by households now (the number of households with credits is 4.000.000). 27,2% of all the credits are not paid in time. What is more shocking is that 641 000 households have serious (longer than 90 days) default. This number increased by 50% in 2009. This serious default concerns the 7,5% of all the credits (as it's proportion doubled in 2009).

The numbers show that the serious default is more common among the smaller loans, which are hold by families with low income and without reserves. Thousands of properties are affected by execution now, where families who are unable to pay, live.

The conditions for granting a credit became stricter from 2010; banks are obliged to examine credit standing (before almost everybody could get a credit, even those who had defaults). The narrowing of the irresponsible lending has two consequences: less credit with serious problems and less credits for people with low income. Which means that families with low income will not be able to get a home or housing (there is a lack of tenements, 90% of flats are lived in by owners).

### **The existing debt-management system is unable to handle the problems**

Cities with more than 40 000 inhabitants are obliged to provide debt management procedure.

This service can provide support only in case of debts related to housing (but not to consuming – even it may threaten housing). As poverty is concentrated to small villages it is clear that many of potentially entitled families are excluded from this measure. This procedure was started to handle debts related to housing costs (gas, electricity, district heating) and is clearly inadequate to handle debts related to mortgages.



## **CONCLUSION**

**Project "Support for integrity of families endangered by social exclusion and their place in changing Europe" was faced to exchange of experiences, mutually education of social services providers and multiplication of effective methods protecting integrity of social services in Visegrád four countries. The success in convincing of importance of social services for families endangered by social exclusion will influence next democratic step in development of society in integrated Europe.**