

Organisation and Role of Social Services for Selected Groups of Beneficiaries of Social Assistance on the Example of Poland

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Abstract

The development of social services in the twenty-first century due to the dynamic progress of the investment and activating policy. The society of the 21st century is a society of services as most of the workplaces are created in the service sector (public and community). This means that at least 50% of working people reach incomes from working in services. Thus, on the one hand, more and more people are employed in services, on the other hand, more and more services are consumed by households. Its characteristic feature is the principle of ‘una actu’ which means the production and consumption take place at the same time and place as a result of the same action. The purpose of this publication is to present all issues related to social services – definition, role and relevance, innovative theoretical approaches, organisation by government and non-governmental entities and, on the example of polish solutions, their application to selected groups of beneficiaries of social assistance, i.e. unemployed persons, addicts, old people, refugees, victims of domestic violence.

Keywords: social services, social assistance, unemployed persons, addicts, elderly, refugees, victims of domestic violence.

Résumé

Le développement des services sociaux au XXIe siècle en raison des progrès dynamiques de la politique d'investissement et d'activation. La société du XXIe siècle est une société de services, car la plupart des lieux de travail sont créés dans le secteur des services (public et communautaire). Cela signifie qu'au moins 50 % des travailleurs ont un revenu en travaillant dans des services. Ainsi, d'une part, de plus en plus de personnes sont employées dans les services, d'autre part, de plus en plus de services sont consommés par les ménages. Sa caractéristique est le principe de « na actu », ce qui signifie que la production et la consommation ont lieu en même temps et lieu à la suite de la même action. Le but de cette publication est de présenter toutes les questions liées aux services sociaux – définition, rôle et pertinence, approches théoriques innovantes, organisation par gouvernement et entités non gouvernementales et, Sur l'exemple des solutions polies, leur application à certains groupes de bénéficiaires de l'aide sociale, c'est-à-dire les

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chômeurs, les toxicomanes, les personnes âgées, les réfugiés, les victimes de violence familiale.

Mots-clés: services sociaux, aide sociale, chômeurs, toxicomanes, personnes âgées, réfugiés, victimes de violence familiale.

Rezumat

Dezvoltarea serviciilor sociale în secolul XXI datorită progresului dinamic al politicii de investiții și activare. Societatea secolului XXI este o societate de servicii, deoarece majoritatea locurilor de muncă sunt create în sectorul serviciilor (public și comunitar). Aceasta înseamnă că cel puțin 50 % din persoanele care lucrează obțin venituri din munca în servicii. Astfel, pe de o parte, tot mai mulți oameni sunt angajați în servicii, pe de altă parte, tot mai multe servicii sunt consumate de gospodării. Caracteristica sa caracteristică este principiul „una actu”, care înseamnă că producția și consumul au loc în același timp și în același loc ca urmare a aceleiași acțiuni.

Scopul acestei publicații este de a prezenta toate aspectele legate de serviciile sociale – definiție, rol și relevanță, abordări teoretice inovatoare, organizarea de către guvern și entități neguvernamentale și, pe exemplul soluțiilor poloneze, aplicarea lor la grupuri selectate de beneficiari de asistență socială, adică șomeri, dependenți, bătrâni, refugiați, victime ale violenței domestice.

Cuvinte-cheie: servicii sociale, asistență socială, șomeri, dependenți, vârstnici, refugiați, victime ale violenței domestice.

Introduction to social services

Social services can be defined as an essential form of social assistance from one private individual to another, referring to difficult situation, and to criteria and method means of leading a satisfying life.

The current state of knowledge indicates that all the definitions of „services” are linked to the activities to satisfy human needs while they are not related to the direct production of items.

In this context, services feature is immaterial (nonsensuous, which cannot be displayed or stored) supply and consumption connection by the limited time availability of the service, whether the limitations in increasing the scale of services, the non-uniformity (a specific form of service depends on who is doing the passes), instability (services cannot be stored, the offer of services is dependent on the current capacity of the servicing entity) and the inability to buy the services of their own. What are social services?

The first proposal makes interpretive exhibit in the definition of social services perspective needs. Social services should then be treated as a multi-dimensional and multi-sectoral offer awaken, control and / or satisfaction (or support in satisfying) the needs of „higher” and „lower” row on individuals and groups. It should be recognized that this is a way of interpreting the essence of social services, based on the essence of social policy defined by the concept of „needs”.

The definition is based; that „[a] well-being and social security, and human rights is difficult to think without (...) human needs.” Social services - a key term

for social policy - it is difficult to be understood in isolation from the needs of individuals and groups. In this spirit, the literature points to the following characteristics of social services (Junczyk & Thiessen, 2013, p. 377):

- are actions taken directly to satisfy human needs and not rely on the production of material goods,

- serve to satisfy the needs of individuals and families, but their quality and availability have an impact on the functioning of the broader community and social groups,

- may be financed, organized and delivered by both public and private,

- derived not equivalent, partly or full payment.

Firstly, commenting on the mentioned features, it is a direct, independent or interdependent with the beneficiaries of services, creation of material goods by the service provider, but with some exceptions - such as social housing, distribution of free drugs through corporate foundation in the pharmaceutical industry. Secondly, we would recognize that it is important to expect the same impact on the wider community as a basis for action, which in itself does not determine the action that focuses on the individual as the content of social services. Thirdly, it is worth emphasizing that today interdependence between private and public sector with emphasis on the role of civil society, which is often intertwined measures and organizes the service.

Staying within the meaning of social services from the perspective of „needs” acknowledges that the real division of social services are:

1. economic functions:

- reproductive function (improving the quality of human capital as a factor of production)

- motivating function (consumption of social services to improve the quality of work, as it increases consumer aspirations)

2. social and humane functions:

- keeping a human in good health conditions,

- expansion of his knowledge and skills,

- stimulation of spatial mobility and social mobility of individuals,

- shaping and dissemination of new needs,

- influence the value systems of people, their motivations and behaviours.

This diversity of services may be included into four major functional clusters (Evers et al., 2013, p. 42):

- a- services directed at people (healthcare, welfare, education and teaching, accommodation services)

- b- services directed at businesses (real property, renting, business support)

- c- communication services and markets (trade, credit and insurance industry, communication, and information)

- d- Provision of public infrastructure and administrative (public administration, defence, social security).

A characteristic feature of the service sector is the fact that it is based mainly on employed women who accept work with family life. This requires flexible working hours, different forms of employment regulations.

The social services is undoubtedly bound up with the needs and social problems, thus generate the growing preference for new services which shall be construed as ‘ a part of social policy, designed to improve the status and capabilities of modern society’. In addition, they are an instrument acting against crises resulting from social processes of modernization and their development is seen as a response to demographic changes, individualization, migration and globalization (more in Evers et al., 2013, p. 16).

It should be noted that in modern Poland potential problems can be observed and diagnose many concerns about the quality of social services. Identified a number of problems in this area concerns:

1. Reading the stuff (challenges) of activation of the society as a framework for the creation of social services.

2. Definition of the purposes of the services (the primacy of the administrative and institutional goals over the substantive in the implementation of social services - this applies across sectors).

3. Multidimensional deception activities of services.

4. Disputes about the responsibility - the citizens of the state versus the concurrent deficits in a model of cooperation within and between public sector bodies, private and civil.

5. Discussing the problem of efficiency versus effectiveness of social services (efficiency „economic” and „social”) - particularly important for social policy.

Finally, **the second proposal of the social services interpretation makes them involved in social prevention and treatment as a base for social policy.** Social services in this regard is a multisectoral offer enables individuals and groups to increase opportunities for additional resources, very commonly contact with the institutions of social life and realigning the opportunities to enjoy the rights. If, therefore, we find the threat of „deep” poverty (understood objectively and measured in an absolute way) and / or social exclusion are the main problems, advisable definition captures the essence of social services for the first of the identified problems (here are important services that increase resources) and the second problem (resources + participation + rights). As outlined issues in the above definitions:

1. creation, control and satisfy the needs and

2. increasing the resources available to the institutions and the possibility of exercising rights in practice lead to a transformation based on responsibility, which we consider to be the essence of the subject which offer social services (Gagacka et al., 2019, p. 28).

The organization of social services is subject to the subsidiarity principle and is derived from the fundamental principle of „help for self-help.” It is characterized by priority to assist the individual in the family, and if the family

members cannot help to each other, different non-governmental organizations and local bodies implementing social policy are considered.

Researchers of the social services issue indicate different approach of social services „division”. Based on the two possible sides of social services, it can be concluded that these services are divided into: 1 / stimulation and control of needs; 2 / satisfy the needs (and help in satisfy the needs) and are realized in the following areas (fields) (more in: Evers et al., 2013):

- social security (social services - including public and social housing services),
- upbringing/education/ professionalism (educational services - including rehabilitation, training services),
- protection and promotion of health (health services and health education, sanitation and treatment - including psychological, psychiatric and rehabilitation),
- culture (culture services),
- sport and leisure (leisure services).

The Alfred J. Kahn and Sheila Kamerman offer two ranges of social services (social services):

- **Range 1/** services, which due to the large scale and complexity granted autonomy, and therefore are not often considered as part of social services (education, health, public housing construction),

- **Range 2/** other social services, is an area with smooth borders and covering both programs „independent” (public childcare, family support) as well as those located in other institutions (schools, social work, social work in health care, social services housing programs, assistance programs in the workplace, etc.)

The social services include:

- service Activation,
- social and professional reintegration,
- services of the social economy,
- nursing services,
- health care services.

Table 1. Social services in the selected social areas

AREAS	SOCIAL SERVICES
Disease	Health care, public health, safety and hygiene, nursing and care
Disability	Rehabilitation: vocational, social, pedagogical, psychological and home care
Elderly	Help with daily functioning, nursing and care
Family member's death	Holding a funeral, psychological help

AREAS	SOCIAL SERVICES
Family, children	Education, family counselling, foster family, nursing and care
Unemployment	Job intermediary, career counselling, training, education
Housing	Providing shelter for the homeless, cut rents
Social exclusion	Social work, rehabilitation

Source: Own study Nowadays, bodies implementing social policy often benefit from the support of a civil society (NGOs - non-governmental organizations) and the market for the production and delivery of social services.

They should be primarily used in the areas and sectors of the labour market, family policy, early childhood education and care, social work, care for the elderly, people with disabilities, social services aimed at the public and in the household. The project aims to prove that the social services sector will be the largest area of job creation, and will be in great public demand for such services.

Below have been analysed services offered in Poland for selected social groups.

1. Social services for the elderly

The number of people aged 65 and over is growing invariably. While in 1990 older people accounted for just over 10% of the Polish population, the share of this group in the total population increased to 17.5% in 2018. In 2025, people aged 60 or over will be over 19 million and will make up almost 28% of the country's population.

These demographic trends pay particular attention to three fundamental social characteristics of old age: firstly, the feminisation of old age, which means a greater share of women than men over the years; secondly, the associated singularisation of old age, which means the emergence of single-person households mainly run by single women in old age; thirdly, longevity, which represents challenges concerning the quality of life in old age, especially late, lonely and often infirm old age.

These characteristics of the ageing of the population require the construction of a senior policy which, in a way that combines the various elements of social security as comprehensively and prospectively as possible. This is particularly concerned with the compatibility of schemes such as social assistance, health care (including geriatric care) and an adequate pension scheme that is not subject to political fluctuations. At the same time, all co-organisers, both government, government and non-governmental and informal support networks (including neighbourhoods), need to work together to shape systemic care and support for the elderly, both the needs and the views of the persons concerned. Research „PolSenior” shows that with age” (...) new health needs arise, associated not only with the progressive restriction of independence, but also multi-disease. It is necessary to ensure that this group of persons has access to services which family or informal carers are unable to provide, such as specialised care services.' (Mossakowska et al., 2012, p. 17).

In Poland, institutional social services are mainly provided for the elderly. The Polish Act of 12 March 2004 on Social Assistance (Journal of Laws of 2016, item 930, as amended) as institutions providing services to the elderly lists social welfare homes, daily social welfare homes, family social welfare homes.

Table 2. Institutional services provided to the elderly

Type of service	Form of service
1. Living	a) providing a place of stay, b) food, c) clothing and footwear, c) maintaining cleanliness.
2. Caring	(a) assistance with basic life activities: where necessary, assistance in dressing, eating, washing and bathing, (b) care, including care during illness and in the use of health services, (c) hygienic care, d) necessary assistance in handling personal matters, assistance in purchasing clothing and footwear, e) contacts with the environment, including the organisation of leisure time.
3. Supporting	a) enabling participation in occupational therapy, b) improving the efficiency and activation of residents of the house, including in the field of supportive or alternative communication in the case of people with problems in verbal communication, c) enabling the satisfaction of religious and cultural needs, d) providing conditions for the development of self-government of the inhabitants of the house, e) stimulating the establishment, maintenance and development of contact with family and local community, f) actions aimed at empowering residents of the house, if possible, g) ensuring the safe storage of cash and valuables, h) financing to a resident of a house without his own income expenses for essential personal items, in the amount not exceeding 30% of the permanent allowance, i) ensuring the rights of the residents of the house and ensuring that residents are available to information about these rights, j) smoothly lodge and arrange for complaints and requests from residents of the house.

Source; Own study on the act on social aid, art.68 and Regulation of the Minister of Labour and Social Policy of 23 August 2012 on social welfare homes.

The social assistance home may also provide care services and specialized services to non-residents (Article 55 Act of Social aid).

Given the diverse situation and the different needs of old people, the social offer should take into account two basic groups of seniors: the elderly, with a

high level of fitness and independence, and the elderly, whose level of fitness does not allow active participation in society. In relation to the first group – independent elderly people, the social employment offer relates to the scope of social policy benefits, implemented mainly at local level. Assistance of the social worker should include counselling, presentation of leisure and cultural, educational, recreational and integration-social activities.

All activities offered in the field of social work are intended to help the elderly find such fields of activity, develop their own capacities and interests that will promote the self-realization of older people, prevent their marginalisation and serve as long as possible health and social activity. On the other hand, for older people with limited activity and life independence, social work should be aid, support, compensatory and mobilising activities and, where necessary, care and care services.

2. Social services for the unemployed

Unemployment as a socio-economic phenomenon „consists in leaving a certain part of the working-age population ready to take it on the typical conditions of the economy” without work. It can be said that this is a failure to exploit the opportunities of human work. This has to do with reducing state influence and increasing spending on social benefits. The negative effects are much more noticeable and more difficult to accept for the unemployed person himself and his surroundings. These include, for example, financial difficulties, which can pose a serious risk of poverty, various social pathologies, a sense of exclusion from society, a build-up of frustration, the building of negative moods, a sense of stigma, a sense of alienation, a problem with the organization of free time.

As a psychological result of the problem of unemployment, the low self-esteem of the unemployed can be mentioned. A worse self-assessment is a worse assessment of the quality of one's life. The unemployed can no longer afford to lead a lifestyle such as before losing their jobs and thus to acquire goods associated with a high social position. This entails lowering the self-esteem of the unemployed, who can no longer afford to live a high level. Social services on the labour market are associated with active labour market policies.

There are many forms of support for the unemployed that the state offers. Due to the form of support, they can be divided into passive and active. Passive forms of support are primarily the payment to unemployed persons of various benefits and benefits aimed at helping the unemployed work on the day-to-day life. They are shielding, do not solve the problem of unemployment, but only allow for minimal existing. Active forms of support for individuals, on the other hand, are measures to help professionals find employment by the unemployed.

Their aim is to activate the unemployed and reduce the consequences of unemployment.

Several types of activation and professional integration of unemployed groups in particular situations on the Polish labour market can be identified.

These include training, intervention work, public works, socially useful work, apprenticeships at work, traineeships with employers, reimbursement of the cost of equipment or retrofitting of jobs for unemployed persons targeted at those places and measures to start a business.

All forms of activation and professional integration are aimed at restoring the unemployed to the labour market. Profiling of assistance for the unemployed is a new way of cooperating district labour offices with unemployed persons introduced by the Act of 14 March 2014 amending the Act on the Promotion of Employment and Labour Market Institutions and certain other laws (Journal of Laws of 2014, items 567 and 598). The aid profile is appropriate for the situation and needs of the unemployed person. The aim is to apply to the unemployed a form of assistance that best suits his current needs and situations. The profile of the assistance is established for everyone who registers with the district employment office.

And the profile of the assistance is aimed at people who are very active, motivated and, in fact, from the employment office expect only minimal support, which is limited to possible job proposals, placement. Under this profile, there are 10 forms of support that can be implemented over a period of 180 days.

The second profile is aimed at people who are active in finding work, want to work, want to develop and improve their professional qualifications, but due to the situation on the local labour market and the limited number of job vacancies, they find it difficult to find this job.

Profile III includes persons who have restrictions on taking up employment e.g. because of the care of young children, the elderly, the sick, have health restrictions, restrictions on commuting.

This third group also includes people who register as unemployed in order to have health insurance, but are not actually interested in taking up any work (they do not want to work). Since they are people without any motivation to work, there are only 6 possible forms of support for them, which can be implemented for the longest period of time, i.e. 100 000 employees. up to 720 days.

In this profile, the authority can apply m.in. Activation and Integration Programme, referral to employment supported by the employer, activation activities commissioned by the labour office, special programmes including instruments listed in the Act supplemented by additional services that can help in a sustainable return to the labour market.

Persons included in this profile may be employed in the social economy, i.e. in the context of a social economy. to work in a social cooperative set up by legal entities. Another service is an Individual Action Plan (IAP), which is prepared by a client's advisor with the participation of an unemployed or job seeker. The IAP shall be prepared no later than 60 days after the date of setting the aid profile. The Individual Action Plan shall include:

(a) activities that the employment office can apply to the unemployed person;

- (b) an action to be carried out on its own by an unemployed or jobseeker;
- (c) the deadlines for the implementation of the individual actions;
- (d) the form, planned number and dates of contacts with the client's adviser or other employee of the employment office;
- (e) the deadline and conditions for the completion of the IAP.

Aid provided under the aid profile on the basis of an individual action plan prepared with the unemployed shall be implemented by the employment office for a period of not more than:

- (a) 180 days for the aid profile I;
- (b) 540 days for aid profile II;
- (c) 720 days for aid profile III.

After drawing up an Individual Action Plan in line with the established aid profile, the unemployed or jobseeker signs the IAP Implementation Declaration, which commits to actively participate in the development and implementation of the Individual Action Plan.

The easiest way to activate is primarily motivated people, qualified, young, ambitious, who want to be directed to training. The hardest part is to help people who are undecided, have no professional purpose, no plans and no professional qualifications.

The most popular service in Poland for the unemployed is profile II. At the same time, it is the profile in which the greatest support is given to the unemployed in the form of all kinds of training, vouchers, funding of examinations, postgraduate studies, accommodation, travel to the job fair organized by the employment office. In total, unemployed people qualified for the Second Aid Profile can count on 36 different forms of support. On the other hand, the least favourable aid profile is profile III, where the employment office offers only 6 forms of support.

3. Social services for refugees

Refugees are a specific group of migrants due to the threat of persecution and the lack of guarantees of security and the protection of their fundamental rights in their country of origin. According to the definition of the United Nations High Commissioner for Refugees (UNHCR), a migrant is a person who cannot or does not wish to return to his or her home country or permanent residence for fear of persecution because of his religion, race, nationality, membership of certain social groups or political beliefs. (The Convention Relating to the Status of Refugees, article 1).

The most affected effect of immigration by host countries is the problem of immigrant adaptation. The great task for new arrivals is to have infrastructure for them: housing, health care, social benefits and educational action. In many cases, these structures do not meet local standards, leaving the integration of migrant workers (and their families) and refugees to face barriers. Social tensions are escalating, which in turn result in hostile reactions of society towards foreigners.

Conflicts are escalating in the common life of the local population and immigrants (Głabicka, 2014, p. 18).

It should also be remembered that in most cases they are people who come from a completely different cultural circle, and in addition have nightmarish transitions behind them. In order to become independent, these people have to learn to live again. This is a question of language, cultural, religious differences, habituation to another socio-legal order, or, often, the experience of long-standing lawlessness and violence.

The District Family Assistance Centre is the main institution responsible in Poland for the integration of refugees. It acts on behalf of a county whose own task is to help refugees who have difficulties in integrating into the environment. The task of the County Family Assistance Center is to coordinate all activities regarding the integration of this group of foreigners. It is also responsible for the implementation of individual integration programs (IIP), which are a task within the competence of the government administration commissioned to implement the districts and coordinated by the governor.

The aim of the IIP is to help refugees during their first period of stay in Poland in the form of social work with them or the necessary financial resources. According to the regulations, the District Family Assistance Center (DFAC) begins to provide assistance to foreigners after being granted refugee status and grants it indefinitely, that is, as long as it is needed if they do not cope independently in Poland. This assistance shall include:

- carrying out social work,
- providing psychological and legal counselling,
- support in establishing contacts with Polish society.

In order to enable the comprehensive integration of foreigners into the local environment, the DFAC cooperates with other authorities, institutions and NGOs in providing services, which can support them through the employment of foreigners, education of children and adults or health protection.

In accordance with the standards adopted in the DFAC, this unit, together with a foreigner, determines the various stages of integration (e.g. concluding a social contract after the end of the IIP), but also cooperates and coordinates the work of other services, such as labour offices, vocational training institutions, kindergartens, schools and universities, health institutions, social welfare centres, NGOs and other offices (e.g. municipal office or tax office).

In accordance with the Social Assistance and Social Work Act, social workers provide support to refugees during the implementation of the Individual Integration Programmes, which includes (Głabicka, 2014, p. 177):

- at check-in at the place of residence,
- in the making of a Social Security number,
- when registering with the employment office,
- in obtaining appropriate medical assistance (e.g. registration with a doctor),
- in registration with a medical clinic,

- in the handling of official matters,
- in the search for housing,
- in obtaining a disability certificate,
- when enrolling children in school or kindergarten,
- in learning Polish (referral to a course, motivating to learn, searching for volunteers to help you master the language),
- in organising clothing and household appliances,
- making a VAT number,
- in setting up a bank account,
- in obtaining family benefits or other assistance from social office.

Sometimes social workers also help foreigners find work and interact with employers, and even act as an interpreter during medical visits (Głąbicka, 2014, p. 177).

Particular attention and assistance should be paid to foreigners who qualify as 'particularly vulnerable', i.e. victims of psychological, physical and sexual violence, victims of human trafficking, pregnant women, families with children, etc. A social worker in contact with a person who has suffered violence should take steps to ensure his or her personal safety, to meet his or her psychological, health and social needs. It should also help her contact the legal aid organisation and take steps to initiate criminal proceedings.

4. Social services for people at risk of violence

The violence is defined as 'all non-random acts affecting the personal freedom of an individual which contribute to the physical or psychological harm of another person and which go beyond the social norms of human contact (Pospiszyl, 2010, p. 16).

It is most often indicated that violence, as a deliberate action of man, has the following characteristics (Gagacka et al., 2019, p. 124):

- it is always an intentional, intentional action, aimed at subjugating the victim;
- the cause of the violation of the rights and goods of others;
- prevents self-defence, as the offender exploits his advantage over the victim;
- causes damage, suffering and pain.

Among the different classifications, the following types of violence are most often distinguished: physical, mental, sexual and neglect.

Physical violence, expressed in open aggression directed at a child, parent, or other person. It constitutes a violation of physical integrity, intentional injury, infliction of pain or threat of injury.

Psychological violence, also called emotional violence, is a violation of a person's personal dignity and self-esteem. It is expressed by: humiliation, ridicule, intimidation, ridicule (e.g. views, religion, origin), constant criticism, refusal of interest, feelings or respect, covering mental illness, social isolation (e.g.

controlling, prohibiting or restricting contact with other people), demanding obedience, limiting sleep and food.

Sexual violence is sexual contact taken without the consent of the victim. This type of violence includes rape, paedophilia and incest. Examples of sexual violence include forcing sexual intercourse, forcing unacceptable caresses and sexual practices, forcing sex with third parties, sadistic forms of sexual intercourse, criticizing sexual behaviour, demonstrating jealousy, etc. The most harnessing and violating social taboos and undermining moral order is the sexual exploitation of children, both direct and exposing children and young people to violence through passive participation.

Economic violence is „... the use of money or other material values to meet the needs of authority and control by the offender. Neglect is the type of violence that is most often associated with the harm of a child. Kevin Browne and Martin Herbert define this phenomenon as: „Persistent or serious neglect of the child, failure to protect him from all kinds of dangers such as cold and hunger, failure to perform important activities related to the care of the child, which seriously worsens the health of the child or hinders the development of his or her personality – developmental impairment not associated with birth defects” (Browne & Herbert, 1999, p. 103).

It should be emphasised that the perpetrators of neglect are not only those closest to the child, but also those associated with childcare institutions: the education, social assistance, health and other care systems. The Polish Minister of Labour and Social Policy issued a regulation „on the standard of basic services provided by specialised support centres for victims of domestic violence, the qualifications of persons employed in these centres, the detailed directions of conducting correction and educational influences against domestic violence and the qualifications of persons with corrective and educational influences”.

According to this Regulation, the specialised support centre for victims of domestic violence provides services of an interventional, therapeutic and supportive nature and living needs (&1.1). • in the field of intervention, the standard of basic services includes:

(a) providing shelter for victims of domestic violence and children in its care, without referral and regardless of income, for up to three months, renewable in justified cases,

(b) the protection of the victim of domestic violence from the person using the violence,

(c) providing immediate psychological and legal assistance and organising immediate access to medical assistance if required by the health status of the victim of domestic violence ,

(d) identifying the situation of a victim of domestic violence and assessing the risk to the safety of the victim or his or her children and providing other necessary assistance.

Therapeutic and supportive services include:

(a) diagnosing the problem of domestic violence,

- b) developing an individual plan to help a victim of domestic violence, including the objectives, needs, methods and time of assistance,
- (c) providing counselling: medical, psychological, legal and social,
- d) running support groups or therapeutic groups for victims of domestic violence,
- e) providing individual therapy,
- f) providing access to medical assistance,
- g) an assessment of the situation of children in a family affected by violence on the basis of an environmental interview and providing them with psychological support or assistance and specialised sociotherapeutic and therapeutic assistance,
- (h) providing educational consultations.

As regards domestic needs, services shall be provided for:

- (a) a 24-hour periodic stay in a specialist support centre for victims of domestic violence,
- b) sleeping facilities taking into account the family situation,
- (c) a common dayroom with a children's play area and a study area,
- (d) a public kitchen and bathroom, other benefits provided for by regulation.

Social work with the family in which violence occurs should be based on the following activities (Gagacka et al., 2019, p. 253);

- diagnosing violence in the life of the family;
- preventing the emergence of conditions conducive to the generation of domestic violence;
- education and education in the field of psychological and social sources of violent behaviour;
- modelling behaviour and attitudes conducive to the elimination of violence in family life;
- combating domestic violence through intervention and interference in the internal lives of families;
- promoting patterns of behaviour stigmatizing all forms of violence in the everyday life of the family;
- the creation of social programmes and projects in the field of promoting a culture of family life and the development of parental attitudes and social skills (competences) conducive to strengthening family ties.

In the event of domestic violence, it is recommended that the following strategies be adopted in social work:

1. Protecting the lives and health of those affected by domestic violence. This strategy allows for all lawful rescue measures to be taken as soon as information on the threat has been received.

2. Accompanying (target, ultimate) solving the problem of domestic violence.

Social work with a family in which violence occurs is an extremely difficult task, if only because of complicated relationships occurring in the family (work

with the victim and the perpetrator), as well as often the coexistence of other dysfunctions (e.g. poverty) or pathology (e.g. alcoholism or other addictions). The social worker is also forced to make difficult decisions, e.g. in the case of social workers. about taking the child away from their parents and placing it in a care and educational institution, which is not always met with acceptance of the social environment. This highlights the many barriers that exist in the practice of aid work.

5. Social services for addicts

In the literature of the subject, the most common is the division of addictions into chemical and non-chemical. Chemical addictions include: alcoholism, drug addiction, nicotineism, drug control, addiction to strengthening substances (boosters, steroids), dependence on other substances. On the other hand, non-chemical addictions include pathological gambling, food addiction, workaholism, computer and computer games, the Internet, mobile phone (infoholism, networking), shopping and sexoholism. In addition, it is pointed to such addictions as: human dependence, addiction to ideas, visualization addiction (tattoos, breastng). (Gagacka, Głębicka, Kida, 2019, p.263).

According to a report by the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction), 730 new psychoactive substances were detected in Europe for the first time in 2018. An estimated 1.5 million drug-related offences were reported in the European Union in 2017, an increase of one fifth (20%) within 10 years.

It is estimated that almost one in three adult Europeans (more than 90 million, or 27.4% of the 15-64 age group) experimented with cannabis at some point in their lives. At the same time, EMCDDA estimates that in 2018, more than 19 million young people (16% of 15-34 year olds) were involved in drugs, with around twice as many men (20%0 than women (11%).

The Regulation of the Minister of Health of 15 December 2018 on the functioning of medical entities caring for alcohol addicts lists the following facilities for the performance of services to alcohol addicts: (Journal of Laws of 2018, item 2410):

- 1) alcohol addiction and co-addiction therapy clinic;
- 2) addiction treatment clinic;
- 3) a 24-hour branch or a stationary alcohol addiction therapy centre;
- 4) a 24-hour ward or a stationary addiction treatment centre;
- 5) daily alcohol addiction therapy department;
- 6) daily addiction treatment department;
- 7) a branch or treatment centre for alcoholic abstinence syndromes;
- 8) hostel for people addicted to alcohol.

The Act of 29 July 2005 on combating drug addiction imposes on the municipality, within the framework of its own tasks, the following obligations (Journal of Laws of 2019, item 852, Article 10.1):

1) to increase the availability of therapeutic and rehabilitation assistance for addicts and persons at risk of addiction;

2) providing families with problems with drug addiction, psychosocial and legal assistance;

3) carrying out preventive information, education and training activities in the field of problem-solving of drug addiction, in particular for children and young people, including the pursuit of sports and recreational activities for pupils and activities for the feeding of children participating in extracurricular care and educational and sociotherapeutic programmes;

4) to support the activities of institutions, NGOs and individuals to solve the problems of drug addiction;

5) social assistance to addicts and families of addicts affected by poverty and social exclusion and integration into the local environment by social work and social contract.

Social work offers in particular the following 3 types of services for addicts:

1. Specialized counselling, in particular legal, psychological and family - is provided to persons and families who have difficulties or show the need for support in solving their life problems.

2. Legal counselling shall be carried out by providing information on existing legislation on family and care law, social security, protection of tenants' rights.

3. Psychological counselling is carried out through the processes of diagnosis, prevention and therapy.

Conclusions

All groups of beneficiaries of social assistance can benefit from social and professional reintegration services. These persons, through the possibility of using this form of services, have the opportunity to enter and live on the labour market, but also to acquire or regain the opportunity to perform basic social roles: family, civic and professional.

Professional and social reintegration services are provided by social inclusion centres (SIC), which are set up by a local government unit or an NGO. They help persons who are subject to social exclusion and are unable to meet their basic life needs on their own and are in a situation that causes poverty and prevents or restricts participation in professional, social and family life through the following services:

➤ training skills to play social roles and achieve social positions available to non-socially disadvantaged persons;

➤ acquiring professional skills and apprenticeships, retraining or improving professional qualifications;

➤ learning to plan for life and to meet needs with one's own endeavour, in particular by being able to achieve one's own income through employment or economic activity;

➤ teaching the ability to manage your money rationally.

Social services are seen through the perspective of the needs of individuals and groups. Social services should then be regarded as a multidimensional and multisectoral offer enabling individuals and groups to awaken, control and/or support (or support in meeting) the needs of the „higher” and „down” order. In that regard, it must be held that this is a way of interpreting the substance of social services, based on the essence of social policy defined by the concept of 'needs'.

The task of social services, on a Pan-European level, is to ensure social, territorial and economic cohesion through the implementation of solidarity and to combat adverse social phenomena. Social services are driven by new needs and social problems, thereby generating demand for new services.

Self-examination has shown that the importance of social services to local social policy is due to the dynamic progress of investment and activation policies. Social services are accelerators for change, as they strengthen social ties, demand for them and meet important social needs in the local environment. Social services must meet the criteria of availability, admissibility and quality, as they protect social risks.

It is also worth remembering that from May 1, 2004 Poland is a Member State of the European Union and the development of social services is often co-financed by projects from the European Social Fund.

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