

Ogólna sytuacja materialna rodziny jest dobra. Dotychczas budżet domowy spoczywał w rękach ojcach. Ponadto podejmowane wszystkie decyzje dokonywane były przez Pana Krzysztofa. Kobieta całościowo uzależniona była od swojego męża (łącznie z tym, że musiała pytać o to, jakie ma założyć skarpety?, czy może podlać kwiaty?) a za nieposłuszeństwo była karana. Miała całkowity zakaz wyjścia z domu oraz kontaktu z innymi ludźmi. Nawet w przypadku choroby nie mogła udać się do lekarza, gdyż jej mąż opłacał wizyty domowe, podczas których uczestniczył.

Dramat Pani Marty rozgrywał się tylko i wyłącznie za drzwiami ich domu. Pan Krzysztof kierując się nieposzlakowaną opinią kreował w społeczeństwie i wśród znajomych idealny wzór rodziny godnej do naśladowania. Dzieci zawsze były zadbane, ładnie i czysto ubrane. Odnosiły bardzo wysokie osiągnięcia w nauce (ojciec opłacał im także korepetycje i dodatkowe zajęcia) i nie sprawiały żadnych problemów wychowawczych.

O ostateczną Pomoc w sprawie matki poprosiły dzieci Pani Marty udając się do Ośrodka Pomocy Społecznej i przedstawiając całą sytuację. Kobieta za namową swych dzieci oraz osób ją wspierających podjęła kroki w kierunku zmiany. Odeszła wraz z dziećmi od Pana Krzysztofa, podjęła pracę zarobkową i stopniowo uczy się na nowo funkcjonowania w społeczeństwie.

Podsumowanie

Przeprowadzone badania oraz ogólna obserwacja społeczeństwa pokazują, że współczesne rodziny coraz częściej zmagają się wieloma problemami, które czasami trudno samemu przezwyciężyć. Jedne kryzysy najczęściej wywołują drugie i generują kolejne. Niejednokrotnie rozwiązanie ich wymaga czasu i pomocy ze strony innych i instytucji. Należy pamiętać, iż najważniejszym jest to, aby to właśnie same jednostki zdecydowały się na zmianę i przede wszystkim jej chciały, bo nawet najlepsza pomoc od innych może okazać się bezefektywna. Dlatego bardzo ważna jest w sytuacjach kryzysowych niejednokrotnie zmiana punktu widzenia oraz otwarcie się na innych i zaufanie im, a zapewne będzie to bardziej rezultatywne w działaniach pomocowych.

Współczesna rzeczywistość pokazuje, iż nie tylko dostępne jest wiele form pomocy, terapii, konsultacji oferowanych przez państwo, ale także przed rodzinami stają coraz to nowsze zagrożenia, które ciężko ominąć i sobie z nimi poradzić. Sytuacje kryzysowe wpływają nie tylko na samych dorosłych, oddziałują

one najbardziej na dzieci, które muszą żyć i funkcjonować właśnie w tych rodzinach. Dziecko samo nie może dokonać żadnych zmian. Musi się podporządkować, zaakceptować i obserwować niejednokrotnie cierpienie, które zadaje człowiek – człowiekowi.

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**INSTITUTIONAL FORMS AND SCOPE OF ASSISTANCE FOR PEOPLE
WITH DISABILITIES. STUDY ON THE EXAMPLE OF THE MUNICIPAL
SOCIAL ASSISTANCE CENTRE IN JAROSŁAW**

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ABSTRACT: *People with disabilities, apart from health problems, usually face social, occupational and economic constraints. To improve their lives, institutions are established in order to perform rehabilitation, support activities and provide financial support, as well as non-institutional activities, mainly within self-help groups. The purpose of the article is to show what forms of disability assistance are available and to what extent they provide normal lives for people with disabilities. What is more, this paper analyses expenditures on disabled people and assesses whether these resources are sufficient to provide the disabled people with help they need. The territorial scope of the article includes the Municipal Social Assistance Centre located in Jarosław, and the chronological range covers 2013-2015 period. The main research method used for the needs and realisation of the accepted research objectives was the analysis of the content of the documents and the descriptive method.*

KEY WORDS: *disability, institutionalisation, forms of assistance*

Introduction

In Polish society, some of its members experience various dysfunctions of the body. Some of them, to a lesser extent, are restricted, while the other are excluded from social life. It can be stated that people with disabilities are considered as a group experiencing social marginalisation. Family involvement in home-based care for a disabled person, their awareness and commitment in many cases are critical of the outcome of the whole rehabilitation process (Tomaszewska, 2017, p. 164). In Poland problems of people with disabilities have started to be relatively new, thus it is not yet fully adapted to meet the needs of people with disabilities. However, there is a noticeable improvement in the perception of people with disabilities by the public, as well as changes in infrastructure operating in the country. This improvement is mainly due to research conducted by the scientific community for the benefit of people with disabilities. In addition, non-governmental organisations play an important role in this regard, and above all, it is the result of the problem of people with disabilities in the consciousness of the members of society. Institutional action for people with disabilities is long-term and multi-faceted, consisting in the reduction of physical barriers, but above all should lead to the elimination of social barriers faced by people with disabilities. Among the nationwide institutions acting for the benefit of the disabled are, among others, PFRON, Office of the Government Plenipotentiary for Disabled People and social assistance agencies. People with disabilities, apart from health problems, usually face social, occupational and economic constraints. Particularly negative are the barriers hindering their social roles and participation in social life. These barriers may be due to subjective factors, which are undoubtedly the attitudes of both the disabled themselves and the environment in relation to disability, as well as the objective factors of a lack of legal regulation that prohibits discrimination on any grounds, maladjustment, lack of access to good education, vocational training and adequate employment (Magnuszewska-Otulak, 2010). To improve their lives, institutions are established in order to perform rehabilitation, support activities and provide financial support. Due to their multiplicity and diversity, taking into account the areas of activity, scope, forms of implementation of tasks, the article discusses only selected forms of actions and regulations for people with incomplete performance, based on the example of the Municipal Social Assistance Centre in Jarosław.

Disability in theoretical terms

Before the term “disability” appeared, the term “cripple” was used. The Invalidity Medical Committees have the authority to adjudicate invalidity. The basic criterion for adjudicating invalidity was the employment criterion. The committees considered whether a person cannot fully take up employment only for a certain period of time or is totally incapable of work. Disability was closely linked to employment. Over time, however, it was considered that such a connection was wrong. There was also a wider context of disability as not only the inability to fulfil professional and social roles. By recognizing this important difference, the criteria for adjudicating invalidity have been broadened and the person's ability to perform social roles has been considered (Kawczyńska-Butrym, 1998, p. 12-13).

For the first time, the definition of disability was published in 1980 in the International Classification of Functioning, Disability and Health (ICF) by the World Health Organization. In this document, disability is defined as “any damage or shortcoming - resulting from damage - the ability to perform an activity in the manner considered to be normal for the human being”. The concept of disability in Poland was originally defined in the Social Assistance Act of 29 November 1990. The law defined disability as “a physical, mental or mental condition that causes permanent or periodic impediment, limitation or disability of self-existence”.

The current definition of disability is contained mainly in two acts:

- The Occupational and Social Rehabilitation Act and the Employment of Persons with Disabilities Act of 27 August 1997. According to this law, disability means permanent or temporary incapacity to fulfil social roles due to permanent or prolonged impairment of the fitness of the organism, particularly causing incapacity for work.
- Resolutions of the Sejm of the Republic of Poland dated 1 August 1997, which states that persons with disabilities are those whose physical, mental or mental fitness permanently or temporarily hampers, restricts or prevents daily life, study, work and performance. Social roles, in accordance with legal and customary norms.

A very important issue related to disability is the proper identification of a person's health and its ability to function in several contexts. This is mainly

about the aspect of further existence, the granting of privileges and relief, as well as the context of rehabilitation, education and employment. Persons with disabilities must have a disability certificate to obtain an assessment of their state of health and abilities and to receive benefits (Cywińska-Wasilewska, 2004, p. 43).

These judgments are issued by two instances. The first is the Poviast Disability Advice Team. The second instance, mainly responsible for examining appeals against decisions issued by the District Disability Advice Teams, is the Provincial Disability Assessment Team. In its judgment, the degree of disability should be included: determination of disability, disability and indicate which relate to suitable employment, training, participation in occupational therapy, use of social assistance, rehabilitation, supplies of orthopaedic equipment and indications for relief and allowances (Otrębski, 2002, p. 29).

In Poland there is a three-step scale of disability:

- severe degree of disability,
- moderate disability,
- mild disability.

Persons with a pronounced degree of disability are unable, because impaired fitness of the organism, to take up employment or can only work in a sheltered workplace. Disabled people with a high degree of disability require the assistance of another person in social roles due to the inability to function independently (Cywińska-Wasilewska, 2004, p. 43-44).

Causes and effects of disability

WHO in ICF distinguishes three dimensions of disability:

- disability
- handicap
- impairment

Table 1 Dimensions of disability

Wymiary powstawania niepełnosprawności		
Disability	Handicap	Impairment
means any restriction or absence due to damage, ability to perform activities in a manner and to the extent considered normal for human	means the less privileged or less favourable situation of a person, resulting from injury and functional disability, which limits or prevents him / her from fulfilling roles related to his / her age, gender, and social and cultural situation.	means any absence or anomaly of the anatomical structure of the organs and the absence or disruption of the mental or physiological functions of the organism because of a specified congenital malformation, disease or injury

Source: Based on International Classification of Functioning, Disability and Health.

This division only referred to the biological concept of disability. A new concept of disability was developed that was based on the biopsychosocial concept of disability. This model was based on the premise that the individual is not only a biological but also a social being (Kijak, p. 9-11). In Poland, the classification of disability was created by the Ordinance of the Minister of Economy, Labour and Social Policy of 15 July 2003, as amended with respect to disability and handicap. The classification also includes the codes that define the types of disability.

Table 2 Types of disability due to reasons

CODE	TYPES OF DISABILITIES
01-U	Mental retardation
02-P	Mental disorders
03-L	Voice, speech and hearing disorders
04-O	Diseases of the eye organ
05-R	Mobility impairment
06-E	Epilepsy

CODE	TYPES OF DISABILITIES
07-S	Respiratory and cardiovascular diseases
08-T	Diseases of the digestive system
09-M	Diseases of the genitourinary system
10-N	Neurological diseases
11-I	Other diseases including: endocrine, metabolic, enzymatic disorders, infectious and zoonotic diseases, dislocations, hematopoietic diseases
12-C	Global developmental disorders such as autism

Source: Ordinance of the Minister of Economy, Labour and Social Policy of 15 July 2003.

Data analysis shows that the number of people with disabilities benefiting from the Municipal Social Assistance Centre in 2013 was 539, while a year later the number dropped to 516. In 2015, this number rose to 530 people. People with disabilities are one of the most commonly reported groups benefiting from social help services. In addition to people with disabilities, unemployed persons and people suffering from long-term or severe illnesses were most frequently asked for help. Low unemployment, lack of employment, expensive medicines and the need to purchase rehabilitation equipment make so many disabled people benefit from social services. Frequently, the disabled seek help not only because of their condition but also because of unemployment or poverty. It is often the case that a number of factors contribute to the poor situation of people with disabilities. The Municipal Social Assistance Centre provides a number of benefits for people with disabilities as well as older people who are unable to operate independently. These benefits are adjusted to the health and condition of the person. Such benefits include:

- care services,
- specialist care services,
- specialized care services for people with mental disorders
- placement in a social welfare home,
- stay at the Self-Help Centre.

The table below shows the number of people who have been granted specialist care services for people with mental disorders, as well as the amount of these benefits in 2013-2015.

Table 3 Number of people who have been granted specialized care services for people with mental disorders, and the amount of these benefits in 2013-2015

Form of aid	Year	The number of people granted benefits	Amount of benefits in PLN
Care services	2013	204	1 236 638,00
	2014	158	863 981,00
	2015	143	762 589,00
Specialist care services	2013	20	201 824,00
	2014	17	84 469,00
	2015	20	78 441,00
Specialist care services for people with mental disorders	2013	31	382 608,00
	2014	39	466 100,00
	2015	44	383 902,00

Source: Own study based on reports of the Social Assistance Center in Jarosław in the period 2013-2015

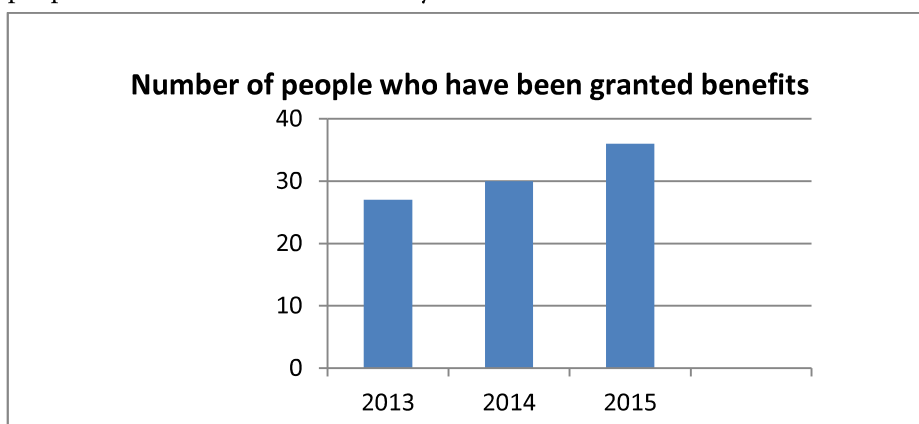
The number of benefits received in the form of caring services is decreasing year by year. In 2013, the Municipal Social Assistance Centre in Jarosław has granted 204 care services, in 2014 the number has decreased to 158 and in 2015 it amounted to 143. The number of specialized care services is steadily persisting within the limit of 20. The number of specialized care services for people with mental disorders is increasing. In 2013 the number of benefits was 31, in 2014 it was 39, and in 2015 it amounted to 44. In the case where a person requires 24-hour care and cannot be provided by a family or community, the person is referred to the social assistance home. There are 4 such centres in Jarosław district: Jarosław, Moszczany, Sośnica and Wysock. If a person is not able to pay for himself or herself in the facility, the costs of maintaining it in DPS are borne by the municipality. The monthly cost of living of the person, in the years 2013-2015, varies between the houses of social assistance and was as follows:

Table 4 Monthly cost of living of the inhabitants in particular Social Assistance Centres in the Jarosław district in the years 2013-2015

Social Assistance Centre	Year		
	2013	2014	2015
Jarosław	2 650,00	2 830,00	2 976,00
Moszczany	2 713,53	2 718,03	2 740,33
Sońnica	3 075,93	3 132,42	3 065,00
Wysock	2 902,96	2 879,94	2 914,88

Source: Own study based on reports of the Social Assistance Center in Jarosław in the period 2013-2015

As can be seen, capita monthly maintenance costs of nursing homes are not small. Social assistance homes must provide basic living, caring and educational conditions to their residents at the level of the applicable standards. The type of help a person needs depends on the condition of the individual. The low incomes of people requiring 24-hour residential care in DPS mean that municipal residents are charged with maintenance costs. The chart below shows how many people were referred to DPS in the years 2013-2015.

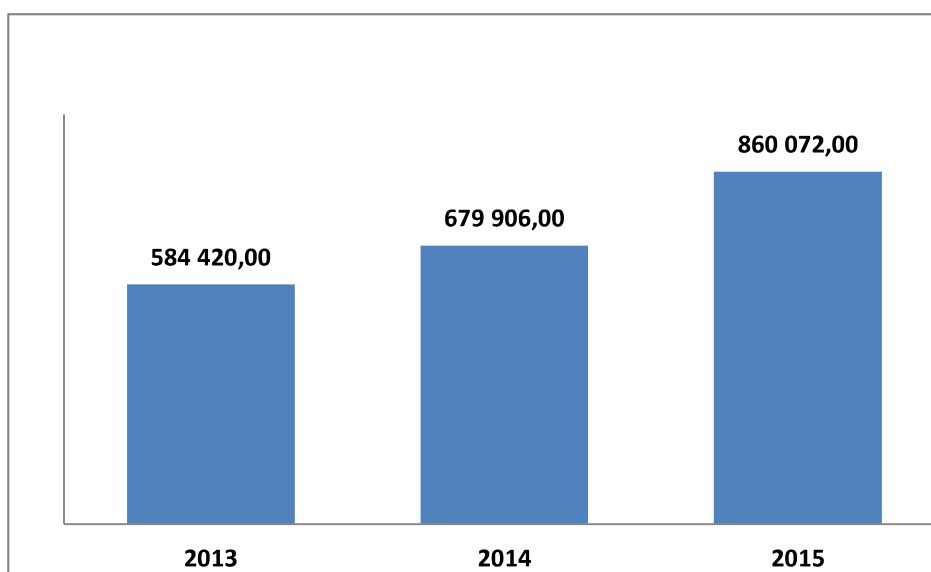


Grpf 1 Number of people referred to DPS in 2013-2015

Source: Own study based on reports of the Social Assistance Center in Jarosław in the period 2013-2015

In 2013, the number of people who were referred to the Social Assistance Centres was 27, and in 2014, the number of benefits received was up to 30 people.

In 2015, again, the number of benefits increased by 6 compared to the previous year. Why did that happen? These families are sometimes unable to provide 24-hour care because it would mean giving up work, and often families cannot afford it. In addition, the family situation, such as the need to go to work abroad, severe family illness, single motherhood or other random events make families decide to place people in need of permanent care at the Social Welfare House. On the basis of the data in the chart, it is worth analysing the costs incurred by the Commune of Jarosław for maintaining a resident in the Social Assistance Centres in the years 2013-2015.



Grpf 2 Costs incurred by the Municipality of Jarosław to maintain the resident in the DPS in the years 2013-2015

Source: Own study based on reports of the Social Assistance Center in Jarosław in the period 2013-2015

As can be seen in the graph, the amount spent by the Municipality of Jarosław on the maintenance of people in DPS is constantly increasing. In 2013 the amount spent amounted to PLN 584 420, and in 2014 this amount increased by PLN 9 586 and amounted to PLN 679 906. In 2015 again this amount increased, this time by 180 166 and reached the amount of 860 072 PLN. Expenditures on living of the residents in the Social Assistance Centres are very large and are constantly growing. The increase in the amount transferred to DPS residents is due to an increase in the cost of living of a person in the Social Assistance Centres.

Summary and conclusions

Negative changes in the demographic structure of our society and the resulting increase in the number of persons affected by disability will become an increasingly important social issue. This entails taking legal steps in the context of social policy aimed at securing the social and social well-being of people with incomplete performance. The essence of the wide-ranging and coordinated actions of many institutions should be to counteract their social exclusion, but also to prepare the right field for their activity. Social assistance may be carried out by itself or in partnership with social organizations, non-governmental organizations, the church, religious associations and natural and legal persons (Komorska, 2008). As can be seen from the statistical data of the Municipal Social Assistance Centre in Jarosław, many disabled people try to get help. This is mainly financial assistance in the form of benefits. Disability must face the lack of money to meet basic needs. The benefits received are not sufficient to meet all the necessary needs but to some extent improve the quality of life for the disabled and their families.

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