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THE PARADOX OF POLISH SOCIAL ASSISTANCE

PARADOKS POLSKIEJ POMOCY SPOŁECZNEJ

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Summary: The Polish social assistance system, designed on the eve of systemic transformation, has had a major role in mitigating the effects of economic and social change. And in this sense, it served as a social welfare, despite the nomenclature in the form of social assistance. The purpose of this article is to examine whether, after almost three decades of operation, the system is still closer to what can be called social care or can it, in line with the terminology adopted, focus on aid. In attempt to answer these questions, the terms ‘social care’ and ‘social assistance’ were first defined to distinguish between the legal forms of care and aid services. Then, using quantitative data on the benefits provided in social assistance, it was concluded that care services are still prevalent in social assistance, which leads to a terminological-functional paradox.

Keywords: social care, social assistance, social assistance benefits.

Streszczenie: Celem niniejszego artykułu jest zbadanie, czy po prawie trzech dekadach funkcjonowania, system wciąż bliższy jest temu, co można nazwać opieką społeczną, czy może – zgodnie z przyjętą terminologią – skupia się na działaniach pomocowych? Próbując odpowiedzieć na te pytania, najpierw zdefiniowano terminy opieki oraz pomocy społecznej, by za ich pomocą wyróżnić obowiązujące prawnie formy świadczeń o charakterze opiekuńczym oraz pomocowym. Następnie, posługując się ilościowymi danymi na temat zrealizowanych świadczeń w pomocy społecznej, sformułowano wniosek, iż wciąż w pomocy społecznej dominują świadczenia opiekuńcze, co powoduje, że w tym przypadku mamy do czynienia z terminologiczno-funkcyjnym paradoksem.

Słowa kluczowe: opieka społeczna, pomoc społeczna, świadczenia w pomocy społecznej.

1. Introduction

In 1990, just after the start of the systemic transformation in Poland, the Social Assistance Act was adopted, which officially introduced the term ‘social assistance’ (instead of ‘social care’) for the designation of this social policy area. J. Staręga-Piasek, S. Golinowska and Z. Morecka [2009, p. 202] point out that the concept

of social assistance adopted with the 1990 Act was based on the following pillars: constitutional right to social assistance, development of professional social services, decentralized activities, social work, the cooperation of NGOs in the implementation of tasks and focus on the family, as the addressee of the assistance. Similar suggestions are found in A. Frączkiewicz-Wronka work, in the form of the following assumptions of the social assistance model adopted after the systemic transformation:

- universality, which means access to benefits for those who, for whatever reasons, temporarily or permanently find themselves in a situation that hinders or even makes them unable to live independently;
- voluntary, understood as the right to take advantage from benefits or omissions including the right to choose the form and type of benefits;
- partial or total payment of certain benefits;
- effectiveness and comprehensiveness, meaning that benefits from social assistance should provide the beneficiaries with real improvements in their financial or social situation;
- individualization, understood as the adjustment of the forms of benefits to the individual needs of the beneficiary;
- the co-operation of social institutions in the planning and implementation of assistance and the strengthening of services through interaction with the beneficiary's family;
- efficiency of benefits, meaning proper use of aid and taking into account the economic opportunities of the state and self-governments [Frączkiewicz-Wronka 1993, pp. 97, 98].

To put it another way, the 1990 law defined a new direction for social assistance: “social assistance has become an equal part of the social security system. Its tasks go far beyond remedial actions in the face of the dysfunction of other social security subsystems, preventing the emergence of situations that may necessitate the provision of benefits in the future and intangible help in solving difficult life situations” [Błędowski 1997, p. 348].

Despite the adoption of the term ‘social assistance’ and the initiation of the new model of action, which was intended to bring the beneficiaries of the system to self-reliance, it was difficult to expect that in the years of “great transformation”, the system would not focus primarily on ensuring social protection of citizens, i.e. minimizing social costs of transformation [Każmierczak 2003, p. 6]. And in this sense – despite the new nomenclature – the system would play the role of “social care”.

The problem is that since 1990, the moment of launching the “new thinking about social assistance”, almost three decades have passed, during which the diametrical economic and social changes in Poland, as in the regulations on the social assistance system have taken place. One of the main elements of the change was the adoption of the (new) Social Assistance Act [Ustawa z 12 marca 2004]. This legal provision was, on the one hand, an expression of the adaptation of Polish legal regulations in this area to the requirements of the European Union and, on the other hand, was a reaction to

the concept of changes that appeared in this area of social policy around 2002. This remark concerns in particular the concept of the family benefit subsystem, which was to complement the social security system of the state and to integrate existing and planned activities in this area [Hryniewicz 2004, p. 105]. Adoption of the Act on Family Benefits in 2003, and thus the separation of these benefits from social assistance, has changed the system. Following in the footsteps of this change, the draftsman of the new provision in the area of social assistance planned to prioritize this area for activation and social work by limiting the payment of financial benefits.

In addition, social challenges have brought new encounters in the face of modern social policy trends. First of all, more attention should be paid to activation benefits for the unemployed and for service provision, especially for the elderly, the disabled and pathological families; secondly, it was important to strengthen local social assistance with NGO networks; and thirdly, it was desirable to turn to the development of non-public social welfare institutions and to consider the privatization of a specific (service) part of the social assistance system [Głowacka 1998, pp. 18–20].

The question that we need to address at this point is: are we able to ascertain whether is there still dominance of caring and non-help services as it was years ago – and consequently with the terminological paradox of social assistance, is social assistance what it meant to be in the strict sense? To get the answer to this question, the research method will be used in the form of quantitative data analysis, allowing generalization of results for the whole of Poland. Additionally, the analytical and critical method will be used in the auxiliary form, especially in the case of the operationalization of concepts.

2. Social care and social assistance – terminological arrangements

The first step in trying to answer this question is, of course, the operationalization of the concepts we are interested in. We are probably able to intuitively define social care. There is more difficulty in defining the specific nature of social assistance, because, on the one hand, the meaning of the term can be seen more broadly than the concept of welfare (and consequently the inclusion of one phenomenon in another) [Wódz 1982; Ratyński 2003]. On the other hand, the category of social assistance is often associated with social work – for example by the social workers themselves [Olech, Łuczyńska 2013].

In the literature of the subject we can find definitions of both care and social assistance. H. Radlińska defined social care as activity which: “not only supplies the missing resources (periodically or permanently), but takes responsibility for the fate of the charge, directing the use of these resources. To a greater or lesser extent, the incapacitated” [Radlińska 1961, p. 322]. In turn, on social assistance, she wrote: “it provides the excitement and material for the development of individuals and groups, and the growth of everything that is considered good. Counts on cooperation of the helpers and caretakers who are fully responsible for each other” [Radlińska 1961, p. 322]. We

also find similar suggestions in contemporary researchers. J. Krzyszkowski claims that care “is a compensatory and revalidative activity, which refers to individuals unable to live independently [...]. It is a continuous one, constituting a permanent system of dependency, e.g. between [...] old people and their caregivers”, and social assistance “applies in difficult situations, it is temporary or periodic. The appropriateness of the assisted care should gradually bring the person to self-reliance, independence in life. Its principle is to help in development” [Krzyszkowski 2010, pp. 144, 145].

Taking into account the above suggestions, the category of social assistance can be defined by the terms ‘development’, ‘cooperation’, ‘participation’, ‘assistance’, ‘indication’, ‘responsibility’, ‘self-reliance’, ‘independence’; and care would, in a sense, deny these concepts. According to these suggestions, it is appropriate to assume for the purposes of the analysis that, firstly, social care and social assistance are detached phenomena; secondly, both concepts differ in the way they act in favor of beneficiaries (primarily objectives); and thirdly, social assistance should be understood as activities aimed at empowering the beneficiary, in other words, to achieve independence from a particular institution, and welfare is based on activities which do not have such a purpose.

3. Forms of social care and social assistance

D. Zalewski writes that “the form of assistance according to Radlińska is to allocate work tools or money for their purchase to a person with a disability or a lone mother, sending them to a vocational training course, allowing children to use public education, etc. For the recipient a gift of a parcel with clothing, food vouchers or placing him in the home for the chronically ill is a form of social care” [2005, p. 33]. Similar suggestions are also found in other authors who identify assistance with family counseling, senior clubs or youth centers, and care with institutions for chronically ill people, care services or homes for young children [Wysocka 1999, pp. 171, 172; Krzyszkowski 2010, p. 145].

By following this path and trying to characterize the forms of benefits occurring in Polish social assistance, we must use the legal provisions of the Social Assistance Act on the benefit catalog as they will be crucial in the course of further analysis. The legislator determined that financial benefits include: permanent allowance; periodic allowance; purpose allowance and special purpose allowance; allowance and loan for economic self-reliance; support for self-reliance and continuing education; financial payment for the maintenance and coverage of expenses related to learning Polish for foreigners; and the remuneration to the caregiver for the care appointed by the court.

Among the non-monetary benefits, the following are mentioned: social work; health insurance premiums; social security contributions; material support, including economic self-reliance; specialized counseling; emergency intervention; shelter; meal; care services at the place of residence, support centers and family support homes; specialist care services in the place of residence and in support centers;

sheltered housing; stay and service in a social welfare home; assistance in obtaining adequate housing conditions, including a sheltered one; help in obtaining employment; development aid – in material form for the self-reliance [Ustawa z 12 marca 2004).

Using the above findings both on the operationalization of terms ‘social care’ and ‘social assistance’ and on legally enforceable benefits, it is worthwhile to consider further which of the benefits have been designed for the purpose of empowering the beneficiaries, and which are not intended for this purpose. At the same time, this action implies two important objections.

First of all, this distinction includes a general value, since only part of the above quoted benefits is in the form (fully) corresponding to one of the (assumed above) forms. Using examples: a loan for economic self-reliance, material support for development, activities for foreigners, sheltered housing, counseling, and social work, are obviously units of special assistance, meaning the aim for beneficiary’s independence. On the other hand, staying in a social welfare home, care, meals or material help does not appear to contain the root of self-reliance and therefore belongs to purely caring issues. The situation is complicated by other benefits: e.g. periodic and purpose allowance or stay in support centers, may, depending on the situation, be a part of assistance or care. Hence, when trying to assign the individual benefits to a particular form of activity, we must assume a certain level of generalization.

Secondly, the premises used in the distinction process are, on the one hand, the presence of elements of activation or motivation in the assumptions of certain benefits and thus the statement of its (or non-objective) purpose; on the other hand, an analysis of the context of the historical origin of benefits, which will be relevant for example in the case of targeted, periodic and permanent allowance. These benefits have a PRL-pedigree, where social care has narrowed the scope of services, mainly targeting people with disabilities, elderly and diseased [Rosner (ed.) 1973]. So it seems that in their “nucleus” these benefits include a motive for caring. In addition, the presence (apart from the above-mentioned major financial benefits) of economic self-sufficiency allowance is directing this benefit to the beneficiaries’ independence.

The results of the process of assigning certain benefits to the assistance or care forms, are included in Tables 1 and 2. In addition, these tables also cover the number and value of individual units of social assistance, so as to draw relevant conclusions. Unfortunately, due to the lack of recent data, these numbers and values refer to 2010.

The analysis of the data above suggests that among the most frequently occurring types of benefits in social assistance, up to 16 have the form of aid (Table 1), and 10 have the form of a care benefit (Table 2). It does not translate into the (predominant) number of granted units of benefits in 2010, or even more so on their value. In these terms, caregiving benefits are wholly over-provided – in that year they were given more than 15 million times (with less than 3 million aid measures), and their value was estimated at over 2 billion PLN (with just over 632 million in aid measures).

Table 1. Number and value of the most frequently occurring units of assistance implemented in social assistance in 2010

Aid benefits			
Tasks	Type of benefit	Number of benefits units	Value of benefits (in PLN)
Tasks commissioned to the municipality	Special purpose allowance for expenses incurred as a result of natural or ecological disaster	8 354	39 912 365
Tasks of the municipality	Special purpose allowance for expenses incurred as a result of a random event	22 536	34 948 254
	Social work	887 335	–
	Counseling	22 730	–
	Aid for economic self-reliance	1 411	117 330
	Referral to the support center	1 107 784	19 473 865
	Stay in a sheltered housing	34 080	668 930
	Stay in social integration centers	12 722	87 614
Tasks commissioned to the county	Financial benefit for maintenance (refugee, subsidiary protection)	6 208	5 284 908
	Financial benefit for learning Polish (refugee, subsidiary protection)	878	236 001
Tasks of the county	Social work	14 605	–
	Counseling	696	–
	Special financial benefit for self-reliance	3 550	16 431 799
	Aid in the material form	3 073	11 491 682
	Financial aid to continue education	162 925	79 548 395
	Financial aid for partial maintenance costs of a child in the foster family	658 822	423 976 671
Amount		2 947 709	632 177 814

Source: own elaboration based on [Starega-Piasek 2012, pp. 142–145].

Table 2. Number and value of the most frequently occurring units of care implemented in social assistance in 2010

Care benefits			
	Type of benefit	Number of benefits units	Value of benefits (in PLN)
1	2	3	4
Tasks commissioned to the municipality	Specialized care services	2 663 889	42 389 621
Tasks of the municipality	Shelter	773 418	13 743 851

1	2	3	4
	Meals	4 522 808	13 669 627
	Material support	137 249	5 444 465
	Care services	25 716 898	284 104 466
	Special purpose allowance	2 213 402	419 165 020
	Staying at a nursing home	701 832	291 078 711
	Periodic allowance	2 445 670	631 686 799
	Permanent allowance for single occupant	1 518 158	560 151 692
	Permanent allowance for a family member	394 849	80 511 798
Amount		15 371 275	2 057 841 584

Source: own elaboration based on [Starega-Piasek (ed.) 2012, pp. 142–145].

The above data is still to be compared with newer data from the Central Statistical Office and the Ministry of Family, Labor and Social Policy. According to the data of the Central Statistical Office, for many years, people in the productive age who are not working are particularly often benefiting from social assistance. In 2014, 45.9% of all social assistance beneficiaries were in such a determined age – 24.4% of those were unemployed, and 21.5% were professionally inactive (due to illness, disability, education or family responsibilities related to childcare). Among the group defined above, only 19.3% of people for the first time benefited from social assistance benefits. About 80% of other people have been using social assistance regularly for several years. When it comes to cash benefits, in the discussed 2014 among 1 million 146 thousand of all households benefiting from social assistance (i.e. 8.4% of all single-person and multi-person households in Poland), 92% of these recipients benefited from financial aid [GUS 2015, pp. 45–65]. Two years later, in 2016, the number of families granted social assistance benefits was already below 1 million, i.e. slightly more than 803 thousand families were beneficiaries of social assistance (which gave a total of 1 million 129 thousand people who were granted benefits). Over 400,000 families of this number received targeted benefits and assistance in kind, over 277,000 families received periodic benefits, while 192 thousand permanent benefits. At that time, 2 families (in words: two) received help for economic self-empowerment [MRPiPS 2017].

4. Conclusions

T. Kaźmierczak [2003, p. 6] rightly points out that the social assistance system designed at the turn of 1989/90 – on the eve of systemic transformation, was aimed at “providing social protection – minimizing the social costs of transformation, which dimensions were then difficult to predict. Social assistance has undoubtedly fulfilled this mission. At present, the challenge is not to protect the weakest but to stimulate

socio-economic development so that the weakest can be placed in society and not at its margin”. Except that, as is clear from the above analysis, “social stimulation” or, in other words, actions aimed at bringing the beneficiary of social assistance to self-reliance, are at the margins of the system’s activities. Generally, in the analyzed 2010, there was as much as 400% greater participation in the implementation of care units than aid units; and the value of care units was more than 200% higher than benefits of the aid units. A similar dominance of cash benefits with care characteristics is presented in the latest data of the Central Statistical Office and the Ministry of Family, Labor and Social Policy.

The most frequently implemented benefit unit in 2010 was care services (over 25 million times), and the highest value was calculated for the implementation of benefits in the form of periodic allowance (over 630 million PLN). Both activities were considered above in the care area. At this point one may risk a hypothesis that, to a large extent, these two elements – that is, financial benefits and care services – determine the overall nature of social assistance institutions. It should not be surprising that these benefits, as well as almost all caring activities, are the oldest benefits, dating back to pre-war times [Grata 2013; Chaczko 2016], and then firmly established in the days of the PRL [Karczewski 1979] and the 90s of the 20th century [Nitecki 2008]. Therefore, the most contemporary types of aid (self-reliant) activities are marginalized. So it may be right to mention T. Kaźmierczak, arguing that although it is possible to co-operate between these two areas within a single institution (in terms of compensation and protectionism plus promotion and development), it usually takes place at the expense of the aid area [Kaźmierczak 2014, p. 96]. Going further and adding to this the temporal-organizational context, it may appear that the institutional “attitude”, the procedures developed, the behavior of the staff and the beneficiaries have a (long-lasting) care dimension logically oriented to that goal; hence, the low level of aid delivery, in some way mismatched to the standards of the institution called – as it turns out – paradoxically – of social assistance. Only deep systemic change, based on separation of self-reliance aspirations from administrative activities such as the allocation of financial benefits will help to break the domination of care and overcoming the paradox of the social assistance system in the form of terminological and functional contradictions.

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