

Małgorzata Prokosz

## **Child in a Dysfunctional Family – Diagnosis and Support Proposal**

---

Almost 25 years after political transformation, the social stratification is still palpable with emergence of elites, affluent and creative in accomplishing own fate. On the other hand, there are those referred to as “excluded”, “rejected” or “dysfunctional” functioning on the margin of such society. Many citizens brought up within the framework of a welfare state are unable to adapt to self-dependent life, free market economy and other changes that transformation involved. It seems that over two decades are long enough for a state to establish standards of support for those who cannot cope with such realm. It is additionally complicated, however, by the changeability of the authorities and their different visions and ideas of social work or care for the needy.

*Therefore, family as such became an important aspect of social interest* (Mühlpachr, 2006, pp. 7–29), subject to various transformations and crises, dealing with number of difficult life situations they are unable to face without assistance. Despite significant differentiation and specificity of the problems affecting given households (unemployment, homelessness, orphanhood, chronic somatic or mental diseases, disability, having many children, incomplete family, addictions, difficulties in adopting to life after leaving the prison, etc) poverty is often

a trait they share, constituting a wide category of impoverished communities, practically excluded from the job market. Lack of employment, permanent income, or insufficient earnings of the breadwinners push many households towards the poverty sphere or its borderlines. Subsequently, poverty – regardless of its causes – implies changes not only within economic but also psychological and social circumstances of the house community. It usually involves disturbances and abnormalities within the accomplishment of the assigned functions such as socialisation, caretaking and protection, supervision, emotions and expressiveness, recreation or culture. Restrictions within the above-mentioned areas consequently lead to rise of tensions and conflicts, disturbances in interpersonal communication, deterioration of emotional bonds, which altogether may evoke various pathologies.

In a wider social context such families are characterised by handicapped educational and cultural opportunities, unequal access to medical services and leisure opportunities, limited environmental contacts (including total social isolation), sometimes accompanied by stigmatisation. These phenomena significantly disturb permanently impoverished environments, often forced by dramatic life circumstances to undertake activities of survival, to the degree of trespassing socially accepted norms (begging, theft, child labour, prostitution, vagrancy etc). It seems particularly important to provide these communities with conditions of existence on a humane level not due to economic reasons, but also because of the threat of emergence of various pathologies, including marginalisation and inherited poverty.

Taking it into consideration, the aim of this article is not only to diagnose and conclude what is negative, but also to provide some solutions to the problems in order to essentially limit the increase of disturbances and abnormalities in Polish

## **Dysfunctional Family in the Literature on the Subject**

In order to analyse disturbances within family it is predominantly worth to determine *what the terms “normal family” means, and if such exists at all. Undoubtedly, it may be assumed that a typical family makes up a social group* (Zajdel, 2010, pp. 7–10), consisting of parents, children and relatives. It is specified by emotional and formal bond defining mutual relations and children’s as well as parents’ obligations, marriage bond, housing and material community and a set of functions they provide. The latter are subject to transformation due to different processes. Each family changes because of the pace of industrialisation and urbanisation, compelling its members to adapt and participate in the new circumstances of social coexistence and free market economy. Rising unemployment, reduction of real wages, lack of flats and increasing social pathologies contribute to the dysfunctionality of the family, particularly within economic and existential area, and a result, limiting family’s accomplishment of caretaking and upbringing objectives. In consequence of unemployment, lack of life perspectives and material insufficiency of many families, acquiring resources sufficient to fulfill adults’ and children’s needs becomes extremely precarious.

Alteration within the family structure determines another key factors of its disturbance (see: Jarosz, 1980), leading to emergence of incomplete families, potentially dangerous for appropriate children’s growth. This type includes: a family orphaned because of the death of one of the spouses; dissolved family due to divorce or separation; single mother family (with children out of wedlock); and temporarily incomplete family, that refers to those subject to long-lasting, chronic diseases of one of the co-spouses, emigration (for instance aboard) of one of the co-spouses, or serving the sentence of deprivation of liberty.

Functionality of a family may be also disturbed by (Spionek, 1985, pp. 48–70): *mothers' pathogenic features* (e.g. aggressive, anxious, or over-protective traits, compensating her own dreams through the child); *fathers' pathogenic features* (e.g. absent father, so called *le père absent*, rigorous and harsh with high expectations, hostility towards own child, compensating his own dreams thought the child); incorrect upbringing influences: 1st degree – generally appropriate, but parents do not understand certain domains of child's development; 2nd degree – loosened bond; 3rd degree – total lack of bond; *parental upbringing mistakes* such as liberalism, over-protection, strict and autocratic discipline, inconsequent approach.

Family dysfunctionality in terms of accomplishing basic objectives may also result from the following factors (Wagner, 1997, pp. 44–45): *lack of emotional bond among family members; inappropriate upbringing atmosphere; family conflicts, large disproportions of opinions concerning methods and forms of children upbringing, lack of responsibility for fulfilling child's needs, inappropriate living and material conditions, permanent negligence of parental obligations*. Apart from these factors, criminogenic lifestyle, gambling, social parasitism, prostitution, incest, alcoholism, drug addictions, mental and somatically chronic diseases including disability, make up discernible disturbances in family functioning, difficult to eliminate. In such cases children struggle with deprivation of their basic needs, what in turn implies social maladjustment, contributing to the limitation or deprivation of parental authority, and can result in placing such child in a socialisation or caretaking centre.

Taking into consideration the problems contemporary families face, it may be concluded that many do not accomplish their tasks sufficiently. Nonetheless, temporary problems should not be confused with a permanent state, hence in order to avoid mistaking, carrying out a diagnosis is desirable.

## **Problems with Diagnosis of Dysfunctional Family**

In a wider context, a diagnosis is understood as (Prokosz, 2005a, pp. 15–35) *recognition of a state of the reality and conditioning of a complex case on the basis of its symptoms, its critical processing upon applying reasoning in accordance with the knowledge of general principles of a given discipline*. The definition “state of the reality” is only a part of the diagnostic activity, hence a diagnosis is carried out in order to detect causes for the abnormalities, defining the range and possibilities of influences and correction (lessening or elimination) of given disturbances. Therefore, a triad *diagnosis – anticipation – therapy* should be acknowledged, as the aim of the diagnosis is to rationalise social and upbringing activities, anticipating the forthcoming events, preventing the causes and reinforcing upbringing reflectiveness in action.

Contemporary children diagnostics is tightly linked to compensation and prevention. Compensational activities focus on equalising the dynamics of fulfilling needs and shaping attitudes by, among others, supporting a child, a parent or the family to reach intended level of a given model. It is often accompanied by so called *model of reference*, to which given individual or a group should be compared. The model is a semantically fluid category, determined by environmental, physical and psychological status of a child, range of family dysfunction etc. Hence, it is essential to define what in a given environmental (cultural) circle is considered a norm, and a margin (or abnormality). Notwithstanding, preventive activities are equally important as they enable to reduce behaviours diverging from a negative model. Preventing undesirable phenomena primarily refers to social, caretaking, anti-alcohol, anti-tobacco, and anti-drug campaigns. It is worth to stress that each social group may contain within both positivity, supporting the family community, and the opposite – hostile forces threatening its unity, contribut-

ing to its dissolution. Disturbances in the family functioning have always been and remain a part of the overall discourse of family life.

Multifaceted family diagnosis can provide with crucial information concerning a child's situation at home (Kelm, 2000, pp. 75–76). *One can obtain information from parents, family, or the child itself; however it is also crucial to observe existential conditions and define the overall status of a given family.* Inappropriate functioning of the family in the context of the child's growth may be defined as the *risk stages* (see: Marynowicz-Hetka, 1987), referred to as *alarming, advanced and critical*. Given features with reference to which the stages of risk were classified within overall syndromes concern biological, social and cultural areas of development. Such diagnostic approach reveals developmental domains that are at risk, and the domains and features of a family functioning that are particularly disadvantageous. It is therefore crucial to analyse the biggest possible number of the components applying many methods and measurement techniques. Family diagnosis applies among others, observation, community interview, caretaking interviews, individual conversations, sociometric research, including the analysis of a picture and different documents.

The diagnosis is carried out in most cases by staff of different welfare institutions, predominantly including social welfare centres, family support centres, and if a child is temporarily isolated from the family – adoption, caretaking, educational and intervention facilities. The main objective of the diagnosis refers to the real assessment of both the child's as well as family's situation, working out the best forms of assistance. Most frequently, pedagogues (with social workers or representatives of other institutions) process the family diagnosis, which aim is to (Król, 2002, pp. 201–203):

- *Determine the causes of problem or emergence of the crisis.*
- *Determine the family needs.*

- *Determine positive potential of the family.*
- *Initiate project of real actions undertaken in precisely defined time in order to eliminate the source of the problem and reinforce the family.*

The diagnosis is carried out at home, where a family feels safe, is more open and there is possibility to establish informal, friendly relation. The involved social or pedagogical staff support children and their relatives in believing in own strong, positive aspects of family life, even if due to some temporary or permanent crisis it is difficult for the family members to spot any positive features or mutually reciprocated relations. It is a way of strengthening the image of own family, self-esteem and faith in own strengths. As a long-lasting activity, it requires patience, responsibility and often a determination manifested by the professional staff. Permanent, professional pedagogical, psychological, legal and social assistance constitute altogether another condition of effective work with the family. Such support is provided for the families within individual counseling at homes, specialist consultancy (with a pedagogue or a psychologist) and if required – a family therapy. School pedagogues and court guardians also play important part in family support.

For the purpose of this article I acknowledge according to Piekarski (1987), that nowadays there are four dominant *family communities*:

- *Exemplary ones (embracing only exemplary features).*
- *Average.*
- *Unfavourable for upbringing (involving a set of many negative features).*
- *Disharmonious (with predominance of negative patterns).*

The first two types are dysfunction-free, the third one concerns such disturbances that may be corrected by activity within local communities, whereas the fourth type demands a professional intervention and a long-lasting action of specialised institutions providing support.

### **Principle of Diagnosis and Work with Dysfunctional Family**

The issue of disturbances in family responsibilities may come across as relatively new, however, practically, in Poland there have always existing units supporting the family and children. It is worth to recall, for instance, the activities of Maria Łopatkowa (1976), who, in the 1970s, recognised the significance of the family (also the dysfunctional one) in the course of children's life. The author assumed that the phenomenon of maladjustment, social orphanhood and family disintegration can be significantly decreased or even eliminated by providing on time appropriate support for the child and the family. She promoted *resistance method*, that does not isolate the child mechanically from negative influences by taking it away from the family home. The basic principle concerns the bond between the child and its surrounding. Remaining child in own environment orientates the professional efforts at strengthening the child against destructive influences in its surrounding. By all means, in a situation of a life of health threat to a child, it has to be taken away from the family, at least temporarily. Unfortunately, in the past it was notorious to move children to orphanages, thus parents were excluded from participation in the process of bringing up their own children. Next form is referred to as an *isolation method* (Łopatkowa, 1976, p. 73), which means a temporary or permanent child's separation from the family environment and moving it to the areas of favourable upbringing influences, from where such child is placed in a caretaking centre. It is simultaneously essential to sustain child's bond with the family (parents and other relatives), as well as to compensate deficiencies resulting from inappropriate influences in the natural surroundings.

There are certain guidelines for professional activities with dysfunctional family, including (see: Krzyżanowska, 2002;

- Subjective attitude towards parents. The fact that their child is in an institution does not justify patronising. It is recommended to call them by names or notice and stress slightest evidence of improvements in the status. Parents should be treated as partners, co-responsible for bringing up “our children”.
- Transparency of all activities concerning children. Even if parents are deprived of the parental rights, they still remain their children’s parents. They have the right to be informed about all decisions and issues concerning their son or daughter. They should be informed about their child’s successes and failures, be consulted with the plans that a tutor (a pedagogue or a social worker) intends to accomplish (e.g. choice of school, medical treatment or placing a child in a foster family).
- A house should be the place of meetings with parents, as this is where they feel safe and comfortable, they are the hosts and the tutors are their guests. For a pedagogue or a social worker such situation is also more constructive as they have the opportunity to observe real relations within a family and spot many other details that cannot be noticed during parents’ visit to an institution.
- Visits to their house should be subject to prior notice as in such circumstances the hosts will have the opportunity to prepare for the visit; it may be expected that they will perform “better”. In such situation it is not essential to examine the case of child abuse or problems with domestic violence or drinking, as such information is usually previously reported. The aim of the visit regards the contacts schedule and premises of further cooperation. Parents should be presented with the objective of such visit and evaluation of the previous tasks, so the family can be aware of the meeting purpose. Subsequent date for the meeting should be also arranged.
- Parents should not be talked down to, but provided with assistance in matters they are incapable of dealing with. The

principle of grading difficulties is applied, i.e. small matters are dealt by the parents individually, whereas in more complicated ones (e.g. writing an application or visit to public offices) staff assistance is recommended. It must be also remembered that effective cooperation with the family can concern only the issues and matters they are ready to solve and cope with.

- Cooperation with children’s parents is a long-lasting process and it must be systematic if positive results are expected. Activity of the “from crisis to crisis” pattern is a common mistake, as it provides solely short-term results. It is far more advisable to adopt the principle of “grading difficulties” and cherish even a small success. Each family that strikes up cooperation forms a potential point of reference for adolescent, who when turning 18, has to leave given facility.
- The activity should not embrace only the most motivated members of the family, as even those that seem completely indifferent to the cooperation should feel they are important and needed for their child in the first place.
- All family members should actively participate in establishing the objectives of intervention.
- Activities should be conducted applying methods given family is capable of comprehension and recognition.
- It is crucial to refer to assets, not only drawbacks of a given family environment.
- Cultural, racial, ethnic and religious diversity of the housing community must be recognised and respected.

Dysfunctional parents usually possess insufficient pedagogical skills, hence it is essential to provide them with skilful pedagogical training highlighting apparent mistakes, but also stimulating positive conduct.

Concluding, biological family should be supported from the first moments of crisis emergence (or even before it happens, foreseeing its potential occurrence in a given environment). If disturbances occur (i.e. the diagnosis is delayed) a child should

remain in a family and its problems should be “cured”. Even if a child will be taken to appropriate institution, bonds with families should be taken care of (sustained or renewed), as well as long-term working agenda should be adopted in order to improve the overall situation of the family and the child.

### **Possibilities of Child and Family Support in Crisis**

In practice, *professional activities within dysfunctional family embrace various ways of counseling, clinical social work, group, social and tutorial work, taking care of the family and its therapy* (Kazubowska, 2004, p. 63). On the other hand, it also sets its objective oriented at security and assistance in access to various individual, group or local community resources. There are few ranges of activities depending on the subjects responsible. For the purpose of this article I acknowledge that it considers institutional support, environmental support, and prevention of families at risk of dysfunction.

Family as a group of the social system is subject to *institutional support* of widely perceived social work that is within the main scope of activity for *social welfare centres* with their field teams and other institutions and services, executing forms adjusted to the problem given communities face. The key objective of the social work oriented at housing environment is two-directional. Initiating its forms in the existential and socially as well as upbringing areas shall result not only in economic independence of the families, but also in a positive *context of social functioning* (Frysztański, Piątek, 2002, pp. 83–85). Intervention and support favour accomplishment of these goals. The first one assumes *introduction of social support in situation and areas the family is incapable of coping* (Dyczewski, 1995, pp. 32–33), whereas the second implies that a state should not do the tasks for the family that is able to fulfill it appropriately, but rather limit its range of assistance to stimulation (activation) and support.

Unfortunately, the system of social assistance has been for years subject to *instrumental support*, primarily provided within permanent, periodical and *special benefits*. They are implemented for housing communities in particularly difficult financial situation, for whom such type of support is sometimes the only chance to fulfill basic existential needs of their members. The assistance is very often symbolic, reflected in money allocated within social support for caretaking services, medical treatment, counseling and therapy.

In many families so called *non-financial forms* are becoming more and more vital, embracing activities such as:

- *Providing children with meals at school.*
- *Material support – e.g. clothes and food supplies.*
- *Supporting children's education by providing set of textbooks and workbooks.*
- *Co-funding children's and teenagers' leisure time activities.*
- *Supporting adult members of the family in employment seeking* (Brażel, 2004, p. 15).

Apart from material, food and measurable effects of support, *other ways of non-material help are equally important*, including informative, emotional or even spiritual assistance (Kazubowska, 2004, p. 65). Families should receive as much *information* and practical tips as possible, due to the reason that indicating appropriate institutions, units or support groups can become a point of departure for family activities in order to overcome crisis. Moreover, families should be provided with *emotional* support, that may contribute to the reconstruction of social bonds, increase in self-acceptance and sense of accomplishment, providing with opportunity to cut off from marginalisation processes by recognition of own self-esteem. Stimulating *family value* may result in improvement of its internal condition, strengthening attitudes of parental responsibility, developing or improving caretaking and upbringing skills, and last but not east – arising the need to use formal

and non-formal mechanisms of support. *Spiritual support* must be also taken into consideration, as it is the reference to higher power, for which it is worth to fight with the life difficulties, on the grounds that such Absolute gives love regardless of origin, material status or gender.

As far as professional activities with dysfunctional family are concerned, some new institutions and activities they involve have come into being. A national research conducted in 1998 (Karnafel, 1998), proved, for example, that there is no homogenous caretaking system for children at risk in the family environment, nor any specialised institutions dealing with family activities. Moreover, many abnormalities in terms of placing a child in an institution were reported. For instance, while locating a child in a facility no prior family diagnosis or support for the family in fulfilling caretaking and upbringing tasks had been provided. As a result of the research, several programmes of work with children had been established in some cities in Poland (for example in Chorzów, Grudziądz, or Wrocław), subsequently widespread all over the country. Their goal was to broaden the range of tasks assigned to given institutions in supporting children at risk in their local environment and family. It included establishment of Centres for Children and Family Support. Activities involve individual care for a child at risk, shortening its stay in a given institution and improving the caretaking system, with particular emphasis on work with the family. The project comprises of three stages. The first one embraces caretaking activities over a child, accomplished in its natural environment, proceeded by family diagnosis, defining problems within and working out Individual Programme of Work with the Family. The second stage refers to taking care of the children temporarily placed in institutions, providing social and existential support within rehabilitation, caretaking, nutrition, and pedagogical as well as psychological assistance. The third stage concerns total caretaking for a child in an institution

with preventive and upbringing activities in after-school clubs, crisis hostels adjusted to child and family needs, as well as family counseling and readaptation centres.

Family foster care constitutes another aspect of social influences with Regional Centres for Family Support, predominant within this sphere after administrative and territorial reform in 1999. They overtook most of the tasks of closed down teams of social welfare, but also launched brand new projects, such as arranging care in foster families, assistance in integration with the environment of those subject to total care in some educational and upbringing units, as well as granting financial allowance to those leaving such units and foster families. It should be mentioned that in 2000 – i.e. year of the exclusion of child care from the system of education at the Ministry of National Education and handing it down to the Ministry of Labour and Social Policy – new regulations were introduced regarding foster families. It was, for instance, acknowledged, that in a situation of the necessity to separate a child from the family, all efforts should be made to place it in a foster family, not in an orphanage or other facility. The duration of a child's stay in with a foster family is managed by the social worker to introduce resocialisation activities with the family of origin. It is essential to pay attention to the maintenance of child's bond with the family and, eventually, to reintegrate the family and provide it with support in order to avoid subsequent separation.

*Crisis intervention centres* accessible around the clock constitute another important institution supporting dysfunctional families. In order to provide immediate assistance in crisis situations both personal and family helplines (also dedicated to teenagers) are available, securing not only mental and social, but also socio-therapeutic assistance. Such tools prove their efficiency as they provide with instant support, preserving anonymity and discretion at the same time. They provide real

help for those in difficult, often critical situation, supporting in easing family or friendship tensions, creating opportunities to prevent against making hasty, often irreversible choices.

System modification within *caretaking and upbringing units* must be also mentioned while analysing the activities of the social support institutions. One of the methods of supporting child in return to the biological family is keeping the Book of Life (Jeziarska, Kamińska, 2004), which provides documentation of positive information about the past, the presence and the future of a child. Each Book is different, reflecting child's age, gender, personality or interest. Nonetheless, it consists of some fixed elements constructing its structure subject to the accomplishment of the main objective. i.e. fulfillment basic mental needs and reinforcement of child's positive potential. *Genogram* is the first element, requiring to draw the network of family connections resembling genealogical tree with three generations marked. It presents a child with the image that it has a family and composes an inherent part of its heritage; it also makes the child aware of the continuity of family bonds and allows to derive satisfaction from such connection. Making such genogram often helps to determine positive potential of the family, which comes in handy for a child in improving its situation. *Lifeline* is another part of the Book of Life. Reconstructing the past is often problematic for children and they rarely remember previous events, which are sometimes confused with their imagination. Such graphical layout of the most important facts from life enables the child to order the story of own life chronically (small children represent such image with colorful houses with some writings whereas the teenagers draw a line with marked dates). The Book of Life also contains *EcoMap* defining environmental and community relations of the child. It is in most cases depicted as a tree, where each branch represents given environment and leaves that reflect given persons. It is not a fixed figure, as children often add

new figures or cross out the other. Such graph helps in better understanding of the relations between the child and environment, distinguishing important figures and defining degree of fulfilling the sense of belonging. It also assist in defining positive potential of the surrounding (advantageous in individual growth of a child), better understanding of the relation with the environment, and additionally serves a source of knowledge on degree of fulfilling child's needs and its social skills. The Book also contains so called *Assets*, i.e. a list of positive features of character, interests and skills that a child possesses, crucial in the reconstruction of own sense of self-esteem. Initially, the child is usually unable to spot own advantages, nonetheless easily pinpointing all the drawbacks. In such case a child must be told what is good and unique about it. *Good opinion* is particularly empowering as it forms a list emphasising all the achievements and successes of a given child, crucial for the sense of stabilisation in defining life goals and way of their accomplishment, as it constitutes a positive description. The child needs to know what will happen to it in the future and to have the possibility to foresee some events. Therefore, the Book of Life reports activities with the child and its family in this regard. At the beginning, after analysis of the crisis causes is done and the family needs are recognised, a long-term goal is established, e.g. return to home, preparation for independent life or improving contact with some of the family member. In order to achieve given objective, precise actions and steps are determined in specific domains of child's life, such as education, family, health, empowering self-esteem, independence, or developing own interests. Personal development plan is set up on a monthly basis, taking into account partial objectives. Planning personal development provides a very useful and practical tool of individual work with a child. Defining a goal delivers a clear vision of actions, whereas its allocation within given tasks provides the sense of matter-of-factness work. This

method also teaches a child to set up own goals and plan own actions, which is a very useful skill in adult life. Hence, the Book of Life constitutes essential mechanism to strengthen child's positive potential in many areas of its life.

Keeping the Book of Life also enables to fulfill *the sense of belonging*. A child, collecting various mementoes or getting to know the structure of own family, has the opportunity to become aware of own identity and origin. Each picture or certificate makes a child conscious of own history, stimulating the feeling of being a part of the past, having own heritage and identity. When a child looks through the Book, it can realise own improvement or observe its progress, what may be inspiring for the reflection on the purposefulness of introducing changes to own life. The Book makes children also aware of their *uniqueness and exceptionality*. It helps to rebuild the sense of self-respect, and a source of positive reinforcement provides the energy and strength to pursue in life. Moreover, it facilitates *positive presentation*. Even if speaking about it may be difficult for such children, showing own diplomas and commendations to others is much easier. While presenting their Books, children often feel proud and satisfied when others express recognition for their achievements. Thanks to it, each time children are reinforced in their sense of worth, importance, being liked and accepted by others. Having such Book provides them also with *the sense of accomplishment and opportunities to cooperate*, as nothing can appear in the Book without their consent or acceptance, and it is the child who makes the final decision how this Book should look like. It reinforces their sense of control and power, important for establishment of positive self-image. Besides, the Book serves as a symbol of their property. At orphanage many things are treated as common and belonging to the entire community, so they must be shared. The Book of Life is, on the contrary, something that belongs exclusively to the child and is only for its usage. Activities within the Book

of Life are also important for *the sense of child's stabilisation*, as they establish opportunities to predict the events and plan the future. It is also a documentation of precise child's work dedicated to own individual growth. Setting goals and defining given projects help to succeed, which is the most effective way of empowering positive self-assessment.

Keeping the Book of Life as a tool of enabling positive potential of children, delivers exceptionally positive results while working with children not only within total care institutions, but also when the tutor only supports the activities with a given child, for instance in the daycare centres. Most of the children change their image into more positive one, with risen awareness of own possibilities and consciousness of their successes within individual development. Apart from it, such document functions for children as a source of own self-esteem and faith in own strengths. It is also a recollection from the child's past, evidence of the presence and plans for the future.

Broad-based support and work for the sake of families with problems are carried out by several institutions, for instance Association of the Friends of Children, Association of Family Development, Polish Social Support Committee or Commission for Protection of Child Rights. Association of the Friends of Children focuses its efforts and resources on housing environments with the minimal income, affected by different diseases, unemployment or pathologies. Such families may receive financial, material, educational or health assistance (for special needs children), as well as psychological support. For young people, at risk of orphanhood or social maladjustment some environmental and educational units of the Association operate in the local communities (Krzesińska-Żach, 2001). Similar task, i.e. to ensure successful growth, family continuity and happiness, is assigned to the Association of Family Development. The wide-ranged actions of the Polish Social Support Committee providing the families with financial and material

help must be also stressed. Moreover, they secure caretaking and educational activities directed towards the elderly, lonely ones and disabled, providing them with legal counseling, too. As far as such activities for the sake of the needy are concerned, the objectives of Commission for Protection of Child Rights are also productive.

### **Support for the Local Environment**

School as such sets up an example of undeniably crucial local institution supporting children from dysfunctional families. The essential objectives of the school pedagogue concern, among others (Prokosz, 2006, pp. 62–63): 1. *Arranging pedagogical workshop of examination and diagnosis*, including examination of the existential conditions of children and teenagers; community interviews (gathering data in the place of living); conversations with the family and neighbours, caretaking interviews when upon gathering data an elementary support is provided (for instance while creating an application for public offices, family counseling or discussing the child's situation); recognition of child's individual needs, diagnosis of the causes of school and upbringing failures, determining negative factors in the local environment affecting the children or potentially risky (e.g. family structure, economic standards or upbringing atmosphere); keeping register of children and teenagers from disturbed environments, which are educationally insufficient or require special care (poverty, developmental deficits etc); determining social threats such as alcoholism, tobacco abuse, AIDS, etc. 2. *Assistance in arranging school didactic, upbringing and caretaking activities*, including arranging conditions to spend free time after lessons (setting up and supervising interest clubs regarding, for instance, entertainment, scientific activity or sport, providing material support for the poorest pupils and those from inefficient families (scholarships, allowances, providing meals), arranging summer and winter

leisure time activities; care for the special needs pupils, arranging correctional and compensational as well as therapeutic activities, undertaking tasks oriented at prevention of pupils' maladjustment, cooperation with teachers, headmasters, school committees, school councils, institutions supporting the process of upbringing and education, doctors of various specialisations, police officials, psychological and pedagogical centres, juvenile courts, as well as cooperation with local institutions like local social welfare centres, Polish Red Cross, Association of the Friends of Children, local parish, church associations and others; cooperation with parents (other relatives, caretakers and guardians); acquiring resources from the local environment crucial for optimal functioning of the school; improving parental pedagogical skills, expanding knowledge on the causes of maladjustment and addictions. 3. *Pedagogical individual counseling*, concerning educational failures, family conflicts, peers and social conflicts.

If a given school is attended by children from dysfunctional families and they can be examined through screening diagnosis, one of *the resistance methods* can be applied, including (Łopatkowa, 1976, pp. 65–75):

- *Mediation method*, which implies amiable and just pedagogical mediation in settling disagreements and counselling in a conflict situation. It embraces many forms, most often of conversational character, such as conveying, forecasting, confronting, providing with comfort, reconciling the feuding parties directly and indirectly, proposing specialised literature.
- *Methods consolidating family bonds*, which refer to maintenance of a contact with the family, accepting invitations to school or other institutional events, mail correspondence or phone conversations. It is unfortunately a commonplace situation when the biological parents avoid contact with the institution, hence they must be encouraged and convinced

that they are welcomed guests, not somebody worse than the rest.

- *Methods reinforcing against negative parental influence*, which should provide a child with role model opposite to the negative parental pattern. Nonetheless, the biological parents should be never depreciated. Thus, if they cannot be imitated, a child should be provided with another role model. It can concern some other relative, a teacher, a coach or a priest. By contacts with such person children do not reject own “worse” parents, but can realise that the world of adults comprises of various personal patterns, different from the one that a dysfunctional parent presents.

The resistance methods are essential when problems in a family occur, however, they are worth of application also within prevention, i.e. before a problem shall emerge. A friendly relation between school and home are indispensable in this regard. Therefore, schools should become an open area for the parents, i.e. not only the place of meetings with teachers. Moreover, teachers should visit their pupils’ parents when cooperation with the new tutoring class is launched, not when problems with a child occur.

The *facilities of a day care centres* are among institutions that also support a child in the local environment. They include educational daycentres, youth clubs or after-school clubs, which objectives are to provide opportunities to prevent the degradation of the young generation, protect them against inheritance of negative patterns of behaviour and transmitted values, observed at family home. The main goal of the youth community centres (Kelm, 2000, p. 119) *should be oriented towards supporting the family by providing caretaking and educational activities for a child in such facility*. These are run by the above-mentioned youth clubs, youth community clubs, daycare centres, but also non-governmental organisations working for the sake of the youngest members of a given

local community. Nonetheless, differentiating child's needs at given age is a challenging task for the institutions and organisations acting in a local environments, as they constantly call for modification of the range, contents and methods of work. Thus, developing and improving community care requires to arrange conditions for schools to undertake local community actions, relying the community objectives on: own activities of small groups gathering children, parents and community workers; cooperation and understanding between all social forces regardless of the viewpoints; preventing against threats and examples of pathologies in the local community; significant increase in physical abilities and exercising sport both through development of sports facilities and prevention against commercialisation and deprivation in sport; enriching the after-school educational facilities; establishing conditions favouring adaptation of the activities to the dynamics of the needs and interests of children and teenagers; grading differentiation of the leisure time activities, including organisation of specialist camps, focused on therapy, developing hobbies and talents.

In response to social needs, as well as in the context of the above recalled circumstances, the Decree of the Ministry of Labour and Social Policy dated 1 September 2000 on special purpose schools and education centres (Dz. U. dated 26 September 2000), regulated the issue of community care, referred to as daycare facilities. According to the legislator, the most significant tasks (§4) of a daycare support operating in the closest community of a child include: supporting families in accomplishing their main functions; providing assistance for the family and children with upbringing difficulties or at risk of deprivation, juvenile delinquency and addictions; cooperation with the school, social welfare centres and other institutions in solving upbringing problems.

Apart from the recalled objectives of such facilities, they should also: specialise in a special needs children care, establish

appropriate forms of community care, accept disabled children if there are no justified contraindications, prepare children, to most possible degree, to independent life; cooperate with the district family support centre and other institutions of that type; combine various ranges of the processes and procedures of providing care.

As far as the essential organisational tasks are concerned (§14), a daycare centre is obliged to provide various forms of community works such as: assistance in school, family, peer, and personal crises; socio-therapeutic workshops; correctional, compensational and speech therapy classes; individual correctional projects; assistance in learning; social welfare; providing free meals; arranging free time; developing hobbies and interests; arranging entertainment and sports classes; sustaining permanent cooperation with the child's family, social welfare and the juvenile court if applicable. Moreover, such facility should work all year long, all working days, at least four hours daily, with the opening hours adjusted to the children's and parents' needs. The presented tasks and modes of community work constitute a *multidimensional model of fulfilling children's needs* (Prokosz, 2002, pp. 73–80). The reality proves that not each facility is capable of accomplishing all the tasks within wide range of influences. It results from a set of two reasons. First of all, most of the community institutions are non-public, hence the financial flow is hindered, and in consequence problems with employing highly specialised experts (therapists) may occur. Secondly, facilities of such type should respond to the needs of the charges from given local community, i.e. not all kinds of activities may be in demand. Generally, most of the units of that type operate on the basis of actual demands of the local community, hence they accomplish only these forms that are most adequate and suitable for the charges.

The after-school clubs provide for the local communities assistance in learning and cultural as well as entertainment

activities, which are most desirable in given case. If more serious material problems occur, delivering free meals at school or other form of material support is arranged, for example providing clothes, school accessories, etc. When some family or upbringing problems emerge, children can seek assistance in local facilities such as daycare centres or therapeutic clubs, where – apart from volunteers – they have access to specialists such as pedagogues, psychologists or therapists. For those requiring other guidance, for instance in developing extraordinary interest, there are facilities in the city or county, or places where they can go for a trip to the mountains, sailing camp or develop own self in other forms of activities demanding considerable financial outlays. Such division of different institutions is reflected in the working hours. The most local ones operate few days a week, 3–4 hours daily, as they provide care for small number of children, mainly in the autumn and winter season. The district facilities are usually accessible 6 days a week offering compensational, specialist assistance, and last but not least – there are units which ensure development of hobbies and special interests, that cannot be carried out in a family, due to – for instance – insufficient funds to purchase a bicycle or a camera. In places like that the activity is basically carried out all days of the week, including summer break, when temporary or permanent specialists are contracted to support given group of children or teenagers.

Nowadays within the social reality the facilities of a day support (run in the local community) constitute the most appropriate and suitable place of compensating children's deficits, resulting from disturbances in their family's functioning. Such institutions offer escape from dysfunctional reality of many families, teaching another lifestyle and promoting favourable patterns. By these means it is possible to accomplish the complimentary principle of family influences, also concerning various places and institutions within the upbringing, caretak-

ing, socialisational and cultural priorities. Apart from public institutions established in order to support families, there are also *charity organisations* operating in many communities. Most frequently, they deal with provision of financial and material support (clothes, meals in canteens etc), medical counseling, assistance in treatment, rehabilitation, resocialisation, as well as overcoming addictions. They also run some local community centres providing with complimentary assistance in community clubs or after-school centres.

*Churches of different faiths* also offer support for individuals and families in need. They include, as far as the most widespread charitable activities of Catholic Church are concerned, support for the impoverished, lonely, elderly, homeless, disabled; family counseling (the family counselors provide counseling related to planning and functioning of the families, overcoming upbringing difficulties, and preventing juvenile delinquency); assistance for lonely mothers in difficult life position (e.g. shelters for single mothers); fighting alcoholism (promoting sobriety on the basis of the activity of parish sobriety campaigns). The Sobriety Movement embraces with its range different communities, organising lectures or other events, cooperating with health care centres dealing with alcoholism; arranging summer camps and daily summer care for children from the poorest families. In some dioceses family holidays are provided. Moreover, there are several Charity Circles working at parishes, providing with short-term material and food supplies. There are also Catholic Families Associations operating at many dioceses, providing both material and spiritual assistance. There are also other associations undertaking activities for the sake of family protection in material, educational and upbringing regards, additionally involving promotion of the family matters in the mass media, to recall, for instance, Caritas Polska or Civitas Christiana. Measurable results in supporting families are accomplished within activities of various foundations, such

as Z Pomocą Rodzinie, Pomoc Społeczna SOS, Fundacja im. Ks. A. Paszkiewiczza and many others.

### **Volunteer Activities for Dysfunctional Families**

Volunteer activities provide contemporarily with enormous support both for the welfare institutions and the local communities, where such grass-root activities emerge. *Volunteers accomplish the same objectives (although to a smaller degree) as the employees of given institutions, including those working with dysfunctional families* (Bednarek, 2002, p.205). The main operational premises are based on few principles. First of all, non-institutional support is accented, although a child can be selected by a given institution. Moreover, those providing support should present engagement and openness towards the child's problems and manifest certain set of positive personal features, principles and skills they wish to present to the charges. Besides, elementary pedagogical knowledge and competences are desirable, as much as the willingness to broaden such knowledge. In such cases, experts in given disciplines can provide consultancy and supervision. *Individual work and care* is the basic mode of approach towards a child. The best solution in such regard is the "one-to-one" relation, i.e. assigning one volunteer to one child. Cooperation between the volunteer and the child should take place in the *natural surroundings, i.e. the family*, and if possible, it should also embrace each member of such family. A volunteer does not operate alone, but *cooperates with a wider circle of specialists*. Children's development, particularly concerning those from dysfunctional families, is subject of interest for many specialists and institutions (e.g. schools, churches, psychologists, pedagogues, doctors etc). Effective assistance demands integration within all of these agents. There are also situations when due to parental negligence or unawareness a child is deprived of specialist support in given field. Such institution requires to empower the mechanisms of the analysis

of conditions and developmental needs of children, rising the family awareness with this regard, as well as gathering and introducing such family to the proposals of appropriate organisations and institutions. Children from dysfunctional families manifest many *developmental deficits*, frequently accompanied by educational, moral, emotional and social insufficiencies, often combined with medical problems and addictions. Therefore, possibly widest range of influences of the caretakers and adjusting their skills, knowledge and working methodology to the child's needs are of key importance. A volunteer is often not much older than the charge, hence they frequently enter the "elderly/younger brother or sister" relation. The peer environment has the most effective influence on the teenagers, subsequently their bond within are strong, what proves that the most effective help is provided by those, who can be treated as equals in terms of age (i.e. the same generation). Therefore, students and secondary school pupils are most suitable in this regard. *Volunteers should broaden their knowledge*, as work with dysfunctional family is related to the circumstances of encountering complex and difficult educational and upbringing situations (e.g. dyslexia, hyperactivity, alcoholism, cigarettes abuse, etc). Providing support in such circumstances demands appropriate scope of knowledge, hence it is necessary to create permanent opportunities for counseling and constant broadening of the volunteers' competences within the range of issues occurring among their charges.

Volunteers' activities often concerns (Bednarek, 2002, pp. 210–211) work at a *child's family home*. Individual work with a child in its family surroundings constitute a foundation of the volunteers' activities. Such cooperation takes place in the mode of a permanent "one-to-one" assignment. In particular cases a child can be supported by two volunteers or one volunteer can take care of two children. When personal conflicts occur, it is possible to modify the assignment. Time frameworks are fixed

individually by the volunteer in cooperation with the family taking into consideration own time availability and child's needs. At their works, volunteers put emphasis on the consistency of their efforts and loyalty towards own charge and his/her family. *Conducting developmental classes with groups.* Volunteers willing to cooperate with a group of people can arrange regular group classes within the range corresponding to their skills, such as sport, art, music, dance etc. Such classes are participated by those children that wish to attend them on a regular basis. *Arranging individual and group trips, cultural or sports events,* etc. Within their accessible resources and possibilities, volunteers can organise individual or group events, parties, trips or etc. Each case of voluntarily organised form of caretaking lasting longer than one day, or requiring taking care of a child not in its place of residence, demands a written consent of their parents and caretakers. *Cooperation with service institutions.* In order to expand and make the leisure time activities more attractive, volunteers should cooperate with other service institutions. If it is possible, children should be encouraged to participate in classes run by other groups or institutions such as scouts, cultural facilities, sport clubs or others. *Specialist consultancy.* Caretaking institution registering a child is obliged to support the cooperating volunteer with expertise counseling in accordance with their range of competences. A volunteer should cooperate with the circle of experts dealing with child development such as teachers, pedagogues, psychologists or physiotherapists in order to recognise the problems of a child accurately and integrate the influences. When complex problems occur, out of the range of caretaking institutions such as medical problems, addictions, dyslexia, etc, a coordinating unit should contact such volunteer with appropriate specialist that will provide training and expertise support for persons concerned.

122 Noticing the significance of the multidimensional support of family environment implies the necessity to modify and

broaden the range and types of activities for the sake of the families, initiating concurrently pedagogical and psychological assistance that would be complimentary to social welfare efforts. Social work perceived from such perspective undertakes both rescue, compensational as well as preventive activities, operating within the existential sphere and upbringing processes occurring simultaneously in disadvantageous communities, as well as family circles considered dysfunctional. In this regard, it is particularly important to assist in, and secure, the access to various resources – individual and those within groups or local communities. Emphasising various subjects dealing with family work, as well as signalling areas of such activity, it must be highlighted that *the need to initiate such forms that do not make one depended from social welfare, but favour independent searching for ways to overcome difficult life situation is currently the most desirable paradigm* (Wódz, 1998, p. 30). The term “empowerment” reflects the specificity of such actions that come down to assistance of a family or person in need in order to restore the sense of own worth, so they could independently accomplish own established goals. In general, prior to the problems and dysfunctions emergence, activation of local community should come first, as it constitutes the local circle where various institutions operate, encouraging to act for the sake of the community members. It must be reminded to the representatives of various community institutions that „our pupil” is also “their charge”, “their patient”, or “their parishioner”. Moreover, locally operating pedagogues or social workers should be in charge of coordination of these activities.

Concluding, it is worth to stress that on one hand – unfortunately – the number of dysfunctional families is rising, but on the other, there are more and more mechanisms and solutions compensating deficits and problems with which some citizens cannot face on their own. Nonetheless, it must be bore in mind that the current status of the dysfunctions and support is not

a constant. Taking into consideration that the world in changing, supporting efforts should be directed at openness and flexibility rather than at learning given methods and forms of support. Hence, those in charge of the social welfare system and working for such institutions are expected to expand their knowledge, improving their workshop and creativity in planning and undertaking new activities. ■