

**CRITICAL REMARKS ON NEUTRALIZATION
OF SOCIAL MARGINALIZATION
OF CHILDREN, YOUTH AND FAMILIES**

I. PROBLEMS, WHICH HAVE GROWN THROUGH THE LAST DECADE

- 1. The Symptoms of the process of social marginalization growth.**
 - a. An increase in the number of children devoid of the basic care.
 - b. An increase in the number of children devoid of the social minimum.
 - c. Deterioration of health conditions and hygiene of children from marginalized communities.
 - d. An increase in the number of children who dropped out of school system.
 - e. An increase in the number of referrals of children to care and re-socialisation institutions.
 - f. Making the forms of violence among children and youth radical.
 - g. Lowering the age of children who enter the co-operation with organised crime.
 - h. Fast process of growing and broadening of addictions among children and youth.
 - i. Lowering the age of children who come into contact with psychoactive agents.
 - j. Spreading of children's prostitution and pornography.
- 2. Marginalized communities**
 - a. An "old" social margin (estimated around 1 000 000 people) – incomplete and splitted families formed by successive generations raised in marginalized families, often in care institutions (living from day to day, neglecting their children, addicted, using violence, having problems with law, homeless)
 - b. Families that lost jobs in recent years, particularly in regions of structural unemployment (estimated around 1 500 000 people) families gradually depredating, marginalizing. Children in these families grow up in the atmosphere of crises, passiveness, helplessness, lack of prospects, feeling wrong
 - c. Many country families from decaying farms, particularly from small villages where former state farms (PGR), schools, clubs and other centres were liquidated, voided of prospects, where social structure is falling apart.

II. REASONS

- 1. An increase in the number of marginalized families and their inefficiency in upbringing children.**
 - a. Many families find it difficult to adjust themselves to changes in social and economic system,
 - b. Social and material differences are growing fast,
 - c. Local social bonds are loosening,
 - d. Protective function of the state has significantly decreased,
 - e. People from communities of poverty and social pathology have lost their life prospective and are yielding to marginalization,
 - f. Families and communities afflicted with structural unemployment undergo demotion and marginalization,
 - g. Models of inaction, helplessness and claims are strengthening among children from families afflicted with unemployment,
 - h. An increase of an alcoholism, drug addiction, violence and crime in marginalized families.
- 2. Inefficiency of the system of education of children from marginalized families.**
 - a. Children from marginalized communities have very poor cultural and intellectual heritage,
 - b. Children from marginalized communities seldom attend kindergartens,
 - c. The differences in preparing children to school are growing,
 - d. Schools limit their community and upbringing functions,
 - e. Institutions, which disseminate culture and sports, have declined or became commercialised,
 - f. Schoolteachers are focused primary on teaching,
 - g. School competition increases pressure on eliminating weak pupils and those who cause troubles
 - h. Lack of an individual teaching and upbringing towards weak pupils and those who cause troubles,
 - i. Schools are getting rid of difficult pupils (referrals to special schools, care institutions),
 - j. As a result of lowering the criteria of promotion to upper grade a backlog of schoolwork of weak pupils grows and results in dropping the children who are unable to follow the program and who miss family support out of school system.

3. Inefficiency of the system of health care towards marginalized families.

- a. The families from the social margin have many dramatic health problems,
- b. These families' health culture is low (unhealthy life style, addictions, untreated illnesses etc.),
- c. They hardly ever use bureaucratic health care service (lack of documents, social security, insurance etc.),
- d. Children from these families are not included in health care system (lack of medical aid at schools, lack of examination or vaccination),
- e. These families have no financial means for treatment and rehabilitation (dentist, eyeglasses, rehabilitation equipment etc.).

4. Inefficiency of the system of social welfare towards marginalized families.

- a. A significant limitation of non-obligatory welfare benefits,
- b. Superiority of inactive form of social aid, lack of community social work,
- c. Lack of practical skills to motivate dysfunctional families to changes,
- d. Lack of practical skills of social work with dysfunctional families,
- e. Considerable arbitrariness, behaving in an imperative manner, frequent arrogance in contact with marginalized families,
- f. Referring children to stationary care institutions due to poverty in natural family,
- g. Referring children who cause upbringing, disciplinary problems to stationary care institutions before taking adequate opportunities of supporting a dysfunctional family in community,
- h. Shortages of work of Family Aid Centres:
 - Tendency to appoint people to a post on the basis of their political background,
 - Low professional qualification and little practical experience of workers,
 - Too much bureaucracy, ignorance and arrogance of clerks,
 - Often conflicts, arbitrariness, lack of partnership and co-operation with professional environment,
 - Developing „own” public sector and discrimination against non-governmental organisations,
 - Too much bureaucracy in the system of referring children to institutions and foster families,
 - Imposing the system of evaluation and control, which create fictitious statistics,
 - Lack of diverse criteria of evaluation and financing community institutions (fictitious statistics),
 - Stress is put on quantity not on quality of services, lack of evaluation of efficiency.

5. Inefficiency of Family and Juvenile Courts' influence on children from marginalized families.

- a. Not enough competence of court judges within the confines of prevention and re-socialisation,
- b. inefficiency and too much bureaucracy in the government court system,
- c. court judges are focused on institutionalised care and isolation functions of the centres:
 - lack of referrals to different community forms of care and re-socialisation,
 - referring many children to institutions due to poverty,
 - referring many children to institutions due to inefficiency of the system of education,
 - extending a child's staying in the centre without any need.

6. Pathogenic influence of care and re-socialisation centres.

- a. A lot of children under the age of 13 stay in the centres of permanent care
- b. In the centres of permanent care the majority of children stay until they grow-up (for many years),
- c. Big (50-100 persons), institutionalised centres of permanent stay still prevailed,
- d. Children stay in centres faraway from their place of residence,
- e. There is a lack of co-education in re-socialisation centres,
- f. Too little diversity of forms and programs of work, care and isolation functions prevail,
- g. The staff is not enough engaged and has low qualifications:
 - relatively high salaries, overtime, accumulated work hours, combining one function with another,
 - tied flats, cheap food at canteen, other privileges,
 - relatively low qualification, often not relevant education, lack of professional skills,
 - authoritarian and restrictive methods of educational work prevail,
 - the majority of the staff members does not believe in the possibility of children and youth's re-socialisation,
 - most of the staff members have negative attitude towards natural families and co-operation with them,
 - most of the staff members are focused on their own needs (convenience, lack of problems, remuneration),
 - most of the staff members object to real reform of their centres,
 - most of the staff members make informal negative contracts with leaders of a so-called “double-life”,
 - the majority of the staff members knows very little about what actually happens in their groups of children,
 - the majority of the staff members is engaged in work with selected charges,
 - an alcoholism, abusing violence, thefts among the staff happen quite often,

- h. There are no systematic contacts and work with natural family,
- i. More and more centres' charges overuse an alcohol, sniff glue or take drugs,
- j. In the majority of the centres, everyday children's matters are dictated by brutal rules of the "double-life",
- k. The children in centres are being served, they can and have to do a little , they are not self-reliant and make pretensions,
- l. There is a lack of effective system of becoming self-reliant (group of becoming self-reliant, hostels, re-adaptive flats),
- m. Having stayed in centres for many years children loose contact and bonds with natural families,
- n. It barely happens that the centre refers children to various forms of foster family care,
- o. the majority of graduates do not stay on job positions, enter into addictions, violence, crime,
- p. many parents of children, who land in centres, are charges of the centres.

III. DEFECTS IN REALISATION OF THE SYSTEM'S REFORM

1. Lack of programs supporting dysfunctional family in dealing with upbringing problems.

- a. Lack of funds to conduct programs of work with marginalized family;
- b. Shortage of people willing to active work with families from social margin;
- c. Lack of skills and qualification required in work with marginalized, not motivated to changes family;
- d. There are no funds for training the staff in the range of community work with family from social margin.

2. Low quality of local, community care and re-socialisation institutions.

- a. there is a lack of viable local plans of social policy,
- b. lack of funds in local administrative districts /powiat/ (big, institutionalised centres of permanent stay consume most of these funds),
- c. due to lack of funds many day-care centres and common rooms, carried out by non-governmental organisations, decline or decay,
- d. lack of criteria to ascribe children to the day care centres
- e. in most common rooms prevail passive forms of care (doing homework, club activities),
- f. in most common rooms there are no permanent, professionally prepared staff (teachers have a second job etc.)
- g. the majority of destructive children causing significant disciplinary problems does not attend common rooms,
- h. lack of community forms of re-socialisation (e.g. probation officers centres),
- i. there is a lack of diversification criteria of evaluation and financing the day care centres
- j. there is a lack of funds for training the staff in the range of community work.

3. Lack of forms of non-related foster family care.

- a. the number of children in foster family houses is decreasing
- b. the number of family care shelters for small children, who very often go for adoption, is on the slow increase,
- c. the number of non – related foster families is raising too slow.
- d. there is a little of contract-based foster rehabilitation, therapeutic and re-socialisation families,
- e. there is a lack of non-related foster families for older children (aged 12-18),
- f. institutions of permanent stay are not interested in referring children into foster families,
- g. natural families are usually against referring children to foster families
- h. foster families are to often against children contacting with natural families
- i. lack of work with dysfunctional natural families which would prepare them to give children to foster families
- j. there is not enough work done with the child preparing him or her to enter a foster family,
- k. there is a lack of complex programs which prepare foster parents to properly discipline and raise a child ,
- l. lack of support groups and professional aid for foster parents.

4. Lack of small, local twenty-four-hour care institutions

IV. SUGESSTED SOLUTIONS

1. Supporting dysfunctional families with professional aid.
2. Development of foster family care (non-related).
3. Development of local community psycho-preventive assistance (centres, day-care centres and clubs).
4. Forming small (4-12 children), local care institutions (hostels, crisis hotels etc.)
5. Providing children from marginalized families with kindergarten care.
6. Increasing upbringing and community functions of public schools.
7. Restoring health care at schools.
8. Reform of Family and Juvenile Courts.
9. Gradual limitation and reform of stationary care, therapeutic and re-socialisation institutions.
10. Working out the merithorical standards of care and re-socialisation (e.g. "Charter of Educator").
11. Commission non-governmental organisations to conduct care, preventive and re-socialisation activities.
12. Training organisational, preventive, care and re-socialisation staff within the confines of methods of community work, work with family, therapeutic communities, re-socialisation and addiction therapy.

V. CONDITIONS AND COSTS

1. The cheapest and the most efficient is an early (kindergarten, initial teaching) work with dysfunctional family.
2. Community programs can provide neglected children with aid and support for marginalised families.
3. Community psycho-preventive programs can abstain children's marginalization while providing day care for 4 – 6 hours.
4. Community psycho – preventive programs are effective only when they have professional form.
5. Community psycho-preventive programs need permanent (full-time) professional staff.
6. Community psycho-preventive programs may significantly decrease the number of referrals of children to stationary institutions.
7. Community psycho-preventive programs may significantly decrease the number of juvenile criminals.
8. In non-governmental organisations work specialists and volunteers, what increases efficiency and decreases costs.
9. Ordering care and re-socialisation tasks to non-governmental organisations create competition and development of new forms of aid.
10. Costs of aid in maintenance of 1 child in poor natural family amounts monthly to 200-300 PLN (benefit).
11. Cost of maintenance of 1 child in community day-care centre amounts monthly to 300-500 PLN.
12. Cost of maintenance of 1 child in foster family amounts monthly to approx. 850 PLN.
13. Cost of maintenance of 1 child in stationary care institution amounts monthly to 2 000-3 000 PLN.
14. Cost of maintenance of 1 child in stationary re-socialisation centre amounts monthly to 3 000-5 000 PLN.
15. Cost of maintenance of 1 child in reformatory amount monthly to 5 000-10 000 PLN.