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Social welfare of Poland after '89, in the examples of statistical data form Rzeszow (the capital of the Subcarpathian Region)

The paper analysis the social welfare of Poland after '89, in the examples of statistical data form Rzeszow. The implementation of the market economy and the lack of appropriate actions in the area of income policy resulted in a spontaneous process of financial inequalities in the society. Social welfare institution is the institution of Polish social policy, designed to enable individuals and families to cope with difficult life situations which they cannot overcome using their own capabilities, resources and possibilities. Social welfare is provided and organised by administrative governmental bodies (the minister responsible for social security, provincial governors) and local bodies (marshals, the county-level governors and mayors (city's presidents) at the municipal level. These bodies fulfil the tasks of social assistance, in partnership with non-governmental and civil society organizations, the Catholic Church, other churches, religious organizations, natural and legal persons. The task of social assistance is to prevent difficult situations in life by taking actions leading individuals and families to become independent, and to integrate with the society. In a local/regional social assistance system it is worth remembering that today, particularly hard felt by disabled people are especially social barriers that result from the characteristic tendency of modern society to the evaluation of people according to their capacities and skills of producing material goods. On the one hand, it is proposed to create from a social economy panacea of too «social» nature of the Polish system of social policy and the use of subjects of this economy as the integration only through work.

Key words: social welfare, social protection, statistics of Rzeszow, social barriers.

Introduction. In the post-communist period discussed in this paper, the analysis of trends in social development can become a very effective tool to assess the directions of the country's development, proposed and implemented by the government and party coalitions of that time.

The implementation of the market economy and the lack of appropriate actions in the area of income policy resulted in a spontaneous process of financial inequalities in the society. Increasing income disparities, decreasing number of wealthy people and increasing number of the poor ones was not even stopped by the accelerated economic growth visible between 1995-1997. After this period a significant slowdown was noticed which caused household situation to deteriorate even further. For example, in 2000 the income of the richest group of the households – self-employed – accounted for 121% of the income of farm labour and was approximately 2.5 times higher than the income of the poorest group – living off unemployment benefits and other social assistance benefits [1, p. 28]. Social welfare institution is the institution of Polish social policy, designed to enable individuals and families to cope with difficult life situations which they cannot overcome using their own capabilities, resources and possibilities.

Social welfare is provided and organised by administrative governmental bodies (the minister responsible for social security, provincial governors) and local bodies (marshals, the county-level governors and mayors (city's presidents) at the municipal level. These bodies fulfil the tasks of social assistance, in partnership with non-governmental and civil society organizations, the Catholic Church, other churches, religious organizations, natural and legal persons.

Social assistance supports individuals and families in their efforts to meet their basic needs and enables them to live in decent conditions. The task of social assistance is to prevent difficult situations in life by taking actions leading individuals and families to become independent, and to integrate with the society. Individuals and families benefiting from social assistance are required to cooperate on order to solve their difficult situation. Social welfare since 1.05.2004 operates under the Act of

12.03.2004 [2]. On Social Assistance, and in 2003 in the context of changes in the system of social assistance, in the first stage, the social assistance pension was excluded from the list of social assistance benefits. From 1.10.2003 social assistance pension became a benefit paid by the Social Security Institution under the Act of 27.06.2003 On Social Assistance Pension [3].

Social situation in Poland after 1989, despite many undoubtedly positive changes, particularly freedom and democratization, also led to many human dramas. The word «unemployment» took a completely different meaning, the overtone of dissent of the system definitely changed, becoming synonymous with many social conflicts or even a family tragedies. Socialist society was not prepared psychologically to such transformation. Despite the assurances of the normalization of the economic situation in the country, the number of unemployed rapidly increased with each year. There were and still are the local communities where unemployment reached 25% of the population of working age. The overwhelming majority of these people found themselves destitute and without hope of finding a new job. The lack of regular income led to deterioration of living standards of a large part of the society.

The State introduced protective mechanisms in the form of unemployment benefits and a range of other social benefits. However, all this cannot provide the necessary revenue needed to live a decent life, because there is not enough money for social assistance and not everyone who needed support can benefit from this form of help. Even if this kind of help is granted it is given only for a limited period of time. The boundary between misery and poverty is often crossed imperceptibly and at that point people realise that they do not have any income, all their resources have been exhausted, and they themselves are faced with an insurmountable barrier; they ran out of their savings and they have no means to buyback destroyed things. This situation causes a chain reaction; additional negative effects of unemployment, more drastic as addictions and pathologies, leading unfortunately to further degradation of local communities [4, p. 283].

It was not until 2003-2006 when a breakthrough in social assistance system happened. During this period, some benefits were taken out outside the social welfare system. We talk here primarily about the Act of Law of 27.06.2003 On Social Pensions and the Act of 28.11.2003 regarding family benefits. Support arrangements were also organised in the Act of 12.03.2004 On Social Assistance. This Act introduced a number of significant changes, including:

- limiting the material benefits towards non-material benefits (Art. 36);
- the emergence of a new task, which is to «develop new forms of social and self-help within the defined needs» (art. 15);
- recognition of social work as a mandatory task of the municipality and the main task of the social worker (Art. 17 and 19);
- pointing out the fact than among the basic tasks of social workers are: the need to stimulate social activity and inspire self-help activities, interact with others, and to initiate new forms of assistance (art. 119);
- the introduction of the contract, which is jointly developed agreement stating the actions of both parties in order to resolve a difficult situation (Art. 6) [5, p. 30].

Though it did not bring the expected result, since centres of social help were still burdened with benefit and bureaucratic work. However, it prompted and gave the groundwork for future changes. Parallel changes to social changes were legal solutions which, although being formally outside the social welfare system have become inseparable part of it. First Act of Law of 24.04.2003 On Public Benefit defined, among others, the concept of public benefit areas and mode of contracting services, and – which is still not fully appreciated – defined the concept of statutory paid activity (activities on the verge of economic activity not being of interest to the public aid). Further acts filling the social space are: the Law on Social Employment of 13.06.2003, which defined the concept of social exclusion and social employment

concepts as participation in the «social incubators» – centres of social integration, social integration clubs and the idea of socially supporting employment – in the context of public works or part of own business in the form of cooperatives. The idea of cooperatives as the most corresponding to the spirit of solidarity model of social economy was further developed. The conceptual work focused then on the construction of a special type of cooperative combining the advantages of cooperative and non-governmental organization [6, p. 225-226].

Important role in the growth of the importance of the social economy in the social welfare system has played a change in the political approach of the European Union. Experiences in the implementation of the Lisbon Strategy, which showed that current actions based on the standard approach and the labour market instruments are ineffective. This applied especially to people who have the greatest difficulties in the labour market. Therefore, in the context of changes to the Lisbon Strategy, a new approach appeared, commenced with the Social Agenda 2006-2010. One of the elements of the new agenda is to eradicate poverty and promote social inclusion. The role of the social economy in the activities of social integration was also reflected in the documents forming the financial perspective of European Communities for the years 2007-2013.

In the Community Strategic Guidelines on economic, social and territorial cohesion for 2007-2013 it was written, simply that «the priority should be to create an inclusive labour market for people who are vulnerable or at risk of social exclusion, such as people who drop from school at young age, people unemployed for a long time, minorities and people with disabilities. It requires even greater support to create solutions enabling integration and fight with discrimination. The aim should be to improve their employability by enhancing participation in vocational education and training, rehabilitation, appropriate incentives and working arrangements, as well as the necessary social support and care services, also through the development of the social economy» [7].

First there was announced the reform of the tools and instruments for active inclusion, including: activating formula of social assistance benefits (some temporary benefit is granted in connection with the activation measures) and the new use of the tools of social work (new formulation of the social contract and the introduction of new environmental tools – local activation programme). The creation of new instruments for active inclusion of areas with a social and professional activation: educational, health and social. Secondly, the development of public-private partnership involving the definition of the concept of social services of general interest, standardization of the procedure for contracting tasks of social services of general interest and improving the cooperation of public and non-governmental organizations in the implementation of tasks through a new partnership formula which was also announced. Thirdly, an important course of action was announcing the idea of development of social economy institutions, particularly in regard to initiatives in the field of social cooperatives [8, p. 230].

The aim of this course of action is to make the conditions to create «alternative» work places for people excluded from the labour market, who thanks to the obtained support from institutions active in the field of social and professional reintegration will be able to return to the social and professional roles. Institutions of a social economy character aim at increasing the participation of citizens in shaping local social policy. In the area of social economy institutions – in accordance with the provisions of the National Plan – support is required by such entities as social integration centres, clubs, social cooperatives, professional activity units, occupational therapy workshops and NGOs.

Today, according to the implementation of the various resolutions and government regulations, the tasks of the municipality include: a mandatory municipal development and implementation of strategies for solving social problems, with particular emphasis

on social assistance programmes, prevention of alcohol problems, and others, which aim is to integrate individuals and families from risk groups. In addition, they are preparing the assessment of social support resources on the basis of an analysis of the local social and demographic situation of the municipality in terms of social welfare; providing shelter, food and necessary clothing to those who were deprived of those basic things. Municipalities are responsible for granting and payment of periodic benefits, granting and payment of targeted benefits to cover expenses incurred as a result of a fortuitous event, also granting and payment of benefits targeted to cover expenses for health care services to the homeless and others who have no income and opportunities to obtain benefits under the provisions of general insurance in the National Health Fund; as well as the payment of contributions to the pension scheme as a person who resigns from employment due to the need to exercise direct personal care for long-term or seriously ill family member.

Municipalities, including the cities and towns on poviats rights, also Rzeszow, organize the provision of care services, including specialist, at the place of residence, with the exception of specialist care services for people with mental disorders. Moreover, they provide places in sheltered housing, provide food for children, issue a referral to a social assistance places and cover payments for residents who stay in such houses, they often organize help for those who have difficulty in adapting to life after release from prison, and help with funeral costs, especially to the homeless.

In the current system, municipalities are responsible for the payment of specially targeted benefits; granting and payment of the assistance leading to economic independence in the form of benefit, loans and other forms of help. They are responsible for the management and provision of places in nursing homes and centres with a range of municipal support and guidance to people in need of care, as well as performing other tasks in the field of social assistance in response to identified needs of municipalities, including the creation and implementation of protective programmes including cooperation with the district job centre for the dissemination of jobs and information on vacancies, dissemination of information about the services of guidance and training.

Currently, there are also set tasks assigned by the government implemented by the municipality in terms of social welfare in their area and they include: the organization and provision of specialist care services at the place of residence for people with mental disorders, granting and payment of targeted benefits to cover expenses related to natural or ecological disaster, as well as conducting environmental and infrastructure development of self-help homes for people with mental disorders. In addition, activities are carried out under the government social assistance programmes, designed to protect the standard of living of individuals, families and social groups and the development of expertise; granted and targeted benefits are paid, as well as providing shelter, food and necessary clothing to foreigners who have obtained a permit for permanent residence in the territory of the Republic of Poland [9].

Selected examples. These theoretical assumptions in the field of social policy are implemented by the staff of Health Department UM Rzeszow, they also deal with contemporary issues related to the conclusion and implementation of agreements on the following matters:

- a) determining the way of the transfer of funds for the maintenance of children placed in foster care;
- b) determining the conditions and manner of providing funds for the stay of children in residential institutions;
- c) determining the conditions and manner of providing funds for the stay of persons with disabilities in educational day care;
- d) planning funds for the implementation of above mentioned agreements.

Responsible workers make visits to the premises in which they are meant to be created nurseries or children's clubs: then regular surveillance of children's nurseries and clubs operating in the city, in terms of the conditions and quality of care is carried out. Obligatory material and financial reports in terms of childcare under the age of 3 are drawn. Moreover, there are issues related to the creation and implementation of local social assistance programmes, protective programmes, in particular the development, updating and implementation of action programmes for families with many children and for foster families. Coordination of projects carried out by the departments and organizational units for large families and foster families and initiating measures for families with many children, including those carried out by public benefit organizations, businesses, housing associations is also coordinated by the office described here.

In terms of professional activation of people with disabilities and cooperation with non-governmental organizations the cooperation with specialized entities and institutions to help people with disabilities is conducted, as well as making the rotas for twenty-four hour pharmacies in the city.

Rzeszow UM Health Department supports the supervision of the Mayor on the following organizational cooperating units:

1. The Sobering Station in Rzeszow.
2. Municipal Nurseries in Rzeszow.
3. Social Welfare Centre in Rzeszow.
4. Independent Public Healthcare Facility No. 1 in Rzeszow.
5. Independent Public Health Care and Addiction Treatment Centre in Rzeszow.
6. Care and Education Institutions – Home for Children and Youth «Mieszko» in Rzeszow.
7. Nursing Home for the Chronically Mentally ill people in Rzeszow.
8. Nursing Home for Veterans named after Bohaterow Westerplatte in Rzeszow.
9. Nursing Home for Elderly People and Physically Disabled People in Rzeszow.
10. Social Welfare Home for Adults with Intellectual Disabilities named after Jozefa Jakli ska in Rzeszow.
11. Family Orphanage in Rzeszow.

Social assistance in Rzeszow in the light of the statistical data can be analysed as an example of expenditure on social assistance.

Extremely important are the numbers indicating number of high school students who received social support. In the school year 2012/2013, a total number of registered facilities was 123. Financial support granted to students (in the school year 2013/2014):

- school scholarships (social) were paid in the amount of 1.833 students approx. 1.3 million zł;
- school allowances: 75 benefits paid in the amount of approx. 26 thousand zł;
- scholarships for academic performance: 724 scholarships were paid in the amount of approx. 1.4 million zł;

Table 1

Expenditure on social assistance in Rzeszow

Year	2003	2004	2005	2006	2007	2008	2009	2010	2011
Expenditure (zł)	37.016.138	36.545.160	72.262.663	81.618.335	87.964.972	90.275.048	89.839.437	94.295.166	96.906.039

Source: Based on data from the Statistical Office in Rzeszow.

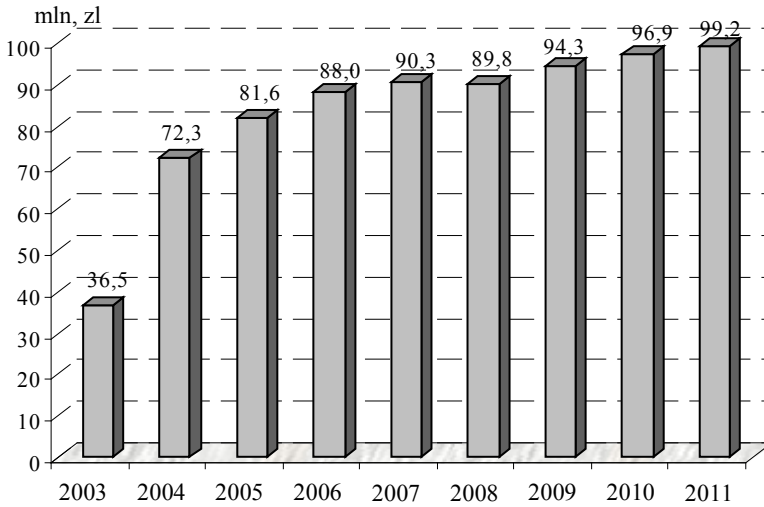


Chart 1. Expenditure on social assistance in Rzeszow

Source: Data from Rzeszow Town Hall Office, 2012.

- scholarships for outstanding achievements: paid 72 scholarships in the amount of approx. 130 thousand zł;
- scholarships for young engineer: paid 136 scholarships in the amount of approx. 400 thousand zł;
- school starters (subsidizing the purchase of textbooks) in 2012, was paid in the amount of approx. 350 thousand zł for 1 341 pupils.

In addition, social assistance benefit was also paid for the period from January 2013 till December 2013:

- The number of families who have been granted benefits as a part of the tasks assigned to municipality – 99.
- The amount of benefits as a part of the tasks assigned to municipality – 1,059,412 zł.
- The number of families who have been granted the benefits as a part of municipality's tasks – 4587.
- The amount of benefits as a part of municipality's – 19,437,021 zł.
- The actual number of families who have been granted the benefit in the framework of provision of outsourced tasks and responsibilities of their own, regardless of its type, form, number and source of funding – 4675.
- Aid granted in the form of social work in general – 5418 families.

The number of services in the field of family benefits (family allowances with supplements, nursing allowances, etc.) – benefits for the period from January to December 2013:

- The number of services in the field of family benefits – 140363.
- The amount of family benefits paid – 20,790,831 zł.
- Number of benefits of pension contributions – 5 334.
- The amount of benefits of pension contributions – 796 zł 471.
- Number of health insurance benefits – 1 166.
- The amount of health insurance benefits – 57 925 zł.
- The number of decisions issued regarding family benefits – 9 133.
- The number of families receiving family benefits 7 640.
- Number of alimony benefits for entitled persons – 13 010.
- The amount of alimony paid – 4 989 735 zł.
- The number of decisions on alimony fund – 2.165.

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- The number of people receiving benefits from the Alimony Fund – 1 095.
- The number of families receiving housing benefits – 2 788.
- Number of issued decisions on housing benefit – 5 839.

To complete the information defining the areas and volumes of social support in Rzeszow statistical data from the Social Welfare Centre in Rzeszow should also be provided (as of 31.12.2013):

- The amount of benefits assigned to municipalities – 956 147 zł.
- The number of families who have been granted the benefits as a part of municipality's tasks – 3 354.
- The amount of the benefits as a part of municipality's tasks 6,181,074 zł.
- The actual number of families who have been granted benefit, regardless of its nature and form – 3755, including foster families – 114.
- The actual number of families who have been granted assistance in the form of social work – 1572, including foster families – 114.

In addition, we have obtained data from the Counseling and Crisis Intervention Specialist Centre, which had the following number of places in sheltered housing – 4 persons. The number of people living in sheltered housing – 6. Number of hostel places for victims of violence – 21. The number of people living in – victims of violence – 25. Number of families who received specialist counseling (psychological, educational, sociological, legal) – 1.097. Number of people who received special counseling – 2.563. The number of people with the problem of domestic violence – 411 (295 families). The number issued Blue Cards – 304 (250 established working groups).

Extremely important is also the number of statutory places in the Childcare Centres, among others, in the House for Children and Youth «Mieszko» – 55, the number of children living in the institution – 40. Number of statutory places in emergency care unit – 25, the number of children living in emergency care unit – 26 people. The number of Social Assistance Houses (DPS) – 4, number of statutory places in DPS – 473, the number of persons in the DPS on the day 31.12.2013 – 460. The number of persons in the DPS in 2013 – 107 including: the inhabitants of Rzeszow – 98, residents from outside of Rzeszow – 8. Number of Support Centres – 3, number of statutory places in Support Centres – 197, the number of participants attending Support Centres – 144, the number of people using day care – 19, the number of people using day care and meals – 80, the number of people using take away dinners – 40, the number of people eating dinners at dinner – 5 [10].

At this point it is worth mentioning the implemented projects co-financed by the European Union through the European Regional Development Fund under the Regional Operational Programme for Podkarpackie Voivodship for the years 2007 2013 «We are investing in the development of the Subcarpathian province». It was the Priority Axis 5: Public infrastructure, Measure 5.2: Infrastructure for health care and social assistance scheme B: Social assistance. The Managing Institution was the Managing Board of Podkarpackie Voivodship, while the beneficiary City of Rzeszow. Projects have focused on improving the infrastructure of social welfare institutions in Rzeszow,

Table 2

Social assistance facilities in Rzeszow

Specification	2003	2004	2005	2006	2007	2008	2009	2010	2011
Facilities (with branches)	6	8	8	8	7	7	7	7	8
of which social welfare homes	4	4	4	4	4	4	4	4	4
Places (with branches)	475	609	628	627	587	557	582	573	582
Residents (with branches)	478	595	605	604	560	570	561	558	551

Source: Rzeszow w liczbach, Urząd Statystyczny, Rzeszow 2012, p. 39.

they aimed at improving the availability and quality of social welfare services carried out by the Social Welfare Houses, equalising opportunities when it comes to access to care facilities, providing residents with the conditions according to the existing standards. Implementation of projects contributed to providing the residents with independence, which will be tailored to the level of performance and autonomy in nursing homes. Modernization included the superstructure and reconstruction of buildings, thermal insulation of external walls and internal restructuring of the system of electrical installations, solar installations, replacement of roofing, connecting water supply system to the building, fitting buildings with facilities necessary for the people with disabilities [11]. Development of investment in the future will provide money for the customization of these facilities to the standards of applicable regulations. Also the realization of investments will help to provide additional jobs, increase the number of users with various forms of therapy, increase the chances of people from rural areas for getting a place in these institutions. The investment will provide residents with dignified and safe conditions of life, as well as it will improve the quality of health care and the promotion of access to social assistance for residents of the capital of the Subcarpathian province and the region.

Department of Public Health of Medical University of Rzeszow performing the tasks related to social assistance cooperates with the District Sanitary and Epidemiological Station in Rzeszow. Thus we see that the potential area of mandatory health care, especially in the area of the EC, is going in the direction of support previously disadvantaged groups, especially children and young people, women, people above 50, minorities, people from various religious or sexual backgrounds, and communities at risk of the effects of the restructuring of the system.

In addition, in order to emphasize the meaning of social cross-border cooperation, which is the starting point of this paper, prepared to support the Polish-Ukrainian border issues, it should be noted that on the social assistance issues nationality is not important, because of 01.01.2014 – the date of validation of the Agreement on Social Security between Poland and Ukraine, signed on 18.05.2012 in Warsaw, the Polish Social Insurance Institution began implementation of the agreement especially in the field of pensions. The agreement may make it easier to obtain Polish and Ukrainian pensions and annuities to people who worked in both countries. This information is extremely important due to the increase in number of Ukrainians working and studying in the south-east Poland, especially in the capital of the region – Rzeszow.

This agreement especially applies to persons who are subject to social insurance in Poland and Ukraine, in particular when they were employed or self-employed; subject to social insurance in one state and live in another, and family members applying for a family pension after the above mentioned persons.

Benefits covered by the agreement include pension, disability pension, survivors' pensions, pensions in a case of accidents at work and occupational diseases, one-off compensation from accident insurance, funeral benefits.

With this latest Agreement persons who in Poland or Ukraine do not have the length of insurance required for entitlement to a pension, can purchase this benefit after taking into account foreign insurance periods completed in another country – Party Agreement [12]. In such cases, for the purposes of the pension whether in Poland or Ukraine, together the periods of insurance in both countries, and the benefit will be determined in proportion to the period of insurance in the State granting the benefit.

Binding of the Republic of Poland, the nominal member of the EC, the bilateral agreement with Ukraine makes it possible to both Polish and Ukrainian citizens to obtain, inter alia, pensions from one or both countries, due to the aggregation of insurance periods completed in Poland and Ukraine insurance periods when the person does not currently have sufficient periods of insurance for granting the benefits in one of these countries, or both. This means that the agreement provides the transfer

of benefits to eligible persons in one of the States Parties to the Agreement and residing in the territory of the other State. This also means that the agricultural pension benefits – pension can be passed by ASIF person entitled to residence in Ukraine, and the Ukrainian pension/annuity may be transferred to the eligible person residing in Poland.

The scope of the Polish-Ukrainian agreement includes the following social security benefits realized by ASIF: farmers insurance against sickness, maternity and accident; one-time compensation for an accident at agricultural work or occupational disease; sickness benefit; maternity benefit from pension insurance; agricultural pension, pension farming due to inability to work, including pension for incapacity for work due to an accident at work in agriculture or agricultural occupational disease; survivor's benefit; funeral allowance.

The Ukrainian side of the agreement covers the provision of universal social insurance state, which relates only to the disease (temporary disability), pregnancy and childbirth (maternity), accidents at work and occupational diseases, and/or death from these causes, pensions and annuities in respect of: disability, loss of breadwinner, seniority in accordance with the laws of the universal state pension insurance, funeral allowance. The application should be supplemented by the required supporting documents justifying granting the funeral benefit specified by Ukrainian legislation. To obtain a pension/annuity in Poland or Ukraine, it is necessary to fulfil the conditions required by the national legislation of each of these countries, e.g.: required pension age, demonstrating long-service insurance (if in the Member State legislation there is the need to demonstrate this internship for entitlement to a specific benefit) [13].

In a local/regional social assistance system it is worth remembering that today, particularly hard felt by disabled people are especially social barriers that result from the characteristic tendency of modern society to the evaluation of people according to their capacities and skills of producing material goods.

Therefore, people with disabilities are often treated as an economically unproductive, and they are often perceived in society as an additional burden, increasing this group dependence on social assistance. For this reason, it is extremely important to foster the idea of integration of people with disabilities into society, which derives from the fundamental human rights and aims to enable people with disabilities to lead a normal life in conditions that were created for other members of society [14, p. 10]. However, it is often forgotten that the restriction of opportunities for active life, especially professional, by people with disabilities is only a result of the world adapting only to the capabilities and needs of healthy and efficient people. Stereotypical thinking cause that people with all kinds of disabilities are seen as helpless, with hostile attitude towards other people, having troubles in everyday communication and are usually unable to work.

On the one hand, it is proposed to create from a social economy panacea of too «social» nature of the Polish system of social policy and the use of subjects of this economy as the integration only through work. On the other hand, there is the allegation that the introduction of the social economy is part of the instruments help to dismantle the social policy and is simply an additional area of absorption for low-productive workers, which the market sector nevertheless will not accept [15, p. 2].

The development of surveys on social assistance in recent years has increased quantitatively and qualitatively due to the overall increase of typical areas of support for people affected by poverty or disability – excluded. Financial resources are left secured in European funds for implementation of activities under the current needs and the implementation of the planned modernization, making funds available to social aid workers. Methodology of surveys on social issues coincided well in recent years with the prepared analyses for the occasion of the anniversary of 50 years of the Statistical Office in Rzeszow.

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Розглядається соціальний захист населення Польщі після 1989 р. на прикладі статистичних даних з Жешува. Упровадження ринкової економіки та відсутність відповідних дій у сфері політики доходів призвела до спонтанного процесу фінансової нерівності в суспільстві. Інститут соціального забезпечення – це установа польської соціальної політики, розроблена для окремих осіб і сімей, щоб впоратися з важкими життєвими ситуаціями, які вони не можуть подолати, використовуючи свої власні здібності, ресурси та можливості. Соціальне забезпечення надається і організовується адміністративними державними органами (міністерством, відповідальним за соціальне забезпечення, губернаторами провінцій) та місцевими органами (маршалами і мерами повітів (президентами міст) на муніципальному рівні. Ці органи виконують завдання соціальної допомоги у партнерстві з неурядовими організаціями та організаціями громадянського суспільства, католицькою церквою, іншими церквами, релігійними організаціями, фізичними та юридичними особами. Завданням соціальної допомоги є запобігання складних ситуацій у житті окремих осіб і сімей і допомога їм стати незалежними й інтегруватись у суспільство. На місцевому/регіональному рівнях системи соціальної допомоги не варто забувати про людей з обмеженими можливостями та про соціальні бар'єри, що виникають через тенденцію сучасного суспільства до оцінки людей відповідно до їх можливостей та навичок. З іншого боку, пропонується відступити від пануючої занадто «соціального» характеру польської системи соціальної політики та використання інтеграції тільки через роботу та ринкові механізми.

Ключові слова: соціальне забезпечення, соціальний захист, статистика Жешува, соціальні бар'єри.

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