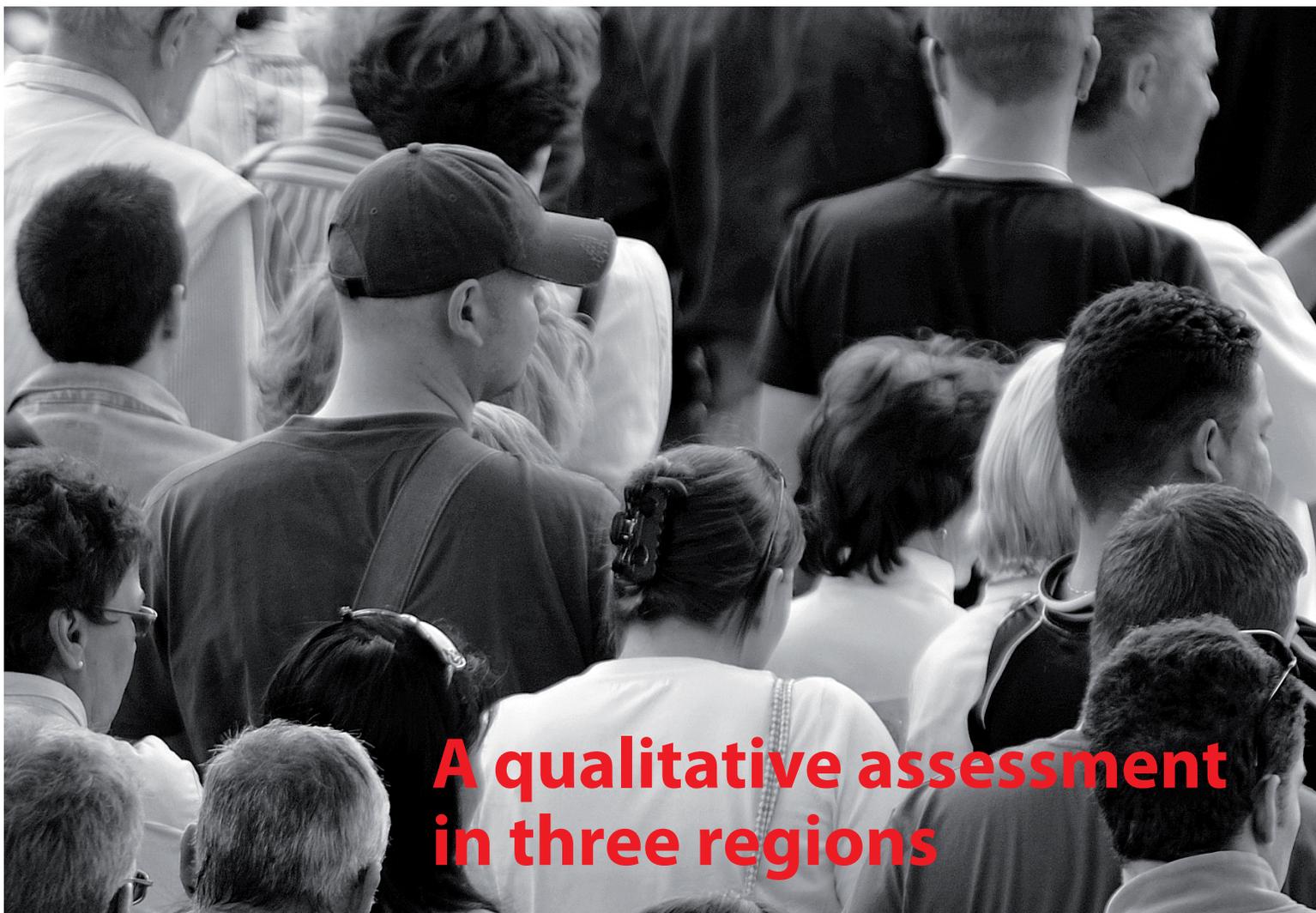




THE WORLD BANK

TOWARD GREATER SOCIAL INCLUSION IN POLAND



**A qualitative assessment
in three regions**

Social Development Unit
Europe and Central Asia Region
The World Bank

Final Report
May 2014



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Document of the World Bank

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ACKNOWLEDGEMENTS

This research draws on the contributions of many people who participated in the focus group discussions and in-depth interviews. We would like to thank the around 220 socially excluded men and women and the 30 government and NGO officials who shared their experiences and opinions with us.

The report was prepared by Rob Swinkels (Task Team Leader) based on a field research report produced by Zdzisław Mach, Alicja Pałęcka, Helena Szczodry, and Marta Warat of Jagiellonian University, and a rapid assessment report by Beata Plonka. Regional background reports were prepared by Agnieszka Król, Alicja Pałęcka, Agnieszka Pasięka, Justyna Struzik, Helena Szczodry, and Marta Warat of Jagiellonian University. The report benefited from additional written contributions from Arjan de Haan, Agnes Couffinhal, Jarosław Hawrysz, Matteo Morgandi. and Beata Plonka.

The team benefited from the support of many people. Xavier Devictor Elisabeth Huybens, Laszlo Lovei, Kyle Peters, and Ismail Radwan, provided overall guidance. Written comments were received from peer reviewers Agnieszka Chlon-Dominczak, Jose Cuesta, Arjan de Haan, Isabelle Maquet, and Rodrigo Serrano as well as from Christian Bodewig, Maitreyi Das, Kamila Kasprzycka, Maria Beatriz Orlando, and Emcet Tas. We also appreciated comments and suggestions from Nina Arnhold, Anna Bokina, Anna Bieńkuńska, Pascal Boijmans, Elisabetta Capanelli, Paweł Chorazy, Barbara Dybkowska, Kazimierz Frieske, Colum Garrity, Roberta Gatti, Zuzanna Grabusińska, Kamila Kasprzycka, Paweł Kubicki, Iga Magda, Ryszard Malarski, Valerie Morrica, Maria Beatriz Orlando, Dominik Owczarek, Daniel Owen, Katerzyna Ptak, Anna Ruzik-Sierdzińska, Marek Rymsza, Kenneth Simler, Emily Sinnott, Monika Stanny, Magdalena Szymczak, and Elżbieta Tarkowska. Administrative support was provided by Barbara Cetner, Agnieszka Boratynska, Malgorzata Michnowska, and Victoria Bruce-Goga.

We are grateful to Jagiellonian University and Andrzej Mania, its Vice Rector for Educational Affairs, for the excellent collaboration.



EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Introduction

In Poland, addressing the situation of the remaining poor groups is likely to become much harder over time as their problems are likely to be deeper and their situation more complex. A social inclusion approach that tackles their multiple disadvantages will be needed.

This study aims to contribute to Poland's social inclusion debate by providing policy makers and civil society with evidence from the field about (1) what population groups are currently "socially excluded;" (2) what are the driving factors of their exclusion; and (3) the success and failure of current social inclusion policies and programs. The ultimate goal of this work is to make current social inclusion interventions more effective by learning from what has been tried. The findings are particularly relevant now that a new EU funding cycle has started, with part of the funds earmarked for tackling social inclusion.

Data were gathered through qualitative research conducted in May and June 2013 by a research team from Jagiellonian University. This approach was chosen to complement the many quantitative studies on social inclusion in Poland and to fill the information gap on the performance of social inclusion interventions in the field. Qualitative research methods allow for the collection of textual data on social, political, and economic processes and provide space for unexpected findings to emerge. The fieldwork included 18 focus group discussions with 225 excluded people, 30 interviews with officials, and 9 case studies of individuals.

The study was conducted in three regions: Malopolskie, Podkarpackie, and Mazowieckie (in Radom County only). The first two are among Poland's poorest regions in terms of income poverty. The part of Mazowieckie in which the research was conducted also has a higher than average poverty rate; in addition, the unemployment rate there (31 percent) is much greater than the national average (about 13 percent in 2013). Capitals of the other two regions were excluded from the research.

Nine municipalities—three in each of the three regions—were selected for in-depth field research. Municipalities were selected according to a number of criteria, including the type of social exclusion experienced in the area, the kinds of social inclusion services offered, and whether they are rural or urban. In each municipality, two focus group discussions were held with the population groups that regional and local informants said experience the most exclusion. Separate group discussions were held with men and women, and with young and old people.

What do we mean by social inclusion?

Poverty, inequality, and social exclusion are often used to refer to the same phenomenon. However, while poverty and inequality are outcomes, social exclusion is both an outcome and a process. As stated in a 2013 World Bank report about social inclusion, "Social exclusion may well be about poverty, but it is often about more than poverty—and at certain times, it is not about poverty at all. At still other times, it helps explain the root causes of poverty. Exclusion can intersect with poverty, deriving from a set of multiple, interrelated disadvantages that result in both economic and social deprivation (Silver n.d.). It is also key to explaining why some groups remain trapped in poverty, failing to benefit fully from public investments in, say, education and health" (World Bank 2013). The poor are not homogeneous but rather differentiated on the basis of occupation, ethnicity, place of residence, or age. Understanding this diversity is important for developing effective policies.

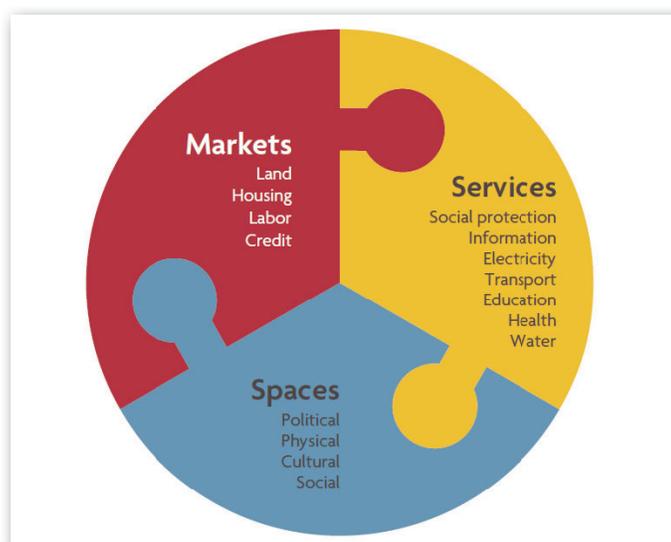
The concept of social inclusion implies asking **why certain groups are overrepresented among the poor; why certain groups remain trapped in poverty**, failing to fully benefit from public investments in, say, education and health; and why they receive poorer quality services. A recent World Bank report on social inclusion states, "the concept of social inclusion...exposes the inter-locking, multi-dimensional nature of chronic deprivation arising from social exclusion such as discrimination that plays a key role in driving the simple and more readily observable correlates of poverty (lack of schooling, poor health, and limited returns to labor market participation)" (World Bank 2013).

Social exclusion also exposes the norms and belief systems that underpin exclusion. The underlying causes of poverty are largely invisible in standard empirical data and thus largely unexplored in typical poverty analysis and left out of poverty reduction strategies. Deprivation arising from social exclusion tends to occur on multiple axes at once; policies that improve just one of these axes (such as improved access to education) will not unleash the grip of others (World Bank 2013).

Individuals and groups take part in society in three interrelated domains of social inclusion: markets, spaces, and services (see Figure A). These present both barriers to and opportunities for social inclusion. Social relations play out in both

land and labor markets, which are often interlocked with credit markets. Access to services is essential for improving the terms on which individuals take part in society, and being able to “claim space” is essential for inclusion (World Bank 2013).

Figure A. The domains of social inclusion



Source: World Bank, 2013.

Who is perceived to be excluded in Poland?

Focus group and interview subjects were asked, “Who in your view is most socially excluded in this area?” Respondents consistently pointed to several categories of people, many of which overlapped. Answers did not differ substantially across the three regions, but some groups that officials identified as socially excluded did not appear on the lists made by the focus group participants.

Focus group discussion participants identified the unemployed as the most important excluded group. Inability to obtain a secure job is a central cause of deprivation across the three regions. This group was consistently mentioned in all groups and interviews. Youth were the second most frequently mentioned group, followed by the elderly; people broadly regarded as “materially poor;” and women. People with disabilities were mentioned only by focus groups conducted in rural areas. Here, people with high levels of education were also identified as excluded. People with low levels of education were also brought up, as well as the working poor, people with large families, and smallholder farmers.

Interviews with government and social services center representatives also suggest that the unemployed are the most important excluded group. They were mentioned in all interviews. The second most frequently mentioned group was the elderly, followed by people with disabilities; people addicted to alcohol; and families with parental problems.

While officials referred to people addicted to alcohol, the homeless, ex-convicts, and families with parental difficulties as socially excluded, these categories of people were not identified as socially excluded by any of the focus group discussion participants. In fact, socially excluded people made negative comments about this category of people during focus group discussions. This suggests that some excluded groups are not recognized as such by other excluded groups, who might not see other groups as deserving help.

Why are they excluded?

Lack of (stable) employment is seen as the most important factor, behind social exclusion. Group discussions with youth, long-term unemployed people, and other categories, as well as interviews with officials in our sample overwhelmingly pointed to unemployment as the central factor for exclusion. Once a person has a stable job, s/he is much better positioned to access health care, transport facilities, or participate in social and cultural events. There is a mutually reinforcing relationship between jobs and social cohesion.

EXECUTIVE SUMMARY

Respondents suggest that worker abuse by employers is a serious problem made worse by the existence of “junk contracts” that offer little job protection. Many officials also reported that the lack of stable employment opportunities is an important cause of exclusion. The only employment options consist of short-term unstable jobs with “flexible” labor contracts. In Poland, 27 percent of employees had temporary contracts in 2011, the highest proportion in the EU. Participants in one focus group stated that they often feel helpless and have no choice but to accept humiliation and abuse at the hands of their employers because their labor contracts provide no protection; they fear they could be fired anytime.

Labor market barriers particularly affect the youth due to low or inadequate education and training. Some respondent claimed that in rural areas being highly educated can lead to unemployment and social exclusion. Many social services center representatives claimed that youth are at a disadvantage because of their lack of work experience. Lack of stable or alternative employment means they often end up in successive internships. Lack of skills is also a reported problem for middle aged workers who worked mostly during the Communist era. A large portion of respondents stated that political and personal connections are increasingly essential for getting a job; having an education is insufficient.

Gender equality is a problem in the labor market. It is perpetuated by weak family support policies and norms around women’s roles. Group discussions with young men and women in Malopolskie, as well as with young and older unemployed women in Podkarpackie, revealed that many women have to give up their jobs once they have children. This is due to the lack of nurseries and kindergartens as well as the social norms that regard women rather than men as responsible for child care.

After unemployment, lack of access to quality health care was most often mentioned as a reason for social exclusion. It was raised by both male and female participants from all age groups and locations (urban and rural areas). Respondents complained that the only way to avoid the long wait times for public health services is to have personal connections or, occasionally, to pay bribes. Medicines have become expensive and pharmacies have shortened their hours of operation. In rural areas the situation is worsened by poor quality of services and delays in emergency services. This leaves expensive private health care as the only available alternative, which means that without sufficient income or savings, accessing health services is difficult.

Relatively weak civil society organizations and lack of trust among community members in small towns and villages impede political participation and visibility. Excluded people in our focus groups were disappointed in local politicians and seemed to acknowledge the need to personally get involved in community life to improve their situation. But trust among community members is low. This is confirmed by the European Social Survey (ESS), which in 2008 showed that only 10-20 percent of Polish respondents agreed with the statement, “Most people can be trusted;” this was three times lower than in Denmark, Norway, and Finland. Poland also has among Europe’s lowest levels of social activity, voluntary work, and willingness to participate in organizations. This is likely to be a legacy of the Communist period when membership in many “social” organizations was compulsory.

Group discussions with excluded people revealed frustration with the limited responsiveness, lack of goodwill, and unwillingness of local officials to listen to their needs. Many focus group discussion participants reported feeling ignored and like they live in a society in which the rich minority have all the power.

Excluded people reported feeling humiliated by workers from municipal social services centers or other institutions. Municipalities and nongovernmental organizations (NGOs) offer a range of different types of social benefits; although these services are much appreciated, people sometimes feel ashamed to ask for help from the municipal social services center, in particular when they are accused of cheating on their income or assets.

Social inclusion interventions and their performance as perceived by study respondents

Vocational and professional training is one of the most common interventions for social inclusion. However, knowledge and skills absorbed by such programs are not often regarded as useful for finding employment. Respondents and officials claimed that these courses tend to be too general and have limited relevance for the labor market. Most people remain unemployed after completing these courses. The problem may be the limited demand for labor and the poor quality of the courses, rather than a low level of education and skills of the unemployed. A review of evaluations of Poland’s European Social Fund (ESF) programs showed that the unemployment rate among program beneficiaries was reduced by 8 percent compared to a control group that did not receive the programs (PAG Uniconsult, 2012). Respondents reported that internships are popular and some good practices exist. However assignment methods were claimed to lack transparency, and there were said to be limited opportunities for stable employment after completion. Annex 4 presents more detail on the ESF program in Poland.

Some programs that promote employment of disabled people appear successful. The ESF-funded program “Participation and integration—a chance for a better tomorrow” (which also targets people without disabilities) organizes activities such as physical rehabilitation services, consultations with psychologists, consultations with parents experiencing problems with child care, and career training and social gatherings. A number of focus group discussion participants said they were able to find employment upon completing the courses. They also said they had become more motivated and had raised their aspirations.

Study respondents complained about complicated application procedures for starting their own business, even if there is existing evidence that ESF supported programs in this area were successful. A review of 34 evaluations of Poland’s ESF program concluded that one of its most successful programs are the business start-up grants, which are offered by the Employment Office (PAG Uniconsult 2013). These can consist of up to 12 months of a typical salary for start-up companies. However, study respondents complained about complex application practices and reported long waiting times for applications to be accepted.

According to a voivodeship official in Podkarpackie, that region’s “social contracts” are an effective means of inclusion. These are offered by social services centers and aim to activate people who currently receive social benefits. They consist of an agreement signed between a social worker and an unemployed person that sets out the obligations and rights of both parties. The jobless person is obligated, for example, to participate in professional training, psychological support, and professional consulting. Failure to meet these obligations results in refusal of unemployment benefits. Such contracts were said to have increased participants’ self-confidence and enhanced their chances of finding employment. Social contracts have been introduced in Poland in a national Act on Social Assistance. (See appendix 1 for more on this and for other good practices.)

There are a number of special health care services for excluded people, but some tend to be expensive. Care services at home are seen as very valuable but not easily available. These services are provided by the social services centers in urban areas and are intended for the elderly, the disabled, and people with mental problems. However these cost about 3000 PLN per month—roughly three times a typical pension—and most people cannot afford them. In the municipalities that were sampled in Radom County, Mazowieckie, assistance for alcohol abusers and their families is provided through free self-help groups supported by a psychologist. These help beneficiaries break their cycle of exclusion, build their self-esteem, overcome apathy and depression, and take initiative to change their life. However, these services appear to be unavailable in most of the study’s research areas.

Many NGO officials and focus groups participants claimed that “soft” activities—such as social and cultural events aimed at excluded families or other categories of excluded people—are important and popular with their clients. These also played an important role in the social inclusion program of the Post Accession Rural Support Project (PARSP) under which local excluded groups took the initiative and planned for measures they thought should be taken to address their situation. An earlier progress assessment under this project quoted an excluded person as saying, “All of a sudden it turned out that we could contribute (...) and that we also can change something.” Under the project, municipalities signed contracts with locally formed NGOs to deliver high priority social services for youth, adults, the disabled, and the elderly. (See appendix 1 section 3 for more on the social inclusion program of PARSP.)

A few officials mentioned that the Local Activity Program (LAP– Program Aktywności Lokalnej, mostly financed by the ESF) has a good track record in terms of community building and tackling social exclusion in an integrated manner. The LAP was financed by the ESF and was implemented throughout the social services centers. Its approach is similar to the one taken by the PARSP project.

Cross-cutting problems of social inclusion interventions

Beneficiaries of social inclusion programs feel overwhelmed by the paperwork required to prove they need support. Many applicants in our sample of focus group participants across the three regions claim to be overburdened by filling out numerous forms and providing the many documents needed to qualify for assistance. Social workers and officials interviewed also complained that they spend too much time helping people fulfill all the bureaucratic requirements.

One of the biggest problems reported is a lack of information on available social support and inclusion programs, and how to access them. Many respondents said this makes it difficult for needy people to access welfare. Focus group participants felt that it is not always clear on what basis local authorities make a decision to reject an application for social benefits or other support. Lack of transparency regarding the amount allocated also leads to frustration and a sense of unfairness. A number of focus group participants felt that the most interesting and best-paid jobs are given to the family and friends of the employment office staff.

EXECUTIVE SUMMARY

Beneficiaries report feeling humiliated by public social assistance providers' disrespectful behavior and negative attitudes. Many focus group participants report feeling severely embarrassed when they are accused by social service providers of being a liar or a cheater.

Decentralization of government tasks has led to increasingly more tasks being delegated to municipalities without additional financial support from regions or the central government. While it is regarded as appropriate and sensible to make the municipality more responsible for combating social exclusion, many local governments are left with the same or even lower budgets. Municipality officials also talked about lacking funds to employ people full-time, which is a severe barrier to effective social service delivery. ESF annual reports however show that not all social service entities have made use of ESF assistance in this regard.

Interviews with officials show that collaboration among state institutions dealing with social inclusion varies across regions. In Malopolskie, social service agencies are happy with the level of support they receive from local and regional authorities, whereas in Podkarpackie such support is much more limited. Interviews with officials in Podkarpackie suggest that state institutions and NGOs operate in isolation of each other; each remain in their own separate network and experience limited exchange of information. In contrast, in Malopolskie, local authorities and NGOs are said to work well together, sometimes even in close partnerships. The limited number of integrated projects that address the multiple disadvantages faced by excluded groups was said to be caused by current legal arrangements and procedures that restrict the flexibility and options of each agency.

Officials interviewed claimed that monitoring is weak and that reports submitted by local level government to regional authorities and agencies do not assess whether projects are on track to meet their goals and whether outcomes have improved. A representative from the Malopolskie government complained that evaluation requirements force organizations to focus on a narrow set of interventions.

The need for EU-funded projects to pre-finance activities causes problems for NGOs. Officials claimed that EU funding is crucial and helpful, but stated that the regulations that govern EU funds often require organizations to use their own money upfront and request reimbursement later. As banks are unwilling to lend to NGOs, this requirement causes problems, particularly for small NGOs. However, recently several procedures have been introduced by the Managing Authorities to improve access to EU funds for small NGOs and to allow for advance payments to be made to them.

Some officials said that lack of flexibility caused by strict and complicated procedures makes it difficult to make EU-funded projects responsive to local needs. Managing EU-funded projects was also said to be time intensive. It distracts organizations from their job of working with excluded people on the ground. It is also said to cause competition among local organizations and sometimes to increase divisions among them.

Toward an effective approach for tackling social inclusion in Poland

The main findings of our research suggest that tackling social inclusion in Poland requires a new approach. Such an approach should be holistic in nature and reflect the multiple disadvantages that excluded people face. It should cover all three inclusion channels: ability, opportunity, and dignity. We suggest that such an approach include the following components:

- **Raising political attention to social inclusion.** Social inclusion should be put higher on Poland's political agenda and be more strongly featured in political debates.
- **Putting communities in charge.** Excluded people want to and should be more involved in decision making around the design of programs meant to address their needs.
- **Strengthening diagnosis at the municipality level.** Social inclusion interventions should be based on a bottom-up assessment, at the municipality level, of who is most excluded and what local level priorities can address social inclusion. While delegating responsibilities for social inclusion from higher to lower level government is important, this needs to be accompanied by an increase in resources so municipalities can take on these responsibilities.
- **Addressing disrespect and stereotyping.** Measures are needed to change service providers' attitude and behavior toward their clients. Grievance redress mechanisms and measures to enforce nondiscrimination are important. There is also a need for a wider campaign to reduce stigma and stereotyping of certain groups such as alcoholics, the homeless, ex-convicts, and families with parental difficulties by their own communities.

- **Increasing transparency around eligibility rules for social benefits.** More transparency is needed regarding rules that govern the provision of various types of social benefits and job opportunities.
- **Establishing platforms for information exchange among service providers.** Many NGO and government officials called for the creation of local platforms for all organizations that are active in social policy to discuss problems related to tackling social exclusion and to exchange knowledge.
- **Raising the emphasis of “soft” measures.** Our findings suggest that the provision of softer measures, such as social and cultural activities and psychological support, are important to break the passive attitude of many excluded people.
- **Strengthening monitoring and evaluation.** More rigorous monitoring and evaluation methods will be an important component of the new approach toward social inclusion.

Additional recommended measures

- **Ensure stronger protection of workers.** Workers need stronger protection against employer abuse and measures to tackle the extreme job insecurity perpetuated by “junk contracts.” Greater incentives are needed for employers to adopt formal contracts that enshrine a minimum set of workers’ rights, provide basic protection against abuse, and offer some level of job security.
- **Make skills training courses for the unemployed more relevant.** Labor market activation courses need to be revamped so they strengthen skills that are in demand by employers.
- **Assist “invisible” groups.** Officials identified a number of excluded groups that are invisible, more challenging to work with, and relatively ignored by social service providers. These include the homeless, ex-convicts, and tenants of social houses.
- **Improve daycare facilities for children and health care for the elderly.** Participants in female-only focus groups and in groups of parents of large families suggested there is need to (i) open more kindergartens (this was mentioned especially in rural areas), and (ii) provide better daycare facilities for children.
- **Make EU-funded programs more flexible.** European structural funds for social inclusion provide enormous opportunities to strengthen social inclusion at an appropriate scale in Poland. But many officials interviewed for this study suggested that the rules and regulations that govern their allocation need to be adapted.
- **Strengthen measurement.** Measurement of social inclusion is important for establishing the extent and depth of exclusion and to monitor progress toward exclusion. The innovative periodical social cohesion survey by GUS, the Polish statistical agency, seems particularly useful for this purpose.

1.

INTRODUCTION

1. INTRODUCTION

The EU has committed itself to lifting at least 20 million people out of the risk of poverty or exclusion by 2020 (using 2008 as baseline year). Poland has decided it will contribute 1.5 million people to this target. Achieving that will not be easy. The many people that have already been lifted out of poverty during the past 20 years were probably relatively easy to reach, with many of them having the basic ability to participate in mainstream economic activities and benefit from the country's economic growth. Addressing the situation of the remaining poor groups is likely to be much harder as their problems are likely to be deeper and their situation more complex. A social inclusion approach that tackles their multiple disadvantages will be needed.

This report presents an assessment of the current status of social inclusion in three regions in Poland and discusses the performance of current interventions that aim at promoting inclusion. The report identifies what population groups are currently socially excluded; that is, people who are unable to fully participate in social and economic life (see below for a full definition of social exclusion). We also assess the driving factors of their exclusion. In addition, the report reviews the implementation of current social inclusion policies and programs and investigates what works well and what can be improved. We conclude by discussing a way forward and provide elements of a new policy approach that will more effectively tackle social exclusion in Poland.

Social exclusion is both an outcome and a process. It can intersect with poverty but it is often more than that as it includes aspects related to empowerment, voice and dignity. It derives from a set of multiple, interrelated disadvantages that result in both economic and social deprivation. It helps understand the diversity of the poor and explains why some groups remain trapped in poverty.

This study aims to contribute to Poland's social inclusion debate by providing policy makers and civil society with evidence from the field. The work's ultimate goal is to make current social inclusion interventions more effective by learning from what has been tried. The findings are particularly relevant now that a new EU funding cycle has started, with part of the funds earmarked for tackling social inclusion. The field work for this study was conducted in three regions of Poland: Malopolskie, Podkarpackie and Mazowieckie (in Radom County only). However, the issues raised by the findings and the recommendations for improvement are relevant for the rest of the country.

The assessment was conducted at the request of civil society in Poland and was supported by Polish academia and government officials. Civil society organizations approached the World Bank in 2012 with a request to conduct an assessment of social exclusion in Poland. It was felt that such a study could help facilitate more interaction between civil society groups and researchers that work on social inclusion, and policy makers who deal with social inclusion. Reflections on the reality in the field regarding the performance of social inclusion interventions between policy makers and outsiders can offer a fresh take on what could make these more successful. The study was conducted by a research team from the Department of Sociology at Jagiellonian University in Krakow and financed by the World Bank.

METHODOLOGY

The data gathered for this study were obtained through qualitative research methods. The reason for choosing the approach is simple: While there are a sizeable number of reports based on quantitative data obtained through household surveys, few studies use qualitative research methods to complement these. A qualitative approach using purposive sampling and semi-structured, open-ended interviews and group discussions allows for the collection of textual data, that is, data on social, political, and economic processes that explores issues from the perspective of different groups. Quantitative research methods, in contrast—where data are collected and analyzed in a more standardized and often numerical form—leave less room for open-ended questions and unexpected findings. Many important characteristics of people and communities including identities, perceptions, and beliefs cannot be meaningfully collected through formal questionnaire surveys. They cannot be adequately understood without reference to the local context in which they live (Dudwick et al 2005). For these reasons, a qualitative research approach seemed the most appropriate choice. A limitation is that it is relatively more difficult to extrapolate qualitative findings to the wider population, as samples are small and not randomly selected.

RESEARCH QUESTIONS

In-depth interviews, focus group discussions, and case studies were structured around the following research questions:

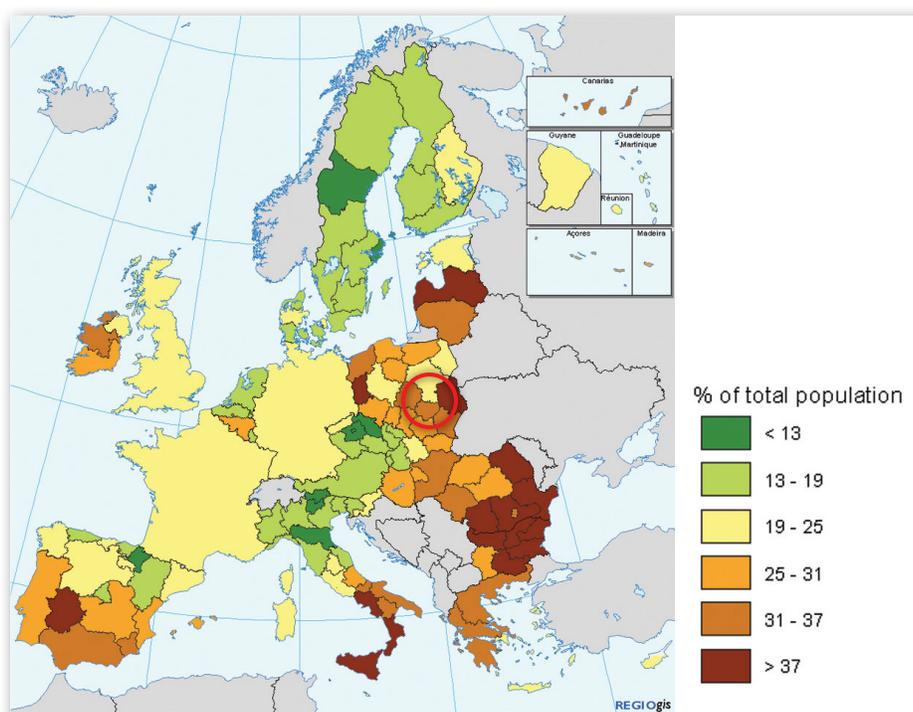
1. How is the concept of social exclusion understood?
2. What are the main socially excluded groups in the area?
3. What social inclusion interventions have been implemented in the area and how have they performed?
4. How do government planning and budgeting systems affect the implementation of these interventions?
5. To what extent are the results of the interventions monitored and how is this information used for adjustments?
6. What should be done to make social inclusion efforts more effective? What issues are there in terms of coordinating services and programs?

The terms of reference with the detailed interview and focus group guides are presented in Appendices 3 and 4.

SAMPLE

The field work was conducted during May and June 2013 in three regions: Malopolskie, Podkarpackie, and Mazowieckie (in Radom County only). These regions are generally among the most disadvantaged in Europe (see Map 1).

Map 1. European populations at risk of poverty or exclusion in 2010

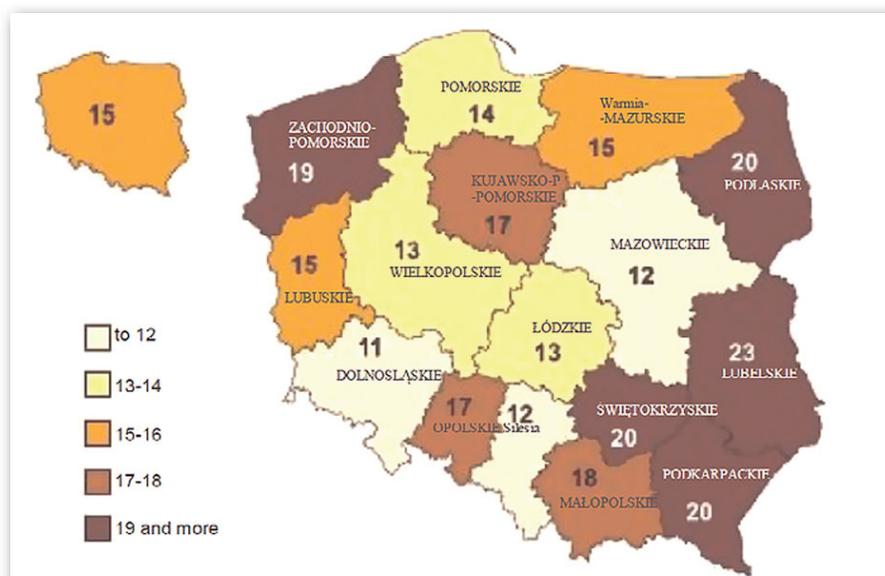


Source: Eurostat, <http://cor.europa.eu/en/activities/europe2020/Pages/eu-platform-against-poverty.aspx>

Malopolskie and Podkarpackie are among the least well-off regions in Poland in terms of income poverty (see Map 2). In Podkarpackie for example, 20 percent of the population is poor. In Malopolskie, 18 percent live below the poverty line (defined as 60 percent of the national medium income). These poverty figures are higher than the national average of 15 percent and higher than in most other regions. The poverty rate in Mazowieckie is 12 percent but 17 percent if the capital Warsaw is excluded, and probably even higher in Radom County. At 31 percent, the unemployment rate here is very high (see Map 3). Capitals of the other two regions were also excluded from the research.

1. INTRODUCTION

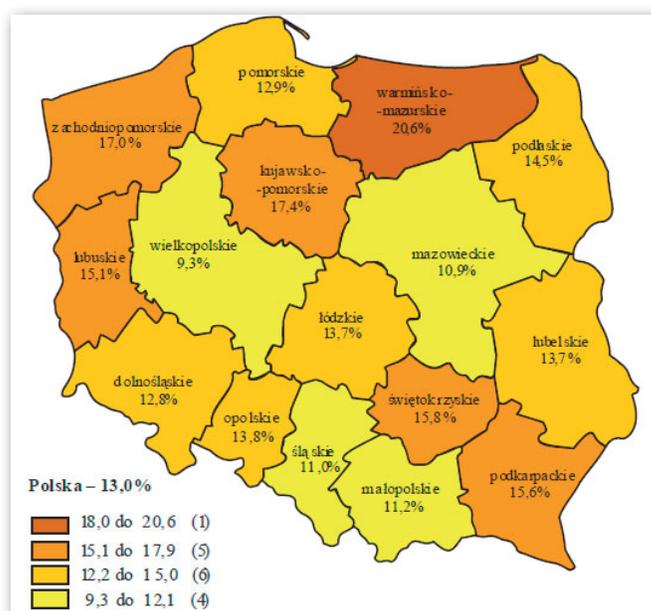
Map 2. Regional poverty rates in Poland, 2011



Source: GUS (2013) Quality of Life. Social capital, poverty and social exclusion in Poland based on the 2011 Poland social cohesion survey.

Drivers of inequality among regions in Poland include sectoral composition of the economy, levels of urbanization and infrastructure, among others. The number of people employed in agriculture is relatively high in Podkarpackie (about 550,000 people, GUS 2011). This contributes to the lower average incomes and relatively high poverty rate there (see Table 1). In Mazowieckie, average incomes are driven up by the relative wealth in Warsaw, which lies in this region. In October 2013, the unemployment rate in Podkarpackie was 15.6 percent, among the highest in the country, while in Małopolskie and Mazowieckie it was among the lowest, around 11 percent (see Map 4).

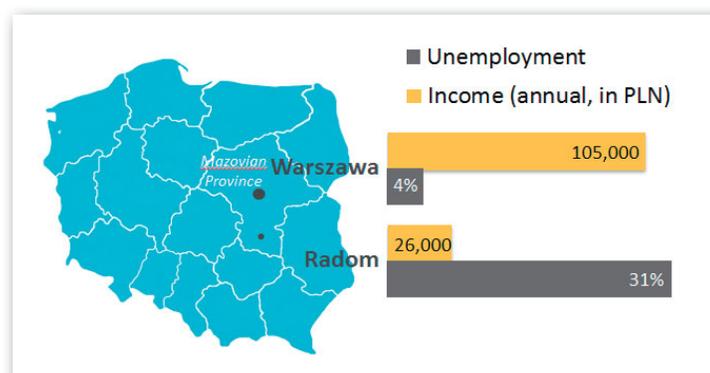
Map 3. Unemployment by region, October 2013



Source: GUS, 2013.

However, within Mazowieckie region, large gaps exist between the wealthiest and the poorest counties (see Map 4), with Radom County standing out with a very high unemployment rate of 31 percent.

Map 4. Regional disparities: average annual income and unemployment rate in Warsaw and Radom County



Source: Ministry of Labor and Social Policy, 2012

Mean monthly income per person in 2011 was highest in Mazowieckie (PLN 1632, about US\$540) followed by Malopolskie (PLN 1331, about US\$440) and Podkarpackie (PLN 1069, about US\$320) (see Table 1).

Table 1. Selected indicators and their average values for the study regions and the national average

Indicator	Mazowieckie	Malopolskie	Podkarpackie	National average
Net income per person in PLN/month	1632	1331	1069	1111
Poverty incidence (%)	3.5	2.8	4.6	4
Proportion of households dependent on social security* (%)	8	11.5	5	8.5
Percentage of households having difficulty making ends meet (%)	32.4	33.2	43.5	36.8
Percentage of inhabitants very satisfied with where they live (%)	10	13	7	10.5
Percentage of people with disability (%)	6.9	10.9	9.8	9.7
Percentage of those aged 16 and older who admit they drank too much alcohol in the past year (%)	6.8	6.2	5.4	6.8

*European Social Survey, 2008.

Source: Czapinski and Panek. *Social Diagnosis 2011*.

The proportion of households reporting having difficulty making ends meet (a question asked in the Social Diagnosis survey) is much higher in Podkarpackie (43.5 percent) than in the other two regions (32-33 percent).

While average values for some key indicators for the three selected regions are fairly typical for the county as a whole, substantial differences exist among them. Podkarpackie can be characterized as one of the poorest regions in Poland, with a high level of unemployment and a relatively high proportion of people active in agriculture. However, alcohol abuse is lower than the national average here. Malopolskie has a relatively high proportion of people dependent on social security and a relatively high proportion of people with disabilities, but its income per person is higher than the national average. Road density and urbanization tends to be higher here than in Podkarpackie (GUS 2011). The proportion of people who say they are satisfied with where they live is greater than the national average. Mazowieckie is relatively well off, but values of indicators are skewed here due to the presence of Warsaw. If we zoom in on Radom County we find that unemployment levels are extremely high and incomes relatively low and similar to the average for Malopolskie (see Map 4).

1. INTRODUCTION

In each region ten in-depth interviews were conducted with officials from regional authorities (Marshall offices) responsible for social policy, local municipalities (gminas), social services or welfare centers and community organizations/local NGOs (see Table 2). These were selected to ensure a wide range of situations (such as remote vs. less remote living areas), types of excluded groups, and social inclusion interventions and organizations were covered.

Table 2 Number and types of officials interviewed

Region	County (Powiat)	Type of municipality selected	Regional authorities	Local authority	Social services center	NGO
Malopolskie	Proszowicki	Rural	2 officials	2	1	1
	Gorlicki	Rural		1	1	1
	Miechowski	Urban		1	-	2
Mazowieckie	Radom County	Rural 1	1 official	1	1	1
	Radom County	Rural 2		1	1	1
	Radom County	Urban			2	1
Podkarpackie	Bieszczadzki	Rural	1 official	1	1	1
	Jaroslowski	Urban		1	1	1
	Przeworski	Rural		1	1	1

These interviews guided the identification of key socially excluded groups in the area as well as the most important social inclusion interventions.

Nine municipalities—three in each of three regions—were selected for in-depth field research. Municipalities were selected according to a number of criteria, including the type of social exclusion experienced in the area, the kinds of social inclusion services offered, and whether they are rural or urban. Regional capitals were excluded from the research. In each municipality, two focus group discussions were held with the population groups that regional and local informants said experience the most exclusion. Separate group discussions were held with men and women, and with young and old people (see Table 3).

Table 3. Description of focus group participants and sampling structure

Region	County (Powiad)	Type of municipality selected	Focus Group 1	Focus Group 2
Malopolskie	Proszowicki	Rural	Small farmers, men and women age 20-55	Unemployed youth (men and women) who completed university or high school
	Gorlicki	Rural	Euro-orphans: middle/high school students with one or more parents abroad	Unemployed men who lost their jobs after factory closure
	Miechowski	Urban	Men and women with housing problems and who are waiting for social housing	Parents with 3 or more children or with a child with disability with economic difficulties
Mazowieckie	Radom County	Rural 1	People with multiple problems but not participating in any programs: families with no wage earner, with 3+ children, single parents, people with disabilities	Short-term unemployed men and women under 35, not receiving benefits, not registered at employment office
	Radom County	Rural 2	Beneficiaries of support from regional social services centers also registered at the employment office	People with multiple problems but not participate in any programs: families with no wage earner, with 3+ children, single parents, people with disabilities
	Radom County	Urban	Men unemployed for 6-24 months, age 20-34	Long-term unemployed who participate in training and programs and receive different types of benefits
Podkarpackie	Bieszczadzki	Rural	Unemployed poor men and women benefiting from social programs	Long-term unemployed women age around 50 with 3+ children
	Jaroslawski	Urban	Long-term unemployed women about 50 yrs old, with 3+ children, dependent on social assistance, and lacking capability to meet basic needs	Men and women with different types of disabilities taking part in various programs
	Przeworski	Rural	Short-term unemployed women age 23-31	Pensioners

Nine case studies of excluded households were conducted. For more detail on the sample see the full field report (Mach, Palecka, Szczodry and Warat, 2013) and for more information on the research areas see the background reports (Rylko and Zaduminska, 2013; Plonka, 2013). We also make use of existing recent studies that are relevant to social inclusion in Poland, such as the report on the Poland social inclusion survey by the Polish bureau of statistics (GUS 2013) and the Social Diagnosis reports by Czapinski and Panek.

BACKGROUND: ECONOMIC TRANSITION IN POLAND AND RECENT DEVELOPMENTS

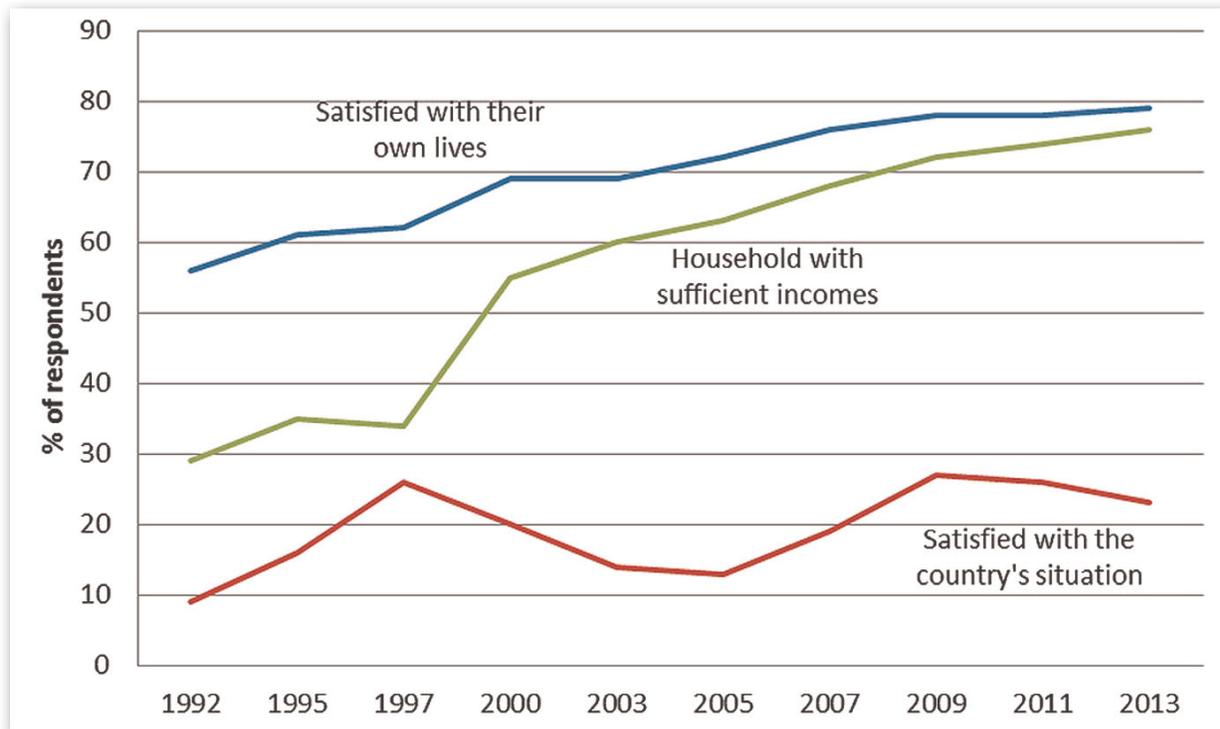
The political and economic reforms introduced in 1989 in Poland resulted in widespread transformations in all aspects of social life. Many people were unprepared for the changes that followed the collapse of communism. As market forces, private entrepreneurship, and foreign investment became common, individualism and inequality started to rise. Many state-owned enterprises went bankrupt and closed. These were often “heavy” industries in which employees lost their jobs and discovered their skills were no longer in demand. The government did not have the financial resources to support those in need and could not afford a welfare system like those in western European countries. In the 1980s, about 90 percent of Polish women were employed. Women enjoyed free health care, long maternity leave, and state-sponsored child care. Much of this changed after the break-up of the Soviet Union. For example, half of the daycare centers in Poland closed between 1992 and 1994 (World Development Report 2012).

Over the past 22 years, Poland’s overall economic performance has been impressive despite a recent rise in unemployment. Between 1990 and 2012 the size of the economy in current prices grew more than fivefold and GNI per capita in current US\$ rose from 1,600 to 12,700 (data.worldbank.org). The percentage of people living on less than US\$2.5 per day

1. INTRODUCTION

decreased from 2.1 percent in 2000 to 0.6 percent in 2010, while the proportion of people living under the US\$5 per day poverty line came down from 25 percent to 12 percent during the same period. Overall, Poles seem to be happier with life than ever before (Figure 1).

Figure 1: Life satisfaction in Poland, 1992-2013



Source: Marcin Piatkowski (2013) based on *Social Diagnosis* (2013) and Eurofound (2012)

The global financial crisis brought an economic slowdown to Poland and the unemployment rate significantly rose from 7.1 percent in 2008 to 14.2 percent in January 2013. This has led to a slowdown in poverty reduction: between 2008 and 2011 poverty levels (based on a PPP US\$ 5 per day poverty line) remained stagnant at around 10 percent (data.worldbank.org). According to the Ministry of Labor and Social Policy, most of the registered unemployed (85 percent) at the end of 2011 were not entitled to unemployment benefits (available 6 months after losing employment or 12 months for those 50 and older with 20 years of work experience) (Ministry of Labor and Social Policy, 2012).

Like in many other EU countries, older people are expected to experience a sharp increase in poverty in the coming years. This might be particularly acute in Poland as the employment rate (the proportion of the working age population that is employed) is rather low. At 60 percent in 2011 it continues to be lower than the EU average of 64.5 percent mainly because of low employment rates among the older (50+) workforce. Employment rates for women are also below the EU average: 53 percent in 2011 as compared to 58.5 percent for the EU as a whole (Eurostat 2013). The aging population poses a vital threat to the sustainability of public finances, with the share of the total population 65 years and over projected to increase from 13 percent in 2010 to 23 percent in 2030.

There is evidence that parts of society have not benefitted from the country's economic growth. The panel study of the *Social Diagnosis* (Czapinski and Panek 2012) shows continuous improvement in both material and psychological well-being, and also in a range of subjective indicators such as happiness and life satisfaction over the past 15 years. However, the proportion of the population claiming their income was not sufficient to meet their current needs was still 26 percent in 2011. Nearly 63 percent of households have no savings. Using the national poverty line definition, 4 percent of households currently live on income below the subsistence minimum (PLN 480 per month or US\$160 for a one-person household).

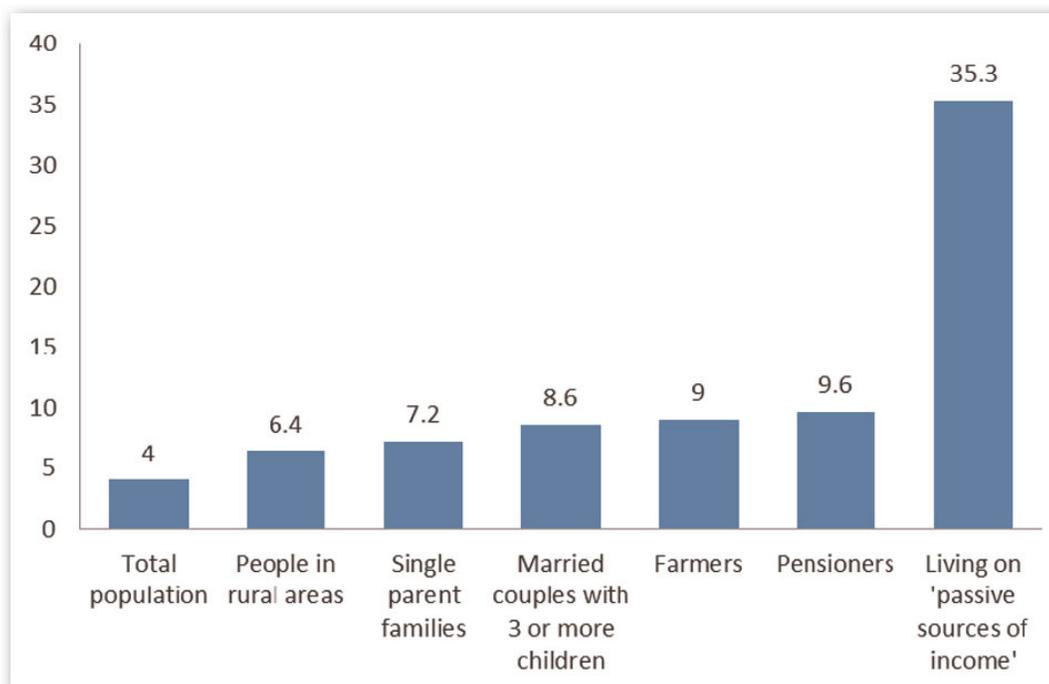
Those who have not benefitted from the economy's liberalization think the situation has steadily deteriorated since the fall of communism (Mach, Palecka, Szczodry and Warat, 2013). Poland's growing inequality reduces the opportunity for

social mobility. According to a 2013 World Bank report on social inclusion entitled “Social Inclusion Matters,” thwarted avenues for social mobility often lead to higher perception of inequality than actually exist. Frustrated aspirations can increase the likelihood of political unrest. Mach, Palecka, Szczodry, and Warat (2013) state that some population groups in Poland feel their quality of life has worsened. This belief is being exploited by angry and populist political movements who mobilize dissatisfied segments of the population, such as groups that feel impoverished, ignored, deprived of opportunity, and who have problems understanding the logic of democracy and the market economy. Even if this is not always supported by objective welfare indicators, these feelings are widespread especially among population groups in the less affluent parts of the country.

BACKGROUND: WELL-BEING TRENDS ACROSS POPULATION GROUPS

Poverty rates are significantly above average for a number of population groups, especially those without paid work, pensions or disability benefits (referred to as ‘those living on passive sources of income’ in the Social Diagnosis report by Czapinski and Panek (2012)). In 2011 the poverty rate of this group based on the national poverty line of PLN 480 per month (about US\$ 127) was extremely high: 35%, almost nine times the national average of four percent. In rural areas, poverty rates were more than one and a half times the national average. They were also significantly higher among single parent families, families with many (3+) children, as well as farmers and pensioners (Figure 2). The poverty depth of households dependent on ‘passive sources of income’ is about 32%, which implies that their average income is around PLN 320 (about US\$ 107) per month. This is much lower than any of the other groups (Czapinski and Panek, 2012).

Figure 2. Proportion of households living below the national poverty line* in 2011 by population group (%)



* PLN 480 (about US\$ 160) per month for a one-person household

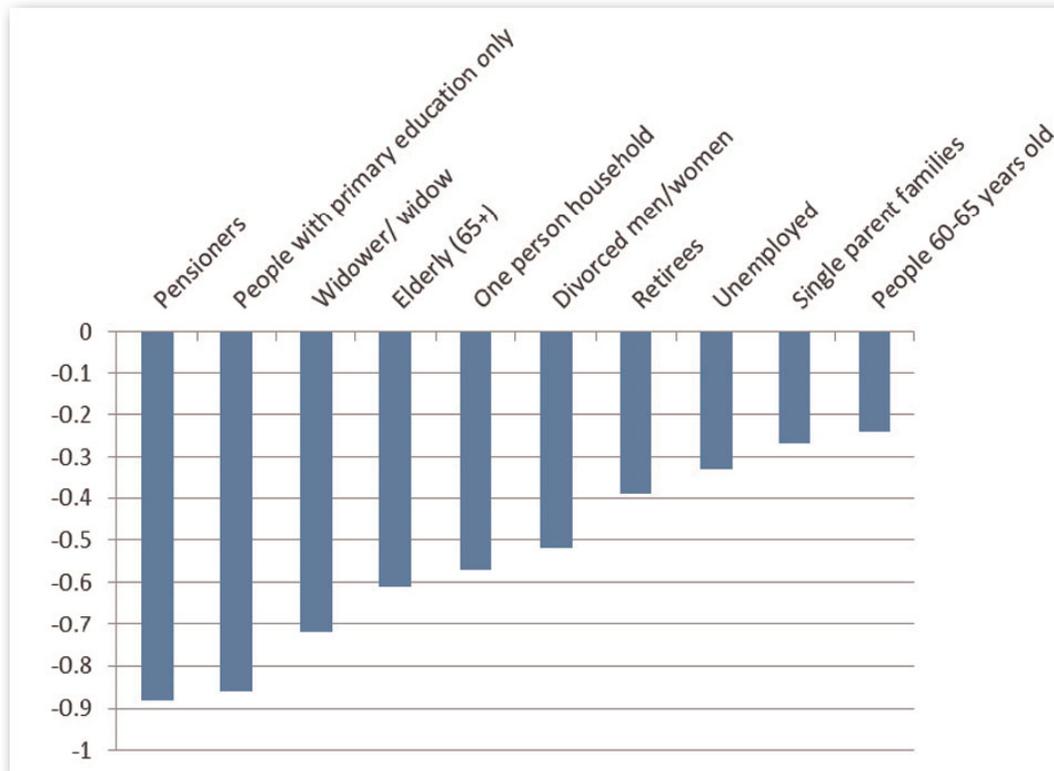
Source: Czapinski and Panek (2012). *Social Diagnosis 2011*.

Approximately two thirds of households who were poor in 2011 were not poor in 2009. And about two thirds of the households who were below the poverty line in 2009 no longer were in 2011. This suggests that there is a significant churning among the poor, with a relatively large proportion of people moving in and out of poverty. Chronic poverty (poor households that have remained poor) forms only one third of the poor and does thus seem to be relatively less common (Czapinski and Panek, 2012).

1. INTRODUCTION

A multidimensional measurement of wellbeing that reflects 'quality of life' shows that in Poland it is relatively low for a number of population groups. These include: pensioners, older people, people with low skills, the unemployed, people living alone and those that are divorced. (Figure 3). Many of these groups overlap. Between 2009 and 2011 the quality of life has become particularly worse for people with primary education only, the elderly (65+), retirees and pensioners. In terms of urban areas, the quality of life is lowest in Radom, followed by Kielce, Walbrzych and Gliwice. While farmers and large families tend to have relatively high poverty rates, their quality of life in contrast appears to be above average (Czapinski and Panek, 2012).

Figure 3. Population groups with the lowest quality of life in 2011, measured on a relative scale between +1 and -1



Note: The measurement of the quality of life is conducted through a combination of a number of standardized variables with an average of 0. These variables include living conditions, psychological well-being, social capital, stress in live, physical health, etc; the lower the value, the lower the quality of life. Source: Czapinski and Panek (2012). Social Diagnosis 2011.

The most important factor influencing psychological well-being turns out to be age. The older a person is in Poland the more likely s/he is depressed, which is in sharp contrast to countries in western Europe or the U.S. Being married is the second most important factor for psychological well-being, followed by material well-being (income per capita) and not being addicted to alcohol (Czapinski and Panek, 2012).

2.

**WHAT DO WE MEAN BY
SOCIAL INCLUSION?**

2. WHAT DO WE MEAN BY SOCIAL INCLUSION?

ORIGINS AND ADDED VALUE

Before presenting the research findings it is worth discussing the term social inclusion, including its origin and added value as it has been interpreted in the literature, globally and in Poland.

“Social inclusion” originates from the French government in the 1970s, where some were concerned that a substantial number of people needed help from the state to benefit from economic growth. Failing to include these people would “rupture social bonds” that normally tie individuals to society (Silver, 1994 quoted in World Bank 2013). The term has recently grown in popularity in both developed and developing countries. But what exactly do we mean by social exclusion and how does it differ from poverty or inequality?

Poverty, inequality, and social exclusion are often used to refer to the same phenomenon. However, while poverty and inequality are outcomes, social exclusion is both an outcome and a process. As stated in a 2013 World Bank report on social inclusion, “Social exclusion may well be about poverty, but it is often about more than poverty—and at certain times, it is not about poverty at all. At still other times, it helps explain the root causes of poverty. Exclusion can intersect with poverty, deriving from a set of multiple, interrelated disadvantages that result in both economic and social deprivation (Silver n.d.). It is also key to explaining why some groups remain trapped in poverty, failing to benefit fully from public investments in, say, education and health.” The poor are not homogeneous but rather differentiated on the basis of occupation, ethnicity, place of residence, or age. Understanding this diversity is important for developing effective policies (World Bank 2013).

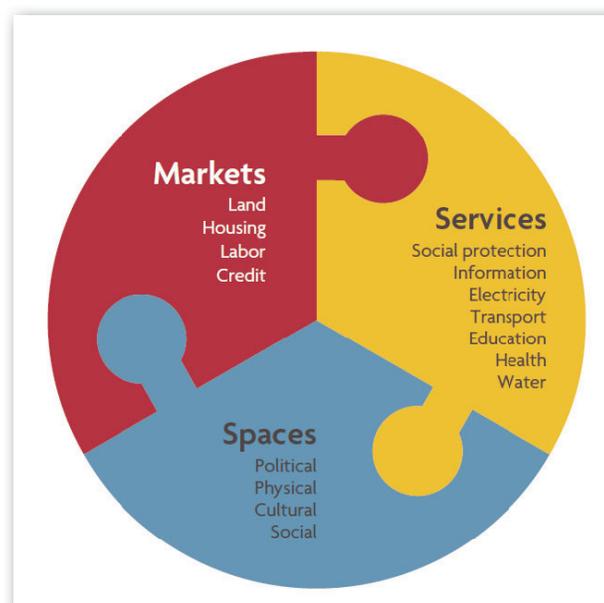
The concept of social inclusion implies asking **why certain groups are overrepresented among the poor; why certain groups remain trapped in poverty**, failing to fully benefit from public investments in, say, education and health; and why they receive poorer quality services. A recent World Bank report on social inclusion states. “the concept of social inclusion... exposes the inter-locking, multi-dimensional nature of chronic deprivation arising from social exclusion such as discrimination that plays a key role in driving the simple and more readily observable correlates of poverty (lack of schooling, poor health, and limited returns to labor market participation)” (World Bank 2013).

Social exclusion also exposes the norms and belief systems that underpin exclusion. The underlying causes of poverty are largely invisible in standard empirical data and thus largely unexplored in typical poverty analysis and left out of poverty reduction strategies. Deprivation arising from social exclusion tends to occur on multiple axes at once; policies that improve just one of these axes (such as improved access to education) will not unleash the grip of others (World Bank 2013).

Exclusion is costly to individuals, but also to society. These costs are social, economic, and political, and are often interrelated. Higher levels of perceived exclusion have been shown to correlate with greater risk of health issues, including mental health and depression, disability, physical illness, and chronic disease. Excluded people can become uncooperative and defensive and may lack friends. Social exclusion can have long-term consequences for human and social capital.

Individuals and groups take part in society in three interrelated domains of social inclusion: markets, spaces, and services (see Figure 4). These present both barriers to and opportunities for social inclusion. Social relations play out in both land and labor markets, which are often interlocked with credit markets. Access to services is essential for improving the terms on which individuals take part in society, and being able to “claim space” is essential for inclusion (World Bank 2013).

Figure 4. The domains of social inclusion



Source: World Bank, 2013.

Social exclusion can be measured by well-being indicators including subjective measurements. Perception surveys can include indicators that can be used as proxies for inclusion and exclusion. For example, overrepresentation of certain social groups in poor subjective well-being outcomes or perceptions of injustice/unfairness can be reflective of systematic patterns of exclusion (World Bank 2013). But social exclusion is context-specific, and measurements are often symptoms. Social inclusion is most meaningful when looked at as a process and when asking why certain outcomes remain for certain groups. Its added value is highest when it focuses on the drivers and processes of social inclusion.

HOW HAS SOCIAL INCLUSION BEEN INTERPRETED IN POLAND?

The European Union—and analytical work and policy promoted by the European Commission, including in new entrants to the EU—has been a channel of the diffusion of the notion of social exclusion in Poland. There appear to be relatively few strong roots for this debate within Poland itself. Notions of social exclusion and inclusion were relatively vaguely defined, referring to issues related to issues broader than material deprivation (de Haan, 2013).

The EU committed itself to fighting social exclusion throughout the 1990s, with treaties and the structural funds committed to combating social exclusion. It went on to provide funding for “social insertion” via the European Social Fund (ESF) and various anti-poverty programs, emphasizing a language of social exclusion often alongside poverty. The types of initiatives promoted showed the diversity in the understanding of social inclusion, including child poverty, housing, indebtedness, rural poverty, literacy, etc., with “poverty” and “social exclusion” often used interchangeably. The ESF, which was originally focused on promoting employment, has been a main vehicle for popularizing the term social inclusion across the EU (de Haan 2013).

In the EU/EC literature social inclusion is defined as “a process which ensures that those at risk of poverty and social exclusion gain the opportunities and resources necessary to participate fully in economic, social and cultural life and to enjoy a standard of living and well-being that is considered normal in the society in which they live. It ensures that they have greater participation in decision making which affects their lives and access to their fundamental rights.”

The Poland National Development Plan 2007-2013 defined social exclusion as something beyond low income. It states it also includes “poor access to health and education, limited access to knowledge and poor social communication, inability to enjoy human and political rights, lack of dignity, confidence and self-respect, affecting quality of life.”

2. WHAT DO WE MEAN BY SOCIAL INCLUSION?

Focus group discussions and interviews with officials revealed their understanding of the concept of social exclusion.

Discussion participants noted that social, economic, and other barriers prevent groups of people from fully participating in all kinds of societal activities. Representatives from institutions such as the social services centers made the link to social isolation and lack of possibilities to integrate in the community, as well as lack of contact of excluded people with social services and lack of active participation in the local community. For example, one representative of a local authority in Gorlicki county, Malopolskie, stated, "Social exclusion is a situation in which a person is left alone or he/she can only get support from the family."

Interviews with representatives from NGOs and authorities also linked social exclusion to the political and economic transformation that took place after 1990 and which affected Eastern Poland in particular. This view was particularly pronounced in Malopolskie. However, in Podkarpackie and Mazowieckie officials also suggested that socially excluded people are those that who cannot cope with free market reality.

Many respondents—in particular experts of NGOs, sectoral service providers, and local authorities—typically refer to excluded groups through just one dimension of their marginalisation: the unemployed, the poor, alcohol abusers, or the homeless. They appear to pay little attention to the intersecting multiple disadvantages these groups face. There is more awareness of the "intersectionality" of social exclusion among representatives of social services centers and voivodeship authorities in Mazowiecki. This is probably due to the fact that they deal with different types of excluded groups. In contrast, NGO workers often tend to focus on one single type of excluded group.

Many experts and authorities also thought that social exclusion reflects a lack of perspectives leading to a negative overall attitude. This suggests that some officials put the responsibility for being excluded on the people themselves. They see them as withdrawn and unwilling to combat everyday difficulties. This is illustrated by one NGO representative in Radom County who stated, "Being honest, honourable and supporting ones community prevents exclusion." This view is more common among representatives of NGOs than those of state and public institutions.

INSTITUTIONS AND POLICIES

In Poland, public institutions at all levels of government are involved in promoting social inclusion as defined in the Polish Social Policy Strategy 2004 (Ministry of Social Policy, 2004). Local authorities are responsible for social assistance transfers, the establishment of social inclusion centers or social services centers, and the implementation of labor activation programs. The latter are led by labor offices at the county (powiat) level and funded through the Human Capital Fund as part of EU structural funds. Other key public institutions for social inclusion and social assistance are: (1) Regional Inclusion Centers (Regionalne Ośrodki Polityki Społecznej) at the regional level, Family Support Centers (Powiatowe Centra Pomocy Rodzinie) at the county (Powiat) level, and the Social Welfare/social services centers (Ośrodki Pomocy Społecznej) at the municipal (Gmina) level. Each have a wide range of mandates that are determined based on local communities' needs. These public institutions collaborate with local ones such as schools, churches, and NGOs that can provide social inclusion services.

Poland's main policy measures to promote social inclusion are aligned with EU priorities, with a strong focus on labor market activation. Poland is the largest recipient of the European Social Fund (ESF), with over €10 billion euro available for 2007-2013 for labor activation and human capital development, out of €68.7 billion provided by EU structural and cohesion funds. During this period the ESF supported around 8000 projects. Most resources are available for employment activation. Targeted population groups include the long term unemployed, elderly people, youth, people in rural areas, and people with disabilities. Priorities of Poland's program are established by the Polish regional and national authorities in cooperation with local authorities and NGOs. Appendix 4 presents a more detailed overview of ESF supported social inclusion programs in Poland and the results achieved to date.

3.

**WHO IN POLAND IS
PERCEIVED TO BE
EXCLUDED?**

3. WHO IN POLAND IS PERCEIVED TO BE EXCLUDED?

The nature of the literature on social exclusion and the term's different definitions make it difficult to obtain a full picture of dimensions and drivers of social exclusion in Poland. Many reports point to unemployment as a key characteristic of the excluded (Rylko and Zaduminska, 2013). The annual social diagnosis reports by Janusz Czapinski and Thomas Panek present long-term trends of various indicators related to social inclusion, such as subjective well-being. These identify a number of different groups that consistently lag behind along these indicators.

The focus group discussions and interviews conducted for this study suggest a somewhat wider diversity of socially excluded groups than in the literature, with officials and population groups holding different views on who is excluded. Focus group and interview subjects were asked, "Who in your view is most socially excluded in this area?" Focus groups subsequently drew up a list of most excluded groups. Respondents consistently pointed to several categories of people, many of which overlapped. Answers did not differ substantially across the three regions, but some groups that officials identified as socially excluded did not appear on the lists made by the focus group participants (Table 4).

Table 4. Socially excluded groups as identified through focus group discussions and interviews

	Focus groups	Interviews Times mentioned by		Most often mentioned in
	Times mentioned	Gov't authorities	NGOs	Rural or urban
Unemployed	All 18	All 20	All 11	Urban and rural equally
Youth	13	4	3	Slightly more in rural
People living in remote area without car	9	1	0	Rural (mostly Mazowieckie)
Elderly	8	11	6	About equally
The poor	8	2	0	Equally
Women	8	2	0	Equally
People with disabilities	7	11	2	Rural
People with higher education	7	2	0	Rural
People with low education	4	5	0	Rural
Working poor	4	2	2	Urban
Large families	4	5	1	Equally
Small holder farmers	2	4	5	Rural (Malopolskie and Mazowieckie)
Alcohol abusers	0	9	2	Rural (mostly in Mazowieckie)
The homeless	0	2	2	Urban
Ex-convicts	0	4		Equally
Families with parental difficulties	0	6		Equally

Focus group discussion participants identified the unemployed as the most important excluded group. Inability to obtain a secure job is a central cause of deprivation across the three regions. Youth were the second most frequently mentioned group (in 13 groups out of 18), followed by people in remote areas without a car (8 groups), the elderly (8 groups), people broadly regarded as "materially poor" (8 groups) and women (8 groups). People with disabilities were mentioned only by focus groups in rural areas (7). Here, people with a high level of education were also identified as excluded (7). People with low levels of education were also brought up (4) as well as the working poor (4), people with large families, (4) and small holder farmers (2). Other groups, not presented here, were mentioned only once.

Interviews with government and social services center representatives also suggest that the unemployed are the most important excluded group. They were mentioned in all interviews. The second most frequently mentioned group was the elderly (11), followed by people with disabilities, people addicted to alcohol, and families with parental problems. The latter three groups were mentioned much more frequently than in the focus group discussions. In contrast, people in remote areas without a car were much less often listed by officials than by focus group participants. This suggests that this group could receive

less attention from the government than they deserve. All NGO representatives also referred to the unemployed as excluded, and mentioned the elderly and small holder farmers second and third most frequently.

While officials referred to people addicted to alcohol, the homeless, ex-convicts, and families with parental difficulties as socially excluded, these categories of people were not identified as socially excluded by any of the focus group discussion participants. In fact, socially excluded people made negative comments about this category of people during focus group discussions. This suggests that some excluded groups are not recognized as such by other excluded groups, who might not see these other groups as deserving help.

All excluded groups felt their situation had worsened over the past five years. This is broadly blamed on the deteriorating economic situation. A slowdown in economic growth and rising unemployment as well as the growing instability of jobs has caused a decline in their living conditions. Respondents also stated that many of the unemployed increasingly undertake short-term (temporary) and insecure jobs that are outside the formal labor market. Some representatives of social services centers noted that disabled people's situation has improved somewhat over the recent period, due to increased attention to their needs (see below). A number of people in a focus group with people with disabilities agreed. Some representatives of social services centers said the same about people addicted to alcohol. However, overall opinions varied and there was no consensus about this finding among the study respondents.

UNEMPLOYED YOUTH

Young people are said to be at a particularly high risk of unemployment regardless of their education status. This was pointed out by many government and NGO officials. Thirty percent of people aged 25-34 are unemployed (GUS, 2012). Focus group discussions with rural excluded groups identified lack of jobs for well-educated people as a main constraint for young people to enter the labor market. Focus groups with young rural and unemployed people in Malopolskie revealed that young people have a sort of "in-between" position. They do not want to work in farming yet they find it hard to get a non-farming job and start an independent life. Group discussions with young people in rural areas often pointed out that they feel excluded from cultural and social life due to the remoteness of their village. However, opinions on this differed across our sampled sites. Young people in Proszowicki powiat, for example, claimed this was not a problem.

Respondents report that lack of jobs for young people has led to massive migration to other regions in Poland or abroad. Groups and officials pointed out that this has led to de facto single parenting when migrants with families have one parent who stays home with one or more children while the other is away. Sometimes both parents go abroad to work, leaving their children behind as "Euro-orphans" who are raised by grandparents. Young people that do not migrate tend to be financially dependent on their parents and sometimes live separately from their newly established families. Across all research sites except Gorlicki, respondents felt that young people face high risk of social exclusion. This perspective is also supported by the elderly, as illustrated by one participant in a focus group discussion with pensioners in Przeworski, Podkarpackie who said: "Life of the young people is the worst, because when they finish school they have no future. Older people, like we—the retired—we have some money from pension, we can exist somehow, but the youth—they either go abroad or they are dependent on their mothers, because, is there any other way out?"

THE UNEMPLOYED ELDERLY AND PENSIONERS

The elderly (50+) have difficulty finding employment and retirees often have low pensions, which leads to deprivation and social exclusion. Group discussions with elderly people suggest that people above fifty years old but below the retirement age often find it hard to get jobs when they must compete with younger and better educated workers. They also face age discrimination in the labor market, as prejudice against the elderly is common. Those that are retired have pensions but respondents claimed these barely cover basic needs, referring to them as "starvation pensions." It was claimed that for any expenditure above the survival minimum—such as expensive medicines—an additional source of income is needed. However, there tend to be no income earning opportunities for this group. In Radom County, a local government representative said the situation is especially difficult in rural areas where agricultural pensions are low and only seasonal jobs in agriculture are available, which are only suitable for younger people.

3. WHO IN POLAND IS PERCEIVED TO BE EXCLUDED?

Moreover, elderly respondents said that pensions are often shared with unemployed children or grandchildren.

For example, one participant in a focus group discussion with pensioners in Przeworski, Podkarpackie said, "I brought up my grandson, now he is 21 and he doesn't have work. He is dependent on me, we have one pension to survive." Respondents claim that accessing social services, health services in particular, are an important cause of exclusion for the elderly and people with disabilities (more on that below). Although officials in Malopolskie recognized the elderly as an important excluded group, they were hardly ever identified as such during the focus group discussions in this region. This suggests that their situation might go unnoticed among parts of the general population, potentially leading to their further exclusion. Other officials, however, claimed that the elderly's situation has improved somewhat over the years, partly because they are one of the best organized and active population categories.

WOMEN

Women are reported to be at a particular disadvantage for finding paid employment as they have to stay at home to take care of young children, children with disabilities, or elderly family members.

This came up in many female-only group discussions where it was noted that nurseries, kindergartens, and daycares are often unavailable. This was not mentioned in focus groups with men. One of the participants in a focus group discussion with mothers of large families, in Miechowski, Malopolskie, who takes care of two children mentioned that she had difficulties attending job interviews as she was unable to leave her children alone. However, only a few expert officials and government representatives have explicitly recognized the issue of women being excluded due to their expected role as caregiver. Worldwide, across cultures and urban and rural settings, social norms on gender and gender roles tend to be rigid and closely formed around household and child care activities, which limits their agency and the opportunities available to them (Munoz Boudet, Petesch and Turk, 2013). See also Box 1.

Box 1. Ewa, an unemployed single mother of six in Bieszczady



Ewa's family has had constant financial problems. Her father died when she was a child and her mother raised her two children alone. Ewa only completed primary education before she left home. She got married at the age of 18. She is currently thirty-three years old and raises six children by herself. At the age of thirty she ran away from her husband, an alcoholic who mistreated her and one of her children. After leaving, Ewa lived for two years in a rented flat in a block housing unit that was in poor condition. She tried to obtain social housing from the commune, but has been unsuccessful in this effort. She and her children can be thrown out of the flat they currently rent at any time.

The court's divorce settlement was very unfair, in Ewa's opinion. The judge (who has since been removed from reviewing divorce cases due to his bias against women who have been affected by domestic violence) believed that the marriage's problems were entirely her fault, and accused her of not taking proper care of her children and living a "light-hearted" life. The court has not taken all alimentations issues into account, and Ewa currently receives 1000 PLN (about \$ 330) per month, which she claims is not enough to raise six children who range in age from 9 to 15. She sometimes has no money for food.

Ewa has unsuccessfully applied to several institutions for help. She finds the employees of the Social Help Centre (OPS) arrogant and incompetent. She reports feeling embarrassed and mistreated when she goes there. Although the OPS's commission for solving alcohol problems sends alcoholics for treatment, Ewa claims that family members who report the situation are not protected from their alcoholic family members after doing so. When a husband finds out his wife has reported his problem to the commission, for example, he often becomes aggressive and forces his wife to withdraw her complaint. Ewa regards the system's lack of support as an injustice, but "normal." Ewa has also been stigmatized by her community's taboo against leaving her husband even though he was aggressive, unsupportive, and an alcoholic. Only her close friends and relatives provide any real support.

The OPS offers insufficient financial help, and the amount allocated is not supported by any written statement. Ewa typically receives about 100-150 PLN per month in social help (in the form of a benefit for buying wood for heating, for example). Her children each receive stipends of 150 PLN per month. The local church gives occasional support to preselected families, but Ewa does not know on which basis families are selected. She also feels too ashamed to go to the priest herself.

Ewa has participated in job training courses organized by Time for Activity an organization in the Czarna commune. However, she reports that the quality of the workshops and those put on by the Job Center are poor. As far as she knows, no graduate of the courses has ever found work. She has received a six-month long internship (funded by the Job Center) as a cleaner at a local school, but there has been no indication whether her contract will be continued.

Source: interview by research team.

Officials in Mazowieckie and Malopolskie referred to women more in the context of domestic violence, which available statistics show is an important problem. Some estimates from UNDESA put the domestic abuse incidence rate in Poland at 3 percent. This amounts to 534,000 women in one year, or 1,463 women a day (UN DESA, 2010, in World Development Report 2012). Men who lose self-esteem in the labor market may try to regain some of that back in other aspects of their lives, such as violent domination in the household or risky behavior (Munoz Boudet, Petesch and Turk, 2013). Officials in Mazowieckie and Podkarpackie noted an increase in alcohol abuse among women.

THE WORKING POOR

The working poor were implicitly mentioned during focus group discussions as an important category that is excluded. Many officials recognized that having a job does not guarantee stable income or safety from deprivation. According to them, many workers have very unstable jobs and find themselves in a highly uncertain situation with insufficient income. For example, as one NGO representative in Radom County put it, "People complain that they have to work hard, for many hours, but

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the effect of their work is very poor. ...People work really, really hard, and toil, but still are not able to provide for themselves and their children." Many of the focus group discussion participants who are working poor only have seasonal employment (often unregistered and poorly paid) and are unemployed for long periods during the year. Their situation has reportedly worsened, as even short-term jobs have recently become scarce. Data collected as part of the social diagnosis reports by Czapinski and Panek show that in 2011 25 percent of households declared that their regular income was insufficient to meet their needs despite having a job.

PEOPLE WITH DISABILITIES

Some officials claimed that the situation of people with disabilities might have improved somewhat over the past 5 years or so, even if much remains to be done. This positive change was confirmed by participants in a focus group discussion with people with disabilities in Podkarpackie who have benefited from special programs. Respondents in other group discussions agreed that even if the disabled continue to face many problems in accessing the labor market, they are increasingly able to participate in social and cultural activities. Negative stereotypes are being broken/changed through countrywide campaigns such as workshops and cultural, social, and sporting events. Some public buildings have been made more accessible for people with disabilities, and there are initiatives that have made sign language interpretation (in Podkarpackie) and instructions in Braille alphabet more available (also in Podkarpackie). Access to the Internet has also improved, although videos with sign language are still rare. However, other respondents disputed that progress has been substantial and claimed for example that disabled people's access to many public buildings, cinemas, cultural centers, and swimming pools had not improved. In Poland 11 percent or about 2 million people suffer from one of more types of disability. The employment rate of people with disabilities is around 20 percent, very low compared to other European countries (Główny Urząd Statystyczny - GUS, 2012). See also Box 2.

Box 2. Michał, a person with hearing disabilities in Jarosław



Michał is 24 years old and the only deaf person in his family. He has no siblings and his parents do not know sign language. His mother recently started a sign language course organized by the Polish Deaf Association in Jarosław. There is a lack of such courses; there are currently more people (especially parents of deaf children) who want to participate than there are available places. Michał did not use sign language during childhood. He went to regular primary and lower secondary (gimnazjum) school and regular vocational school (in gardening) in Jarosław. He continued his education in higher secondary school (lyceum) for deaf students and also finished college (in IT) for deaf people, both in Przemyśl.

It was very difficult for him to attend regular schools. He was unable to understand his teachers and was consequently very bored. He played with other children but felt lonely because he could not communicate with them. His mother helped him do his homework but he reports learning nothing in vocational school.

He had a better experience in the schools for deaf people, though few of the teachers were proficient in sign language. In college Michał felt disregarded by teachers; nothing was really explained to him and he did not learn much. Together with other students he protested against teachers who did not use sign language, which only slightly improved the situation. In Michał's opinion, educational opportunities for deaf people are very limited. He would like to own a car service station but has had no opportunity to gain knowledge in this field, as there are no such schools for the deaf.

At home he feels quite lonely; family members communicate between each other and do not use sign language, so Michał is left out of many discussions. According to the interpreter, deaf people are often unable to communicate with their closest relatives. Michał also is unable to go to health centers by himself because no one there knows sign language, and Michał does not understand what doctors say to him. The only family member with whom Michał has good contact is his cousin, who does not know sign language but uses body language to communicate with Michał. Most of Michał's close friends are deaf, too.

It is extremely difficult for deaf people to find work. Job offers are very limited and exist mostly for very simple jobs. Employers do not want to work with deaf people. Michał was ashamed to search for a work by himself; he needed support from his mother and the Polish Deaf Association, which is his main source of information and support. He currently has an internship in a food wholesale. He is not bored and likes the work, although he experiences problems with his non-deaf co-workers. Michał has the impression they sometimes laugh at him and the other deaf trainees. In other cases, not all of his co-workers know he is deaf and so sometimes talk to him from the side or behind and he does not know what they are saying.

Source: case study interview by research team.

Disability pensions are still believed to be too low to cover costs of living, let alone medicines, rehabilitation, and equipment. For example, one of the participants in a focus group discussion with people with disabilities in Podkarpackie stated, "A disabled person without support of the family is totally excluded." One unemployed man with a serious illness in Mazowieckie claimed he is unable to work and cannot obtain any social support except an occasional targeted allowance. According to one official from a social services center in Mazowieckie, people classified as disabled are not always entitled to social insurance.

Interestingly, participants in two focus group discussions in Mazowieckie claimed that too many subsidies go to employers to provide jobs to people with disabilities, and that this comes at the expense of those without disabilities. Clearly, disabled people's disadvantages are not recognized by everyone. For disabled people who benefit from subsidies and are provided with mainstream employment, employers' attitudes are sometimes said to be problematic; many do not know how to deal with a disabled employee with disability, according to participants in one group discussion with people with disabilities. This can lead to awkward interactions. As one participant put it, "Employers think that if they scream at a deaf person it is possible to communicate with them."

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SMALL FARMERS AND YOUNG RURAL PEOPLE

In rural areas of Mazowieckie and Malopolskie, small farmers are widely recognized by officials as being particularly disadvantaged as they are excluded from the social security system. At the end of 2011, rural unemployment accounted for 44 percent of total unemployment (with 40 percent of the population living in rural areas). Officials claimed however that the official employment rate in rural communities underestimates the scale of the problem. This is illustrated by one local government representative in Radom County who testified, "Unemployment does not apply to farmers. If one has more than a hectare of land, which is absolutely not sufficient to provide for living, one cannot obtain a status of the unemployed. This is how legal arrangements work. In case of change of regulations, we would have 25 percent unemployment rate here."

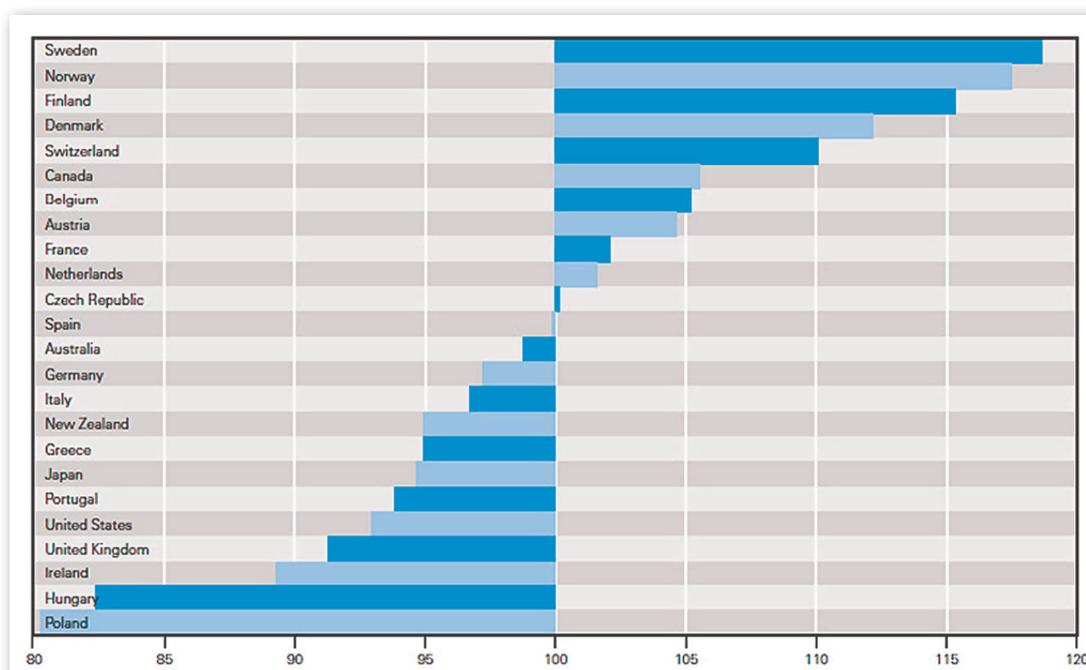
In these areas, farmers used to work in factories in addition to cultivating crops. When the factories closed, they were left with only one source of income, which is insufficient and very unstable. Small farmers cannot apply for social benefits, which according to local officials in our sample is a serious shortcoming of the social service system. Financial support from the European Union to these smallholders is said to be too "haphazard." As one local government representative in Radom County said, "They have one small grant, then another, and this is how it goes, they manage somehow. But it is no good, it is a vegetation."

Young people from farming families in rural areas reportedly face more problems than their urban counterparts. Remoteness of schools and universities as well as parental attitudes limit their access to education and job opportunities. This is illustrated by one local government official in Radom County who claimed that farmers sometimes neglect their children's education, as they prefer them to inherit the land. Poorly educated people are prepared only to work on a farm, which is no more sufficient to make a living. As farm incomes are low, this perpetuates poverty and transmits social exclusion from one generation to the next.

CHILDREN AND DYSFUNCTIONAL FAMILIES

The particular vulnerability of children to social exclusion came up during field discussions in Malopolskie and Podkarpackie. Officials acknowledged that children are helpless in the face of their parents' problems and are often the main victims of dysfunctionality. Moreover, household survey data show that about a quarter of households with four or more children live in poverty, compared to 15 percent for the general population. This harsh reality certainly contributes to Poland's low fertility rate of 1.4 children per woman, among the world's lowest. Parents in various focus group discussions complained that facilities such as playgrounds, parks, and cultural centers are often not available in their area, and that there is a shortage of nurseries, kindergarten, and daycare facilities. The material well-being of children in Poland is the lowest of all OECD countries, according to 2007 calculations by UNICEF (see Figure 5).

Figure 5. The material well-being of children in OECD countries in 2007 (based on relative income poverty, households without jobs, material deprivation)



Note: Each country has been placed on a scale determined by the average score for the group as a whole. The unit used is the standard deviation (the average deviation from the average). To easy interpretation, the result are presented on a scale with mean of 100 and standard deviation of 10. Source: UNICEF, 2007.

People living in dysfunctional families are an important concern for policy makers. Programs directed at this group were present in the majority of the municipalities in our sample. Dysfunctions tend to be inherited and last for generations. As stated by one official from a social services center in Radom County, “Some things one just learns at home, from one’s family. If you are not taught by your parents to wash everyday. . . Well, that’s how it is, they just don’t know it.” One representative of an NGO in Radom County that works to support children reckons that intersecting disadvantages are the main reasons for family dysfunctions such as unemployment and often also very poor conditions of social housing.

Migration contributes to the phenomenon of Euro-orphans and dysfunctional families, according to some officials. However, a focus group with youth in rural Malopolskie whose parent(s) have migrated revealed that they themselves do not always perceive this situation as problematic. Participants in this group were more worried about the isolation of their village and the remoteness from cities and cultural and social facilities.

ALCOHOLICS

People addicted to alcohol suffer from severe stigma and focus group discussion participants often referred negatively to them. They often claimed that these people misuse social help and do not deserve assistance. This group is seen as competing with others who are truly entitled to assistance; group discussion participants claimed that social support is better spent on other people that make better use of it. Social inclusion experts from social services centers that were interviewed for our study state that alcohol addiction often is a consequence of multiple disadvantages such as long-term unemployment, dysfunctional families, domestic violence, and long-term dependency on social benefits. A representative of the regional government in Podkarpackie claimed this is one of the most challenging groups to help. Alcohol abuse, is on the rise, with 6.8 percent in 2011 admitting abusing alcohol, as compared to 4.4 percent in 2003 (Czapinski and Panek, 2011, 2012). PARPA1 estimates that the number of people drinking alcohol in a detrimental manner amounts to 2.5 million, whereas the number of addicts exceeds 860,000. About 3–4 million people, including 1.5–2 million children, live in families with alcohol-related problems.

1 http://fas.nazwa.pl/parpa_en/basic-polish-data/52-basic-trends-pertaining-to-alcohol-use-in-poland#_ftn3

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THE HOMELESS

The homeless are an important disadvantaged group in towns and cities but only recognized as such by representatives of regional authorities. None of the focus group participants identified this group as an important excluded category. According to an official from Podkarpackie, homelessness is common among ex-convicts, young people who leave youth care centers, the poorly educated, and those with mental disorders. It can be caused by family conflicts, evictions or debts. They typically suffer from multiple disadvantages. One of our case studies with a homeless person in Malopolskie demonstrated that they often suffer from “exclusion traps” (Box 3). He was unable to sign rental contracts as he was a recidivist. In turn, without a legal address, this man had difficulties finding employment. In his opinion, even obtaining an illegal job is almost impossible without a legal residence. Homelessness in Poland does not seem well researched, nor are there any clearly identified official policies for addressing it, despite the fact that there are between 60,000 to 300,000 homeless people in Poland, according to some estimates by NGOs (Stowarzyszenie Pogotowie Społeczne, 2012). The group is largely invisible in official statistics, as they are typically not covered in household surveys (Szukielojc, 2004).

Box 3. Zbigniew, a homeless person and recidivist in Miechów



Zbigniew is 46 years old and was born in a small town in the Kieleckie region. After primary school he moved to Częstochowa where he finished vocational school, started work as a ceramist, and took up residence in a workers’ hostel. When the Communist regime ended, Zbigniew lost his job and home. He could not turn to his family for support—his father had died two years earlier in prison, and he was estranged from his siblings. Although he has a daughter, her mother’s family forbid him to contact her. With no options available to him, Zbigniew became homeless and started wandering. For several years he lived “on the street” in different cities around Poland. He slept in railway stations, vacant houses, in the forest, and anywhere else he could find. He became addicted to vodka. “I was young and was thinking in a different way than now,” he explains. “Vodka, friends,

and so on. Somehow we thought we were going to make it. Day by day. Stupidity.” Zbigniew was unaware of the existence of homeless shelters, social security institutions, or other facilities that could offer him help. It was several years before he stayed at his first homeless shelter. Having a place to have a rest, shower, and wash his clothes helped him understand the need to change his life, lest he end up dead, as had many of his friends. The shelters’ ban on drinking alcohol helped him quit vodka, and he started to search for a job. Since then he has conducted casual work and stayed in many homeless shelters in Poland or at the flats of friends and acquaintances. Occasionally, when he has had no other option, he has returned to the streets, and has also served a few short sentences in prison.

Zbigniew applied for communal housing but was told he needed to have a stable income to get a flat. “It is a vicious circle,” he says, “being homeless you cannot get a job without legal residence and you cannot get a flat without stable income.” In Zbigniew’s opinion, such regulations make it difficult to escape homelessness; people easily lose motivation and feel helpless.

In recent years, Zbigniew says there has been improved access to information for homeless people, but homeless shelters are changing because of lack of funds. “You now must have money to be in a shelter,” he reports. Social assistance centers (OPS) are usually unwilling to cover the costs of sheltering a homeless person outside of his or her legal registration area. Therefore, homeless people who lack savings or a retirement/disability pension (which is common) end up living on the streets. Zbigniew thinks the requirement to have legal residence in the region of the shelter should be abolished. “It is a limitation of civil rights,” he says. He worries that the financial strain on shelters will soon cause them to shut down. “Nobody cares about homeless people,” he says. “You cannot become rich being a director of a shelter”.

Zbigniew knows only a few people who have managed to escape homelessness. Most of them did so without institutional support, but rather by moving to a partner’s flat; if their partner was also homeless, they relied on each other to find a job and rent a flat. He believes it is impossible to escape homelessness without the support of others.

Source: case study interview by research team.

EX-CONVICTS

Another important group identified only by officials is ex-convicts. Representatives from social services centers and voivodeship level governments across the three regions stated that ex-convicts have difficulties re-entering society and starting families, and thus are at high risk of social exclusion. This group is also at risk of homelessness or living in very poor quality social housing. This is especially the case when they cannot return to their families.

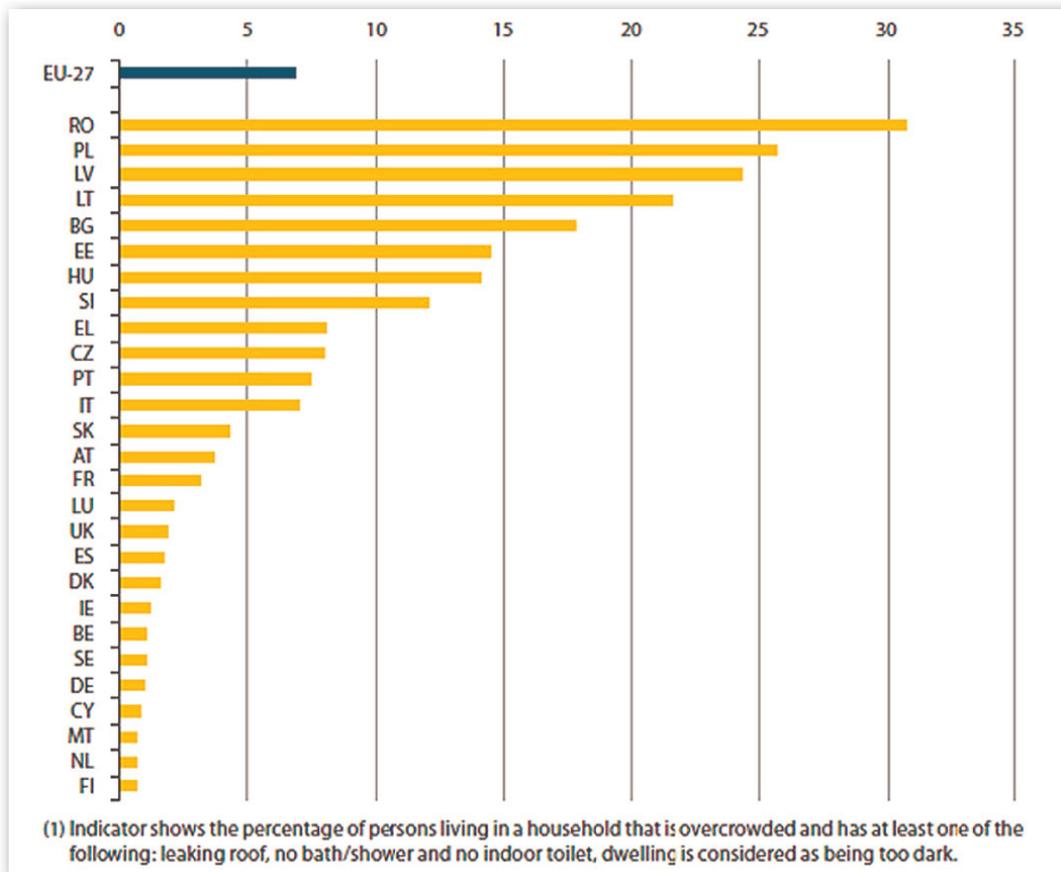
PEOPLE WITH POOR HOUSING

According to officials from urban municipalities and voivodeship level governments, **people in poor housing conditions can also be socially excluded even if people themselves are not aware of it.** The problem of poor housing is said to particularly affect large families who live in small flats with sometimes 8 people living on 30 m². Poor housing conditions also distress young people who are unemployed or have poorly paying jobs and cannot afford their own flat. Living in social housing can be stigmatized, making it difficult for family members to find employment, according to one representative from a social services center in Radom County.

Poland has the most pronounced housing deficit in Europe, with the smallest average living space per capita (0.9 room/person in rural areas and 1.0 room/person in urban areas, as compared to 2.0 and 1.9 in the EU15). After Romania, Poland has the largest population (over 25 percent in 2007, see Figure 6) affected by severe housing deprivation. This is a measure of overcrowding and poor amenities that refers to those households with a leaking roof, no bath/shower, and no indoor toilet or sufficient light (Eurostat 2010).

3. WHO IN POLAND IS PERCEIVED TO BE EXCLUDED?

Figure 6. Severe housing deprivation in EU, 2007 (% of population) (1)



Source: Eurostat (EU-SILC)

In sum, overlays of disadvantages—caused by overlapping identities of people—can have significantly harmful effects on social inclusion (World Bank 2013). Our field work in Poland shows that the intersection of being unemployed or having an unstable job; being a woman; being old or young; living in remote areas; having an alcohol addiction and other factors can negatively impact social inclusion. Why these people are excluded will be discussed in the next section.

4.

**WHY ARE THEY
EXCLUDED?**

4. WHY ARE THEY EXCLUDED?

In the previous section we discussed what population groups tend to be excluded in Poland. We saw that being unemployed is by far the most important contributing factor to exclusion and that the inability to secure a stable job is a central cause of deprivation. But why are some groups unable to find jobs? Representatives of social services centers consistently stated that social exclusion is caused by a set of multiple interrelated disadvantages and that simply providing standard labor market activation programs will not sufficiently help those who are currently socially excluded—other disadvantages need to be tackled. In fact, all government and NGO officials and focus group participants spoke with great passion about the lack of stable jobs. They consistently revealed that even for the employed, weak labor protection that leads to workplace abuse can be an important reason for exclusion.

Our research also suggests that a number of other factors contribute to social exclusion. Lack of access to quality health care and rehabilitation services, limited availability of public transport (in rural areas), and negative stereotyping of certain excluded population groups by service providers are important barriers to accessing these services. Also, top-down planning, weak civil society organizations (in particular in small towns), unwillingness of authorities to listen to citizens' grievances, and disrespect and social stigma by social services are additional causes. These issues are discussed below in more depth together with a review of some of the interventions meant to address social exclusion and why they have been less successful than planned.

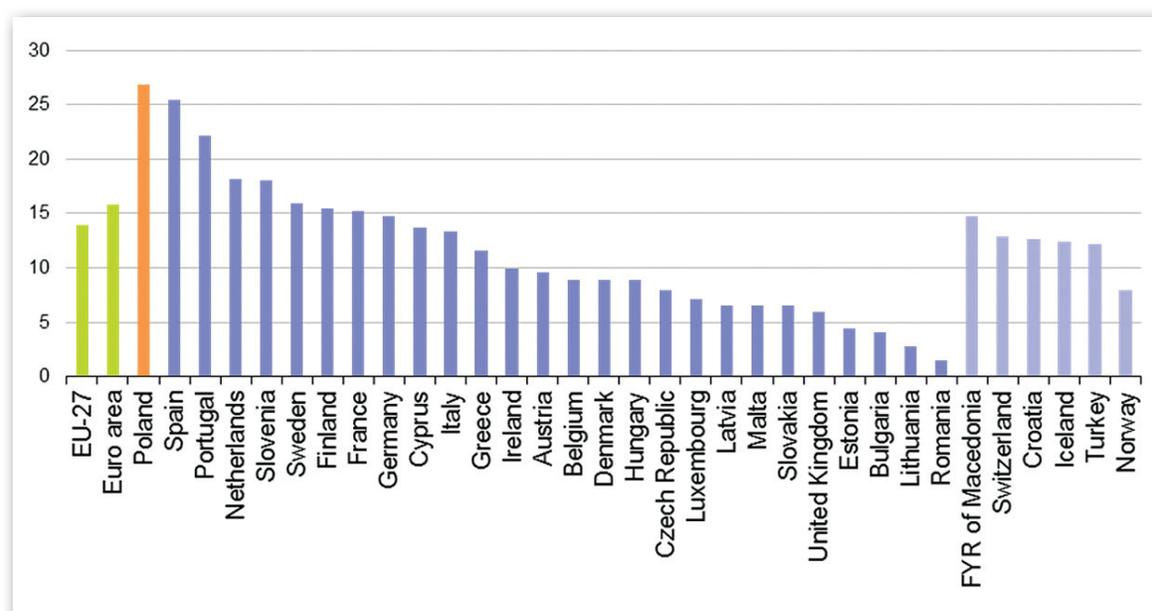
LABOR MARKET BARRIERS

Lack of (stable) employment is seen as the most important factor, behind social exclusion. Group discussions with youth, long-term unemployed people, and other categories of people, as well as interviews with officials in our sample overwhelmingly pointed to unemployment as the central factor for exclusion. Once a person has a stable job s/he is much better positioned to access health care, transport facilities, or participate in social and cultural events. This was illustrated by one Radom County man who participated in a focus group discussion with long-term unemployed 20-34 year old men. As he put it, "If I had a job and money I would not need anything else, any help."

Jobs of a minimum quality are usually a key aspect of socialization and a route to civic participation. They can contribute to the formation of attitudes. The recent World Development Report on jobs (World Bank 2012) makes a strong claim around the mutually reinforcing relation between jobs and social cohesion (see also Norton and de Haan 2012). Conversely, cohesion itself can contribute to the conditions of productive opportunities, better jobs, and growth in general.

Respondents suggested that employer abuse of workers is a serious problem made worse by the existence of "junk contracts" that offer little job protection. Many officials also reported that the lack of stable employment opportunities is an important cause of exclusion. The only employment options consist of short-term unstable jobs with "flexible" labor contracts. In Poland, 27 percent of employees had temporary contracts in 2011, the highest proportion in the EU (see Figure 7).

Figure 7: Proportion of employees with a contract of limited duration, age group 15-64, 2011 (% of total employees).



Source: Eurostat (EU-SILC)

Participants in many group discussions spoke emotionally about “mobbing” at the work place and feeling disrespected and intimidated by their employers. Even wage theft was reported. Participants in focus groups with long-term unemployed 20-34 year old men and who often take informal temporary jobs in Radom County stated that they often feel helpless and have no choice but to accept humiliation and abuse at the hands of their employers because their labor contracts provide no protection; they fear they could be fired anytime. This particularly affects female workers, according to a focus group with 40-60 old poor women in Krakow. One voivodship official in Podkarpackie thought that people were probably too passive and submissive, often agreeing to poor working conditions with no social security benefits. A September 21, 2013 article in the Economist also noted the problem of Poland’s junk contracts. The problem might also reflect shortcomings of the judicial system in solving labor conflicts.

Labor market barriers particularly affect the youth due to low or inadequate education and training. Some respondent claimed that in rural areas being highly educated can lead to unemployment and social exclusion. Many social services center representatives claimed that youth are at a disadvantage because of their lack of work experience. Lack of stable or alternative employment means they often end up in successive internships. Lack of skills is also a reported problem for middle aged workers who worked mostly during the Communist era.

A large portion of respondents stated that political and personal connections are increasingly essential for getting a job; having an education is insufficient. Qualitative research done in Poland for the World Development Report 2012 on gender shows that men may now be investing less in their human capital because they see education as having low or mixed value, particularly in labor markets that do not operate on merit. Young Polish men interviewed as part of that research stated that connections outstrip education in determining whether they could find a job: “I think that education has lost its significance,” said one man, “Everything is now about political connections.” (World Development Report 2012). This was reiterated by a number of group discussants in our study.

Gender equality is a problem in the labor market. It is perpetuated by weak family support policies and norms around women’s roles. Group discussions with young men and women in Malopolskie, as well as with young and older unemployed women in Podkarpackie, revealed that many women have to give up their jobs once they have children. This is due to the lack of nurseries and kindergartens as well as the social norms that regard women rather than men as responsible for child care. They claimed that there is also a gap in earnings between man and women. Smith (2010) indicates that the gap in Poland is below the EU average, but still a substantial 10 percent. These factors inevitably put women at a serious disadvantage in the labor market and reproduce gender inequality.

4. WHY ARE THEY EXCLUDED?

Data from the Social Diagnosis 2011 report show that the proportion of women not seeking work due to child care responsibilities has increased from about 38 percent in 2009 to 51 percent in 2011, compared to 2 percent of the men (see Table 5).

Table 5. Share of women and men among the registered unemployed not interested in working, who provide various reasons for not seeking jobs, 2009 and 2011 (%)

Reason for not seeking a job	Women		Men	
	2011	2009	2011	2009
Studying, raising qualifications	3.4	5.2	11.5	7.0
Taking care of household duties	14.3	12.3	2.1	1.4
Taking care of children	50.8	37.7	2.1	1.9
Taking care of disabled or elderly household members	2.3	2.9	2.1	1.6
Due to bad health condition	7.1	11.2	22.9	13.6
Due to inappropriate age	2.3	1.7	7.3	9.9
Due to lack of proper qualifications	1.9	2.8	5.2	1.0
Due to their belief they will not find a job	10.9	5.4	24.0	24.3
Does not want to lose the right to receive social benefits	1.9	8.1	9.4	18.9
Does not want to work	1.1	0.6	2.1	5.2
Other reasons	3.4	10.2	11.5	11.9

Source: Czapinski and Panek (eds). *Social Diagnosis 2011*

Participants in a range of focus groups suggested that starting one's own business involves excessive bureaucratic procedures, which increase costs. These were reported to be the main barrier to starting a business. Respondents also claim that the local population's low purchasing power makes it hard to have a successful business. For example during discussion with young unemployed men in Radom County, one of the participants stated, "There is no market here. For a year or two it may work, but you need a sales market. If people here don't have money at all, then who would buy clothing or eat in a bar? Only somebody who has money and there's only few such persons here."

The issue of whether competitive markets can also be fair often led to heated debates in focus group discussions. For example, former forest employees in Podkarpackie who now have to submit contract tenders to obtain work complained that competition was excessive and frustrating. Participants in focus groups with excluded people in Radom County mentioned that competition and "aggressive" pricing policies from large supermarkets threatens the survival of small shops. They also claimed that small farmers were subjected to "unfair" competition from foreign producers. A representative of a social services center in Malopolskie thought that low education levels and lack of social and entrepreneurial skills may also explain why small business development is not popular in Poland.

BARRIERS FOR HEALTH CARE AND MOBILITY

After unemployment, lack of access to quality health care was most often mentioned as a reason for social exclusion. It was raised by both male and female participants from all age groups and locations (urban and rural areas). Respondents complained that the only way to avoid the long wait times for public health services is to have personal connections or, occasionally, to pay bribes. Medicines have become expensive and pharmacies have shortened their hours of operation. In rural areas the situation is worsened by poor quality of services and delays in emergency services. This leaves expensive private health care as the only available alternative, which means that without sufficient income, accessing health services is difficult. This was illustrated by one participant in a focus group discussion with 20-34 year old unemployed men in Radom County who said, "There is access to doctors here, but only private ones. In public health care when there is registration, then there is 15-20 people already waiting (...) one has to bribe a doctor or have connections. If you know a doctor then he could put you somehow higher in the queue."

According to officials from Podkarpackie, rehabilitation services for people with disabilities are not easily available due to poor access to specialist doctors and long wait times. The limited availability of rehabilitation services and rehabilitation equipment (waiting times are said to be at least 6-8 months) is also a problem. Costs of rehabilitation are often

higher than the allowances obtained by people with disabilities. Representatives from a range of institutions in Podkarpackie stated that obtaining reimbursement of costs for special equipment is not always easy, as it requires filling out many “complicated” forms. Opinions on “sheltered employment workshops” for people with disabilities varied among group discussants. Some stated it is wrong to create “ghettos” for the disabled, whereas other people were convinced that it is easier and more comfortable for some disabled people to work at these places.

Lack of public transport was reported as a key barrier by most focus group participants. It was said to lead to exclusion from the job market, health services, and cultural activities, especially in rural areas. Privatization of transport companies has limited the availability of bus and tram services except during weekday mornings and evenings. This problem reportedly affects the elderly, mothers with children, and people with disabilities in particular. The closure of cultural centers and schools in some rural areas has limited locals’ access to social, cultural, and sporting events. These can now only be accessed in cities and towns. However, lack of information and limited public transport is preventing them from doing so, leading to further isolation.

CONSTRAINTS FOR ACTIVE CITIZENSHIP

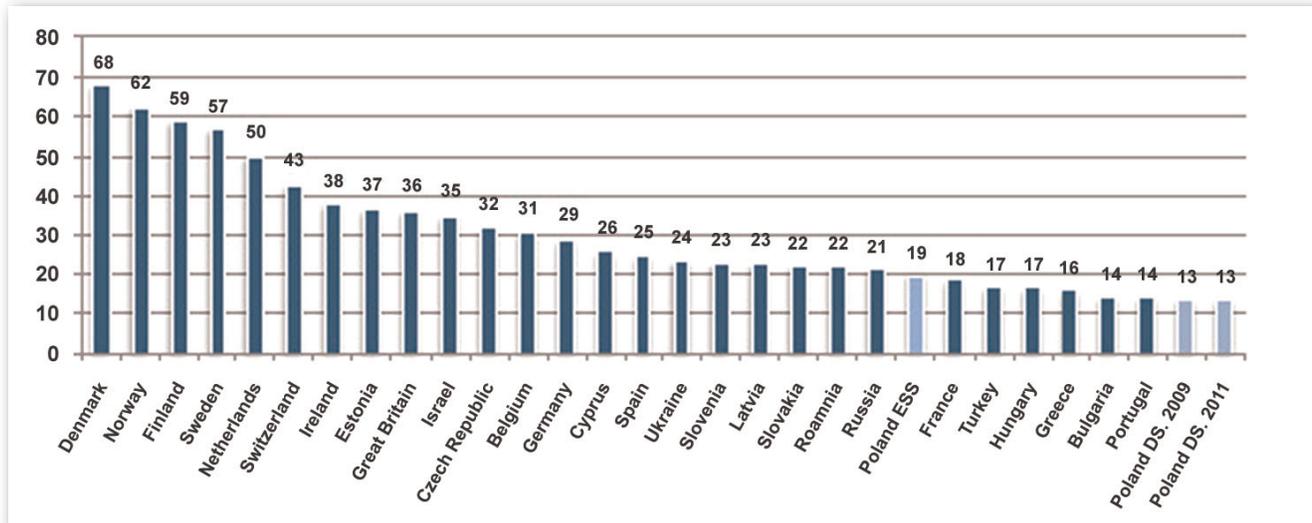
Relatively weak civil society organizations and lack of trust among community members in small towns and villages impede political participation and visibility. Excluded people in our focus groups were disappointed in local politicians and seemed to acknowledge the need to personally get involved in community life to improve their situation. Officials in Radom County pointed out that there are a variety of local NGOs established and run by people with disabilities or former alcohol abusers. These local bodies often emerged from self-help groups that were initiated by social workers and encouraged by local social services centers. However, the most common observation among officials is that most excluded citizens tend to be passive, have negative attitudes, and are unwilling to participate in local governing.

Focus group discussions with excluded people, however, revealed that what representatives of institutes define as passiveness, excluded people describe as lack of social capital and trust among neighbors. For example, one person in a focus group discussion with unemployed men in Radom County said, “Everyone cares about themselves, not the community. There is no point in counting on neighbors. Everybody just sits locked in their own house.” Older people in Podkarpackie who participated in a focus group complained about the individualization of society and the lack of joint initiatives. One participant noted, “Everybody deals with his/ her poverty by him or herself. Nobody wants to stand out because of it. Nobody wants to show his/ her poverty. People are ashamed of it.” While officials and authorities seem to regard socially excluded people as a homogeneous group that is passive in terms of civic participation, excluded people stress that relations between members of the local community are problematic and do not favor close collaboration.

Such low levels of trust are confirmed by the European Social Survey (ESS), which in 2008 showed that only 10-20 percent of Polish respondents agreed with the statement, “Most people can be trusted;” this was three times lower than in Denmark, Norway, and Finland (see Figure 8). Poland also has among Europe’s lowest levels of social activity, voluntary work, and willingness to participate in organizations. This is likely to be a legacy of the Communist period when membership in many “social” organizations was compulsory.

4. WHY ARE THEY EXCLUDED?

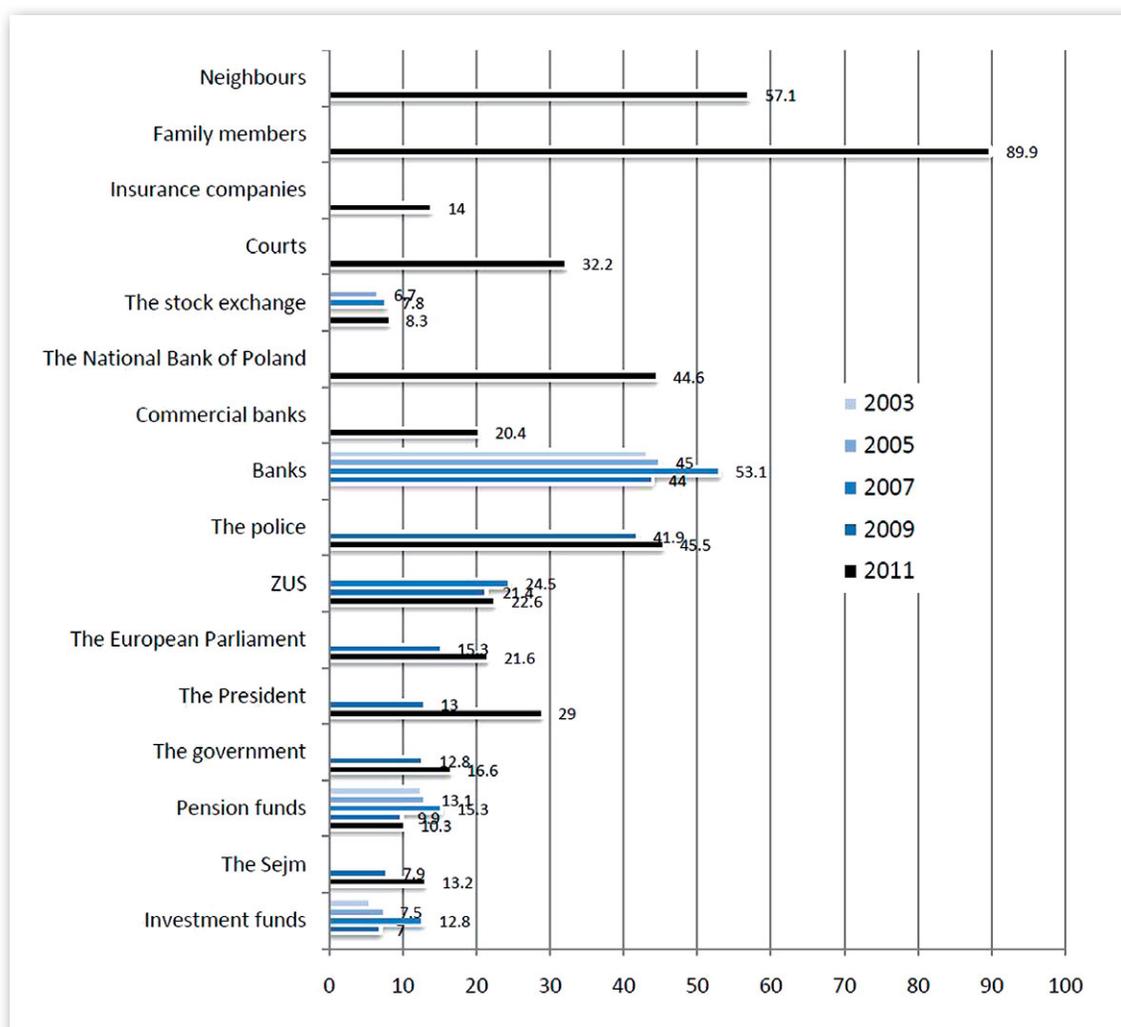
Figure 8. Percentage of persons aged 16 and above who trust other people (in Poland and other countries)



Source of data: for all countries, including Poland, ESS—European Social Survey 2008 (percentage of answers from 7 to 10 on the following scale: 0—One cannot be too careful in dealing with people, 10—Most people can be trusted), for Poland—Social Diagnosis (DS) from the period 2009-2011 (percentage of answers on the following scale: Most people can be trusted, One cannot be too careful in dealing with people, Hard to say). Quoted from Czapinski and Panek. *Social Diagnosis 2011*.

Authorities' indifference and lack of goodwill excludes people from being active citizens. Group discussions with excluded people revealed that they realize that forming civic organizations is important to promote their political interests at the local level. But many also expect to be consulted and informed, and are frustrated by the limited responsiveness, lack of goodwill, and unwillingness of local officials to listen to their needs. As noted in "Inclusion Matters" (World Bank 2013): "When some groups seem as if they are rejecting a policy by not participating fully, they may well be rejecting adverse terms on which they are being asked to participate." These adverse terms could be the lack of responsiveness of authorities to ideas and initiatives of excluded people themselves. The Poles seem to have a remarkably low level of confidence in their institutions (see Figure 9). For example only 13 percent of the population have confidence in the Sejm, the national parliament.

Figure 9. Percentage of respondents who declare confidence in various persons and institutions



Source: European Value Survey 2008 quoted in Czapinski and Panek. *Social Diagnosis 2011*. NOTE: The results of the European Social Survey of 2006/8 regarding the European Parliament and the Polish Sejm are fairly similar when looking at respondents who selected answers 7 to 10 at a 10-point scale, with 10 defined as "absolute confidence." 5 percent trust the national parliament and 16.4 percent trust the European Parliament.

Across the world citizens feel that their government institutions treat people unequally. As noted in the recent World Bank report on social inclusion, this may indicate that the state is perceived as catering to the needs of a small section of society, and that exclusion is a problem for many, rather than for a few (World Bank 2013).

In one of the sample villages in Radom County, local inhabitants formed an NGO to improve their cause. It was established in response to the poor functioning of the local social services center. However, their activities received very little support from local officials and were largely overlooked by local authorities. More broadly, many focus group discussion participants reported feeling ignored and feel like they live in a society in which the rich minority have all the power. For example, one participant in a focus group discussion with pensioners in Podkarpackie said, "Only rich people are represented. Nobody invites us to the meetings." This suggests that the voices of excluded citizens are not always systematically gathered in public efforts to address their needs.

4. WHY ARE THEY EXCLUDED?

NEGATIVE STEREOTYPING AND SOCIAL STIGMA

Excluded people reported feeling humiliated by workers from municipal social services centers or other institutions.

Municipalities and nongovernmental organizations (NGOs) offer a range of different types of social benefits, including transfers to those below the subsistence minimum and or the elderly, residence allowance, subsidies for school meals, support for foster families, scholarships, and more. Although these services are much appreciated, people sometimes feel ashamed to ask for help from the municipal social services center, in particular when they are accused of cheating on their income or assets. During focus groups in Podkarpackie and Radom County it was mentioned that some people do not apply for financial support for fear of being stigmatized. Discussants also complained about lacking information about employment opportunities or the types of social benefits available and how they can qualify. This appears to also partly reflect the lack of collaboration between social service entities and public employment services.

Many participants thought that the homeless and alcoholics do not deserve any help as they are to blame for their problems. Such attitudes may drive these groups into further helplessness and resignation, which constrains efforts to include them in society (World Bank 2013).

Negative stereotypes can be harmful when they are internalized in the belief system of the excluded. They can foster low self-esteem, low aspirations, and potential group discouragement. Perceived discrimination can alter both the expectations of a job seeker from the labor market as well as their future labor supply decisions. Members of excluded groups may, therefore, become discouraged and drop out of the labor force (World Bank 2013).

In this section we discussed barriers to inclusion. Poland has a number of social inclusion interventions that are aimed at removing these barriers. These are the topic of the next section.

5.

**MAIN SOCIAL
INCLUSION
INTERVENTIONS AND
THEIR PERCEIVED
PERFORMANCE**

5. MAIN SOCIAL INCLUSION INTERVENTIONS AND THEIR PERCEIVED PERFORMANCE

Study respondents were asked what social inclusion interventions have been implemented in their area and how they have performed. This section presents the interventions that were most frequently mentioned and summarizes the discussions on their performance. These include interventions related to labor market support programs, special health care programs, social and cultural events and psychological support, and other interventions.

LABOR MARKET SUPPORT PROGRAMS

Labor market support programs that were mentioned by our respondents included vocational and professional training, internships, grants for starting up businesses, as well as social contracts and job counseling.

Vocational and professional training is one of the most common interventions for social inclusion. However, knowledge and skills absorbed by such programs are not regarded as useful for finding employment. The trainings are available in both urban and rural areas and are offered by the regional or local social services centers (often funded by the European Union) as well as by county level employment institutions. In addition to being unemployed, entry qualifications often include additional criteria such as age, being from a dysfunctional family, length of unemployment, lacking qualifications and skills, young mothers, etc. Respondents and officials claimed that these courses tend to be too general and have limited relevance for the labor market. Most people remain unemployed after completing these courses. For example, one representative of the Social Services Center in Radom County said, “I often feel we are deceiving (the clients of the programs). They follow numerous trainings, but it is all for nothing. Most of them won’t find any job.” The problem may be the limited demand for labor and the poor quality of the courses, rather than a low level of education and skills of the unemployed. A review of evaluations of Poland’s ESF programs showed that the unemployment rate among beneficiaries of active labor market programs was reduced by 8 percent compared to a control group that did not receive the programs (PAG Uniconsult, 2012). See appendix 4 for a more detailed overview of ESF programs in Poland and their results.

Respondents reported that internships are popular but assignment methods lack transparency, and there are limited opportunities for stable employment after completion. Internships are offered by local social services centers or powiat labor offices. They provide an important opportunity to gain professional experience during six months while earning an income. Recipients with disabilities do not lose their disability pensions. However, respondents complain that informal connections seem to be more important for accessing these than qualifications or relevant levels of education. It is also believed that chances for stable employment are low upon completing the internship and sometimes employers regard internships as a source of cheap labor. It appears that not all employment offices sign internship agreements with employers on the condition that they will employ the internee for a minimum period of time following the internship.

Study respondents complained about complicated application procedures for starting their own business, even if there is existing evidence that ESF supported programs in this area were successful Start-up grants are offered by the employment office and can consist of up to 12 months of a typical salary for start-up companies. A review of 34 evaluations of Poland’s ESF program concluded that these start-up grants were among the most successful activities (PAG Uniconsult 2013). Respondents, however, complained that application procedures are complex and reported long wait times for applications to be accepted. Also, staff at the social insurance agency are reportedly not very responsive to the needs of young entrepreneurs.

According to a voivodeship official in Podkarpackie, that region’s “social contracts” are an effective means of inclusion. These are offered by social services centers and aim to activate people who currently receive social benefits. They consist of an agreement signed between a social worker and an unemployed person that sets out the obligations and rights of both parties. The jobless person is obligated, for example, to participate in professional training, psychological support, and professional consulting. Failure to meet these obligations results in refusal of unemployment benefits. Such contracts were said to have increased participants’ self-confidence and enhanced their chances of finding employment. Social contracts have been introduced in Poland in a national Act on Social Assistance.

Some programs that promote employment of disabled people appear successful. The ESF-funded program “Participation and integration—a chance for a better tomorrow” (which also targets people without disabilities) organizes activities such as physical rehabilitation services, consultations with psychologists, consultations with parents experiencing problems with child care, and career training and social gatherings. A number of focus group discussion participants said they were able to find employment upon completing the courses. They also said they had become more motivated and had raised their aspirations.

Other policies such as subsidies for employers to employ people with disabilities also exist. However, anecdotal evidence suggests these tend to put unrealistic demands on employers, such as the obligation to hire a person with disabilities for a minimum of three years (Plonka 2013).

SPECIAL HEALTH CARE PROGRAMS

There are a number of special health care services for excluded people, but some tend to be expensive. Care services at home are seen as very valuable but not easily available. Assistance consists of help with cleaning and shopping. Nursing homes are available but expensive. These services are provided by the social services centers in urban areas and are intended for the elderly, the disabled, and people with mental problems. However these cost about 3000 PLN per month—roughly three times a typical pension—and most people cannot afford them.

In the municipalities that were sampled in Radom County, assistance for alcohol abusers and their families is provided through free self-help groups supported by a psychologist. These groups meet on a weekly basis over a long period of time and lessen the burden of the social services centers. Some municipalities—in collaboration with NGOs—provide programs that consist of therapeutic excursions, meetings with former alcoholics and awareness raising among school children. In one village in Radom County, officials claimed an interdisciplinary team against alcohol abuse was very effective. The team provides a platform for local authorities, social workers, NGO representatives, and police officers to discuss issues of alcohol abuse and domestic violence. A similar interagency initiative exists for tackling domestic violence at the municipality level. However this service is provided by people on a voluntary basis, which may raise questions about sustainability. In Podkarpackie, regional authorities referred to a gmina program against domestic violence. This program takes an interdisciplinary approach and aims to coordinate the various relevant efforts of social service agencies, the police, a local group that fights against alcohol abuse, and other NGOs.

SOCIAL AND CULTURAL EVENTS AND PSYCHOLOGICAL SUPPORT

Many NGO officials and focus groups participants claimed that “soft” activities—such as social and cultural events aimed at excluded families or other categories of excluded people—are important and popular with their clients. These activities include open air picnics, theater shows, or contests and competitions. Cultural events are particularly appreciated. These activities are held in cooperation with social services centers or municipal offices in areas where cinemas and other facilities are unavailable. One focus group discussion participant for parents with large families in Radom County illustrated this issue in the following way: “It is welcomed and praised very warmly. The attendance is high. People really want to meet with each other.” However, NGO officials claimed it is difficult to obtain funding for these events, as their immediate benefits are not easily quantifiable or even measurable.

A number of officials continue to view the diverse types of activities offered to a range of excluded groups by the Post Accession Rural Support Project (PARSP) as highly inspirational, educational, and useful, even three years after the program ended. Under the social inclusion component of this project, local excluded groups took the initiative and planned for measures they thought should be taken to address their situation. An earlier assessment of progress under this project quoted an excluded person as saying: “All of a sudden it turned out that we could contribute (...) and that we also can change something.”

Under the project, municipalities signed contracts with locally formed NGOs to deliver high priority social services for youth, adults, the disabled, and the elderly. These included improved social services for education (including education of adults, extracurricular activities), integration activities (including activation programs for disabled groups), culture and arts, legal assistance, anti-poverty programs (care services, aid to the homeless), housing, social housing construction, psychological and domestic violence counseling and crisis intervention, transport, health care (including combating addictions and family planning), and direct employment creation. An official of a social services center in Radom County summarized a study visit organized under this project as follows: “One-day trips to other social services centers were organized, to other kindergartens and social cooperatives. You know, if they were awarded in a contest, and are good at something. It’s good to learn from their perspective. It was very educational in my opinion.”

5. MAIN SOCIAL INCLUSION INTERVENTIONS AND THEIR PERCEIVED PERFORMANCE

A few officials mentioned that the Local Activity Program (LAP - Program Aktywności Lokalnej), which is mostly financed by the ESF, has a good track record in terms of providing community building and tackling social exclusion in an integrated manner. The LAP, which was started in 2007, was financed by the ESF and implemented throughout the social services centers. Its approach is similar to the one taken by the PARSP project. It provides an intensive program led by social workers for specific small groups in particular neighborhoods. The program starts off with a diagnosis that is implemented jointly with the local community to identify the most urgent problems and possible solutions for addressing these. An official of a social services center in Radom County illustrated the project's approach in the following way: "They themselves proposed some solutions... So in effect, the hidden potential was suddenly revealed. They engaged in activities, fought for the roof renovation and afterwards they took the old metal plate taken down during the repair, so they could sell it. They sold it in a junk return point (...) so we could organize and go for an excursion." After two years of running this program, infrastructure improved, community members' attitudes changed, and internal conflicts were solved. Unfortunately, the program was discontinued when funding dried up.

Consultations with psychologists and lawyers are seen as helpful and effective for helping beneficiaries break their cycle of exclusion, build their self-esteem, overcome apathy and depression, and take initiative to change their life. They are free. However, these services were unavailable in most of the study's research areas.

OTHER INTERVENTIONS

Food distribution to the needy is important and helpful and has many beneficiaries. It is largely dependent on volunteers. Food may be distributed through NGOs like Caritas or food banks or through the municipal social service centers. The quality of the food varies and the type of food offered is unpredictable. Often large amounts of just one product are provided. But overall this service is very appreciated. Social services centers also operate food canteens. Family assistance for dysfunctional families is viewed as highly effective. It is aimed at families affected by a series of problems such as alcohol abuse, extremely low education, or domestic violence.

Engaging citizens in decision making around social and other programs is an important aspect of social inclusion. Box 4 provides an interesting example of an initiative in Malopolskie.

Box 4. Promoting active citizenship and participation in decision making in Malopolskie

In one city in Malopolskie, the mayor encourages citizens to get more involved in community life. He facilitates access to information about important events in the city through an SMS information system. He also posts information on his Facebook profile, which he uses to obtain feedback from citizens. Finally, he supports a Youth Committee, which is a good platform for young people to learn how to participate in public and political life.

Source: field work conducted for this study

This section presented evidence regarding the performance of the main social inclusion activities that participants in our study were familiar with. Next we will discuss in some depth the key cross-cutting problems that emerged during our discussions.

6.

**CROSS-CUTTING
PROBLEMS OF
SOCIAL INCLUSION
INTERVENTIONS**

6. CROSS-CUTTING PROBLEMS OF SOCIAL INCLUSION INTERVENTIONS

The delivery of social inclusion interventions in Poland is constrained by several factors. Respondents complained of excessive bureaucracy, service providers' negative attitudes, lack of resources, lack of good will from authorities, lack of cooperation between state institutions and between state agencies and NGOs, lack of trust and platforms for exchange, and weak monitoring and evaluation procedures. These cross-cutting problems will be discussed in this section.

EXCESSIVE BUREAUCRACY AND POOR ACCESS TO INFORMATION

Beneficiaries of social inclusion programs feel overwhelmed by the paperwork required to prove they need support.

Many applicants in our sample of focus group participants across the three regions claim to be overburdened by filling out numerous forms and providing the many documents needed to qualify for assistance. Social workers and officials interviewed also complained that they spend too much time helping people fulfill all the bureaucratic requirements. It was said that this problem is made worse by the lack of cooperation among the various institutions dealing with social inclusion (see below).

One of the biggest problems reported is a lack of information on available social support and inclusion programs, and how to access them. Many respondents said this makes it difficult for needy people to access welfare. As one participant in a focus group discussion for parents with many children, children with disabilities, and without wage earners held in Radom County put it, "The biggest problem is that a person who wants to receive e.g. annuity, must do everything individually, without any help and knowledge, knocking on every door."

Focus group participants suggested it is often unclear on what basis local authorities make a decision to reject an application for social benefits or other support. Lack of transparency regarding the amount allocated also leads to frustration and a sense of unfairness. One discussion participant in Radom County claimed that her father, who lives alone, obtained a higher amount of one type of social benefit than she did as a single mother of five children. Moreover, informal connections are said to be important in securing information on available support services. They can also be crucial for obtaining the benefits themselves. One participant in a focus group discussion with 20-35 years old unemployed men in Radom County mentioned, "If you have connections, you'll get a flat fast. My concubine has waited for eight years for them [social care] to find her a flat. So she tried with one acquaintance and then the flat was found in two months."

A number of focus group participants felt that the most interesting and best-paid jobs are given to the family and friends of the employment office staff. These frustrations can make people speak out against what is perceived as unfair treatment, and even make them susceptible to extreme political forces such as those characterized by angry populism as witnessed across the European continent (World Bank, 2013).

HUMILIATION BY SERVICE PROVIDERS LEADS TO LOSS OF DIGNITY

Beneficiaries report feeling humiliated by social service providers' disrespectful behavior and negative attitudes.

Many focus group participants report feeling severely embarrassed when they are accused by social service providers of being a liar or a cheater. This insensitive behavior seems to particularly affect groups that are stereotyped as demonstrating irrational and uncontrolled behavior, such as parents with many children. For example, one female participant in a group discussion with parents with three or more children in Malopolskie stated: "You can feel it, even if they don't say it directly, they think: so many kids, what a pathology." Other groups that seem particularly affected by stigmatization are people with alcohol addiction, the long-term unemployed, the homeless, and people living in social housing.

In many cases the individuals who stereotype are unaware their actions contribute to social exclusion (World Bank, 2013). These practices are often engrained in social norms and in the beliefs of both the excluder and the excluded. Biases are shaped by a lifetime of exposure to attitudes and stereotypes about people, places, and things (World Bank, 2013).

DECENTRALIZATION OF RESPONSIBILITIES WITHOUT ACCOMPANYING BUDGET

Decentralization of government tasks has led to increasingly more tasks being delegated to municipalities without additional financial support from regions or the central government. While it is regarded as appropriate and sensible to make the municipality more responsible for combating social exclusion, many local governments are left with the same or even lower budgets. This is illustrated by a municipality official in Malopolskie who said, “Too little, too little money for the things that we do. We get more tasks to implement each year and do not get financial resources. Whether it’s welfare or in infrastructure, we are obliged to follow the regulations and the directives but we are not offered any money to do so and we are unable to do it ourselves, because the costs are beyond our capabilities. For example, the subsidy for education—we must give additional hundreds of thousands Polish zloty to maintain schools. And this subsidy is lower and lower each year and our contribution must be higher and higher. As a result, we face problems due to school closures and protests.” Municipality officials also talked about lacking funds to employ people full-time, which is a severe barrier to effective social service delivery. As a result, in some cases people involved in projects have to volunteer after working hours so the project can be continued (see Box 5). ESF annual reports however show that not all social service entities have made use of ESF assistance in this regard.

Box 5. The case of kindergartens in Podkarpackie funded by EU structural funds

There is a huge problem with kindergartens in Podkarpackie, many of which exist only thanks to EU funding. A representative of the voivodeship authorities in Podkarpackie mentioned that starting in 2015, the EU funding used to support kindergartens will be cut off and “local government clearly says that they do not have money to continue those projects [of kindergartens]. This is a result of government policy which imposed a lot of tasks to municipalities without extra funds.” Too many mandatory tasks with no extra financial resources causes funding to be cut from other programs, most likely in the area of education (kindergartens, schools) and culture (interview with a regional official in Podkarpackie).

Source: field work conducted for this study

One regional official claimed that while some municipalities are very effective in addressing the needs of their population, these might also be the municipalities that are at risk of bankruptcy because they go out of their way to help their citizens. This is a particular problem for small municipalities that are unable to access credit.

INSUFFICIENT INTER-INSTITUTIONAL COLLABORATION

Interviews with officials show that collaboration among state institutions dealing with social inclusion varies across regions. In Malopolskie, social service agencies are happy with the level of support they receive from local and regional authorities, whereas in Podkarpackie such support is much more limited. Levels of cooperation depend on local authorities’ goodwill and their interest in social inclusion. The variable level of collaboration across institutions also affects data and information sharing on existing interventions, good practices, and available programs and funding. In one region, for example, a representative of the Community Center for Social Welfare (Gminny Ośrodek Pomocy Społecznej) complained about the lack of support from the Powiat Labor Office, which prevented them from accessing valuable knowledge and information needed to implement their program.

Cooperation between state institutions and NGOs is varied. Interviews with officials in Podkarpackie suggest that state institutions and NGOs operate in isolation of each other; each remain in their own separate network and experience limited exchange of information. In contrast, in Malopolskie, local authorities and NGOs are said to work well together, sometimes even in close partnerships. These local NGOs can be small and rely on information from the social services centers and local authorities and schools. In Malopolskie and Radom County, local authorities support local NGOs and advise them on project management and participate in their projects. For example, an NGO representative in Malopolskie said, “We have a really good relation with our municipality [local authorities]. We are in contact on daily basis. Whatever we would like to do, I always ask them to help and they never refused me anything.” Collaboration between social services centers and NGOs is particularly common in work that supports formal alcohol abusers, seniors, and persons with disabilities.

6. CROSS-CUTTING PROBLEMS OF SOCIAL INCLUSION INTERVENTIONS

Cooperation across institutions tends to take place along rather informal arrangements. It is often based on personal contacts and networks as well as individual interest, rather than formal agreements or the design and implementation of joint projects. An NGO official in Malopolskie said, “I would say... we don’t have any common project, but, in general we know each other, when somebody [some organization] is in need, and requires help, we do help each other, in an informal way.”

Only one respondent stated that her organization (a social services center) has established a formal cooperation mechanism with the state institution responsible for social assistance. They no longer want to compete for participants in their projects. Instead they agreed to apply for projects and grants together, combining the knowledge of both institutions.

A representative from the regional government in Malopolskie claimed that consultations regarding new strategies and programs take place with academic institutions, policy research bodies, and NGOs on a regular basis. Examples are the advisory boards of the Regional Centers for Social Policy, which acts as a platform for cooperation, and regular meetings at the Malopolskie Center for Social Policy, where local experiences and good practices are presented. Consultation with program beneficiaries and excluded people are said to be much less developed.

WEAK MONITORING AND EVALUATION

Officials were specifically asked about the extent to which interventions were monitored and how the collected information is used to adjust programs to make them more effective. Regional and local authorities as well as an NGO representative in Malopolskie expressed strong opinions on this topic. They claimed that **monitoring reports submitted by local level government to the regional authorities and agencies do not assess whether projects are on track to meet their goals and whether outcomes have improved.** Instead, progress reports tend to be limited to lists of activities and names of participants. Little use is made of indicators that assess progress and success toward bettering excluded peoples’ quality of life. Evaluation reports are claimed to consist mostly of financial reports that assess whether the right payments are made, but also contain program participants’ feedback on activities. A representative of the regional government in Malopolskie claimed there is too little analysis of the many data that are collected. This is largely due to lack of data analysis capacity, although this is also said to be changing for the better. According to one official in Radom County, the enforcement of important regulations such as the required minimum of social workers per capita is also weak (see Box 6).

Box 6. Enforcement of the required minimum number of social workers per capita

An interview with an official of the social services center in Radom County, Mazowieckie, revealed that legal regulations indicate the required number of social workers per capita (social workers/inhabitants ratio), but they remain dead letter. Social services centers do not receive sufficient funding to hire social workers, and the monitoring of social service centers by representatives of government is ineffective: “When I said that I cannot dismiss social workers, because of the need to meet the legal minimum requirements [one social worker per 2000 inhabitants], I was asked [by municipal authorities]: what would happen if we didn’t meet them? ... So it is more like waging a finger: it is written down in a protocol, it is recommended to hire more social workers, but the fine for not conforming to the minimum is low (5000 zł).” This situation weakens her abilities to negotiate budget with local authorities.

Source: field work conducted for this study

A representative from the Malopolskie regional government complained that evaluation requirements force organizations to focus on a narrow set of interventions. The official stated, “The parametrization, standardization of what you can do and what you can’t do for the specific group [is problematic]. The lack of flexibility, the approach oriented to specific, measurable effects, such as the employment rate [prevents collaboration across agencies].” The limited number of integrated projects that address the multiple disadvantages faced by excluded groups was said to be caused by current legal arrangements and procedures that restrict each agency’s flexibility and options.

The official from the Malopolskie’s regional government claimed that starting in 2013 they will better track the performance of social inclusion interventions to enable the identification of good practices and promote these. They have issued guidelines for how to conduct good evaluations and have provided examples. The official emphasized that she is campaigning against the excessive use of formal standard questionnaires and for the use of qualitative (descriptive) data collection methods. She believes this is important given that progress is sometimes hard to measure using standard indicators (such as those related labor market

participation). As she argued, "Some effects are really hard to measure, in some cases there is no possibility for a person to become active on labour market and all actions are instead focused on improving his/her everyday life, e.g., his/her social life." Malopolskie has also started to strengthen its policy analysis capability (see Box 7).

Box 7. The Malopolskie Regional Center for Social Policy (Regionalny Ośrodek Pomocy Społecznej)

Officials in Malopolskie revealed that to tackle the lack of policy analysis, the Regional Center for Social Policy in Małopolska has undertaken some action. For example, they have compiled three databases available online: (1) a collection of reports and analysis, expertise, and textbooks on social issues from all over the country; (2) a social policy address book for the region in which the contact data for all social policy institutions can be found; and (3) a web Observatory for Social Statistics, which includes databases and statistical data in the form of maps, tables, graphs, and trend analysis. This database gathers in one place existing statistics for the region, powiats, and municipalities that can be used for further analysis.

Source: field work conducted for this study

ISSUES AFFECTING EU-FUNDED PROJECTS

The need for EU-funded projects to pre-finance activities leads to problems for NGOs. Officials claimed that EU funding is crucial and helpful, but stated that the regulations that govern EU funds often require organizations to use their own money upfront and request reimbursement later. As banks are unwilling to lend to NGOs, this requirement causes problems, particularly for small NGOs. However, recently several procedures have been introduced by the Managing Authorities to improve access to EU funds for small NGOs and to allow for advance payments to be made to them.

Some officials said that lack of flexibility caused by strict and complicated procedures makes it difficult to make EU-funded projects responsive to local needs. Managing EU-funded projects was also said to be time intensive. It distracts organizations from their job of working with excluded people on the ground. It is also said to cause competition among local organizations and sometimes to increase divisions among them.

This section discussed cross-cutting issues that affect some of the main social inclusion interventions mentioned by study respondents. The next section provides an outline of what can be done to make social inclusion efforts in Poland more effective.

7.

**TOWARD AN
EFFECTIVE APPROACH
FOR TACKLING SOCIAL
INCLUSION IN POLAND**

7. TOWARD AN EFFECTIVE APPROACH FOR TACKLING SOCIAL INCLUSION IN POLAND

This section takes a forward-looking attitude and discusses the elements of a successful approach for social inclusion in Poland. These include raising political attention to social inclusion, putting communities in charge, strengthening the diagnosis at the level of municipalities, addressing disrespect and stereotyping, promoting transparency around eligibility rules for social benefits, establishing platforms for information exchange among service providers, raising the emphasis on soft measures, and strengthening monitoring and evaluation. We also recommend a number of additional measures such as ensuring a stronger protection of workers, making skills training courses for the unemployed more relevant, assisting “invisible” groups, improving day care facilities for children and health care for the elderly, making EU-funded programs more flexible, and strengthening measurement. To start off, we briefly discuss the different channels for inclusion.

CHANNELS FOR INCLUSION

Social inclusion can be enhanced through three channels: ability, opportunity, and dignity (World Bank 2013).

When we talk about **ability**, we refer to an individual’s family background, poor initial conditions (for having disabilities, or being malnourished), but also to his or her capacity to aspire. With the latter we mean that when disadvantaged groups see others performing at a low level they set a much lower bar than if they had belonged to high performing groups.

Opportunity includes both supply and demand. Supply of opportunity includes social services, while demand of opportunity refers to indignity and humiliation by service providers deterring people from using these services. Some groups require remedial efforts in order to access the same degree of opportunity. Children with disabilities who receive targeted support in addition to schooling are more likely to graduate, gain employment, and live independently. Yet, these remedial services are often not provided.

Dignity often has nothing to do with poverty but with feeling alienated and disrespected. Dignity is mentioned in several human rights covenants and charters. It is increasingly gaining momentum in mainstream economic, social, and political thought and is said to be an important driving factor behind many global protest movements. The empirical literature on dignity has been led by medical ethicists and advocates of respectful treatment of patients, especially the elderly and the chronically ill.

The state has an important role to play as the driver and propeller of change toward inclusion. It can intervene in three ways. The first is to create an enabling environment for social inclusion, such that citizens have the freedom to exercise their choice and to innovate. The second is to design legislation, policy, and programs that directly or indirectly affect social inclusion. The third is to ensure implementation of and enforcement of the legal and policy framework (World Bank 2013). Strong institutions are the foundation for achieving higher order goals like social inclusion. The strength of both formal and informal institutions is critical for the success of state-led actions.

THE NEED FOR A NEW APPROACH

The main findings of our research suggest that tackling social inclusion in Poland requires a new approach. Such an approach should be holistic in nature and reflect the multiple disadvantages that excluded people face. It should cover all three inclusion channels. While some existing interventions in Poland are successful, they are unlikely to be sufficient to address social exclusion at the required scale and meet the national targets for reducing people at risk of poverty and social exclusion. A new approach is needed that regards social exclusion as a complex phenomenon that cannot be solved by single sector solutions. It implies tackling the intersecting disadvantages that excluded people in Poland face, such as old or young age, low (or high) education, remoteness, unemployment, poor health, disability, addiction problems, gender-related disadvantages, humiliation, low self-esteem and resignation, and lack of voice. The approach needs to build on strong participation of excluded people themselves and goes beyond financial help. It must take a more comprehensive support approach that includes psychological support, occupational counseling, and a respectful attitude of service providers. It should look at the complete environment of the excluded individual, including family members and communities. Policies that place social inclusion at the core are those that do things differently (World Bank 2013). We next discuss elements of such an approach that indeed does things differently.

COMPONENTS OF A NEW APPROACH

RAISING POLITICAL ATTENTION TO SOCIAL EXCLUSION

Social inclusion should be put higher on Poland's political agenda and be more strongly featured in political debates. Many focus group participants expressed their frustration with the lack of attention politicians pay to social inclusion. They thought they focused too much on "middle class needs" such as infrastructure. Change toward social inclusion is almost always political and is an outcome of the interaction between society's different power groups. While social inclusion is hampered by norms, culture, and history, among other things, their impacts can be changed through the political process (World Bank 2013). Unless more political attention is given to social inclusion in Poland, it will be difficult to create a common vision of how to promote social inclusion and translate this into action. A stronger debate on social inclusion problems based on evidence from the field would be a good place to start such a renewed political process as well as more collective action by excluded groups.

PUTTING COMMUNITIES IN CHARGE

Excluded people want to and should be more involved in decision making around the design of programs meant to address their needs. This feeling was expressed in many focus groups discussions and by some officials. Ensuring the participation of excluded people can help ensure interventions are based on their knowledge of what is needed. It enables connecting their views to those of local authorities, experts, and NGO representatives to devise appropriate solutions. Stronger participation will also contribute to their empowerment and blur the currently perceived distinction between "them" —those with political power, and "us"—the rest of society. A new approach would also include collective action by excluded people themselves. To make this a reality, concrete measures to encourage the participation and active citizenship of excluded people must be taken. This also involves delegating more local government tasks and budgets to local community-based NGOs that are actively engaged in social inclusion activities. This could be done via contracts in which local government remain formally in charge but leave implementation to local community organizations.

STRENGTHENING DIAGNOSIS AT THE MUNICIPALITY LEVEL

Social inclusion interventions should be based on a bottom-up assessment, at the municipality level, of who is most excluded and what local level priorities can address social inclusion. Local strategies should not just reflect what is stated in national and regional strategies but should also be sensitive to local issues and priorities. Many officials in our sample conveyed that national and regional strategies do not always target the right groups, reflect local level priority needs, or present the best local solutions. Experience from the LAP and PARSP projects demonstrates that strengthening municipality capacity to provide effective responses to local needs can deliver results. As discussed, in these projects, local excluded groups took personal initiative and planned for measures they thought should be taken. Making these changes possible requires a revision of the Act on Social Assistance.

While delegating responsibilities for social inclusion from higher to lower level government is important, this needs to be accompanied by an increase in resources so municipalities can take on these responsibilities. Addressing this will be important to make sure municipalities have sufficient funding to implement their local social inclusion plans and their package of social services. The EU Funds available during the next funding round 2014-2020 provide an opportunity to increase the resources available for tackling social exclusion for many local institutions.

ADDRESSING DISRESPECT AND STEREOTYPING

Our findings convey the need for measures to change service providers' attitude and behavior toward their clients. Grievance redress mechanisms and measures to enforce nondiscrimination are important. Disrespectful attitudes and stereotypes can be overcome. A growing practice in the United States focuses on cultural competencies among service providers, in particular in social work and health. This relates to the ability to treat all clients, irrespective of their social status or culture, with the same respect. It is important to train service providers to have greater empathy and treat others with dignity and respect, but training is not always enough. Holding providers accountable not merely for their presence and technical skills but also for cultural

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competence as a performance indicator is likely to go a long way in ensuring that all excluded groups feel comfortable accessing services. There is also a need for a wider campaign to reduce stigma and stereotyping of certain groups such as alcoholics, the homeless, ex-convicts, and families with parental difficulties by their own communities. The media often also play an important role in breaking stereotypes and changing mindsets (World Bank 2013).

IMPROVING TRANSPARENCY AROUND ELIGIBILITY RULES FOR SOCIAL BENEFITS

More transparency and further simplification is needed regarding rules that govern the provision of the various types of social benefits and job opportunities. Many respondents felt this is important to prevent the feeling that social benefits decisions are made on a subjective basis. Better and more targeted communication efforts would be worth exploring in this regard. More broadly, as the example of the mayor in Box 4 shows, active dissemination of information through electronic means by public agencies can encourage citizens to become more engaged in political and community life. Also, more mechanisms should be introduced that enable those targeted by the program to provide feedback to program providers and hold them to account.

ESTABLISHING PLATFORMS FOR INFORMATION EXCHANGE AMONG SERVICE PROVIDERS

Many NGO and government officials called for the creation of local platforms for all organizations that are active in social policy to discuss problems related to tackling social exclusion and to exchange knowledge. They claimed that better coordination of activities among institutions that serve the same population groups will make for a more coherent and effective approach to social inclusion. This is essential given that social inclusion is a multidimensional process that requires a series of interventions from multiple sectors. Better coordination among agencies will also help reduce bureaucratic paperwork. Different local government and nongovernmental agencies working with the same groups of excluded people need more structured ways to share information. One important component of this would be the creation of an information system at the national level that allows social welfare offices and public employment services and other social care services to interact together in order to better coordinate services to the same beneficiaries. This could include linking databases of program beneficiaries (see below).

RAISING THE EMPHASIS OF “SOFT” MEASURES

Our findings suggest that the provision of “softer” measures such as social and cultural activities are important to break the passive attitude of many excluded people and actively engage them in finding solutions to their own problems. These are also important for better integrating socially excluded people into their local community and to build trust. While the direct results of such soft interventions in terms of labor market participation or income appear difficult to determine, and thus difficult to fund, they have proven their effectiveness in terms of more intermediate social outcomes through the LAP and PARSP project as expressed by officials and in evaluations of these projects. Soft measures activities should therefore be special components of active labor market policies and public employment services that aim at raising labor market participation of the excluded.

STRENGTHENING MONITORING AND EVALUATION

More rigorous monitoring and evaluation methods will be an important component of the new approach toward social inclusion. As local level authorities get more flexibility to experiment with interventions that seem most appropriate in their area, creating feedback loops to assess performance becomes more important. These will enhance learning and enable adjustments to be made. Rigorous impact assessments that involve baseline measurements and control groups will help learning and enable regional governments to hold municipalities accountable for what they achieve, rather than for what they do.

Components of effective monitoring and evaluation of social inclusion interventions worth emphasizing are: (1) developing a basic intervention logic with appropriate indicators that include subjective perceptions and assessment of processes and make only limited use of standard indicators; (2) assigning clear responsibilities to collect both quantitative and qualitative data collection and analysis with a strong role for communities themselves; (3) linking performance to budgets. Effective approaches for monitoring include social audits, citizen report cards, and ICT tools for anonymous feedback. Also, there is a need to better focus M&E efforts on enhancing learning on what program interventions work best through data collection along all levels of

the results chain and more in-depth analysis of data. The role of the Regional Office for Social Policy (Regionalny Ośrodek Pomocy Społecznej) in monitoring and evaluation of social exclusion could be strengthened and more responsibility for M&E could be delegated to them.

ADDITIONAL RECOMMENDED MEASURES

ENSURE STRONGER PROTECTION OF WORKERS

Workers need stronger protection against employer abuse and measures to tackle the extreme job insecurity perpetuated by “junk contracts.” Having a job is the most important vehicle for inclusion, yet many who have jobs live in constant fear of losing them. Enhancing job security requires tackling the informality of the current labor market. Greater incentives are needed for employers to choose the type of labor contract that enshrines a minimum set of workers’ rights, provides basic protection against abuse, and offer some level of job security. These incentives should then be included in the law. Options for making formal labor contracts more attractive for employers could include making these less rigid to reduce risk to employers, while the same time providing workers with a minimum level of safety and prospect.

MAKE SKILLS TRAINING COURSES FOR THE UNEMPLOYED MORE RELEVANT

Labor market activation courses should be geared toward strengthening skills that are in demand by employers. Given the widespread complaint from our focus group participants about the poor quality of these courses, this seems an important priority. Involving potential employers in the design of the training course curriculums might help make these more relevant. In addition, it is important to better evaluate the skills training courses to assess whether they actually enhance trainees’ chances of finding employment. Also, feedback loops from participants would help maintain quality of these courses. Also, supporting social economy enterprises – e.g. through the introduction of social clauses in local public procurement - could lead to more jobs for excluded people. (See appendix 1 for more on the social economy in Poland.)

ASSIST “INVISIBLE” GROUPS

Officials identified a number of excluded groups that are “invisible,” more challenging to work with, and relatively ignored by social service providers. These include the homeless, ex-convicts, and tenants of social housing. These groups face grave social stigma from local communities and are not regarded as entitled to social help. These groups have many overlaps and require a series of interventions that may include transitional housing, labor market training, drug and alcohol treatment, and eventually permanent housing, possibly with long-term support services to help them stay in houses (World Bank 2013). Labor market activation programs that are targeted at these excluded groups should be adapted to include specific support to them. Programs directed at this group during the 2014-2020 programming period could make use of funding from ESF and the Fund for European Aid for the most Deprived (FEAD) when programming EU-funded interventions for the period 2014-2020.

SCALE UP “SOCIAL CONTRACTS”

Social contracts are offered by social services centers (Centra Integracji Społecznej or CIS) and Social Integration Clubs (Kluby Integracji Społecznej or KIS) and aim to activate people who currently receive social benefits. They consist of an agreement signed between a social worker and an unemployed person that sets out the obligations and rights of both parties. Both beneficiaries and social workers recognize that CISs and KISs promote effective methods to overcome unemployment and social exclusion, particularly in small towns and rural areas. (See Appendix 1 for more detail on this program). Given the success for this practice it should be scaled up across the country, taking advantage of the new ESF programming round 2014-2020.

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IMPROVE DAY CARE FACILITIES FOR CHILDREN AND HEALTH CARE FOR THE ELDERLY

Participants in female-only focus groups and with parents of large families suggested there is need to (i) open more kindergartens (especially in rural areas), and (ii) provide better daycare facilities for children. This should include public day nurseries where children can be left for a short period of time. Focus groups with the elderly and with disabled people yielded a number of concrete measures. These revolved around increasing the availability and affordability of residential care for the elderly or chronically ill, improving services for those who cannot leave homes, and increasing access to information on procedures for obtaining refunds. They also mentioned more options for reimbursing expenses related to special equipment for the disabled and to provide psychiatric services for mentally ill people who cannot leave their homes. Overall, this highlights the need for an increased coordination between health and social care, which would require remodeling service delivery as well as financing. It could create an enabling environment for the social economy to develop in this sector. Overall, the objective should be to provide coordinated services which allow maintaining people at home.

MAKE EU-FUNDED PROGRAMS MORE FLEXIBLE

European structural funds for social inclusion provide enormous opportunities to strengthen social inclusion at an appropriate scale in Poland. But many officials suggested that the rules and regulations that govern their allocation be adapted. Proposed adjustments—apart from a plea to reduce overall paper work—included making funding more accessible to smaller organizations, especially in rural areas. This would imply adjusting the level of the compulsory contribution. Allowing more flexibility in selecting target groups and interventions that reflect local level priorities also seem important. This would imply that a community led approach for tackling social inclusion, such as what was piloted under the PARSP and LAP projects, would be worth reinvigorating. Putting in place support structures for strengthening municipality capacity, community mobilization, and project preparation—such as provided for in the EU's new Community Led Local Development (CLLD) approach—would be important components of that. Increasing flexibility of EU-funded projects to adjust activities in the course of implementation to reflect lessons learned is also an area of attention. Lastly, programming of EU funds for social inclusion should take a more integrated approach focused on local needs, maximizing the synergies between EU funds, and prevent separate activities that are designed along the priorities of each fund and operate in isolation of each other.

STRENGTHEN MEASUREMENT

Measurement of social inclusion is important to establish the extent and depth of exclusion and to monitor progress toward exclusion. The innovative periodical social cohesion survey by GUS, the Polish statistical agency, seems particularly useful for this purpose. It collects data along a series of relevant indicators such as subjective assessments of a household's material situation, discrimination, social connections and participation, and life satisfaction. This effort should enable a nationwide assessment of progress toward social inclusion and a deepening of the understanding of its manifestation, especially if these data are made public. Enhancing the sample size for more disaggregated assessments would be worth considering. The use of census data for determining the geographic distribution of marginalized groups—complementing the poverty maps that are currently being constructed—could also be considered. Initiatives underway for collecting relevant policy information, such as the Mapololska office for Social Policy (ROPS), are also promising and ROPS should play a stronger role in measuring and analyzing social exclusion. While formal household surveys are important for tracking outcomes, it would be important to link databases of recipients of various social inclusion interventions that are now scattered across different sector ministries. This would provide important information on activities and outputs and provide an impetus for coordination across sectors.

Finally, our findings show that adequate public transport in rural areas is essential for enabling the mobility of rural communities and reducing their isolation.

8.

**CONCLUDING
REMARKS**

8. CONCLUDING REMARKS

This report presented evidence on the performance of current social inclusion interventions and on what groups are socially excluded. It is based on field research in three regions of Poland. The evidence was obtained through discussions with people identified as socially excluded, as well through interviews with officials involved in the delivery of social inclusion interventions. We also conducted nine case studies, three of which are presented in Appendix 1. Publicly available statistics were used to underpin findings where possible.

Overall, the groups of excluded people identified by our study did not differ substantially from what is described in the literature on socially excluded groups in Poland. However, some of the groups we detected are featured perhaps less prominently in the available documentation. These include the working poor who suffer from weak job protection; people living in remote areas without a car; people who are overqualified for the labor market; people in poor housing; and ex-convicts.

The concept of social inclusion is especially powerful in identifying why people are excluded. The added value of the study therefore particularly lies in the evidence presented on the barriers to inclusion and the performance of current social inclusion interventions. The study revealed some of the key barriers to social inclusion including those that relate to the labor market, health care and mobility, and active citizenship, in addition to negative stereotyping and social stigma. Study participants identified a number of good practices related to social inclusion interventions. Some important features of these include raising the self-esteem of excluded groups and removing their apathy through “soft activities,” as well as by empowering them to undertake collective action and providing incentives for behavioral change (such as provided under social contracts).

Finally we provided an outline of a new approach that can tackle social inclusion in a more effective way. These cover the three channels of inclusion: ability, opportunity and dignity (World Bank 2013). We believe that the components of this new approach are relevant for all regions in Poland. We hope this study fills the information gap on the performance of social inclusion interventions that we identified at the design stage of this study. We also hope its messages contribute to the debate on social inclusion in Poland and on how it can best be tackled, and that the findings and recommendations will prove useful for the design of social inclusion programs for the next EU programming period 2014-2020.



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GOOD PRACTICE EXAMPLES

APPENDIX 1

I. SOCIAL CONTRACTS OF SOCIAL INTEGRATION CENTERS AND SOCIAL INTEGRATION CLUBS (*CENTRA INTEGRACJI SPOŁECZNEJ I KLUBY INTEGRACJI SPOŁECZNEJ*)

What are they? One of the new approaches for social inclusion, Social Integration Centers (CIS) and Social Integration Clubs (KIS) have mushroomed in Poland since the Social Employment Act was passed in June 2003.¹ Registered as social economy entities (CISs) or NGOs (KISs), the centers provide both skills and incentives for the most marginalized to obtain social and life coping skills, as well as competencies for job seeking. The program includes apprenticeship and training in such areas as construction work, trade, nursing, sewing, crafts, and more. The centers and clubs also provide therapy and life-coping financial management skills. By the end of 2011, there were 74 CISs, partnerships between local authorities and NGOs or religious organizations, and 286 KISs registered in Poland (Sejm Rzeczpospolitej Polskiej, 2012). Both offered employment and counseling tailored to the needs of local populations.

The program consists of a social contract, an agreement signed by a social worker with a family or a person seeking assistance. The agreement sets out obligations and rights of both parties to perform certain activities—such as training in KIS—in a given period. The system of social contracts is defined by the 2005 regulation of the Minister of Labor and Social Policy. Beneficiaries of KISs and CISs include the long-term unemployed, homeless, disabled, alcoholics, drug addicts, the mentally ill, former inmates, and refugees.

What did they achieve? Both beneficiaries and social workers have recognized that CISs and KISs promote effective methods to overcome unemployment and social exclusion, particularly in small towns and rural areas. In a 2010 survey (Sejm Rzeczpospolitej Polskiej, 2012) beneficiaries reported increased levels of self-esteem as a result of participation in CIS activities, and a higher motivation to change their social and professional situations. Seventy percent of CIS participants found employment in 2010-2011. “The more difficult the situation on the labor market, the higher the efficiency of CISs” (Sejm Rzeczpospolitej Polskiej, 2012). Social workers see CIS and KIS as allowing better use of resources and stimulating a major change of attitudes among the providers and beneficiaries from passive (i.e., granting benefits) toward active policies, aimed more at social work, teaching families and individuals how to help themselves, and remain self-sufficient (Pietka-Kosinska i Rudzik-Sierdzinska, 2010).

What makes these different from other programs? The social contract provided by the CIS and KIS that spells out the obligation of both the excluded person and social worker provides incentives for the most marginalized to take initiative and change attitudes. The obligation of the jobless person consists of participating in professional training, psychological support, and professional consulting. A failure to meet these obligations results in refusal of unemployment benefits. Other success factors are the close involvement of social workers and the type of services offered. Services such as courses on social and life coping, basic financial management skills, and different kinds of therapies in combination with skills training have proven effective in helping excluded people find employment. Such services are typically not provided by labor offices.

II. SOCIAL COOPERATIVES (*SPÓŁDZIELNIE SPOŁECZNE*)

What are they and what did they achieve? The 2003 Social Employment Act and the 2009 Social Cooperatives Act paved the way for social cooperatives to provide employment to the long-term unemployed and people with disabilities in Poland. In use since the 1970s in other European countries such as Italy, France, Sweden, the UK, and Belgium, social cooperatives promote self-employment among people at risk of social exclusion through an economic activity that provides them money management skills and helps them rebuild their self-esteem and position in society.² There are 447 social cooperatives operating in Poland (as of March 2012) that are mainly active in the service sector, such as homecare and gardening, construction, repairs, and catering. Fourteen percent of social cooperatives engage in the production of goods. The 2003 Social Employment Act also allows for direct and indirect support of marginalized individuals and groups through tax incentives or by making social cooperatives preferred suppliers in local government tenders*.

The largest share of any financial surplus of a social cooperative has to be used for social activities, including educational, cultural, and community service activities. The main source of initial financing comes from the local labor office that provides grants for start-up companies and contributes to pension, disability, and healthcare funds for their members for 12 months. Cooperatives

1 http://www.cistor.pl/strona-274-Dla_CIS__KIS+Idea_CIS.html

2 Information about social cooperatives is based on consultations held by Beata Plonka (World Bank consultant) among regional and local authorities in Malopolskie and Lubuskie region, as well as public resources, such as <http://www.ekonomiaspoleczna.issg.pl/index.php/spoldzielnia>

can also receive funds from the municipality (gmina) to carry out a specific task, such as organizing a cultural event. While social coops act independently of public authorities, they are supported by local governments and national funds. Simplified accounting and tax exemptions, as well as a favorable position in public tenders, help them play their social inclusion role. Examples include: the foundation SYNAPSIS, which focuses on social inclusion of people with autism; the Slawek Foundation, which helps prisoners to return to life in society; Warsaw EKON, which provides employment in waste collection and disposal for over 800 people with disabilities; and Guesthouse At Mr Cogito (see Box A1). More numerous than CISs and KISs, beneficiaries and regional authorities consider social cooperatives to be one of the most effective social inclusion initiatives. They do not appear to be subject of criticism by any stakeholder in Poland.

Box A1. Guesthouse At Mr Cogito as an example of a social cooperative. The guesthouse At Mr Cogito is a three-star hotel and restaurant in Krakow that employs 21 persons who suffer from psychological disorders, mainly schizophrenia. The inn has a 90 percent occupancy rate during high season with some 2,500 people frequenting the hotel and restaurant annually. The social enterprise provides employment and professional training in the hotel business for mentally ill persons, with the entire income allocated for rehabilitation of the workers, subsidized medicines, rehabilitation camps, and additional training sessions. In 2005, a second facility was opened that partners with local governments and medical associations. Advisor Hotelier, a trade publication, awarded the head of the inn “Manager of the Year 2006” (United Nations Development Programme, 2011).

What makes this different from other programs? By promoting self-employment, social cooperatives provide unique opportunities and incentives for the most marginalized individuals to enhance their self-confidence and their coping and technical skills. Incentives include start-up grants, subsidized by public funds, European funds and donations from individuals and NGOs. All these modes of support promote the employment of people at risk of exclusion.

III. SOCIAL INCLUSION PROGRAM (COMPONENT OF PARSP)

What is it? Poland’s Social Inclusion Program (SIP), part of the World Bank-funded PARSP, was implemented from 2006-2011 to address social exclusion in the 500 most marginalized rural gminas. The main objective of the program was to increase citizen participation and enhance capabilities of local authorities to identify and plan gminas’ social inclusion strategy. The program also aimed at making better use of local economic and cultural resources, engaging citizens in decision making on budget and services provided by gminas, and introducing a larger variety of social services in gminas by creating NGOs and strengthening informal groups, day care centers, social clubs, etc.

What did it achieve? The program delivered assistance to rural communities and vulnerable groups—especially youth, the elderly, and the disabled—to directly tackle their isolation. After identifying 500 rural gminas, the communities worked with regional consultants and facilitators to identify their resources and weak points. They built teams to work on strategies for solving social problems and organized meetings and discussions for the residents.

After the capacity-building activities—a total of 1,581 workshops were conducted—local groups started select social services using small-scale projects to test their capacity and the mechanisms of financial flows. Under the SIP, over 10,500 contracts worth €36 million were signed with local service providers for innovative social services to socially excluded groups and 88 conferences were held for local governments and service providers on best practice service innovations. In some gminas, the program promoted inclusion of the disabled, while in others it focused on inclusion of children and youth. The project reached 580,000 direct and 1,260,000 indirect beneficiaries, including children, youth, older people, and their families. As a result, in 2011, 40 percent of marginalized groups in 500 gminas accessed at least one social inclusion service, compared to 11.3 percent in January 2006. Rural gmina capacity to absorb similar social inclusion-focused programs became significantly enhanced, as evidenced by the growing number of gminas which received external funds—391 gminas in 2010 compared to 90 in 2006. Beyond the scope of the project, the ideas of social inclusion continue being implemented locally (see Box A2) (World Bank, 2009).

What made this different from other programs? SIPs’ effectiveness can be attributed to the fact that it focused on (i) broadening the approach for tackling social exclusion and included activities related to education, culture, health, security, sport, and leisure; ii) strengthening local communities and local leaders and building partnerships between local governments, NGOs, companies, and individuals in the provision of social services; and iii) promoting transparency, open communication, mutual trust, and respect within communities. The program provided initial financing and ideas for cultural and social activities that rural communities were unable to conduct due to limited resources.

Box A2. Changing perceptions: Sport competitions for disabled

In one of the gminas, the village of Byszow, local businessman and runner Marek Bargiel started organizing competitions for disabled. Now, disabled youth run races and train together. They have traveled to Warsaw and Krakow for races and have had opportunities to visit museums and theaters. These events have now become part of village life.

Source: Field work conducted for this report



BASIC INFORMATION ON THE ESF PROGRAM IN POLAND

APPENDIX 2

APPENDIX 2. BASIC INFORMATION ON THE ESF PROGRAM IN POLAND

The European Social Fund in Poland is dedicated to support employment, social inclusion, education and good governance. Most financial assistance is provided to trainings, grants for start-ups, improvement of quality and scale of education and specific public reforms. Particular attention is paid to vulnerable groups of society such as the unemployed, elderly, youth, disabled, women, and to specific sectors (health, rural). Strengthening skills of workforce is also an area of attention.

Poland has received over EUR 10 billion in ESF funding during the period 2007-2013 (final eligibility date is 31 December 2015). With national co-funding, total funding of ESF supported programs on education, training and jobs in Poland comes to over EUR 12 billion during this period.

Poland is using ESF funding to reduce the obstacles faced by certain disadvantaged groups of people and help them integrate into working life. Actions are aimed particularly at counteracting social exclusion among the vulnerable people. Broader population groups such as people in rural areas, migrants, ex-offenders or minorities are supported too.

As part of this effort, social enterprises are supported. The city of Rzeszow for example funds self-help associations among groups such the homeless and ex-offenders of the law. Other examples are the integration employment centers in Szczecin that have equipped over 400 disadvantaged job-seekers with the personal, social and technical skills they need for work. There is also a project in Toruń that aims to help the social integration of 70 small children with communication difficulties – giving them the confidence to interact and integrate into everyday life. Through actions such as these and others, Poland intends to reduce the number of people living at risk of poverty by 1.5 million by 2020 (the EU-2020 strategy national target).

Social inclusion is reflected in priority Axis 7 of the Human Capital Operational Program. All 16 Polish regions are involved. At the central level a number of complementary measures under Priority Axis 1 aim at the improvement of quality of support by social assistance institutions (Ośrodki Pomocy Społecznej i Powiatowe Centra Pomocy Rodzinie). These measures promote structural changes of social programs through establishing partnership aimed at social integration. Due to weaknesses identified in the 2005-2006 diagnosis, the objectives of the measures are:

- increase the quality and effectiveness of social assistance and social inclusion and broaden the offer of services
- improve the monitoring system and the system of assessing effectiveness of the activities carried out
- improve the qualification and competence of human resources

More than eight thousand projects have been implemented during the last 6 years in Poland under the ESF Priority Axis 7 on social inclusion. In order to assure enough flexibility in the implementation system, the Managing Authority decided to discuss on an annual basis the selection criteria for selecting the project applications of potential beneficiaries. This is to be done during meetings of the Monitoring Committees. This approach has helped to adapt the program to tackle the current challenges identified in social inclusion policy and implementation problems. Criteria on access, job efficiency of active labor market programs, and strategic criteria helped in better targeting of projects and in better achievement of the objectives.

Box A3. Priority axes covering social inclusion in Poland and their components**PRIORITY 7 PROMOTION OF SOCIAL INCLUSION**

Allocation (2007-13) 1,62 billion EUR
 by the end of 2013 - 93% contracted and 70% of expenditure incurred
 Final eligibility date: 31/12/2015

Measure 7.1 Development and promotion of active integration

Allocation 943 mln EUR

Sub-measure 7.1.1 Development and promotion of active inclusions by Social Service Entities (Ośrodki Pomocy Społecznej) - Allocation 603 mln EUR

Sub-measure 7.1.2 Development and promotion of active inclusions by Poviast Center for Family Assistance (Powiatowe Centra Pomocy Rodzinie) - Allocation 269 mln EUR

Sub-measure 7.1.3 Improving skills of social entities human resources - Allocation 70 mln EUR

Measure 7.2 Counteraction against social exclusion and strengthening of social economy sector

Allocation 573mioEUR

Sub-measure 7.2.1 Professional and social activation of people at risk of poverty - Allocation 413 mln EUR

Sub-measure 7.2.2 Support of social economy sector- Allocation 160 mln EUR

Measure 7.3 Local initiatives for active integration

Allocation 38 mln EUR

Measure 7.4 People with disabilities on the labour market

Allocation 69 mln EUR

PRIORITY 1 EMPLOYMENT AND SOCIAL INCLUSION**Measure 1.2 Systematic Support to Institutions of social assistance and social inclusion**

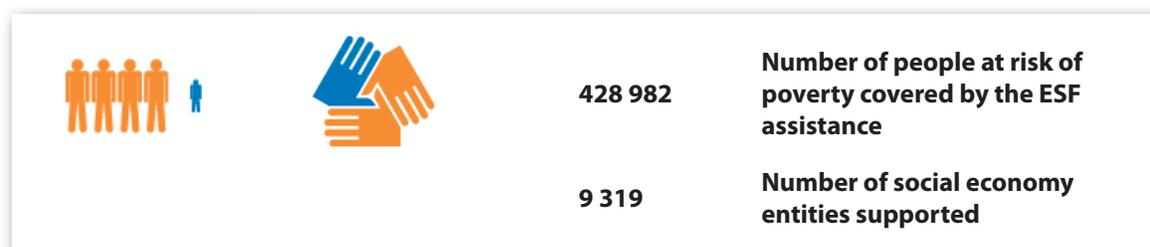
Allocation (2007-13) 137mln EUR

by the end of 2013 - 92% contracted and 48,5% of expenditure incurred

Final eligibility date: 31/12/2015

By June 2013 more than 425.000 people had received assistance that aimed at improving access to the labor market through professional and social activation.

Fig A4. Social inclusion – results achieved by all measures of the OP (by 06/2013)



APPENDIX 2. BASIC INFORMATION ON THE ESF PROGRAM IN POLAND

Six months after leaving the project 59% of the previously unemployed participants were employed. This consisted of 34% who had a labor contract and 25% who were self-employed¹. By the end of November 2013 in Priority 7 44% of participants were employed 6 months after leaving the project²

Box A5. Social inclusion – characteristic of participants³

People at risk of poverty who started participation in the projects: 746 2000
Drop-out rate: 4.6%

Characteristics of participants in social inclusion projects:

- 40% - unemployed people (50% of them - long-term unemployed)
- 36% - inactive people (41% of them - people in education)
- 24% - people employed (16% of them in NGOs)

- 43% - people from rural areas
- 18% - people with disabilities
- 25% - youth between 15-42 years
- 9% - people between 55-64 years
- 71,5% - people with primary education only
- 11,2% - people with secondary education only
- 17,3% - people with higher education

Social contracts

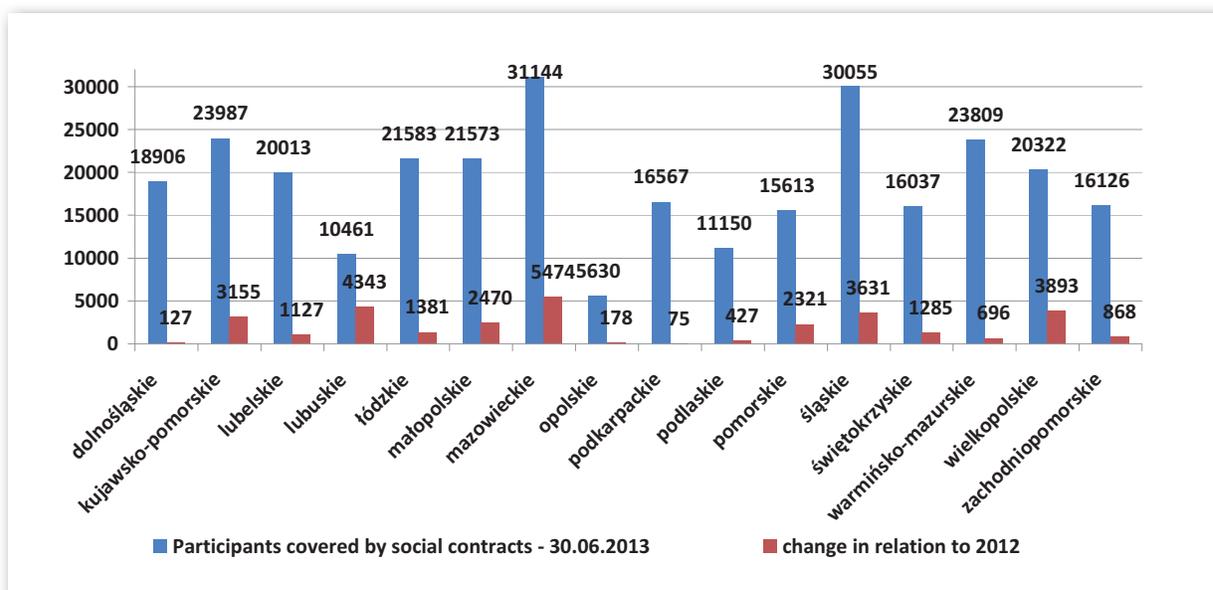
The main instrument use for social activation is social contract. More than 301.400 social contracts have been signed by 06/2013 (and more than 350.500 by 12/2013). Figure A1 shows the distribution per region. Nearly all institutions who participate in ESF funded programs are involved in social contracts.

1 Badanie skuteczności wsparcia realizowanego w ramach komponentu regionalnego PO KL 2007-2013 Study on effectiveness of regional component of the Human Capital OP by PAG-Uniconsult 12'2013 http://www.efs.gov.pl/AnalizyRaportyPodsumowania/Documents/Badanie_skuteczności_PO_KL_II_etap.pdf

2 Ibidem

3 Implementation report Human Capital OP by the Managing Authority 06'2013 http://www.efs.gov.pl/analizyraportyPodsumowania/poziom/documents/sprawozdanie_pokl_i_polrocze_2013.pdf

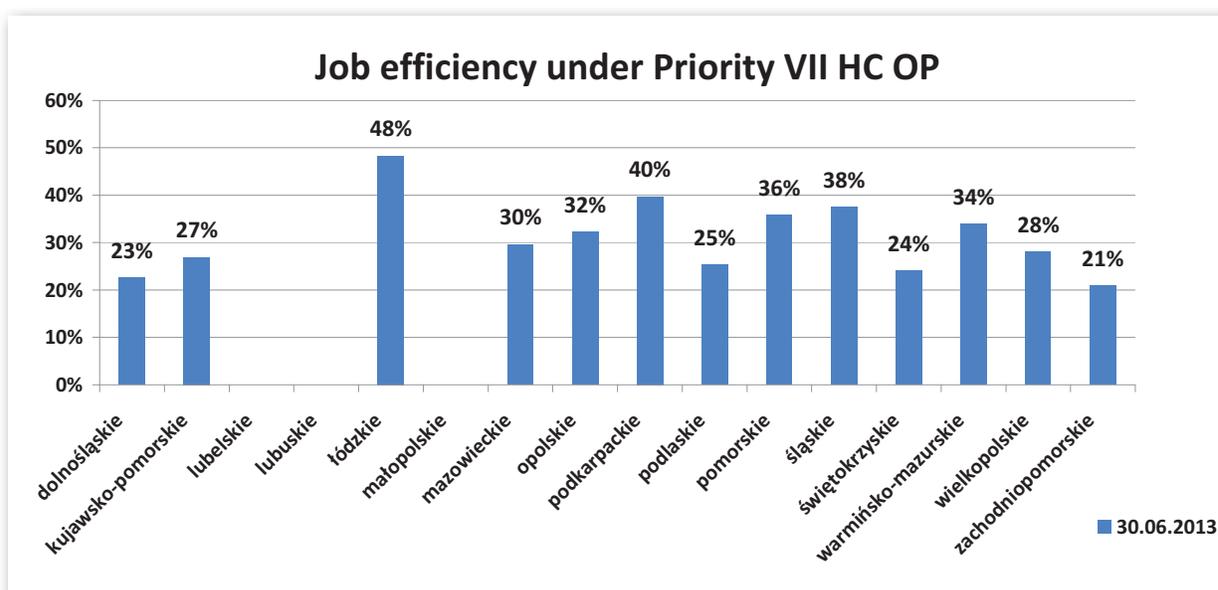
Figure A1. Number of social contracts signed per region in 2012 and 2013.



Job efficiency

Since the beginning of 2010 specific selection criteria of projects have been introduced. The aim was to link the intervention better to the expectations of program participants. For many participants in social inclusion programs job efficiency is an important indicator. It refers to the proportion of people who found employment within 3 months after participation in the program. The national average currently is 32%. The highest success was achieved in Łódzkie where it was reached 48% followed by Podkarpackie (40%) (Figure A2).

Figure A2. Proportion of participants who found employment within six months after participating in an ESF supported program.





**RESEARCH
INSTRUMENTS USED
FOR INTERVIEWS AND
CASE STUDIES**

APPENDIX 3

APPENDIX 3. RESEARCH INSTRUMENTS USED FOR INTERVIEWS AND CASE STUDIES

In-depth interviews. The team will conduct about 30 in-depth interviews (IDIs), ten in each region. These should be held with relevant officials from voivodeships, poviads and gminas, as well as from regional and local level service providers, including NGOs. These could include officials from social inclusion centers and heads of particular social inclusion programs. They could also be held with key community representatives and other important stakeholders to be identified during the first discussions at the gmina level.

The following sampling could be of guidance but does not have to be strictly followed:

- 15 IDIs with gmina/powiat/voivodeship authorities involved in social inclusion activities
- 4 IDIs with local social inclusion center workers
- 4 IDIs with social workers who target poor families with many children, elderly sick persons, persons with a disability, etc.
- 4 IDIs with NGOs workers with youth at risk (low-skill, unemployed, drug addicts, etc.)
- 7 IDIs with other stakeholders

Content of in-depth interviews

1. Local understanding of the concept of social exclusion (by an institution), what main types of socially excluded people exist in the area, and context/barriers causing exclusion. How is the concept of social exclusion understood and interpreted by regional (voivodeship), district (powiat), and municipality (gmina) authorities and by NGOs? What are the main socially excluded groups in the area, and what are their **main barriers** to accessing services and participating in activities that will improve their situation? During the past five years have these barriers decreased, become worse, or stayed the same? Are there particular subgroups (e.g., defined by age or gender or ethnicity) whose situation is particularly difficult? Are there strong geographic differences in terms of concentration of socially excluded groups? What actions do excluded people undertake to improve their own situation, and what are key constraints for their self-activation and self-organization?

2. Identify what interventions for social inclusion exist. What social inclusion interventions have been tried in the area and at which social groups have they been targeted in particular? Which interventions in their view are successful in terms of (a) effectiveness in having an impact on well-being; (b) reaching the most needy people; and (c) convenience for socially excluded groups.

3. Assess performance of interventions in the area. What problems have arisen? What is needed to make social inclusion interventions more successful?

4. Institutional arrangements and roles of all key stakeholders and constraints in the institutional arrangements for effective service delivery. To what extent are government planning and budgeting systems a constraint for designing and implementing social inclusion programs? To what extent do they provide enough flexibility to address priority needs for tackling social inclusion at the local level? What should be done to make these work better?

5. Suggestions on what needs to be done to make social inclusion interventions become more effective. What issues exist in terms of coordinating services and programs targeted at the same population groups, and the alignment of programs i) within sectors (for example, mainstream and special health care services); ii) across sectors (for example, across interventions aimed at improving basic social skills, and labor market activation services), and iii) across levels of government (for example, across central and regional directed and funded programs on the one side and locally funded powiat and gmina programs on the other)? What could improve coordination programs within sectors, across sectors, and across levels of government?

6. Identify improvements based on what works well across gminas and regions. What information do voivodeships, powiat, gmina, and NGO officials have on good practices for tackling social exclusion? What formal guidance is available for officials at the voivodeship, powiat and gmina level for designing and implementing good social inclusion practices? To what extent are central authorities and voivodeships monitoring the results of the social inclusion centers? How is information on successful interventions shared among gminas, formally and informally? What could be done to improve monitoring, share good practices, and enhance learning?

7. Effective partnerships for tackling social exclusion. What mechanisms exist to bring stakeholders together to create effective partnerships for tackling social exclusion at both of these levels? What is needed to make these work better? What could be done to make NGOs more financially sustainable? What about cooperation at the local level?

Interview guide/questionnaire

To ensure comparability of the interviews conducted, the interview should be conducted using the following guide/questionnaire, which can be given to the interviewees ahead of time. Below we provide a preliminary interview guide/questionnaire, which will be further developed by the research team. In each case, the interview guide will be tailored to each respondent depending on his/her area of expertise. This means that some of the questions will be omitted (or added) in order to complement the areas of expertise of the person interviewed.

0. Introduction

Introduce the purpose of the interview. Explain that the group discussions are intended to explore issues related to interventions for addressing social exclusion and that anonymity will be respected. Please make sure the interviewee is relaxed and speaks freely and informally about the issues.

1. Socially excluded groups and main barriers

The purpose of this set of questions is to understand how social exclusion is locally understood, identify the main locally excluded groups and key barriers to them to participate in economic and social activities, including accessing services, and whether these barriers are disappearing or getting worse.

The interviewer will ask: "Social exclusion is a rather broad concept. What do people in this area mean when they refer to social exclusion? How is it different from poverty, or people with low incomes?" This discussion should be carefully recorded and summarized.

The interviewer should then ask participants what locally excluded groups exist in the area and rank them according to importance, with a score of 1 being the most important excluded group, 2 the second most important, and so on.

Then, for each locally excluded group, the facilitator will ask: "What barriers do you think socially excluded people run into when they want to:

- undertake social activities (such as meeting other people, see friends, attend events)
- access social services (such as health care, education/skills training, welfare office)
- undertake economic activities (look for work, go to work, start a business, etc.)
- make their voice heard by local agencies or governments, and be represented when decisions are made?"

The most important barrier to each group should be identified and marked (e.g., with a *). For each barrier the facilitator should ask whether over the past five years these have become worse, improved, or stayed the same.

The findings should be summarized in a short note from the interview in a format that looks like the following:

Table A1. Socially excluded groups and main barriers to becoming socially included

Main type of socially excluded group	Rank (group)	Barriers to social activities	Barriers to accessing services	Barriers to undertaking economic activities	Become worse or better during past 5 years?
Long-term unemployed	2	lack of funds	remoteness	lack of skills* and training	worse
				lack of information on jobs	
Elderly people with health problems	1	no social contacts*	lack of mobility		same

APPENDIX 3. RESEARCH INSTRUMENTS USED FOR INTERVIEWS AND CASE STUDIES

2. Listing interventions to address social exclusion

The purpose of this set of questions is to identify what social inclusion interventions exist in the area (gmina/powiat) and what these entail. These could be interventions undertaken by local, regional, or national NGOs, government authorities at the gmina, powiat, or voivodeship level, or by local community groups.

The interviewer will start by asking the subject to list the various interventions, support mechanisms, and programs that exist for helping socially excluded people become more included. It is possible that the interviewee will not mention specific interventions or schemes that you know have been important or were mentioned by the authorities. In this case, the interviewer should ask, "Have you heard of scheme x?" and mark somewhere that you had to prompt.

For each intervention and support mechanism the interviewer should ask who provides the intervention/service and which kinds of people are eligible for it. For each intervention, ask about what it entails in concrete terms—what it specifically consists of. Findings may be summarized in a short note from the interview in the following format.

Table A2. Types of interventions

Type of intervention	Provided by	Aimed at which groups of people	Concrete facilities/services
Special low-cost daycare center	Gmina	poor women with children	a facility to enable women to leave their children to apply for jobs
Special courses on social skills and basic literacy	NGO (state which one)	those with very low levels of education	two-hour courses provided once a month
Social assistance	welfare office	very poor people	benefit transfer

3. Performance of the interventions

The purpose of this set of questions is to identify what aspects of the social inclusion interventions and support mechanisms work well and what parts work less well in the opinion of the interviewee. For each social inclusion intervention in Table A3 the interviewer should ask who provides it, what is good about it, and what problems exist that make it work less well. Probe by asking questions for each facility, such as, "Is it complicated for socially excluded people to participate in this intervention?" "Does the service meet their needs?" "Is the time of access convenient for the target group?" "Do the staff of the social inclusion interventions have the right attitude in terms of not being prejudiced and having an open mind?" Findings may be summarized in the following format with an accompanying narrative to capture the detail.

Table A3. Good and problematic aspects of social inclusion interventions

Type of intervention	Provided by	What works well	Problems
Special low cost day care center for socially excluded women	gmina	close and very convenient	often closed
Special courses on social skills and basic literacy	NGO	high learning, course content relevant	not enough people can participate only one day a month
Social assistance	welfare office	easy to access	amounts too low feeling of shame

Then, the group or person being interviewed should be asked to compare the interventions that exist in the gmina and score them along the following criteria: (i) impact on well-being; (ii) ability to reach the most needy people; and (iii) convenience. Respondents can score out of 5 for each criterion for each intervention, with 5 being the highest score and 1 being the lowest.

Table A4. Comparison of social inclusion interventions along three criteria (score 1-5)

Type of intervention	Impact on well-being	Ability to reach the most needy people	Convenience
Special low-cost daycare center for socially excluded women			
Special courses on social skills and basic literacy			

4. Institutional arrangements

The purpose of this set of questions is to assess the institutional arrangements for the delivery of social inclusion interventions and roles of all key stakeholders, and assess what constraints exist in these institutional arrangements for effective service delivery. The interviewer should start a discussion that revolves around the following questions:

- What change is needed to make social inclusion interventions more successful?
- To what extent are institutional arrangements for tackling social inclusion a constraint? This includes division of responsibilities among institutions (including among various sector institutions, different levels of government, between national, regional and local NGOs, and with community organizations)
- What issues are there in terms of coordination of services and programs targeted at the same population groups, and the alignment of programs:
 - within sectors (for example, mainstream and special health care services)?
 - across sectors (for example, across interventions aimed at improving basic social skills, and labour market activation services)?
 - across levels of government (for example, across central and regional directed and funded programs on the one side and locally funded poviad and gmina programs on the other)?
- What could be done to improve coordination programs within sectors, across sectors, and across levels of government?
- To what extent are government planning and budgeting systems a constraint for designing and implementing social inclusion programs?
- What needs to be done to make EU funding more accessible to poor gminas?
- To what extent are government planning and budgeting systems flexible to address priority needs for tackling social inclusion at the local level? What should be done to make these work better?

The discussion should be carefully recorded.

5. Suggestions for improvement

The purpose of this set of questions is to gather suggestions for making social inclusion interventions more effective so as to enhance the well-being of socially excluded people. The interviewer should refer back to the “problem” column of Table A3” and make sure they are all covered. The following questions should be asked:

- What should be done to improve existing programs that address social inclusion?
- What needs to change in terms of such programs’ design, procedures, rules, etc.?
- What can help them reach the most needy people?
- How can they be made more convenient for users?

The interviewer should list the answers. These should be presented in a table that looks like the following:

Table A5. How can social inclusion interventions be improved?

Type of intervention	What can make them work better?
Special low-cost daycare center for socially excluded women	
Special courses on social skills and basic literacy	

APPENDIX 3. RESEARCH INSTRUMENTS USED FOR INTERVIEWS AND CASE STUDIES

Finally, the interviewer should ask participants:

- What additional interventions are needed to help people become more socially included?
- What general changes should be made to policies and support programs to better enable them to improve well-being?

The interviewer should list the answers and ask the group, "Of all of these suggestions, which are the three most important?" The interviewer should list the answers. These should be presented in a table that looks like the following:

Table A6. Overall suggestions for improvement

Required change in policies and programs	Mark three that have highest importance
Easier rules and regulation for gminas to sign contracts with NGOs	*

6. Learning from what works well

The purpose of this discussion is to identify what has worked well (and not worked well) for other interventions.

The interviewer should ask the following questions:

- What information is available to gminas when they are designing interventions for tackling social inclusion?
- What guidance is offered from higher levels of government in terms of what to do and how to make the interventions work?
- What guidelines do NGOs have for designing successful social inclusion measures?
- Some gminas have been successful in addressing social exclusion. What can be done to ensure other gminas learn from that? How is information on successful interventions shared among gminas, formally and informally?
- To what extent are central authorities and voivodeships monitoring the results of social inclusion centers? Are they measuring the success of the interventions and tracking progress in reducing social exclusion in the gminas? If so, how?
- What could be done to improve monitoring, share good practices, and enhance learning?

The discussion should be carefully recorded.

7. Effective partnerships

The purpose of this discussion is to identify how to build more effective partnerships between NGOs, local governments, and/or local community representatives so as to deliver services more effectively and remove barriers to exclusion. The interviewer should ask the following questions:

- What mechanisms exist to bring stakeholders together to create effective partnerships for tackling social exclusion at both these levels?
- What is needed to make these work better?
- What could be done to make NGOs more financially sustainable?

Mini-case studies. Nine mini-case studies should be conducted. These will consist of an interview with a particular socially excluded person who has an interesting story to tell regarding his or her experience accessing a particular intervention/program/scheme aimed at social inclusion. It is also possible to conduct mini-case studies with people who have not been involved in a particular social inclusion intervention/ program/scheme, provided he or she has an interesting story to tell. Such a person can often be identified during the focus group discussion in the gmina. An appointment should be made with this person for a follow-up interview after the focus group. A few mini-case studies of successful service providers can also be conducted.



**RESEARCH
INSTRUMENTS USED
FOR FOCUS GROUP
DISCUSSIONS**

APPENDIX 4

APPENDIX 4. RESEARCH INSTRUMENTS USED FOR FOCUS GROUP DISCUSSIONS

Focus group interviews. The team will carry out at least 18 focus group interviews (FGIs) with socially excluded people/program recipients. In each gmina two FGIs with excluded people should be held, each focusing on one type of excluded group. In each gmina the team should start by conducting a few in-depth interviews with service providers and local authorities. From these interviews it should be clear who are the key socially excluded groups in the gmina/area. On that basis FGIs should be held with two groups of socially excluded people there. However, to ensure coverage of a broad range of excluded groups, geographical circumstances (remote, less remote), and gender in the research, it will be important to keep track of which type of excluded groups and geographical circumstances have been covered. A table like Table A7 could be helpful. Also, participants in the FGIs should be carefully selected so a broad range of people are present. The FGI should be facilitated in such a way that everyone is able to speak. If there are two distinct subgroups that are likely to have different views, it might be better to split them into two separate FGIs.

Content of FGIs with socially excluded people

The FGIs will be held with targeted groups of socially excluded people. The precise content of the FGIs would need to be developed with the research team and be subject to piloting. It is expected that they will last approximately two hours with around eight to ten people in each FGI. The FGI should consist of exercises that allow cross-group comparison (suggesting that the structure of the FGIs will be fairly standard for all the groups in the sample), with exercises possibly from the following menu. This should not, however, prevent the flow of ideas. A piloting process should indicate which exercises will be most appropriate and how each section should be facilitated and recorded.

There will be six elements to the FGIs with socially excluded people. As said, each FGI is with one type of socially excluded people.

1. Introduction
2. Discussion to capture **barriers** that prevent them from being socially included
3. Exercise designed to capture **what actions they personally undertake** to improve their situation
4. Exercise designed to identify what social inclusion **interventions** they are aware of
5. Exercise designed to capture **performance** of the social inclusion interventions
6. Exercise designed to gather **suggestions** on how social inclusion interventions can become more effective

FGIs should cover all 6 of these areas, but the precise content of the FGIs would need to be developed with the research team and be subject to piloting.

1. Introduction (5 minutes)

Introduce the purpose of the group discussions. Explain that participants' anonymity will be respected. Explain that the purpose of the group discussions is to explore issues related to interventions for addressing social exclusion. Start with a general question about social inclusion interventions to make people feel relaxed, such as, "What types of people are being left behind (socially excluded) in development in this area?" and "Why are they socially excluded?"

2. Barriers for becoming socially included (20 minutes)

The purpose of this exercise is to identify key barriers to participating in economic and social activities, including accessing services, how this differs among the different subgroups (young/old, male/female) and why and whether these barriers are disappearing or getting worse.

The facilitator will ask, "What barriers do you encounter when you want to:

- undertake social activities (such as meeting other people, see friends, attend events)
- access social services (such as health care, education/skills training, welfare office)
- undertake economic activities (look for work, go to work, start a business, etc.)
- make their voice heard with local agencies governments and be represented when decisions are made?

The facilitator should list all barriers and present them in a table on a large sheet of paper, which should be attached to a wall. This is important, as we will refer again to the barriers in a next exercise. Once listed, the facilitator should ask the participants to prioritize the measures through a ranking exercise (giving 3* to the most important barrier, 2* to quite important barriers, and 1* to not so important barriers.). For each barrier the facilitator should ask whether over the past five years these have become worse, improved, or stayed the same, and whether any subgroups are particularly affected.

The findings should be summarized in a format that looks like the following example of an FGI with long-term unemployed youth and an accompanying narrative to capture the detail.

Table A7. Type of barriers to becoming socially included (FGI with long-term unemployed youth)

Barriers	Rank	Become worse or better during the past 5 years?	Subgroups that are particularly affected
Barriers for social activities			
Lack of funds	2	Worse	the poorest
Lack of social skills/confidence	3	Better	those with very low education
...		...	
Barriers for accessing services			
Remoteness	1	Same	those in rural areas
Skills training not relevant	2	Worse	none
...			
Barriers for undertaking economic activities			
Not possible to leave home		Same	women
...			

3. Actions they personally undertake to overcome barriers to social inclusion (20 minutes)

The purpose of this exercise is to identify what actions they personally undertake to improve their situation. The facilitator can introduce the exercise by referring to the barriers in Table A7 and generate a discussion covering the following questions:

- What action do people undertake themselves to overcome each of these barriers?
- Do people get together sometimes to discuss these barriers and what to do about them?
- Do they undertake joint activities to overcome these barriers?

It is important that the facilitator stands next to the large paper sheet with the barriers on the wall during the discussions to refer to each barrier. A separate person should take notes. The findings should be summarized in a fresh column next to the table column with barriers based on the following format with an accompanying narrative to capture the detail.

Table A8. Barriers and personal action to overcome them (example: group discussion with long-term unemployed youth)

Barriers for social activities	Action personally undertaken to overcome barriers
Lack of funds	meet as a group and ask for special discounts
Lack of social skills/confidence	Ask community organization for courses
...	
Barriers for accessing services	
Remoteness	
Skills training not relevant	
...	
Barriers for undertaking economic activities	
Not possible to leave home	
...	

APPENDIX 4. RESEARCH INSTRUMENTS USED FOR FOCUS GROUP DISCUSSIONS

The facilitator will ask a few follow-up questions:

- Are they organized in any particular way to bring these problems to the attention of local authorities?
- What problems do they encounter when trying to solve their situation through their own initiatives?
- Which of these actions are most effective to address their problems? Can anyone try these actions or are they only feasible for certain groups of people?
- What support do they need to make their own actions more successful?

The discussion should be recorded and summarized in a narrative in some detail.

4. Listing interventions for addressing social exclusion (10 minutes)

The purpose of this exercise is to identify what interventions participants are aware of and what those entail in concrete terms. These could be interventions undertaken by local, regional, or national NGOs, government authorities at the gmina, powiad, or voivodeship level, or by local community groups.

The facilitator will start by asking participants to list the various social inclusion interventions, support mechanisms, and programs that exist in the gmina. Participants should be probed to make sure all special facilities and services, support mechanisms (including social benefits), NGO support activities, that are relevant and that the facilitator is aware of based on earlier interviews and discussions are included. The facilitator should list these on a large sheet of paper. It is possible that the group will not mention specific interventions or schemes that you know have been important or was mentioned by the authorities. In this case, the facilitator should ask, "Have you heard of scheme x?" and mark somewhere that you had to prompt.

For each intervention and support mechanism the facilitator should ask who provides the intervention/service, which kinds of people are eligible to access and use these interventions and how many people in the room actually use them. Ask about what each intervention consists of specifically. Findings may be summarized in the following format on a large sheet of paper on the wall with an accompanying narrative to capture the detail.

Table A9. Types of interventions (example: group discussion with women unable to work or participate in social life due to their caregiving role)

Type of intervention	Provided by	Aimed at which groups of people	Does anyone in the group use them?	Specific facilities/services the intervention consists of
Special low-cost daycare center	gmina	poor women with children	2	facility to enable women to leave their children to apply for jobs
Special courses on social skills and basic literacy	NGO	those with very low levels of education	2	Two-hour courses provided once a month
Social assistance	welfare office	very poor people	1	benefit transfer

5. Performance of the social inclusion interventions (30 minutes)

The purpose of this exercise is to identify what aspects of the social inclusion interventions and support mechanisms work well and what parts work less well in participants' opinion. The facilitator should stand next to the large sheet of paper on the wall with the first column of Table A9 that presents all the interventions. For each social inclusion intervention in Table A9 ask how they benefit and what is good about it, and what problems there are that make it work less well. Probe by asking questions for each facility, such as, "Is it complicated to participate in this intervention?" "Does the service meet your needs?" "Is the time of access convenient?" Findings may be summarized in the following format, again presented on a large sheet of paper on the wall with an accompanying narrative to capture the detail.

Table A10. Good and problematic aspects of social inclusion interventions

Type of intervention	Provided by	What works well/ benefits	Problems
Special low-cost daycare center for socially excluded women	Gmina	close and very convenient	often closed
Special courses on social skills and basic literacy	NGO	high learning, course content relevant	not enough people can participate only one day a month
Social assistance	welfare office	easy to access	amounts too low feeling of shame

Then, the group should compare the interventions that exist in the gmina and score them along the following criteria: (i) impact on well-being; (ii) reaching the most needy people; and (iii) convenience. Respondents can score out of 5 for each criterion for each intervention, with 5 being the highest score and 1 being the lowest.

Table A11. Comparison of social inclusion interventions along three criteria

Type of intervention	Impact on well-being		Reaching the most needy people		Convenience	
Special low-cost daycare center for socially excluded women	number of people scoring 5, 4, 3, 2 and 1	average scores	number of people scoring 5, 4, 3, 2 and 1	average scores	number of people scoring 5, 4, 3, 2 and 1	average scores
Special courses on social skills and basic literacy	number of people scoring 5, 4, 3, 2 and 1	average scores	number of people scoring 5, 4, 3, 2 and 1	average scores	number of people scoring 5, 4, 3, 2 and 1	average scores

6. Suggestions for improvement (30 minutes)

The purpose of this exercise is to gather suggestions on how to make social inclusion interventions more effective to enhance well-being of socially excluded people, or what additional interventions should be introduced. The facilitator should refer back to the "problem" column of Table A10 just prepared and make sure they are all covered. The following questions should be asked:

- In your view, what should be done to make existing social inclusion programs work better?
- What needs to change in terms of design, procedures, rules, etc. to make them more effective?
- What should be done to make them reach the most needy people?
- What should be done to make them more convenient for users?

Responses should be noted and presented in a table as follows:

Table A12. How can social inclusion interventions be improved?

Type of intervention	What can make them work better?
Special low-cost daycare center for socially excluded women	
Special courses on social skills and basic literacy	

Finally, the facilitator should ask:

- What additional interventions are needed to help people become more socially included?
- What general changes should be made to policies and support programs to better enable them to improve well-being?

The facilitator should list the answers. The facilitator should ask the group, "Of all of these suggestions, which three are the most important?" Responses should be recorded in a table with a format based on the following:

APPENDIX 4. RESEARCH INSTRUMENTS USED FOR FOCUS GROUP DISCUSSIONS

Table A13. Overall suggestions for improvement

Additional interventions needed/ Required change in policies and programs	Mark three that have highest importance
More delegation and more staff for the local NGOs that assist with people with addictions	*
Training to improve basic literacy should be provided for more hours per week	

