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***What is obscured by routine in social work?
Practice of social work in the face of challenges
of the disability social model in Poland
(on the example of disabled parents' contacts with unites
of social assistance). A sociological approach***

Abstract

The article attempts to define social work as a social practice, using the sociological understanding of practices as (1) habit and (2) disposition to register what is new. Such a theoretical perspective helped to reveal the causes of failure in implementing appropriate and effective assistance for parents with disabilities as a result of interference of several connected factors. Three such factors are discussed: institutionalization of helplessness in social assistance, relying on the stereotype of a disabled person (which corresponds to the medical model) and organizational ignorance. Finally, the necessity of introducing ground breaking innovations axiologically based on tolerance as an expression of social concern is emphasized.

Key words: parents with disabilities, social practices, routine, meta-habit

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Introduction

Reflections on the essence of social work lead researchers to consider it using various theoretical approaches: as a social activity, field of knowledge, profession, social service (cf. Frysztacki, 2019; Trawkowska, 2009, p. 126) or a social institution (Głębocka, 2019). In relation to the first aspect, social work can be additionally analysed as a kind of social practice that takes place in a specific social space and in a specific social context. Social practice means a series of actions (behaviours that give meaning to people), omissions or considerations, connected together in a logical whole and implemented by many actors (Zalewska, 2015, p. 15). Social practices are characterized by corporeality, which is evident in gestures, body activity, emotional reactions and materiality, as they are mediated in the material infrastructure (in objects) (ibid., p. 16). According to Joanna Zalewska (2015, p. 17 et seq.), in traditional and modern societies social practices were a synonym of habit, i.e. the second nature of a human being incorporating social memory into an individual. Today, in post-modernity, we are dealing with the so-called fluent social practices and they “are generated on the basis of a mechanism that has instructions in place for continuous openness to the situational context, for seeking and reading external guidelines” (Zalewska, 2015, p. 66). This mechanism is referred to as a meta-habit (the third nature of a person). It enables quick adaptation of individuals to the social environment, which is evident in the building of new operational schemes of action, omission and consideration.

Social practices generated on the basis of habit will be replicated in the life of the individual through routine sequences of actions, omissions and considerations. Fluid social practices, generated in changing social spaces and contexts, require innovative action and reflection to enable rapid and beneficial adaptation. Referring the above findings to social work as a social practice, one can search for those techniques and methods of action and their justifications that will bear the hallmarks of habituation (closer to routine) or meta-habit (closer to innovation). It should be noted that routine does not have to be a pejorative term. It is the result of economizing the functioning of people and it guarantees efficiency. This does not negate the sense of agency of the individual, because human actions are undertaken for a specific purpose to cause a specific effect (Wnuk-Lipiński, 2008, p. 85).

It is therefore possible to indicate at least two positions referring to routine as a social phenomenon. “On the one hand, it has an educational value because it contributes to human growth. On the other hand, it is devoid of this value because it “separates itself” from “reflective thinking” (Paszenda, 2017, p. 231). The first approach can be found in the work of sociologist Richard Sennet, while the second, in the works of philosopher pragmatist and educator John Dewey (ibid.). In this perspective, today the potential of social work can be fully utilized, provided that the “second nature of man” with a strong orientation to meta-habit is skillfully and reflectively used. It should be noted that the key subject of bringing coherence to the world is an individual (and not the community

as it used to be in the past), so it is the individual that has to adjust and select competing arguments.

In the article — using empirical material — I analyse how parents with disabilities perceive assistive practices within the public social care system. The purpose of the analysis is to identify the factors that trigger specific dispositions to act on social workers, which I discuss and analyse in the final parts of the article.

Social work with people with disabilities² as a social practice

Social work as a social practice means an embodied and materialised sequence of activities (but also omissions) and considerations which, when used by helpers, are to include a person supported in a given society according to the rules specific to that society.

The question of why and what dispositions to act are launched in a social worker in contact with a disabled person is extremely important in the face of the critical statement of Dobroniega Głębocka (2019) about the lack of the concept of social work in Poland in the face of the consequences of disability in various social contexts (including family) and about the difficulties in creating a coherent concept of help and care for disabled people, their families and carers in their place of residence. Głębocka (ibid.) enumerates many challenges facing social work with disabled people and in relation to disability. It is the necessity to create an adequate definition of disability as a complex phenomenon; developing a concept that would allow both the implementation of the idea of an independent life and a dignified life; advocating for people with disabilities and preparing integrated care and assistance offers in home environment; developing new models and methods of social work, using the potential of families and local communities.

The above theses would mean that social workers in their work with people with disabilities, assign them to specific types of social assistance clients that they know of. It

² In this text I will use interchangeably, on a synonymous basis, the terms: “Disabled persons” and “persons with disabilities”. I am aware that along with the development and expansion of studies on disability in Poland, it is recommended — as a politically correct term — to use the phrase “person with disability”, which is to highlight the person and not their impairment. My decision to use the terms mentioned above synonymously is due to two reasons: (1) the term “person with a disability” is criticized by representatives of critical disability theory as apolitical, individualizing and inappropriate due to the separation of disability from a person (Sztobryn-Giercuskiewicz, 2017, p. 34); (2) the use of these two terms is increasingly nuanced, reserving the phrase “persons with disabilities” for visible disabilities (due to the greater ease of marking a distance between a person and their disability), and “disabled persons” for hidden/invisible disabilities (usually such people are perceived as disabled persons i.e. a person and a disability form an inseparable unity) (Raclaw & Szawarska, 2018). Because each of these terms is criticized, including by supporters of changing the paradigm of defining disability, and there is no consensus about their adequacy, I assume that both terms are “neutral” in relation to the model of defining disability and describe a person who is not fully functional, i.e. has some impairment, (visible or invisible): physical or sensory, mental or intellectual.

can be assumed that these are categories of the sick and invalid, the longest used in the Polish social security system. This assumption is supported by the fact that in Poland, the social model of disability is just taking root (Gąciarz, 2017). There is a departure from understanding disability in terms of individual moral flaws or health deficits (Goodley, 2011, pp. 6–7). Nowadays, the origins of disability are sought not so much in the person as in the organization of society, which by isolating the disabled in medical, care and rehabilitation organizations, separated them from the main institutions of social life (Barnes, 2012; Oliver, 1990). The medical vision of disability is negated by international law (as evidenced by the United Nations Convention on the Rights of Persons with Disabilities of 2006, CRPD). International legal regulations emphasize the multidimensionality of the disability phenomenon and the diversity of the needs of people with disabilities, despite a persistent dominance of issues related to the labour market (Kubicki, 2017, p. 69).

In Poland, as observed by Paweł Kubicki (2017, pp. 69–80), national legislation still refers to the medical model, which is visible both in the provisions of the Polish Constitution of 1997 and other legal acts in the field of social security. In this situation, it is difficult to activate helping practices based on the new disability paradigm, even in the face of lively discussions about the need to implement the CRPD provisions adopted by Poland in 2012.

Which makes the observations of real helping practices, the recipients of which are disabled people who play social roles of high visibility, but low universality in their environment more interesting. That is the case of parents with disabilities bringing up children up to 18 years old, of whom there were about 345 thousand in Poland in 2011 (i.e. 7.7% of people with disabilities over 20 years old) (see Wiszejko-Wierzbicka et al., 2018, pp. 9–10). Most of them lived in cities (over 190,000). Most often, they formed full families (85% of parents); there were also single fathers (2% of parents), and single mothers almost (13% of parents). Nearly three-quarters of disabled parents declared one condition (usually locomotor system), slightly more than 12% — two conditions, while for 9% of the respondents it was not possible to determine the number of conditions. We also have general information about the number of children in families where at least one parent was a legally or biologically disabled person. It amounted to over 2 million. However, according to the methodology used in the 2011 census, a child is considered to be a person of all ages who remains in the same household together with both or one of the parents and at the same time the spouse or partner of such person and their children — if such persons exist — do not stay in the same household. Children also include stepchildren and adopted children.

In other words, “the problem is simply one that is socially difficult to observe”, as observed by one of the law-maker experts interviewed during the 2017 field study, in order to summarise the question of parenthood of people with disabilities (for more information about the expert research module, see Wiszejko-Wierzbicka et al., 2018). The appearance of “carriers” of this problem in the public sphere causes consternation among representatives of various organizations and in the wider social environment.

Empirical results: parents with disabilities and practices in social assistance and social work

The basis for inference is empirical material obtained during field studies conducted as part of the project “Parenthood of persons with disabilities. Diagnosis and necessary changes” (see Wiszejko-Wierzbicka et al., 2018). Open-focused interviews were conducted among 52 mothers and fathers with different disabilities living in different regions of Poland (see Druciarek, 2018). Qualitative research was carried out from October 2016 to April 2018 by a team of experts from the Institute of Public Affairs in Warsaw. The project also uses a quantitative approach. 450 parents with disabilities participated in the on-line CAWI study. Due to the technique used, the results are not representative (the sample is over-represented by women — 60% and people with higher education levels — 78% people with higher and secondary education) (Koziarek, 2018, p. 149).

In the quantitative part of the study, about 30% of respondents said that in the event of experiencing a difficult situation that they could not cope with, they could count on the support of social assistance units (Koziarek, 2018, pp. 158–159). At the same time, the level of uncertainty was relatively high: 36% respondents chose the “hard to say” answer. Much more often the possibility of obtaining support from social assistance was given by parents with intellectual disabilities and experiencing mental disorders (43%), which may be an indicator of more frequent contact of these people with social assistance centres (OPS) or powiat family assistance centres (PCPR). Parents/family (76%) and friends (57%) were most frequently mentioned as potential support entities. Due to the lack of representativeness of the sample, it is not possible, however, to conclude on the basis of the results cited about the identification of social assistance as a support entity or about any material or mental barriers in receiving assistance.

Qualitative research has provided more information (Raclaw, 2018). Firstly, the interviewees having real experience with social assistance executive units clearly differentiate the assessment of PCPRs and OPS. The activities of powiat family support centres were generally better perceived than units run by municipalities, which can be associated with the fact that disability is included in the basic catalogue of PCPR tasks (certification for purposes not related to incapacity benefits, vocational activation programs, and rehabilitation funding). In addition, PCPR does not decide on issues related to support in everyday life and thus seems less controversial in the assessment of activities, especially the rules related to providing tangible and intangible benefits.

Secondly, the interviews show a lack of adequate rules of action towards parents with disabilities, especially those who do not qualify for material support, but need practical support or supplementation of their activities in fulfilling parental functions. In other words, they need services, including social work, and not intervention and protection measures. Meanwhile, descriptions of contacts with representatives of social welfare at the municipal level reveal routine control and corrective rules for parents with disabilities, typically as in the case of “average” clients with care and upbringing problems or problems with running a household (for example, assistance in homework for the children of a blind

parent had been replaced by educational, therapeutic and control activities of a family assistant).

Thirdly, the parents' contacts with OPS were characterised by fear of having their children taken away because of the possibility of social service representatives diagnosing parental inadequacy (stereotypically derived from their disability). The fear was primarily caused by checks carried out by social workers and family assistants. A sense of uncertainty about the institutional response generated ambivalence towards social welfare representatives and the principles of support: on the one hand, they were afraid of interference in family relationships, and on the other, based on social rights as civil rights, due benefits were demanded. This frustrated the parents with disabilities.

Fourth, the study also signalled the situation of withdrawal of individuals in need from the support process, when potential beneficiaries felt the threat from the institution (which, as a rule, must assess the beneficiary's situation) or the assistance received was inadequate. This led to the perpetuation of the stereotype of people with disabilities as passive, low-impact entities, as well as the stereotype of a threatening and unfavourable social welfare institution in the respondents. This is how the vicious cycle of prejudices arose.

The research results, mainly qualitative, made it possible to put forward a thesis on social assistance as an organization in the process of change, but they mainly dealt with PCPRs, accustomed since 2000 with the concept of "disability as a social problem" (Raclaw, 2018, p. 90). In the Social Welfare Centres, the "old" practices of social workers were still dominated by the medical model.

Discussion: selected factors of routine practices of social workers

Routine practices of social work and social assistance, the object of which are parents with disabilities, result from established modes of action (or inaction) and the adoption of specific thought patterns. Lowering the level of reflection among social workers in assistance activities is considered by some researchers to be a manifestation of a lack of professionalism. Mariusz Granosik (2006) defines professionalism of social work as a rejection of the automaticity of actions and procedures in favour of an individualized plan of conduct updated on ongoing basis. This way of practising social work means that actors (the so-called helpers) face numerous dilemmas and paradoxes. The ability to identify and deal with them is an indicator of professionalism.

In this approach, the use of routine is closer to John Dewey's understanding (Paszenda, 2017), who saw in it the mechanism releasing a person from reflection. Routine places the beneficiary on socially established positions and in their respective roles and does not allow them to leave. It seems that this type of routine was noticed by the parents with disabilities. Therefore, the question arises about its origin and determinants. In response, I will indicate three factors that cause routine in social work and social assistance. Following the respondents, I judge its impact to be negative, as it leads to the lowering of the level of the possible and real support received despite the increase

in the economization of functioning of social workers. In other words, it reduces the effectiveness, relevance, efficiency of social assistance and social work targeted at disabled parents. The factors indicated and discussed below are interrelated.

The first concerns the general condition of public social assistance (and social work with it). Public social assistance in Poland has been the subject of numerous studies and expert assessments. They are usually critical when it comes to assessing the achievement of the assumed goals of this social policy institution. Zbigniew Woźniak (2016, p. 222), pointing to many related reasons, directly formulates the thesis that it is an “incubator of helplessness” because it performs an “intervention function and does not change the situation and socio-economic position of beneficiaries enough to dismiss/reduce/neutralize the risk of losing social security and independence in meeting needs and solving their own problems.” This means that achieving social inclusion and independence of beneficiaries through the actions of representatives of social assistance units, including as a result of the use of social work, is difficult. This social assistance weakness is compounded when certain categories of clients are defined as passive persons with a strictly regulated set of social roles.

The second factor concerns the stereotyping of people with disabilities. An adult disabled person has long been (and still is) perceived as potentially dependent, that is a ward (according to the medical model), and the range of her social roles was derived from the role of the patient and the invalid (this understanding was initiated by Talcott Parsons and became popular in the sociology of medicine). Elżbieta Zakrzewska-Manterys emphasizes that people with disabilities were treated as social deviants (Zakrzewska-Manterys, 2018, p. 31). This means that such persons should not be admitted to any valuable social roles, as long as there is no guarantee that they will be filled in the manner attributed to the average member of society. Transformations of societies and emerging demographic, institutional and cultural antinomies cause an “opening” of some social roles to people who have been separated from them until now. For example, along with problems with maintaining an adequate number and quality of the workforce in the context of overly generous social security systems in EU countries, “employability” has become the measure of social value (Golinowska, 2018). Hence, programs for the professional activation of people with disabilities are being implemented, also in terms of social assistance. Some roles still remain unavailable for selected social categories.

Antonina Ostrowska (2015) emphasizes, however, that in modern Polish society the stereotype of disabled people is being recomposed. The negative stereotype that emphasizes passivity, weakness, clumsiness, addiction and dissatisfaction with the lives of people with disabilities disappears (Ostrowska, 2015, p. 222). More often than a decade ago, the society saw individuals with impairments as “the same” (just like us, i.e. the able). However, the socially constructed stereotype still connects disability with poverty or lack of confidence (in addition, persistence and friendliness appear). Ostrowska associated the changes noted with the dominant equality based rhetoric of debates dealing with disabled people. It may prompt respondents to give “politically correct” declarations. She also indicates that probably, the process, described by Fred Davis (1961) of getting used

to and getting accustomed to the distinctness of persons diverging from the conventional norm. This is probably an early stage, because Ostrowska diagnosed the persistent social distance in Poland to people with disabilities (Ostrowska, 2015, p. 224). Therefore, it can be argued that in relation to certain social roles, which are very different from the fixed image of people with disabilities, there are a larger number of people who are distrustful towards actors with disabilities. Marriage or family roles are considered to be generatively important, hence probably greater social ambivalence in the event of these roles being performed by people with disability (cf. Ogryzko-Wiewiórkowska, 2019, pp. 31–36). Instead, there are numerous social dilemmas that accompany the motherhood and fatherhood of people with disabilities (Wołowicz-Ruszkowska, 2018).

This state raises the question to what extent social workers as professionals use the stereotypical image of a disabled person and propose sets of specific solutions in accordance with it. There are empirical grounds to believe that people with disabilities are treated by social assistance workers as passive support recipients and subjects of social protection (Raclaw, 2015, pp. 139–140). Older (Ostrowska et al., 2001) and newer (Rymsza, 2011; Szarfenberg, 2011) research reports indicate that employees use social practices based on providing care services and financial support. People with disabilities had the opinion of clients who did not cause problems in the process of being helped, but social workers were not convinced of the need to activate and empower them.

The third factor is related to organisational ignorance. This term is used in management sciences and applies to knowledge management in organizations. Organizational ignorance is a certain state of awareness regarding the knowledge resources (explicit and tacit) accumulated in the organization (Chlebowski, nd, p. 2). Ignorance results from a lack of knowledge (e.g. the unknown) or concerns knowledge itself (e.g. errors) or results from the suppression and denial of knowledge (e.g. taboo, denial) (Mesjasz, Szarucki, 2017, p. 79). It is related to four basic processes of knowledge processing (ibid., p. 80): uncertainty (lack of sufficient knowledge to make a decision, analyse an event, predict future states of reality); complexity (the occurrence of numerous interrelated elements that must be considered simultaneously); ambiguity (many conflicting explanations of reality coexisting with each other); vagueness (no conceptual structure necessary to interpret reality (Chlebowski, nd, p. 5). Organizations often move in the zones defined as “we know what we know” and “we know what we do not know”, without exploring the zones “we do not know that we do not know” and “we do not know that we know”. This leads to exploitive activities. The organization strives to use its resources in an optimal way, which in effect only widens the area of organizational ignorance and allows it to be marginalized (Chlebowski, nd, p. 10). Organizations attached to exploitation practices do not explore, which leads to incremental rather than ground breaking innovations.

Organizational ignorance seems to be a useful concept for explaining routine practices in social work. It can be assumed that in social assistance executive units, as in most Polish organizations (including enterprises) (Chlebowski, nd., p. 4), in line with the habits acquired in the education system, knowledge resources are exploited. Hence, the

phenomenon of development of social work through perfecting its models, methods and techniques or tools for working with people with disabilities, as reported with concern by Dobroniega Głębocka (2019). These are mostly incremental innovations.

Social workers apply practices that correspond to disclosed organizational knowledge resources. In this situation there is no or very little space for the formation of a meta-habit, which “is focused on recording what is new” (Zalewska, 2015, p. 65) and could involve ground-breaking innovation. The meta-habit is dependent on the meta-language, which allows reflection on various rations and their relevance due to the present context. Meta-language thus frees a person from automatic disposition to act in a specific context. Admittedly, as Zalewska indicates, some contemporary researchers see the possibility of developing an automatic ability to adapt to the material context and new social situations, i.e. automatic reading of clues from the environment (ibid., pp. 65–65). Social work with people with disabilities, however, is not about the routine ability to read directions from the environment, that is, drifting between social contexts, but about a reflection on the reasons that will trigger a specific action — the embodiment in human response and anchored in the material infrastructure. Referring to organizational ignorance, the practice of social work should mean both updating the instructions for identifying and classifying information, classifying knowledge, recognizing discontinuities in processes and describing their data, as well as unlearning unnecessary knowledge (cf. Mesjasz, 2017, p. 7).

Conclusion

The three phenomena analysed above: (1) institutionalized helplessness in social assistance, (2) a decreasing but persistent negative stereotype of people with disabilities and their stereotyping as social assistance clients, and (3) organizational ignorance, translate into the routine of actions taken in relation to atypical clients, playing roles rarely available for the social category to which they belong. Persistent, in social workers, dispositions to act, proved to be inadequate to the needs of potential clients who acted against the social expectations of passivity. Parents with disabilities who spoke with researchers emphasized that support systems, as well as the wider social environment, tolerated them at best. However, it is tolerance based on indifference, i.e. it ignores the enduring of difference or allowing otherness (see Gawkowska, 2010, p. 81). This type of tolerance maintains the difference, it allows, with a minimum emotional engagement, to withstand the otherness encountered.

This interpretation of the ways of tolerating parents with disabilities in social space is supported by Ostrowska’s analyses for Poland in the years 1993–2013 (2015, pp. 277–288). They confirm that despite the increase in general knowledge and awareness of the problems of people with disabilities in society, people still do not have the knowledge resulting from direct contact with them. There are still irrational views regarding the causes of biological disabilities and the social distance to people with physical, sensory, aesthetic and functional disabilities is maintained (despite the decrease in the distance

to mentally ill and mentally disabled people). Significantly the willingness to individually engage in helping a disabled person is decreasing. People do not know and are not interested in what local governments are doing for people with disabilities, perhaps due to an increasingly better assessment of central solutions in the field of social policy towards people with disabilities.

In a the referred quantitative study, half of mothers and fathers with disabilities agreed with the statement that generally people treat them worse than able-bodied parents. Only 16% of respondents supported the claim that they were treated better. The rest of the respondents (dividing approximately in half) replied that they are treated the same or had no opinion in the matter (Koziarek, 2018, p. 168). However it is important to remember the specific socio-demographic characteristics of the respondents. Such an assessment was made by a group consisting of a large representation of people with higher and secondary education.

The surveyed parents with disabilities themselves perceived their parenthood in terms of not difference but rather diversity. They were aware of the differences in parental practices resulting from their father's or mother's biological impairment and the associated sensitivity of their body to the physical and human environment. This is evidenced by the answers to the questions in the survey about whether a parent's disability hinders and enriches the process of raising children. In the first case, 66% of respondents agreed with the statement that disability hinders bringing up children (43% strongly agreed), with differences in its acceptance due to the type of disability (respondents with sensory disabilities rarely agreed with the statement). A positive opinion on the enrichment of the up-bringing process due to the disability of the parent was expressed by 53% of respondents, while the level of indecision in the assessment (37%) increased (Koziarek, 2018, pp. 166–167). The summary of quantitative results referring to the cited questions clearly shows that parents do not idealize their disability, i.e. they notice the restrictions resulting from being a disabled person, but also see their specific contribution to constructing the social world. They are aware of the challenges and unique benefits of raising a child by a disabled mother or father. In turn, the qualitative research verbalized the embodied and materialized potential in disabled parenting practices, which manifests itself, among others, in:

- high adaptability of the disabled person to the role of parents;
- the ability to precisely define the needs and ways of satisfying them (“experts in their own lives”);
- developing innovative solutions for adapting socio-physical space to the needs of the person as a parent;
- the uniqueness of the process of raising children (e.g. sensitivity to otherness)³.

In this perspective, the use of routine in the practice of social work makes it impossible to see the diversity of variations in the role of a parent, because an adult will be classified

³ Of course, there were also threats that sometimes the interlocutors themselves signalled in the form of parentification of children.

as either a beneficiary of care due to disability or as a parent without adequate parenting skills. Therefore, social work will be directed towards therapeutic and rehabilitation support or work with a family (this type of support in Poland is not yet fully shaped and is in the process of development). The transition from routine to fluid practice, based on meta-habit, would make it possible to see a variety of needs, in which, for example, asking for an assistant for a family of a disabled father or mother does not mean the need to assign a family assistant, but a personal assistant to assist the adult in running the household and, due to biological impairment in some tasks related to the upbringing of children. Of course, the transformation of the social assistance system towards the implementation of the social model of disability with the simultaneous flow of support practices raises the risk of (temporary) system disorganisation. This condition may contribute to its creative reconstruction. It may also strengthen conservative practices that seek to restore the equilibrium. The result depends on the wider socio-cultural context and type of institutional top-down interventions.

However, the foundation of meta-habit, that is meta-language, gives one the ability to reflect on the variety of reasons that are observed with the help of meta tools, which allows one to formulate the answer which reasons to choose. Noticing what is new is the first step in creating social meta-work, while the second will be the attitude not so much of enduring differences, but attempting to build new operational schemes by reading clues from the environment. And this requires a different type of tolerance, that is, conscious endurance, which sees the diversity to be borne with due care. This is a difficult task, because, according to Aneta Gawkowska (2010, p. 104), such tolerance is

the area of experimenting with our own maturity, which we offer to other people with human care and generosity only because we care about those people. (...) When we cease to care about the other person, then and only then does tolerance become a problem. Then endurance is unbearable! Such “lonely” tolerance, devoid of the context of care, love, dependence, relationship and common context of good, it is really not enough...

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