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**Commercialisation of Occupational  
Development Services : People for  
the Institutions or Institutions for the  
People? : (Case Analysis of  
Occupational Development of  
Disabled University Graduates)**

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Studia Humanistyczne AGH 15/4, 21-34

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2016

Artykuł został opracowany do udostępnienia w internecie przez Muzeum Historii Polski w ramach prac podejmowanych na rzecz zapewnienia otwartego, powszechnego i trwałego dostępu do polskiego dorobku naukowego i kulturalnego. Artykuł jest umieszczony w kolekcji cyfrowej [bazhum.muzhp.pl](http://bazhum.muzhp.pl), gromadzącej zawartość polskich czasopism humanistycznych i społecznych.

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dozwolonego użytku.

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**COMMERCIALISATION  
OF OCCUPATIONAL DEVELOPMENT SERVICES.  
PEOPLE FOR THE INSTITUTIONS,  
OR INSTITUTIONS FOR THE PEOPLE?  
(CASE ANALYSIS OF OCCUPATIONAL DEVELOPMENT  
OF DISABLED UNIVERSITY GRADUATES)**

Poland is a country with very low labour force participation among people with disabilities. On the one hand, changes are visible in the attitudes and behaviour of people with disabilities, especially students and graduates who aim to have a professional career. On the other hand, one can observe a process of gradual withdrawal of families from caring and active support of the disabled. This situation demands certain compensatory measures such as intensification of engagement of relevant institutions and seeking alternative ways of providing care and support. The Polish system of occupational development services for the disabled is complicated and non-transparent for the beneficiaries. It is also inadequate for the growing professional aspirations of people with disabilities. Employees of support institutions tend to follow long-standing routines and patterns of behaviour defined by formal rules, rather than adjusting to the individual needs of the disabled and the changing labour market. Commercialisation of support institutions, within the framework of the new paradigm of social policy, has contributed to economisation of support institutions by focusing on benefits and profits to the institution, rather than the professional development of disabled people. Thus, we have an unfinished process of labour emancipation of disabled university graduates who cannot satisfy their career aspirations.

Keywords: disabled student, disabled graduate, social support, labour market

**INTRODUCTION**

The article addresses the problem of conditions responsible for low labour force participation among people with disabilities, including university graduates. It is argued that

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commercialisation and maladjustment of support services offered to people with disabilities contribute to the problem. Barriers present in institutional support are an important factor limiting entry into the labour market. As a result, despite the increase in educational and professional aspirations of people with disabilities, even those holding a university diploma are unemployed or operate on the temporary labour market. The article consists of three parts. First, we describe institutional support for occupational development for people with disabilities in relation to new directions of social policy development. Second, we present research results of a study on the entry of students and graduates with disabilities into the labour market. Finally, we propose sociological explanations for the dysfunction of institutional solutions.

## OCCUPATIONAL DEVELOPMENT INSTITUTIONS FOR PEOPLE WITH DISABILITIES AND THE NEW DIRECTIONS OF SOCIAL POLICY DEVELOPMENT

In Poland there is significant social resistance to the professional employment of disabled people. Many scientific studies and research articles point to barriers present in the attitudes of employers, work teams, social services employees, and the disabled and their families. Many studies point to barriers present in support institutions, resulting from low efficiency of institutions whose aim should be the support of occupational development of the disabled and employers creating jobs for them (Gąciarz and Giermanowska 2009; Kryńska and Pater 2013). Antonina Ostrowska, in her analysis of the changes in attitudes towards disability in Poland that have taken place in the last twenty years, and the changing place of the disabled people in the society, concluded that beliefs regarding conditions of employment and remuneration for work have remained unchanged: “Despite many years of legislative effort and state funding committed to the cause of opening the labour market to the disabled, there are no socially visible results promoting these people to positions appropriate to their qualifications” (Ostrowska 2015: 282). Also, people with disabilities are convinced that work available for them on the labour market consists entirely of low skill, dead-end jobs.

Participation of the disabled in the labour force is relatively low both in Poland and in Europe. People with disabilities are twice as likely to be inactive in the labour force than fully abled people, and more than half of disabled Europeans cannot enter or return to the labour market (Garbat 2012: 58). In most European countries, the employment rate of disabled people is between 20 and 40%, although in countries such as Luxemburg, Finland, Denmark, Switzerland and Sweden it reaches above the average rate (Garbat 2012: 58). Poland has a very low level of employment among the disabled. The employment rate for people with disabilities, who have their disability status formally certified, and are 16 or over, is below 16% (*Labour Force Survey in Poland IV Quarter 2014 2015*) [*Aktywność ekonomiczna ludności Polski IV kwartał 2014 2015*]. In the European Union Disability Strategy adopted for the period 2010–2020 the aim is to “Enable many more people with disabilities to earn their living on the open labour market” (*European Disability Strategy 2010–2020... 2010: 7*).

In Poland, the barriers limiting the access of disabled people to employment and their low employment rate stand in opposition to the growing educational and career aspirations of

disabled youth. Increasing access to higher education after the change of regime in 1989 resulted in a sharp rise in the number of students at Polish universities (nearly fivefold in 1990–2009), as well as an increase in the number of students with disabilities. In 1999–2013 their number increased from nearly two thousand to nearly thirty thousand (Wójcik 2015: 189). The data are not complete, as a significant proportion of students do not inform university authorities about their disabilities. Tertiary education has become a way of dealing with disability, however changes in social attitudes and institutional measures in the area of social policy and the labour market do not keep up with the rising expectations of better-educated youth with disabilities.

An important factor for the argument presented are changes in the paradigm of social policy. Currently a new model of social policy, called active social policy, is being developed. The idea of active social policy is directed at changing the axiological direction of social policy (from social security to participation), its substantive dimension (from social transfers to redistribution of labour), and the range of support recipients (from worker/citizen to employers creating jobs). Because of the Durkheimian notion of social division of labour employed by European active social policy, it is different from the Anglo-Saxon concept of workfare, which sees lack of employment as a result of individual responsibility and fault (Rymsza 2013: 82–83). The model of active social policy is based on three assumptions:

“(1) reducing the scale of ‘passive’ social transfers by introducing conditional support, linked to the participation of beneficiaries in activation programmes (referred to as inclusive or reintegration programmes);

(2) focusing on employment and increasing employability, and the related integration of social and employment services;

(3) exploiting the potential of non-governmental institutions (NGOs) for running activation programmes and supporting promoted forms of activity on the labour market: social employment in the protected labour market, subsidised employment on the open labour market and social entrepreneurship in the area of social economy” (Rymsza 2013: 82).

Employment and employability become the main issue of social policy. The focus on growth of employability (of individuals and communities consisting of those individuals) applies also to categories of people hitherto passive on the labour market: people with disabilities, amongst others.

There are, however, ongoing discussions on the future of labour in contemporary, developed societies. The changes in the world of work have their consequences, including segmentation of the labour market. Gay Standing (2011) notes the process of the formation of a new social class, known as the precariat, that works under unstable and unpredictable circumstances, and as a result faces unstable living conditions. People with disabilities who have difficulties finding stable employment are also a part of this class. Moreover, the ranks of the precariat are filled with persons with temporary disabilities. These are the people suffering from recurring diseases (such as migraines, depression, allergies, or MS) which prevent them from efficiently functioning in society on an everyday basis, and periodically exclude them from all kinds of activities. For this category of people there are no solutions on the labour market or within the social security system.

A shift towards activation and implementation of the active social policy model is accompanied by changes in the management of the public sphere in relation to social security.

Commercialisation of social policy solutions is taking place. It is carried out by introduction of the rules of the New Public Management – NPM (the first phase took place in the 1980s, and the second has been happening since the 1990s). The aim of NPM is to revolutionise public bureaucracy and eliminate obstacles in the efficient provision of services (Kjaer 2004). It is linked with the introduction of managerial principles into the institutions in the public sector: Commercialisation of some of the solutions (by creation of quasi-markets), their privatisation and decentralisation, and the process of *agencification*, the creation of semi-autonomous agencies responsible for operational management.

The idea of NPM refers primarily to the process of provision of social services, in particular their supply. Emphasis is placed on: separating the function of the payer (public sector) and the provider of the service (the commercial or civil sector), privatisation of services and their outsourcing, giving preference to highly specialised organisations supplying the services, and decentralising control and monitoring with an increased emphasis on the measurement and monitoring of performance (Moreira and Lodemel 2012). In the 1990s a new wave of reform of the public sector took place: the so-called post-NPM introduced in the countries of Northern and Western Europe. It applies mainly to vertical and horizontal coordination in the provision of services. Vertical coordination strengthened, amongst others, the trend to introduce central control mechanisms (audits, monitoring, etc.), horizontal coordination increased the pressure to integrate services in various thematic areas through the creation of task forces, and the creation of proxy positions.

Changes in management of social policy institutions (especially in the social services sector) contributed to the commercialisation of social support institutions. This commercialisation is linked to applying market principles to the public sphere, and to the process of outsourcing social services provision to economically more efficient external entities (including those from the private sector). The emphasis on treating expenditure on social policy as investment corresponds to the financial and organisational changes described above. The main object of the investment are tasks related to the multiplication of human and social capital (Giddens 2007). At the same time, this might restrict the development of social policy only to areas bringing a clear contribution to the modernisation of the economy.

Transformation of social policy (initiated and implemented in the EU), being the effect of introducing targeted changes into social life, leads to the deconstruction of the current role of people with disabilities – from passive recipients of money transfers and services to the role of active people with disabilities. Of course, this transformation does not always proceed smoothly, and often officially adopted strategies remain without effective legal and institutional solutions. That is the case of Poland, where changes in attitudes and behaviour of the disabled are slowly taking place, although the relevant institutions remain unadjusted to these changes (Giermanowska and Raćław 2014). The Polish support system for the disabled is complicated, complex and non-transparent for the beneficiaries. At the same time, it is uncoordinated: duplication of tasks by various institutions is common, especially in the area of occupational development (Rudnicki 2014). The pressure to make people active, especially on the labour market, and treating the expenditure in this area as a social investment is a challenge to the Polish support system for the disabled. The problems outlined above are illustrated by data obtained and analysed as part of a research

project coordinated by the Faculty of Humanities of the AGH University of Science and Technology in Krakow<sup>1</sup>.

## KINSHIP AND FRIENDSHIP NETWORKS AND INSTITUTIONAL SUPPORT NETWORKS OF DISABLED STUDENTS AND GRADUATES – ANALYSIS OF RESEARCH RESULTS

Social support is variously defined, depending on the adopted theoretical framework. It can be understood as aid available to individuals in difficult situations as a consequence of belonging to a social network, or it is identified with help offered to people in need by people in significant relationships with them or significant groups of reference (Sęk and Cieślak 2006: 14). Researchers agree that the presence and assistance of other people promotes well-being and health of individuals, and their ability to deal with difficult situations.

Authors of theoretical and empirical work often identify two types of social support: structural and functional. Structural social support is defined as an objectively existing and available social network. This kind of network, unlike others, is distinguished by the existence of ties, social contacts and ways of belonging, that serve to help those who find themselves in difficult circumstances. Functional social support consists of social interactions that are undertaken by one or both participants in the interaction (the giving and the receiving side) in a problematic, difficult, stressful or critical situation (Sęk and Cieślak 2006: 14–18).

Social support is an important factor influencing the so-called biographical scenarios of individuals. The existence, impact and availability of such support influences how an individual functions in everyday life and in difficult situations. Support may be given by natural groups of reference (family, friends, neighbours), formal and professional groups, and by institutions. Social support understood as help given to an individual within the context of a social network may take the following forms (Sęk and Cieślak 2006: 19):

- emotional support – which includes, in the course of interaction, making the individual feel better by supporting and calming emotions; its aim is to show care and concern, and to increase the receiving individual's self-confidence, sense of security and belonging, and a sense of being cared for;
- informational (cognitive) support – the exchange of information leading to better understanding of one's difficult situation and the problem one faces, and the exchange of feedback on the effectiveness of interventions undertaken;

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<sup>1</sup> Research project “Polish people with disabilities. From a comprehensive diagnosis to a new model of social policy towards the disabled” [*Od kompleksowej diagnozy sytuacji osób niepełnosprawnych w Polsce do nowego modelu polityki społecznej wobec niepełnosprawności*] ed. by Prof. Barbara Gąciarz. The project was coordinated by the Faculty of Humanities of the AGH University of Science and Technology in Krakow in the period of 2012–2014, and was financed by PFRON. Research results and their analysis were published in (amongst others): E. Giermanowska, A. Kumaniecka-Wiśniewska, M. Raclaw and E. Zakrzewska-Manterys. 2015. *Niedokończona emancypacja. Wejście niepełnosprawnych absolwentów szkół wyższych na rynek*, Warszawa: Wydawnictwa Uniwersytetu Warszawskiego.

- instrumental support – takes the form of instruction, dealing with transmitting knowledge concerning practices, obtaining information and material resources necessary for solving difficult situations; it is a form of modelling behaviour leading to effective countermeasures;
- material support – material and financial assistance, including direct personal action in aid of the person in need.

Support offered to disabled students and graduates during their studies, the period of job seeking, and during employment can be described according to the scheme outlined above. Biographical interviews were conducted with 60 university graduates with mobility, sight, or hearing disabilities, and certified to have moderate or significant disabilities. Respondents studied in five academic centres (Kielce, Lublin, Olsztyn, Rzeszów, and Warsaw), diverse in terms of size and conditions on the labour market. They had diplomas in technical, social science and humanistic disciplines, and were both full-time and part-time students at undergraduate and master's levels. The interviews consisted of three narratives: on the period of study (How did it happen that you started to study?), on the period between graduating and finding a first job (You graduated, and what happened next?) and the period of adaptation to work (You got a job, and what happened next?).

During the studies family played a crucial role as a source of support, especially emotionally and materially (Kumaniecka-Wisniewska 2015). Family members motivated people with disabilities to study, to overcome difficulties encountered in the process of education: they were their confidants and advisers. Organisational support was an important element of material support. Often it took place at the expense of the whole family, which adjusted their schedules to the student's university time-table. Most students lived with their parents, and only few run an independent household. Family financial support was of lesser significance because of the relatively extensive system of material support for persons with disabilities in education (scholarships and tuition reimbursement from PFRON, university-funded scholarships). The family also provided instructional and informational support. Its role was dependent on the type of disability (families were far more likely to engage in assisting a wheelchair-bound quadriplegic than a person with impaired hearing or sight). Researchers noted that blind and partially sighted students were the most socially integrated of the disabled students. As pointed out by Agnieszka Kumaniecka-Wisniewska, this is probably due to early entry into the institutional system of education in which "not seeing" is treated as a problem that requires constructive solutions (Kumaniecka-Wisniewska 2015: 80).

Fellow students were another significant source of support, especially of emotional support. Thanks to social integration with other people of their own age, disabled students felt greater life satisfaction. Fellow students also provided material support (assistance in overcoming architectural barriers, and with studies, especially in dealing with teaching methods inappropriate given the needs of the disabled students), instrumental and informational support (e.g. help in the registration and use of virtual university platforms). The last two types of support aided studies and helped in functioning as a student. Support also came from academic teachers. Usually they were understanding and adjusted their requirements and course curricula to the needs of the disabled students (solutions were usually found on an individual basis).

The circle of acquaintances, friends and colleagues derived not only from the period of university studies. Some of the students interviewed had contacts acquired at earlier stages

of school education. This was characteristic especially for people with sight impairment (fully and partially blind) and with impaired hearing (hearing impaired and deaf and mute). In these groups identification with organisations and communities of the disabled was particularly strong. Such identification was much lower among students with impaired mobility. The support received, apart from its material and informational character, had a significant emotional dimension (Kumaniecka-Wisniewska 2015).

The institutional support obtained by students before and during their studies also varied, depending on the type of disability. Relatively large and dynamic institutions offered their services to blind, partially-sighted, hearing impaired and deaf and mute persons. People with mobility problems, in wheelchairs, and those with quadriplegia were less likely to obtain institutional support, which, when it occurred, was usually related to seeking employment and was often unsatisfactory. Institutional support during studies was linked with financial help from the university, and informational and instrumental support offered by relevant units of the university administration, e.g. a university disability office. The functioning of university services for the disabled which were intended to be support centres for people with disabilities was not highly rated. Often, students pointed to a lack of sufficient information about the responsibilities and scope of activity of the centres, and in the case of part-time students, an inability to visit the office because opening hours were incompatible with their study schedules. The State Fund for Rehabilitation of the Disabled (PFRON), and its system of scholarship grants for tuition or the purchase of equipment needed in the learning process was rated unequivocally positively. Students perfunctorily mentioned the support of social welfare services, as it was usually limited to issuing referrals to rehabilitation courses or occupational development courses, and they were not rated highly. Health support services were offered by non-governmental organisations, both secular and religious. The functioning of public healthcare and rehabilitation institutions was rated poorly.

Kinship and friendship networks dominated in the process of looking for a job. Family and friends not only provided information on vacancies, but also offered material and personal support, for example in helping to get to a job centre or employer. Not without significance in this period was the emotional support essential for the maintenance of self-esteem of individuals applying for jobs and creating a sense of security and hope for success. The importance of this support was even greater in the context of low effectiveness of institutional support and the common unwillingness of employers to employ people with disabilities.

The rating of public institutions – job centres, which should help disabled graduates in occupational development and finding employment was very low. This was due to buildings and services being inaccessible to students with impaired mobility, communication problems, lack of professional expertise on the disabled and their needs, stereotypical perceptions of people with disabilities, and inefficiency of institutional measures, which were often unsuitable given the needs and capabilities of people with disabilities. Support provided by NGOs was rated far more positively. It could take the form of vocational guidance and job placement services, training and internships, or emotional, informational, instructional and material support. However, this support was not helpful for all the graduates. Non-governmental organisations tended to focus on the process of occupational development, but not on employment. Graduates took part in several similar training programmes offered by

various non-governmental organisations, but their situation on the labour market remained unchanged. The Internet has become a new source of support in the process of looking for a job, as informational and instructional resources offered on the Internet have turned out to be valuable to the graduates. This new form of communication has opened up new opportunities to look for employment outside the hometown, and to work from home over the Internet.

The majority of employers avoided hiring people with disabilities, and they preferred to instead make payments to the Polish State Fund for Rehabilitation of the Disabled arising from not employing the number of disabled workers defined by law<sup>2</sup>. In Poland knowledge of hiring people with disabilities and support for their employment is low among employers. Prejudices and stereotypes about low levels of qualifications of disabled workers and their demands on employers also remain strong (Gąciarz and Giermanowska 2009; Kryńska and Pater 2013). Graduates sent many CVs in response to vacancy postings, but generally they remained unanswered. Those whose disability was invisible tried to conceal it. Direct contact with an employer generally caused a great level of stress for graduates with mobility and communication problems. People in wheelchairs, the blind, and the deaf had the most problems, because of inaccessible buildings and the human resources departments that they contacted lacked staff well qualified to work with people with disabilities. The recruitment process for private companies and public institutions was an insurmountable barrier for people with these types of disabilities, despite their appropriate qualifications. The protected labour market, which in Poland consists of sheltered workshops and social enterprises, posed lesser barriers. However, these companies usually offer low-skilled and low-paid jobs unattractive to people with higher education.

The unfavourable characteristics of the labour market in Poland: high unemployment, especially among young people, reluctance of employers to employ people with disabilities, and the poor quality of public institutional support, did not translate into permanent exclusion of the disabled graduates from the labour market. Most of them were working or looking for work. The young people looking for work were characterised by great determination, innovation in finding solutions (self-employment, informing employers about financial advantages stemming from employing disabled workers), the desire to avoid deprofessionalisation (which was expressed by looking for work where they could use their qualifications) and avoiding self-marginalisation (Giermanowska 2015: 105–106).

For disabled graduates, entering the labour force is a time not only of new professional experiences, but above all of social contacts. Support in this period is as important as during the job search. Staying at work was an insurmountable barrier for many of the disabled graduates. Everyday social contacts with supervisors and other workers were a problem. Even those who had high professional competencies, for which they were valued at work, had limited social contacts and were not fully integrated. Hence, many of them saw a solution in starting their own business, and they treated the period of working as an employee as an

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<sup>2</sup> In Poland, there is a quota system. Most companies employing more than 25 employees are obliged to employ 6% of disabled workers. Otherwise they have to make payments to a specially dedicated fund – The Polish State Fund for Rehabilitation of the Disabled [Państwowy Fundusz Rehabilitacji Zawodowej Osób Niepełnosprawnych, abbreviated to PFRON]. PFRON funds are used to support the employment of the disabled.

opportunity to gain necessary experience and a professional position needed to run their own business in the future.

The process of employing a disabled worker often demands changes in infrastructure, adjusting workstations (sometimes that of a supporting person) and providing transport to work. Companies that already employ a disabled person usually try to remove obstacles as they appear. Financial resources for this are provided by PFRON. This support, however, is mostly addressed to employers (subsidies for salaries of disabled employees, the costs of adaptation of the workplace and purchase of additional equipment, the cost of adjusting the infrastructure), and not to the disabled persons and their individual needs. It is standardised, and does not necessarily meet individual needs and expectations. Research on employers implementing successful practices in hiring disabled workers in Poland has shown limited effectiveness of economic instruments and the growing importance of culture, including attitudes, values and norms shared by employers and employees (Giermanowska 2014).

Flexibility, individualisation and a variety of forms of support have proven to be the most effective ways to achieve success on the labour market. According to the study, various types of successful careers of graduates indicated the coexistence of the support of employers and kinship and friendship networks along with strong individual self-determination. Successful careers consisting of reaching mastery and a high level of professionalism in a given profession, regardless of disability, coincided with well-targeted and well-integrated informal and formal support in the periods of education, job search, and employment (Giermanowska 2015: 116–117).

The analysis contained in the study clearly indicates the importance of family, relatives, friends and acquaintances as a source of support for people with disabilities. This is not an original claim, and it is well documented in the literature. Ostrowska (2015) emphasises that, in general opinion the family of origin (many disabled people do not establish their own families) and their family home is the natural place for a disabled person to live. This is due to several factors, including treating people with disabilities as “sick” (and traditionally looked after their family members); often care turns into overprotectiveness on part of family members, and prevents the disabled from becoming independent and self-determining. Nonetheless, the care and support offered to disabled people is significant, and often at the expense of the welfare of the rest of the family. In Polish social policy strategy, there is a significant lack of solutions to benefit family care givers: the emphasis is on the needs of the disabled, but not their families (Ostrowska 2015).

The results of our study once again indicate the importance of sources of informal support: family, friends, colleagues and a broadly understood community of people with disabilities. They also point to shortcomings of sources of formal support, especially public institutions. While the period of studies was characterised by help from institutions, obtained mainly from PFRON and universities, in the period of looking for work the quantity and quality of formal support was inadequate to the needs of disabled graduates. Here, following Agnieszka Kumaniecka-Wiśniewska (2015), heterogeneity of disability in terms of organisation of support must be emphasised. It poses a challenge for planners and implementers of social policy objectives. Kumaniecka-Wiśniewska argues that it is impossible to create a standardised package of services for even one type of disability. These packages must be “tailor-made”, created for

each individual case, meaning that various types of support should be combined depending on the expressed and diagnosed needs of each case, variable in time, and not depending on arbitrarily assigned tasks. Similar tensions between the postulate of flexibility and bureaucratic necessity were also noted by international researchers analysing support offered to dependent persons, including the disabled (Leon, Ranci and Rostgaard 2014). On the one hand, since the 1990s there has been an apparent desire, especially of organisations of people with disabilities, to introduce the idea of “new consumerism”. These notions point to the necessity of creating customised services provided by a social worker to a small number of clients. On the other hand, standardisation introduces the Tayloresque perspective of care work, with designated tasks and time limits for their execution. The paperwork associated with providing care is very time consuming. Hence, there is a shift from the ideal of the provision of care immediately following the appearance of need, to care provided through standardised packages, along with a change from concentration on providing care to focus on the related paperwork (Margarita Leon, Constanzo Ranci and Tine Rostgaard 2014). Our research also points to the schematic and routine operation of public support institutions.

## THE OLD PATTERNS OF INSTITUTIONAL MEASURES AND NEW EXPECTATIONS OF THE DISABLED

Our research results confirm the hypothesis of a discrepancy between the professional aspirations of disabled graduates and the possibility of realising them on the labour market. Support during education, job search and employment is in the broadest sense offered by family and collegial networks, while institutional support is highly varied in nature. Regarding family support, one should be aware of the changing attitudes (and stances) regarding the obligations of families to look after disabled family members.

Ostrowska, comparing the results of questionnaires on nationwide samples in 1993 and 2013, marks a decline in responses indicating the family as the main entity responsible for supporting and looking after a person with reduced capabilities (from 94% to 86%) (Ostrowska 2015: 171). Also, the responses to the question on proper behaviour of family members in a situation when one of them becomes severely disabled, indicate a rise in the number of people accepting the admission of the disabled person into a suitable institution (from 26% to 37%) (Ostrowska 2015: 175). Ostrowska emphasises that despite the differences in the declarations of respondents regarding their level of education, place of residence, or intensity of religious practice, in all segments of society there is a tendency to see a lesser role and responsibility on part of the family and a shift of responsibility towards care institutions. “Withdrawal” of the family from tasks related to care and active support of the disabled demands certain compensatory measures: intensification of work of institutions, seeking alternative means of providing care and support, and activities aimed at gaining emotional and physical independence of the disabled. Nonetheless, in the coming decades institutional support for disabled persons will play an increasingly important role at all stages of their lives. It is therefore important to point out the existing shortcomings in the activities of the institutions.

During the period of higher education institutional support offered to disabled persons has become over the years more extensive, making it easier to enter the role of a student. It has a participatory dimension, which corresponds to the expectations of the public and the policy guidelines, both at national and international levels. Institutional support in the periods of looking for work and in employment departs from established social policy schemes and from the expectations of graduates. The institutional measures taken can be described using the notions of social mechanisms well-established in sociology.

The first is the bureaucratisation of public institutions (job centres) and the focus of their employees on formal and routine operations. The mechanism of “trained incapacity” described after Veblen by Robert Merton (Merton 1940: 562) can be applied in the analysis of functioning of job centres. Trained incapacity of employees of job centres in the face of new situations manifests itself in the fact that old, previously effective, schemes of action, involving directing disabled persons to low-skill jobs on the protected labour market, lead to unwelcome responses under the changed circumstances. Graduates expect positions corresponding to their level of education and qualifications on the open labour market, thus becoming increasingly difficult and demanding clients of the job centres. In response to their growing demands and lack of suitable employment, job centre workers employ routine activities that strengthen earlier prejudices and stereotypes about employing the disabled. From their perspective, graduates have a picture of inefficient, dysfunctional institutions aimed at achieving their own objectives, and not the purpose for which they were created.

The second mechanism is the economisation of institutions, and not people with disabilities (a false activation of disabled people takes place) (Raław 2015). Economisation of institutions means orienting their activities towards “profit” (understood as a financial or nonmaterial gain in the form of social reputation or avoidance of penalties). It is the institution, and not the people who are the recipients of its services, that benefits. Such a situation does not raise significant objections in the context of a private sector, where profit (mainly material) determines the survival of the company. It is different in the context of public sector institutions, which focus on securing the needs of the population. Priority given to the benefit of the institution over the benefit of the beneficiary results in lowering of the quality of service provided. In cases where a person is a beneficiary of various institutions because of their particular situation (eg. health as in the case of a disabled person), economisation on part of even one institution reduces the effectiveness of the entire network of support and help provided through the network. Restricting occupational development and support for disabled graduates in entering the labour market has social and financial consequences. In the case of investments made from public funds, for example in the field of education, including higher education, it is a waste of social, human, and economic capital. Educated people with disabilities re-enter passive social roles.

The third mechanism is associated with what is known as the perverse effect (Boudon 1982). Perverse effects are the unplanned, and often undesirable and unpredictable, consequences of human actions, even when the people taking action are guided by rational motives and premises. That is the case of Poland, where we are witnessing the unfinished process of emancipation of young people with disabilities (Giermanowska and Raław 2014). One of the significant steps towards the emancipation of the disabled was opening a path of education to

them, including higher education. This made it possible for them to actively shape their own lives and expand the range of choices available. Emancipatory politics as a “generic outlook concerned above all with liberating individuals and groups from constraints which adversely affect their life chances” (Giddens 1991: 210), is an expression of social solidarity with people in more difficult situations. However, the failure to complete the process of emancipation by blocking access to employment can lead to social unrest and individual frustration, which creates rather than solves social problems.

Good functioning of institutions is necessary for the full inclusion of people with disabilities into social life. Currently it is doubtful whether they have an unequivocally beneficial character for the recipients of the services. Institutions often operate on the principle that they do not exist to serve the people, but that the recipients of their activities, or rather their problems, are the reason for their existence. We are dealing with a “reversal of the ancillary function” of organisations providing public services. Predicting a further increase in the importance of institutions as a source of support for people with disabilities, we postulate the reinstatement of their ancillary character, so that the main benefit always goes to the disabled. This is in line with the recommendation of Barbara Gąciarz (2014), referring to the creation of the so-called intelligent social policy on disability, the implementation of which should always be assessed from the perspective of the end user, the beneficiary of various services and forms of assistance. Only then will the resources allocated to maintaining organisations providing support and services mean real social investment, aimed at activating unemployed people with disabilities to perform more varied roles in society.

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#### AKTYWIZACJA ZAWODOWA PRZEZ URYNKOWIENIE.

#### LUDZIE DLA INSTYTUCJI CZY INSTYTUCJE DLA LUDZI

#### (NA PRZYKŁADZIE AKTYWIZACJI ZAWODOWEJ

#### NIEPEŁNOSPRAWNYCH ABSOLWENTÓW SZKÓŁ WYŻSZYCH)

Polska należy do krajów o bardzo niskiej aktywności zawodowej osób niepełnosprawnych. Widoczne są już zmiany postaw i zachowań osób niepełnosprawnych, przede wszystkim studentów i absolwentów szkół wyższych dążących do realizacji kariery zawodowej. Z drugiej strony obserwujemy proces „wycofywania się” rodziny z zadań opieki i aktywnego wspierania osób niepełnosprawnych. Wymaga to określonych działań kompensacyjnych: intensyfikacji pracy instytucji, poszukiwania alternatywnych sposobów zapewniania opieki i wsparcia. Polski system wsparcia aktywizacji zawodowej osób niepełnosprawnych jest systemem skomplikowanym, złożonym, nieprzejrzystym dla beneficjentów, a jednocześnie niedostosowanym do rosnących aspiracji zawodowych osób z ograniczeniami sprawności. Pracownicy instytucji wsparcia częściej powielają stare schematy działań oparte na rutynie i formalizmie, niż dostosowują się do indywidualnych potrzeb niepełnosprawnych i zmieniającego się rynku pracy. Urynkowienie instytucji wsparcia, w ramach nowego paradygmatu polityki społecznej, bardziej przyczyniło się do ekonomizacji instytucji wsparcia poprzez nastawienie na korzyści dla instytucji niż do aktywizacji zawodowej osób niepełnosprawnych. W rezultacie mamy niedokończony proces emancypacji niepełnosprawnych absolwentów szkół wyższych, którzy nie mogą zaspokoić swoich rozbudzonych aspiracji zawodowych.

Słowa kluczowe: student niepełnosprawny, absolwent niepełnosprawny, wsparcie społeczne, rynek pracy