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From isolation to partnership in social rehabilitation – in search of an optimal model of cooperation with families in the process of social rehabilitation of juveniles

Abstract: For a long time pedagogy has seen the family as a source of disorders. However, the state of modern knowledge based on scientific evidence*(evidence-based practice*) makes us consider the family as a source of resources that can be used in the process of social rehabilitation. This is confirmed by experience from the field of social work, where various forms of cooperation are applied which causes an increase in its hidden potential. However, this idea is poorly rooted in the domestic practice of social rehabilitation. In this text, the author refers to reasons for the absence of parents and presents the possibility of including parents in the process of social rehabilitation of juveniles.
Key words: family, social rehabilitation, cooperation, system, program.

Introduction

The idea of working with a family was earliest seen in the field of social work, where it was recognized as early as in the 19th century that family support is the best way to improve the quality of life of individuals and communities. This movement weakened under the influence of the development of psychoanalysis, only to return in the second half of the 20th century (Allen et al. 1998, p. 6; Stelmaszuk 1999, p. 173). The changes that have taken place in the field of work with families during this time can be put into four models: 1) professional-directed, 2) family-allied, 3) family-focused, and 4) family-centered (Krasiejko 2019; Pennell et al. 2011; Rhoades, Duncan 2010).

It is assumed that the first of the mentioned models – professional-directed – is characterized by institutionalism, interventionism (instrumentalization of

activity, "incapacitation", deprivation of subjectivity), clientelism (a wide offer of various services satisfying needs on ad hock basis, allowing to exist, at the same time lowering the motivation for change), superficiality (pretending to act) and pathologization of thinking about the family (perceiving it through the prism of problems, disorders and dysfunctions) (Biernat, Przeperski 2015, pp. 34–35). In this model, the family environment is considered the main source of the disorder, while assuming limited ability to change this situation, resulting in parental isolation from activities and strong institutionalization. The actions of professionals are aimed at eliminating "bad" behavior, and thus "normalization", "unification" of the child's functioning, with reference to the standards preferred by professionals, in complete isolation from the family environment. This model, due to its ineffectiveness, is used less and less in practice.

The formation of the second model of working with a family, which is referred to as *family-allied*, was inspired by research findings that pointed to the negative consequences of separating children and families (Pennell et al. 2011, p. 9), which was a standard strategy in the previously presented model. Professionals began to see that the families of socially maladjusted children are not a negative monolith, and that there is also a group among them that is interested and ready to work, and that cares about the children. It was assumed that for some families, dysfunctions are temporary and they result from crises experienced by the family. Consequently, families should also be viewed through the prism of resources that can be used to improve their functioning. This has changed the focus of the diagnosis, in which, in addition to identifying risk factors as well as disorders and deficits, the strengths of the family have begun to be identified and included in the plans of measures. Significantly, however, the family still did not gain subjectivity, as it was up to the professional to decide how and what measures would be implemented, according to their own standards. The individual characteristics of the family, its history, or the local context in which the family existed did not matter much. The professional acted according to the standards they adopted, making the family an instrument of change (*families are agents of practitioners*) (Rhoades 2010, p. 172). The goal of the activities was to achieve the standard set by the professional, which from the family's perspective was exorbitant and usually socio-culturally distinct. The relationship thus remained strongly paternalistic, for the institution, being the disposer of resources, could discipline the family, which often resulted in apparent behavior. The effectiveness of such efforts remains debatable.

A change in working with families was brought about by the development of the systems approach and the idea of empowerment. According to the latter, measures pay more attention to identifying and developing the strengths of families and their environment. The uniqueness of the family is also emphasized, because "each family creates its own image of the surrounding reality – there are as many descriptions of reality as there are families. (…) There is therefore

no single 'true' and objective picture of a family" (Cierpka 2003, p. 119). If so, measures should be aligned with the family, following the family, recognizing and releasing its resources and decision-making capacity. This model is referred to as *family-focused*, and the families are considered to be consumers of practitioners' service (Rhoades 2010, p. 174). In this model – which should be emphasized – the decision-making power of the family increases, but the partnership is not complete, because the family moves within the framework of the offer prepared by the professional, having little chance to take alternative action. Activities are focused on meeting certain minimum standards, which may not always be compliant with the family's needs and abilities. However, this model still lacks full family empowerment.

The latter model is the family-centered model. Due to the fact that its empirical verifications in the field of social work bring very promising results (Krasiejko 2019), the following question arises: is it possible to use this model also in prevention and social rehabilitation measures, especially when it comes to juveniles? Knowledge gathered within the frameworks of *what works* current and *evidence-based practice* provides a positive answer (Pratt et al. 2011, pp. 71–85). Therefore, let us look at the possibilities of using the family-centered approach in the process of social rehabilitation of children and adolescents at risk of social maladjustment or already maladjusted.

Outline of the family-centered model

The development of the family-centered approach would not have been possible had it not been for the emergence in the second half of the 20th century of systems theory, which drew attention to the strength of the connections and dependencies between the different levels of social life, imposing the necessity of seeing the human being in their perspective. Pedagogues, psychologists and sociologists have found Urie Bronfenbrenner's ecological theory, which treats the family environment as primary, useful in their analyses. The aforementioned author wrote about it as follows: „(…) parents and others become not only the most effective agent in bringing about change in the child's behavior, but also the essential factor in maintaining established patterns of behavior (adaptive and maladaptive)" (Bronfenbrenner 1988). The attachment theory formulated by John Bowlby and developed by Mary Ainsworth was also not without influence. The development of humanistic and cognitive psychology, which rejected the pessimistic vision of a human being presented by the followers of psychoanalysis and behaviorism, was also important for the change in perspective on the family, recognizing it as a subject capable of creative and independent building of changes in its life, "self-determination about itself and its relations with the world" (Ostrowska 2008, p. 83), according to the constructivist principle "to live

is to know, and to know is to live" (Moggia 2020, p. 34). In this context, mention should be made of Martin Seligman's "movement", started in the late 1990s, involving slow discardment of the pathogenetic perspective to focus on what makes individuals feel good about themselves, to take on more challenges, often exceeding their limitations. In other words, to discover the strengths and virtues that allow individuals to feel good and change, both themselves and the world (Lachowska 2014, p. 540). M. Seligman's thought corresponded strongly with the theory of salutogenesis developed two decades earlier by Aaron Antonovsky, in which he focused on the determinants of health and recovery (Antonovsky 2005).

Also important was the change in social perception of the position of a child in the family, who ceased to be treated as the parent's property and became a subject with rights, to whom adults owe the creation of the best possible conditions for development (Pennell et al. 2011). It was also recognized that family forms were far more effective in caring for children and adolescents, which in turn reflected respect for parents, their knowledge and experience. The family has been recognized as a source of not only problems but also potentials (Przeperski 2017, p. 144).

The family-centered approach is based on the belief that a person's goal is to grow, to strive for the better, but they sometimes lack the tools to achieve this state. This concerns also socially maladjusted children and adolescents as well as their parents. The dreams and aspirations of these groups are no different than those of their peers and their families. These parents want to be proud of their children, they want to have a positive influence on them and a good relationship with them, they prefer to hear good information about their children and see their future as a better version of their current life. They have hopes and aspirations in relation to them. The situation is similar with socially maladjusted children – they also want not only to be proud of their parents, but they also want their parents to be proud of them (although they do not always communicate this directly) (Szczepkowski 2010, p. 142). As a result, both parties take many actions to achieve the goals, but due to choosing the wrong moment, scope, form, lack of adequate support, repetition of established patterns, they do not prove to be effective. The family-centered approach allows individuals to break the deadlock, to create new opportunities, so to speak, to develop new strategies instead of reproducing old and ineffective ones. Key to this are the beliefs that, firstly, both the individual and the family system (and any other) are capable of bringing about change based on their resources, through their own work, and, secondly, that even in the most disturbed environment or in the highly disturbed individual's relationship with the environment, resources can be found to support their development (Kulesza 2015, p. 89). In order to identify and strengthen resources, the individual/family may need professionals whose role is not to point them out, but rather to assist in the discovery or to provide the clues by which the family changes its functioning. In this model, *practitioners are the agents of*

*families (*Rhoades et al. 2016, p. 136) – they are to present and allow them to use their resources. The relationship between a parent (family) and a professional (institution) changes from hierarchical to heterarchical (Szczepkowski 2016, p. 82), while parents themselves are treated as some kind of professionals who do not have specialized knowledge but have experience (they have usually tried certain solutions before, they have knowledge on which solutions are effective and which are not), and parental intuition (they know their children) (Allen et al. 1998, p. 9). Both parties see themselves as able to exchange, not only sharing, but also using each other's knowledge and other resources. This is aided by the assumption of the anormativity of experience and the subjectivity of the parent's (family's) world, as well as an attitude of 'lack of knowledge' in which, rather than focusing on finding answers to the question of why things are the way they are, the focus is on the client's goals and finding a way to achieve them based on the resources at hand (Szczepkowski 2016, p. 82). As Izabela Krasiejko writes, "every family has a shared history and wisdom" (Krasiejko 2019, p. 79), therefore it is the family that sets the goals, which do not have to fit into the expected norms, but if they allow to increase the quality of family functioning, they are important and the family should receive help in their realization. Acceptance of this state of affairs is precisely the best example of a partnership approach and full acceptance of the family's role as an entity capable of making decisions and shaping its reality.

The situation is similar for the issue of readiness to act. The family-centered approach assumes the dynamic nature of motivation, i.e. it accepts that it is something changeable, that in striving for change the family has to go through successive stages, starting with discovering that change is needed, arousing readiness, building hope, and finally planning the measures and sustaining the activity (Fudala 2015, pp. 12–38). Turns are possible at each stage. It also assumes the possibility of failure, treating it as a natural part of the process of building change.

The key to effective performance is respect for all positive attributes, abilities and potentials, talents, resources and aspirations as well as an appropriate communication style. In the family-centered approach, instead of criticizing, focusing on deficits, blaming for the state of affairs, the family is praised for being able to survive in a difficult environment, for making the effort to cooperate with institutions, for not remaining indifferent to certain problems. A following or guiding communication style is adopted. Both presuppose the family's ability to create and effect change, where in the guiding style the professional is more likely to suggest some solutions, while leaving options for choice. A directing style, which involves the family following the professional and meeting the professional's assumptions and expectations, is avoided (Fudala 2015, pp. 12–38).

Family-centered approach in the theory and practice of social rehabilitation measures

In the reflection from the area of social rehabilitation pedagogy in relation to theoretical and axiological foundations, also a clear shift is observed from behavioral and psychodynamic orientations, focused on deficits and attempts to minimize or remove them, towards cognitive, humanistic concepts, in which social rehabilitation is identified with educational activities aimed at comprehensive development of persons showing symptoms of social maladjustment or at risk of it (Ambrozik 2016, pp. 30–40; Konopczyński 2013, pp. 9, 26–27; Kusztal 2009, pp. 41–42; Wysocka, 2019; Opora 2016; Kupiec 2019). The change is made by the effort of the socially maladjusted person, according to the pace and direction set by them, based on the resources they have, in cooperation with the local environment (Wysocka 2015, p. 37; Ostrowska 2010, p. 127). An example of this approach is the *good lives model* developed by Tony Ward and Shadd Maruna (Ward et al. 2007; Ward 2002). It assumes that social maladjustment is related to the lack of internal and external resources necessary to achieve prosocial goals, and this "lack" may result from both objective conditions and lack of awareness of the existence of resources. Thus, the process of social rehabilitation seeks to discover resources in order to make a "holistic reconstruction of the *self*" based on them (Muskała 2016, pp. 176–178). Social rehabilitation understood as developing the strengths of the individual and their environment is also supported by resilience theory (Junnik 2011). In Poland, a similar perspective can be found in Marek Konopczyński's concept of creative social rehabilitation (Konopczyński 1996, 2006).

The changes and concepts described above allow us to look at the role of parents in the process of social rehabilitation of juveniles from a different, positive perspective. Relying on them allows to reject the perception of the process of social rehabilitation as an activity aimed at compensating for deficits, adaptation to the expected standards, in favor of seeing in it pro-developmental activities, noticing, discovering and strengthening resources, developing them at the pace and in the direction indicated by the pupil. The focus is on the individual's resources and future, "going beyond oneself". According to Sławomir Sobczak, "social rehabilitation should serve the optimal development of a person's emotional maturity, individual cognition, personality, pro-social attitudes and behaviors, as well as health and physical fitness" (Sobczak 2007, p. 233). Krystyna Ostrowska formulates the goals of positive social rehabilitation as follows: "Therefore, the first and basic premise of the new approach in working with them [the maladjusted – note by A.B.] should be to restore hope for being happy and contributing to the happiness of others" (Ostrowska 2010, p. 127).

Only such an outlook will allow a person to build satisfying relations with themselves and the social environment, develop comprehensively, satisfy their needs, shape their conscience and make it a useful tool for evaluating the world and making decisions. Social rehabilitation measures in the adopted perspective have a social (systemic) dimension, which means that they include all interested parties, including those who have so far been treated as a risk factor in the narrative (such a situation occurred in the case of families of children and young people at risk of social maladjustment or already socially maladjusted). The perspective adopted allows us to look at the family as a resource and thus as a key agent of change.

The fact that juvenile families have resources is evidenced by the research results. Helena Kołakowska-Przełomiec found that over 70% of the juveniles grew up in "average" families, i.e. those which were capable of fulfilling the functions assigned to them on a satisfactory level, and in which no social pathology phenomena were noted. The remaining part of the juveniles (in equal parts) grew up in "defective" or "negative" families, which included incomplete families and families experiencing the phenomena of addiction, neglect and violence, or crime (Kołakowska-Przełomiec 1977, pp. 53–54). These trends are confirmed by the research of Józefa Sołowiej (1978) and Anna Dąbrowska (2014). Justyna Siemionow indicated that resources in the family can be revealed in the social sphere (professional activity of at least one of the parents, lack of conflict with the law, cooperation with institutions, e.g., probation officer, school, court), cognitive sphere (normal intellectual performance, effective communication with the environment, knowledge of the child's needs, ability to share the point of view of others), emotional sphere (adequate emotional reactions, not transferring emotional tension to children, controlling emotions) and physical sphere (lack of disorders, diseases, or dysfunctions in mental or physical health) (Siemionow 2014, p. 53). Similar findings were presented by Wioletta Będkowska-Heine (2008, p. 111). Research shows that maladjusted children and adolescents tend to have good relationships with their mothers, usually at least one parent retains full parental authority, many use parenting methods based on positive reinforcement, as well as exercise effective control and enhance the development of juvenile interests (Dąbrowska 2014, pp. 29–35).

Taking into account the process of a young person's development and their needs, also in the context of criminal history, looking through the prism of parents' resources, the inclusion of parents in social rehabilitation interventions seems crucial.

The beginnings of research on the positive influence of families of socially maladjusted children appeared as early as the 1970s and confirmed the thesis that the presence of the family is desirable and brings positive effects, especially in the case of social rehabilitation in conditions of isolation. Research conducted by Norman Holt and Donald Miller (1972, p. 167) on incarcerated adolescents and

adults showed that maintaining contact with family was associated with improved behavior while staying within the institution and also proved to show positive prognosis in terms of functioning while on parole. Juveniles whose parents cooperated with the institution better adapted to the conditions of freedom and were less likely to come into conflict with the law again. Similar conclusions were reached by Nanci. C. Klein, Jammes F. Alexander, Bruce V. Parsons (1977, pp. 69–74), who studied 86 families of socially maladjusted adolescents and randomly assigned them to four groups that differed in the manner in which social rehabilitation measures were conducted (no measures, client-centered family approach, eclectic-dynamic approach, and short-term family therapies). They concluded that the most effective method of social rehabilitation of juveniles are activities based on cooperation with families. It is worth noting that this method of working proved beneficial not only for children already maladjusted, but had a clear protective effect when it came to siblings, reducing this group's involvement in the measures of the justice system, as well as raising overall indicators of family well-being. Other researchers have found that contact with family during institutional social rehabilitation significantly contributes to the alleviation of stress caused by the placement in the institution and has a positive impact on the regulation of a young person's emotions and behavior later on. Adolescents in isolation who are visited frequently by their parents show a faster reduction in depressive symptoms than their peers with little or no contact with the family home. Teenagers who maintain frequent contact with their families achieve better grades in school and are less likely to get involved with violent incidents. Research shows that contact with family is especially important during the first months in isolation (Shanahan et al. 2016, p. 3–4).

Contemporary research is delving deeper into the types of families, the nature of relationships and contact. Many of these are based on the premise that because of the particular period in development that is adolescence, maintaining social ties – especially with family – in case of the institutional social rehabilitation is even more important than it is for adults. A specific paradox appears here: on the one hand, adolescence is a time of moving away from parents, gaining independence, crystallizing one's own identity, and on the other hand, the support of parents, their presence and attention is basically necessary for these processes to take place correctly. Social rehabilitation in the conditions of isolation separates adolescents from home during a period of development when their well-being and coping skills are still heavily influenced by parents and other family members. A 7-year longitudinal study by Julia Dmitrieva, Kathryn C Monahan, Elizabeth Cauffman, Laurence Steinberg on more than a thousand adolescents confirms that where the family appears in the process of social rehabilitation the prognosis for the young person is better not only in terms of psychosocial development, but also the absence of future contacts with the justice system (Dmitrieva et al. 2012, p. 1073–1090). Parental participation in the social rehabilitation process reduces

the scale of risk behaviors of children and adolescents (delinquency, psychoactive substance abuse, aggressive behavior, and frequency of gang membership), reduces aggressive behavior, reduces attention deficits, increases educational activity and increases the chances of success in this area, increases social competence, including communication (Savignac 2014, pp. 39–47). Parental support has a significant impact on building juvenile resources such as resilience, mental resilience, and a sense of coherence (Konaszewski, Kwadrans 2018).

Jacek Szczepkowski (2016) also wrote about the positive consequences of cooperation with parents. He observed that parental involvement in the process of social rehabilitation had a positive impact on the quality of the relationship with the child, as manifested by improved communication and reduction in the scale and scope of conflicts. It turned out that the parents also used their new skills in other circumstances, which often improved the quality of the juvenile's educational environment and was very promising in terms of the process of their return home. There was a significant increase in the likelihood of continuity of educational interventions after the juvenile left the social rehabilitation facility.

The inclusion of parents in social rehabilitation measures has a positive impact on the functioning of the family as a system. This is the result of organizing its structure, restoring communication, and improving emotional relationships. As far as the process of upbringing the child is concerned, the parents participating in the process of influence become more sensitive to the child's needs, have a greater sense of agency and are more competent in raising children. The benefits are also felt socially, as improved family functioning increases the stability of society and translates into reduced burdens on social support and justice systems (Savignac 2009; Burke et al. 2014, pp. 39–47).

In the light of these research findings, cooperation with parents should be an everyday practice. However, this is still not the case.

Reasons for absence of parents in the process of social rehabilitation of juveniles

When it comes to the presence of parents in the domestic social rehabilitation system, practice does not keep up with theory. Marek Andrzejewski wrote many years ago about the dislike for the pupils' parents, stating that often "among the employees of the institution, (…) this was not the dominant attitude, but … the only one" (1997, p. 140). As a result, parents are "left behind the door" in the social rehabilitation process; they are not "(…) involved in the therapeutic activity and play only a supportive role in this intricate process that takes place between their child and other adults behind closed doors". It can be said that when it comes to the system of social rehabilitation of juveniles, working with parents still seems to be a **"critical, unfulfilled challenge"** (Bonnie 2013, p. 159).

There are many reasons for this. They lie both in the attitudes of parents and professionals. Not without significance are also the socio-cultural and legal conditions of the system of social rehabilitation of juveniles. There are, after all, objective reasons for parents' absence.

As for the barriers on the side of the professionals, they were collected and organized by Ellen A. Rhoades. Among the most common, she pointed out the following:

— the presence of strong negative stereotypes and the treatment of this group as homogeneous,
— evaluating the situation from the perspective of their own experiences,
— devaluing parents' parenting knowledge and practices,
— reducing parents to the role of passive informants or observers,
— focusing on the family's deficits instead of strengths,
— the dominance of the managerial function over the supporting, inspiring and coordinating functions,
— giving ready-made solutions to problems instead of encouraging the search for them,
— ignoring the wishes, experiences, knowledge, aspirations and needs of the family,
— ignoring the family's readiness and its learning style,
— forcing parents to adopt a specific style of behavior that fits into normative expectations, regardless of the fact that these are not always compatible with the environment in which the family lives and which it is capable of adopting,
— focusing on goals and structure of services rather than mobilizing resources and fostering creative thinking of the family,
— imposing goals, failing to prioritize them, and taking wide-ranging actions simultaneously (Rhoades 2010, pp. 178–179).

In writing about professionals, two more points are worth noting. The first is the process of educating future social rehabilitation pedagogues, which is still dominated by a pathogenic perspective. A graduate student focused on finding deficits pays little attention to resources and does not always have the tools to work based on them. They are necessarily focused in their actions on compensating for deficiencies, fitting the pupil into an expected framework. The second is the "bias" in the descriptions of examinations that focus attention on the families of socially maladjusted children and adolescents. They too are focused on showing dysfunction, in many of them "the glass is half empty". No information can be found in the interpretations about the strengths of the family or the children themselves. In fact, it could be said that examination results are interpreted in a way to support the thesis that things are bad. This fosters negative generalizations and consolidation of stereotypes relating to parents of socially maladjusted children and adolescents.

As far as parents are concerned, a summary of barriers on their side was developed by Naomi Karp, indicating that the main reasons for their lack of involvement in the social rehabilitation process are:

— feeling burned out or experiencing severe stress due to the child's behavior,
— a sense of incompetence, lack of agency and control,
— passivity, learned helplessness in dealing with professionals and institutions,
— feeling ignored by professionals,
— negative experiences in dealing with institutions and professionals,
— communication disorders related to background or social status,
— lack of knowledge about the measures taken towards the child,
— unclear expectations from professionals,
— experiencing problems in many areas of daily life,
— incompatibility of the ideas of parents and professionals,
— lack of interest in the child, low sensitivity to the child's needs,
— lack of understanding of the child's problem/disorder,
— lack of trust in professionals and institutions,
— transferring responsibility for the child to the institution and professionals,
— illnesses, addictions,
— absence due to objective factors (e.g., prison isolation) (Karp 1993, p. 80).

The barriers connected with the absence of parents in the process of social rehabilitation also include objective factors such as distance from home and financial issues. The network of social rehabilitation institutions is not dense enough, therefore the distance between the institution and the pupil home is a source of problems. The challenge is not only making travel arrangements, but also providing care for the other children in the family, or getting a day off, not to mention financial issues.

Legal regulations are also important for an active presence in the process of social rehabilitation of the child.

The above-mentioned catalog of barriers causing absenteeism shows how many factors influence it and, at the same time, how extensive the actions aimed at changing this state of affairs should be.

Principles and strategies for working with families in a family-centered approach

The goal of activities undertaken in the family-centered model of social rehabilitation of juveniles is to strengthen the family by helping to identify, mobilize its broadly understood resources, so that it can make its own decisions, changing its life, solving the problems affecting it at a convenient pace and in the expected direction. Parents are supposed to feel like the authors of their child's success and change, while children are supposed to be able to benefit from their

parents' help (Szczepkowski 2010, p. 143). The obvious question becomes how to accomplish this. Based on the literature, a dozen key principles for working in a family-centered model can be formulated. Among the most important are the following:

— each family and their members have resources based on which they can solve their problems and grow,
— everyone in the family is important and has an impact on how the family functions,
— we work with the whole family taking into account the local context,
— we take an open approach to the family, meaning we work with those who actually make up the family,
— we learn about the family's situation from its perspective, accept the family's vision of reality and its assessments,
— when planning activities, we first refer to the family's experiences, especially the positive ones, which reflect its efficiency and constructiveness, which show that the family is able to cope with adversities,
— final decisions are always left to the family, with both parents and children actively involved in the decision-making process,
— we make all necessary information and resources available to the family,
— we communicate with the family using a following or guiding style,
— (co)operation is planned and forward-looking, and we try to reduce sudden changes to a minimum,
— the role of the professional is to support, provide resources and possibly coordinate,
— the goals must be formulated by the family, tailored to its needs and current capabilities, understood and accepted by its members,
— we jointly evaluate the course of change, while maintaining openness to differing assessments,
— we involve parents in the life of the institution (e.g. as volunteers)
— we assume a dynamic character of motivation and we do not cease to motivate family members to strengthen social competences, we care about their self-esteem,
— we work not only with the family, but also with other subsystems of which the family is a part, building support networks based on them,
— we assume flexibility in action, we take into account changes in the family situation, connected for example with passing through successive stages of family and individual development, we take into account crises connected with it, focusing on positive sides and effective strategies of dealing with challenges,
— we recognize and respect the cultural, racial, ethnic and religious distinctiveness of the family,

— we try to work to ensure that the family can be together, and when that is not possible, that they can maintain the bonds between individuals and continue to work on their integration,
— work with the family should be adequate to its capabilities and needs (Stelmaszuk 1999, p. 163; Krasiejko 2019, p. 83; Pennell et al. 2011, pp. 7–8; Fudala 2015, pp. 12–38, 48; Osher et al. 2007, pp. 10–11; Allen et al. 1998, p. 5).

The family in the family-centered approach is treated as a unique entity, hence the need to individually tailor measures to its needs and limitations. Possible interventions can be organized into three levels, similar to those related to prevention. The first level is made up of universal strategies, aimed at basically all families, oriented primarily towards building relationships, gaining trust and opening channels of communication. These strategies focus on creating a supportive environment, mobilizing the family to take action, providing information about the program, establishing routine mechanisms for ongoing communication and supporting community activities. Within this level, the motivation to work for change is activated and/or maintained. The second level includes strategies that target selected groups of families that may require additional incentive to get involved, which is often not facilitated by objective conditions. They can be described as indicative or selective. In such a case, one should take into account the issue of providing transportation, childcare, but also an interpreter if needed. These strategies include efforts to integrate families, through educational and therapeutic interactions, but also to create conditions for meetings. Strategies of the third level, due to the fact that they focus on meeting individual but often very specific family needs, can be described as intervention or targeted strategies. In this case, the measures are highly individualized and may require intense effort over an extended period of time. Due to the scale of the problems or their specificity, professionals must be included in the activities. An important part of these strategies is also developing "self-empowerment" and sustainment mechanisms (Osher 2007, pp. 8–9).

These strategies can be manipulated as needed. Families of socially maladjusted children often experience a wide variety of problems, but there are also areas in their lives that do not require support.

Conclusions

Because of the role the family plays in a young person's development, involving parents (or other adults) in the social rehabilitation process is crucial. As Marek Andrzejewski rightly remarked, "the fate of a pupil (their future, including the shape of their adult life) is hardly determined within the walls of the institution, it is determined first of all in the environment in which their parents live" (1997, p. 148). Insufficient focus on the family, shifting the focus of

activities to the institutional area, may foster the initiation and/or perpetuation of maladjusted behavior. Further weakening of already strained family ties results in the growing strength of peers, most often with negative characteristics, who are not constructive for a young person's development (Pennell et al. 2011, p. 3).

Research indicates that involving parents in social rehabilitation efforts is becoming a necessity. It is not easy either from the point of view of professionals or the families themselves, who often have a sense of failure and awareness that "objectively" they are not functioning at their best. But instead of focusing on what is not working, what has not worked, the family-centered approach is about creating the conditions for building relationships based on trust, respect and cooperation, with the child and family's best interests at heart. Of course, it is important to remember that not all parents will be immediately willing and ready to work. Some of them will need more time, more intense encouragement, more precisely formulated commands. However, it is crucial not to focus on these barriers on the one hand, but on the other hand not to underestimate them (they may indeed be difficult to overcome), supporting the family in finding possibilities to overcome them. It is important to work on the parents' motivation to change by showing the child's successes, but also their own, to which, as Jacek Szczepański rightly notes, they may react with some disbelief (2016, p. 239).

Despite its great and, which should be emphasized, confirmed by research potential, the family-centered approach is still underestimated and thus rarely used in social rehabilitation work. Positive experiences from the field of social work, where with the participation of family assistants the family is activated to make efforts to return the child to the family after the period of placement in foster care, show that it is possible and necessary to involve parents in the process of social rehabilitation. The basic arguments for the family's participation in social rehabilitation activities are the perception of this process as a systemic activity, involving the most important subjects from the point of view of the socialization process, and the awareness that social rehabilitation does not end at the moment of leaving the institution. The effects achieved there need to be reinforced, sustained, created. And this is where there is room for the family environment. The presence of parents, their interest, their willingness to cooperate seems to be one of the most significant factors of change in a young person. So instead of asking "should we work with parents?", we should find the answer to the question "how do we do it?".

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