

**Agnieszka Zaborowska**

The John Paul II Catholic University of Lublin  
e-mail: zaborowska@kul.pl

---

**INSTITUTIONAL CONTEXT OF SPECIALIST  
COUNSELING – DISCUSSION OF RESEARCH,  
CIRCUMSTANCES FOR CHANGE**

---

**INSTYTUCJONALNY KONTEKST PORADNICTWA  
SPECJALISTYCZNEGO – DYSKUSJA Z BADAŃ,  
PRZESŁANKI DO ZMIAN**

---

DOI: 10.15611/pn.2018.510.15

**Summary:** The aim of the article is to indicate the reasons for institutional changes in the provision of specialist counseling services in Poland. The author poses a thesis that specialist counseling is too closely associated with the social assistance system and becomes synonymous with social counseling. This results in lack of universality of the service which is directed almost exclusively to beneficiaries of social security. In the meantime, specialist counseling should “overtake” the social security system and act immediately after the problem has been identified, in the early stages of a difficult situation. The article is of analytical-empirical nature. The presented position results from the quantitative and qualitative analysis of research carried out among representatives of social services, specialists, local authorities, representatives of the III sector, people managing social security systems and local communities.

**Keywords:** specialist counseling, social counseling, social security.

**Streszczenie:** Celem artykułu jest wskazanie przesłanek do instytucjonalnych zmian w świadczeniu usług poradnictwa specjalistycznego w Polsce. Autorka wysuwa tezę, iż poradnictwo specjalistyczne jest zbyt mocno skojarzone z systemem pomocy społecznej i staje się tożsame z poradnictwem socjalnym. Powoduje to brak powszechności usługi, która kierowana jest niemal wyłącznie do beneficjentów pomocy społecznej. Tymczasem poradnictwo specjalistyczne powinno „wyprzedzić” system pomocy społecznej i działać tuż po uświadomieniu problemu, we wczesnej fazie sytuacji trudnej. Brak powszechności usług poradnictwa specjalistycznego wynika również, zdaniem autorki, z rozproszenia instytucjonalnego i kompetencyjnego. Artykuł ma charakter analityczno-empiryczny. Prezentowane stanowisko wynika z analizy ilościowych i jakościowych badań, przeprowadzonych wśród przedstawicieli służb społecznych, specjalistów, lokalnych władz, przedstawicieli III sektora, osób zarządzających systemami pomocy społecznej oraz lokalnej społeczności.

**Słowa kluczowe:** poradnictwo specjalistyczne, poradnictwo socjalne, pomoc społeczna.

## 1. Introduction

The Polish social security system makes it possible to use specialist counseling for people and families who have difficulties or need support in overcoming life's problems. According to the Social Welfare Act specialist counseling is understood in particular as legal, psychological and family counseling [Ustawa z 12 marca 2004, p. 46]. In practice, these services are provided by various institutions, mainly social welfare organizations, but also family clinics, psychological and pedagogical clinics, addiction treatment clinics, non-governmental organizations, schools or medical institutions. This way of organizing the service results in institutional (multiple providers) and competency dispersion (diffusion between different professions) [Szarfenberg 2011]. In addition, attention should be paid to the fact that in many cases specialist counseling becomes the same as social counseling, both of which are unambiguous. Social counseling is closer to the concept of consulting which is an action that is much narrower in its scope, it has an informative and instructional nature, and the weight of the problem is mainly seen by the counselor. Specialist counseling, however, is a broader measure, and apart from providing advice, it has a diagnostic and therapeutic role, and awareness of the problem appears on the part of the person seeking help [Kozdrowicz 2008]. It can therefore be concluded that social counseling is a service directed primarily to beneficiaries of social assistance and provided by social workers or family assistants. Specialist counseling, in turn, should be a universal service, not necessarily associated with the social assistance system, available to people who perceive problems and difficulties in life, but are not social assistance clients and do not have contact with a social worker, family assistant or general social help center. This paper signals the fact that specialist counseling is not common, non-beneficiaries of social assistance are reluctant to use counseling services and one of the reasons for this is the incorrect placement of institutional services.

## 2. Institutional specialist consultancy system in Poland

As per the law, it is clear that specialist counseling is a form of non-monetary aid and is has a public-service nature. The advice given is intended to produce a specific outcome in the form of improving the quality of life of the customer asking for help. According to M. Jasnoch, "specialist counseling is a specific work of professionals aimed at helping solve problematic situations, taking into account the internal experiences of the person seeking help. A specialist works for a person, helping him change his usual way of thinking, attitudes, decision making, problem solving, maximizing constructive use of his potential and minimizing adverse environmental conditions, which in turn leads to an increased chance of overcoming the problem" [Jasnoch 2011, p. 5].

Specialist counseling is one of the elements of the social assistance system and belongs to the district's own tasks. The implementation of this task results from the provisions of Art. 46 of the Social Welfare Act [Ustawa z 12 marca 2004]. The provisions contained therein include: methods of implementation of various forms of counseling, i.e., "legal counseling is carried out by providing information on the applicable regulations in the field of family and custody law, social security, protection of tenants' rights [...] psychological counseling is realized through the processes of diagnosis, prevention and therapy [...] family counseling includes family problems, including problems with caring for a disabled person, as well as family therapy". Specialist counseling is also covered in other legal acts. Article 10 of the Act on Supporting the Family and the Foster Custody System [Ustawa z dnia 9 czerwca 2011] states that working with family should be based on consultancy and specialist counseling. In addition, it is mentioned here that municipal and regional public administrations should provide the family with specialist counseling. The obligation to provide this social service is also imposed by the Act on Counteracting Domestic Violence [Ustawa z 29 lipca 2005, Art. 3] and the Act on Upbringing in Sobriety and Counteracting Alcoholism [Ustawa z 26 października 1982, Art. 4]. The register of specialist counseling units is announced by the voivode every year (until 30 June) in the voivodeship official journal and disclosed on the website. Guidance services are provided by District Family Aid Centers or specialist counseling units that perform tasks in this area on behalf of the county. Such units should not include, i.a., psychological and pedagogical centers or schools, which are units of the education system. Separate specialist counseling units as well as entities which perform specialist counseling within their non-statutory and statutory tasks (e.g. non-governmental organizations, social assistance organizations, civic points, etc.) should be considered as specialist counseling centers, which should be included in the register. It is clear from the review of the registers of individual voivodships that the bodies of specialist counseling are very different institutions, but in the vast majority, these are the organizational units of social assistance. NGOs or independent counseling centers are less frequent.

One of the few expertises in specialist counseling by M. Jasnoch provides information about specialist counseling based on research conducted only in social welfare centers [Jasnoch 2011]. This again points to the fact that specialist counseling is institutionally located in the social assistance system, which significantly limits the possible scope of the service. In this connection, reflection on the dispersion of competence counseling and the clear blurring of the border between specialist counseling and social counseling, or the so-called counseling in social work is emerging. The second includes, i.a., presenting the support offered by institutions and non-governmental organizations, informing about entitlements to social security benefits, providing guidance, showing opportunities to overcome difficult situations, managing different types of specialists, referring to support groups, counseling in therapy. This type of counseling is most often provided by social workers and family assistants, and is addressed to their dependents

– beneficiaries of social assistance. The task of a social worker or family assistant is rather to support in getting specific, specialized help, which puts them in the role of an “intermediary”. Meanwhile, specialist counseling requires specialized knowledge and skills in the field, provided by a lawyer, psychologist or pedagogue. Specialist counseling includes psychoeducation, elements of therapy, psychological support, professional advice and legal assistance, strengthening of parental competences, active solving of family problems. But the question is how much a social worker or family assistant can mediate. Social expectations and difficult access to collaboration with specialists force them to engage in broader competences (e.g. specialist counseling, therapy components) often beyond the actual skills. That is why there is dispersion in the field of competence, which means providing specialist counseling through too many different professions. The crossing of the border between one and another counseling and institutional placement causes that specialist counseling does not reach people outside the social assistance system.

### **3. Specialist counseling – institutional context**

#### **Analysis of research results**

#### **3.1. Methodology, issues and purpose of research<sup>1</sup>**

The aim of the study was to diagnose the state of counseling and to identify perspectives for the development of specialist counseling services in Poland in the institutional context. The target was of evaluative nature. The main research problem was formulated as follows: *What changes does the specialist guidance system require in Poland in the institutional context?* The main problem is described in detail by the following specific problems:

- Is specialist counseling properly located institutionally?
- Where are specialist counseling services provided and by whom?
- Is specialist counseling widely available?
- What are the barriers and opportunities for the development of specialist guidance services?
- What goals does specialist counseling implement, is it an effective instrument?

Quantitative and qualitative social research was used to solve research problems. Three methods were used in parallel studies: focus interviews, diagnostic survey, and experiment. The research was conducted from January to August 2017.

Group interviews and surveys were addressed to those who “served” the specialist guidance system. It was attended by representatives of social services (social workers, family assistants), local authorities, representatives of the III sector, social service

---

<sup>1</sup> The whole research process was conducted in accordance with the principles of social research methodology. The research was based on the following professional literature: [Babbie 2008; Nowak 2007; Juszczyk 2005; Sołoma 2002].

managers and specialists providing guidance services. Group interviews were conducted based on a pre-prepared interview scenario. In this part of the study, 32 people participated in four focus groups. Focus interviews were conducted in Lublin among people employed in the Lublin district.

In quantitative surveys, an internet questionnaire was used, which was distributed to specialist counseling units, other social assistance institutions and non-governmental organizations from all over Poland. The e-mail addresses of individual institutions were taken from the emp@tia.mpips.gov.pl and ngo.pl portals, as well as from the registers of specialized guidance units. The questionnaire was additionally placed on the forums of NGOs and on the ngo.pl portal. The request to complete the questionnaire was also addressed to public offices (municipal office, commune office, district office). 381 people participated in the survey.

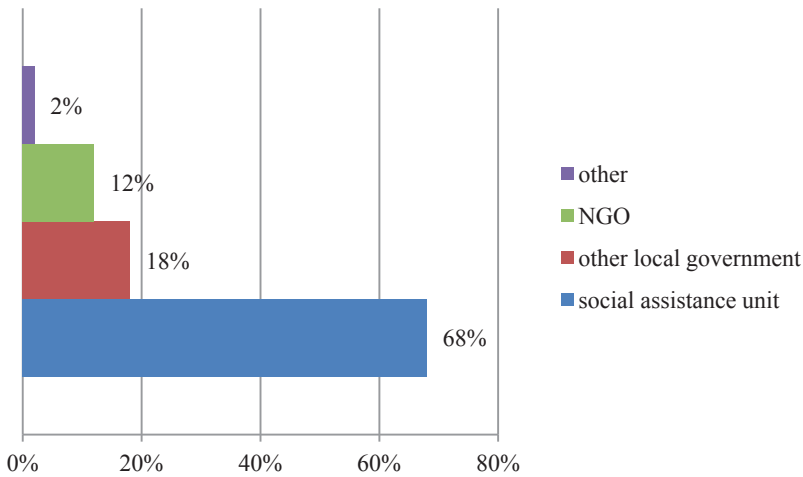
Focused interviews and survey research focused on the institutional context of specialist counseling, which can be termed “internal” because the people who participate in it operate “inside” the system. This research topic provided information on the current state of specialist counseling, pointed out the difficulties and errors of the system, and determined the directions of change and development of the service.

The experiment was directed to the local community –inhabitants of the city of Lublin. This topic explores the needs of citizens in the area of specialist counseling, their knowledge of the service, the willingness to use specialist counseling, and substitutes of counseling. The experiment consisted of applying a film as a stimulus and applying a questionnaire before and after watching the film. The film depicted various critical situations in the lives of families and individuals, and showed that these situations can affect anyone, even when nothing indicates that (e.g. job loss, serious illness, loss of a loved one, parenting problems, addictions, etc.). The purpose of the film was to make people in the study aware that difficult situations can arise independently of their social status, and lead to reflection on the need for or not to reach for help. The film was made (from various films) with the participation and assistance of the students of the KUL Social Research Institute. The study involved 120 people, in four groups of 30 people.

### **3.2. Research results, conclusions**

The first research topic, concerning the context of institutional specialist guidance, indicated, among all, the Institutional location of the service and showed concentration of provision of counseling in social welfare units. Among respondents who provide counseling services, as many as 68% are employed in social welfare units, another, significantly less numerous, are those employed in another self-government institution (municipal offices, town councils, civic points) – 18%, and representatives of the III sector accounted for only 12% of the respondents (Figure 1).

Among the respondents, there were representatives of government administration and private clinics. The graph shows how strongly specialist counseling is associated with the social assistance system. Allocating counseling in the social assistance

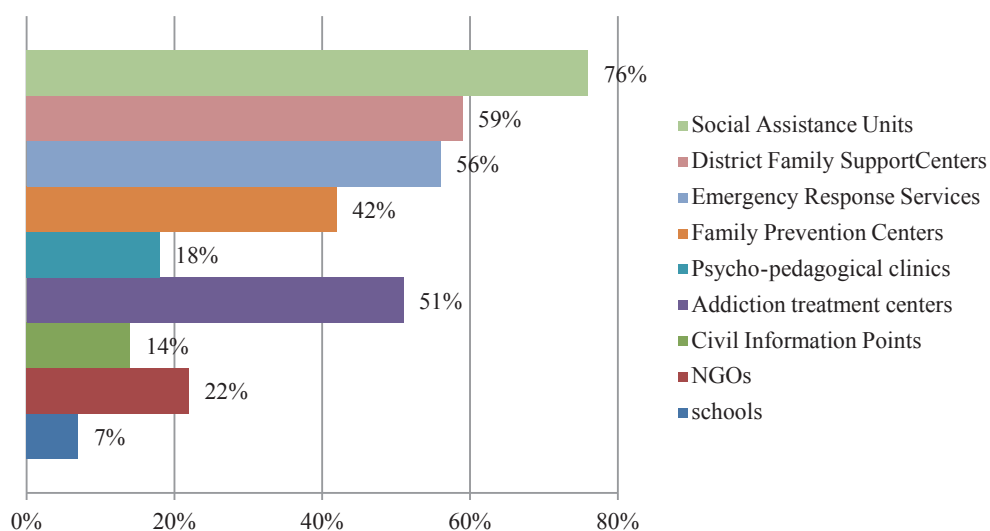


**Figure 1.** Respondents according to the type of institution they work in

Source: own study based on own research.

system is confirmed by the analysis of the registers of specialized counseling units of individual voivodships. The author, on the basis of voivodship registers available on the website of provincial offices (only the register of the Lubuskie Voivodeship was not found), estimated in how many and which institutions counselling was provided. It turned out that among 1283 institutions providing services, only 129 are entities run by associations, foundations, parishes (third sector), which is just over 10%. The entity that runs the other branches is the local government. At the same time, regardless of whether it is public or private, the vast majority are strictly assistance institutions. However, in order to maintain the postulate of universality, it would be recommended that the counseling be provided at points independent of the aid institutions. Such a placement means that only beneficiaries of social assistance benefit from it, who are already covered by considerable support (financial, social work, assistantship). It is of course not about depriving them of their access to counseling, but it seems that because of the support they receive as social support clients, their ability to use counseling is increasing significantly, even if they are kept informed about this possibility and encouraged to use the service. On the other hand, those who are not beneficiaries of social assistance and at the same time do not have sufficient funds to use private (paid) services, or who do not identify with the social assistance system, have more difficult access to counseling. Highly affluent, wealthy people are obviously not free of difficult living conditions, but at least their financial status allows them to benefit from paid support, but in this case too little awareness of possible forms of support can be a certain barrier. The most limited access to support in the form of specialist counseling is definitely most felt by persons in difficult financial or living difficulties who, because of the income criterion, do not

qualify for social assistance. People in difficult situations often do not know who to ask for help/advice. The social aid center “does not fit them”, private services are too expensive (especially considering the long-term support process, not a one-off council), and the availability of free help is negligible. Often, a condition for using, for example, free legal advice in the city office (which offers such services) is having a status of an unemployed person or a beneficiary of social assistance<sup>2</sup>. However, the occurrence of difficult, critical life situations is not conditioned by being unemployed or using social assistance. The question of: *Which institutions usually provide specialist counseling services?* has a vast majority of responses pointing to organizational units of social assistance (see Figure 2).



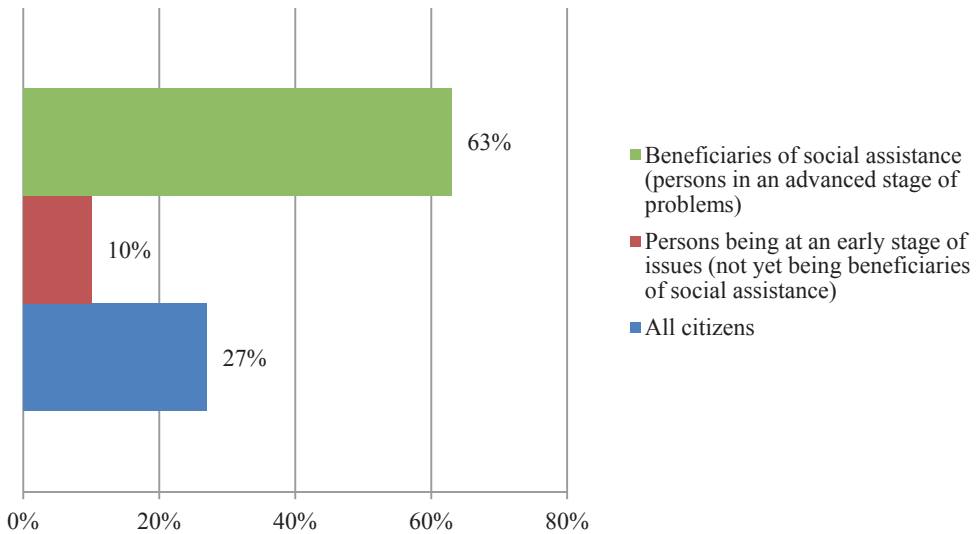
**Figure 2.** Types of institutions providing specialist counseling services (the results do not add up to 100 because the questions were of multiple-choice format)

Source: own study based on own research.

The first three items shown in Figure 2 that were most often indicated are included in the social assistance system. Attention is drawn by the fact of a small number of NGOs and civic information points (e.g. at offices).

The use of counseling almost exclusively by the beneficiaries of social assistance is confirmed by the answers to questions about the type of clients (Figure 3). Respondents were supposed to indicate which citizens are dedicated to the services of specialist counseling. The vast majority pointed people in an advanced stage of trouble.

<sup>2</sup> Such information was apparent from focus studies, and it turned out that those who provide counseling services at offices or civic points (etc.) are required to receive a declaration or certificate from an Center for Social Assistance or Labor Office.



**Figure 3.** Types of clients of specialist counseling

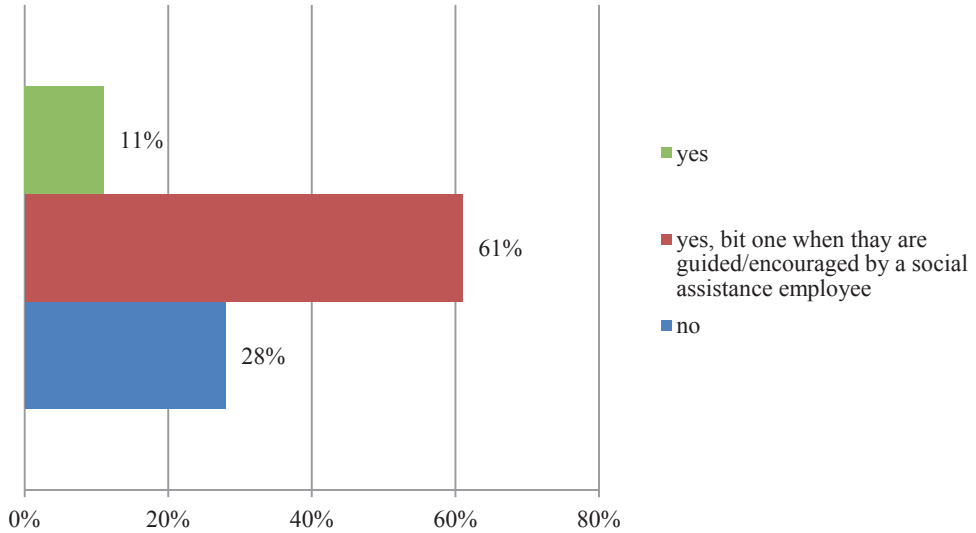
Source: own study based on own research.

Figure 3 shows who is most likely to benefit from specialist counseling. It is evident that people who are in the advanced stages of life problems predominate. Therefore, counseling works at an intervention stage and not as one would expect – at a prevention one. Research has shown the low popularity of specialist counseling, especially since experts and service specialists participated in the survey and focus interviews. As many as 68% of respondents said that specialist counseling services are not common. The development of this topic on focus interviews allowed us to look for the causes of the small popularity of the service. Among the most common appearances, there were the following reasons: lack of social awareness about possible forms of counseling; no habit of asking for help in the early stages of problems; the conviction that using support immediately means failure of the family; the feeling of shame of citizens; low availability of services outside the social assistance system; insufficient number of specialists; very low availability in small towns; no information on possible forms of support. The low prevalence of counseling is also evidenced by respondents' statements about their willingness to use it (Figure 4).

The vast majority of professionals say that clients use these services only when encouraged by a social worker or family assistant. On the other hand, the extension of this information was investigating why citizens do not want to use specialist counseling. Some of the statements was similar to those about the lack of service universality, but new themes emerged as well. Among the reasons for reluctance towards counseling, there are: lack of motivation, lack of a habit for reaching out for professional help, belief of self-sufficiency, fear of social stigmatization.

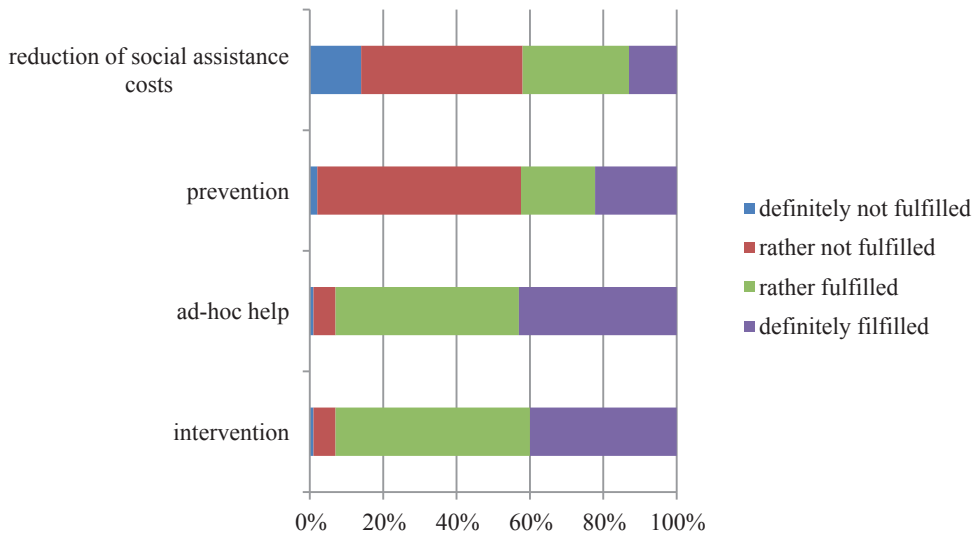


Another focus of the research was the objectives pursued by the current model of specialist guidance.



**Figure 4.** The desire to use specialist counseling (are clients willing to use specialist counseling?)

Source: own study based on own research.

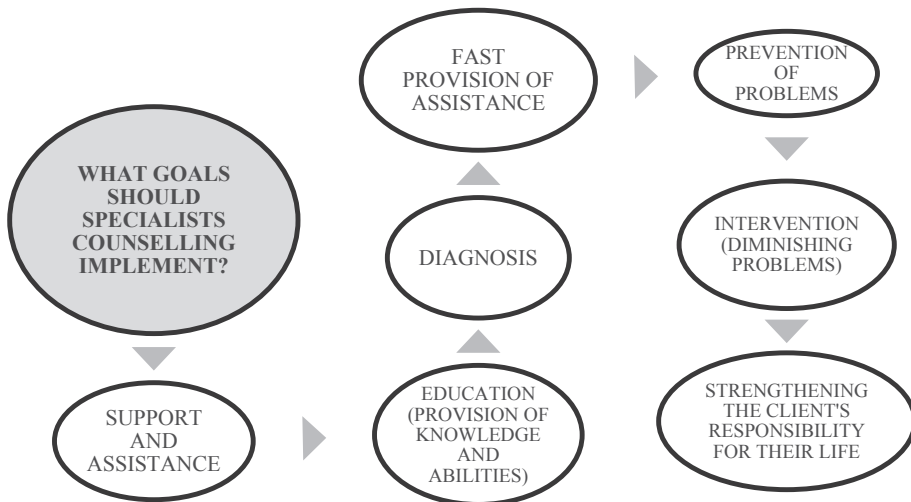


**Figure 5.** Goals realized through counseling

Source: own study based on own research.

Studies have shown that the current model of counseling implements intervention and ad-hoc assistance, but does not pursue a preventive goal and, as a result, increases the cost of social help. This is obviously connected with the often mentioned, explicit placement of counseling in the social assistance system. It would be expected that, in addition to helping people in advanced stages of problems, it would provide counseling to people who perceive their first life issues. This would help to prevent problems, solve all sorts of issues at an early stage and thus achieve a preventive goal, and even relieve the social assistance system, assuming that those who were given early support would not become Center for Social Assistance clients. In this way, the specialist counseling model would “outrun” the social assistance system.

The aim of focus interviews, which was to deepen and complement quantitative research, was the attempt to design a specialist guidance service in a new form. An important element of this stage was the identification of barriers and opportunities for the development of specialist counseling and the identification of the desired counseling goals.



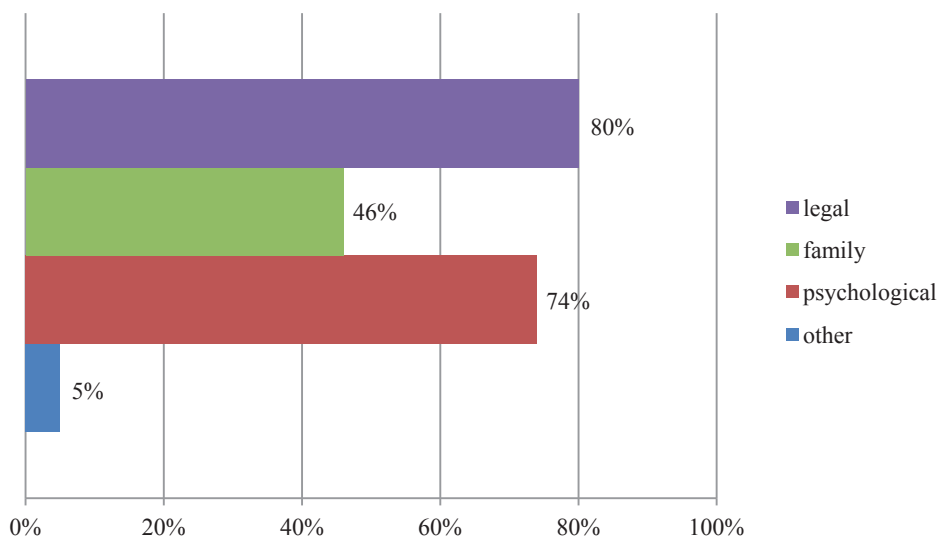
**Figure 6.** Desired objectives of specialist guidance

Source: own study based on own research.

All defined tasks of specialist counseling are part of the concept of holistic help offered at various stages of problems. Attention is deserved by the goal of *quick provision of help*, which points to the need to provide support right away when the customer requests help, but also highlights the stage at which support should be provided. The fate of the beneficiaries often depends from the speed of intervention.

Another topic that was discussed in focus interviews was the issue of the competence of persons providing support in the field of specialist counseling. The conviction that

counseling services should be provided by professionals, i.e.: lawyer, psychologist, pedagogue, psychotherapist. Social workers and family assistants also expressed this belief, as they admitted that they usually direct their clients to above-mentioned specialists due to the occurrence of special needs. The most desirable and ideal solution would be the ability to create a specialist counseling team (consisting of a psychologist, a lawyer and a pedagogue) working full-time, in a separate advisory location. Reflecting on who should provide counseling services overlaps with social needs. Surveys have shown that clients most often benefit from legal and psychological counseling. Although in the current system, legal or psychological counseling is provided by specialized employees, however, human resources in this area are insufficient. The postulated creation of guidance teams would ensure wider and comprehensive access to support in place of that of fragmentary nature, which is currently in force (often based on a lawyer or psychologist's on-call system on selected days).



**Figure 7.** The most popular forms of counseling (Which forms of counseling are most often used by clients?)

Source: own study based on own research.

Professional guidance appeared among other answers. The most desirable form of support is a legal or psychological counsel. Providing these types of support requires specialized knowledge and skills, so the involvement of lawyers and psychologists in specialist counseling services is still insufficient. It has been shown by, among other things, the identification of barriers and difficulties in the current model of counseling, which can actually be reduced to two areas – financial and human. The most common barriers are: too few specialists; lack of access to psychotherapy;

low salaries of specialists in the public sphere; lack of funds in self-governments to employ a sufficient number of specialists. In addition to these difficulties, there were issues of too small social awareness of counseling and limited availability outside the social welfare unit.

The latest issue addressed in group interviews is the location of specialist counseling. The groups were supposed to develop the characteristics of the place where the service should be provided. Among the characteristics of the location, the following dominated:

- place outside social welfare institutions;
- a place where you can experience the help of different professionals at once;
- a well-organized, intimate, quiet place where other things (such as financial matters) are not dealt with and in which not many people appear at one time;
- a local place, but at the same time possibly “anonymous”;
- “closer to people” – more small, local, regional points.

The last stage of research –the experiment – was used to verify the necessity of recommending changes in the current model of specialist guidance. During focus interviews, together, different analyzed ideas on how to design a good specialist counseling service - more common, meeting specific goals. In this connection, there is a question of whether there is a need for change, whether there are people for whom the new service should be designed, whether there is any demand of the citizens for counseling. The answer to these questions were supposed to be provided by the experiment. People who are not beneficiaries of social assistance were invited to the research. It turned out that people who were interviewed in the interview using questionnaire interviews did not show the need for specialist counseling. Specialist advice or support is replaced by help from the immediate surroundings (family, friends, colleagues) [Gagacka 2016, p. 75–83]. At the same time, these people showed little knowledge and awareness about the possibility of using specialist counseling. It is important that almost all respondents (97%) showed a reluctance to the use of counseling in a social welfare unit. After the use of a stimulus in the form of the film, significant changes have occurred. Becoming aware of the probability and consequences of being in a difficult life situation has resulted in 96% of respondents with an emerging need for specialist consulting in the event of a problem. The substitute in the form of help from the immediate surroundings has lost a lot of importance. However, it seems significantly important that the unmistakable reluctance to use counseling in a social welfare unit remains unchangeable. The conclusions of the experiment confirm the appropriateness of recommending changes in the current model of specialist counseling.

#### **4. Recommendations – conclusions**

Conclusions after the analysis of the research results justify the formulation of recommendations for social policy. The implementation of effective, comprehensive

actions rests mainly on local governments. The problems of individuals and families appear at different stages of life, independent of social status, social well-being or socio-economic development. Specialist counseling should be a service that is tailored to the needs of all citizens and helps to fight against adversities and life difficulties. Recommendations for changes in the current model of specialist counseling take into account the different levels of service:

- in addition to the social assistance counseling, specialist counseling should be targeted at people in the early stages of the problem to prevent and relieve (financially and quantitatively) the social assistance system;
- increased accessibility of counseling, especially for people outside the social support system –24 hours, mobile, more anonymous access to counseling (Internet platform - possibility to register online);
- increase in the number of specialists, better remuneration of specialists working in public services;
- increase availability in small towns;
- the model of Active Social Consultancy is recommended [Zaborowska, Zadroga 2016], based on the use of methods of accompaniment, support, instead of ad-hoc help in the form of advice;
- the service should be located outside the social welfare units in the local environment (closer to the people);
- it is recommended to create more small centers of specialized guidance (e.g. incubators/counseling kiosks – it is also important to change the terminology from the clinic to a more neutral one);
- the place of service should be adapted to the specificity of the service – quiet, unobtrusive, intimate;
- at each point, a specialist counseling team consisting of a psychologist, a lawyer, and a pedagogue should be functioning, which would keep standards of qualifications for service providers;
- increased access to a team of specialists for family assistants and social workers on a cooperative basis (this will allow for distinguishing between social counseling and specialist counseling and eliminating dispersed competences).

In the current paradigm of specialist guidance, it seems paradoxical that it generates high costs (employing specialists) and at the same time does not have a preventive function. In fact, it does not reach people who are in a group at risk of social exclusion but who are not clients of social assistance. It focuses on Center for Social Assistance clients who, unlike those in the early stages of trouble, receive multi-dimensional support. Successful implementation of changes and continuation of research on the consulting system will make it more effective for counteraction and prevention services.

## References

- Babbie E., 2008, *Podstawy badań społecznych*, transl. W. Betkiewicz (et al.), Wydawnictwo Naukowe PWN, Warszawa.
- Gagacka M., 2016, *Nieformalne formy wsparcia rodzin w środowisku lokalnym*, Prace Naukowe Uniwersytetu Ekonomicznego we Wrocławiu, nr 456, pp. 69–85.
- Jasnoch M., 2011, *Specjalistyczne poradnictwo rodzinne w Polsce*, <http://www.wrzos.org.pl/projekt1.18/download/Ekspertyza%20ZE%20RzD.pdf> (1.11.2017).
- Juszczak S., 2005, *Badania ilościowe w naukach społecznych. Szkice metodologiczne*, Wydawnictwo Śląskiej Szkoły Zarządzania im. gen. Jerzego Ziętka, Katowice.
- Kozdrowicz E., 2008, *Poradnictwo w teorii i praktyce*, [in:] Pilch T., Lepalczyk I. (eds.), *Pedagogika społeczna – człowiek w zmieniającym się świecie*, Wydawnictwo „Żak”, Warszawa, pp. 319–340.
- Nowak S., 2007, *Metodologia badań społecznych*, Wydawnictwo Naukowe PWN, Warszawa.
- Sołoma L., 2002, *Metody i techniki badań socjologicznych*, Wydawnictwo Uniwersytetu Warmińsko-Mazurskiego, Olsztyn.
- Szarfenberg R., 2011, *Standardy i standaryzacja pracy socjalnej i usług pomocy i integracji społecznej*, [in:] Szarfenberg R. (ed.), *Krajowy raport badawczy. Pomoc i integracja społeczna wobec wybranych grup – diagnoza standaryzacji usług i modeli instytucji*, WRZOS, Warszawa, pp. 11–61.
- Zaborowska A., Zadroga A., 2016, *Koncepcja zintegrowanego poradnictwa specjalistycznego*, [in:] Auleytner J. (ed.), *Krajowe i międzynarodowe konteksty polityki społecznej*, Wyższa Szkoła Pedagogiczna im. Janusza Korczaka, Warszawa, pp. 467-478.

## Legal acts

- Ustawa z dnia 26 października 1982 r. o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi, Dz.U. 1982 nr 35 poz. 230.
- Ustawa z dnia 12 marca 2004 r. o pomocy społecznej, Dz.U. 2004 nr 64 poz. 593.
- Ustawa z dnia 29 lipca 2005 r. o przeciwdziałaniu przemocy w rodzinie, Dz.U. 2005 nr 180 poz. 1493.
- Ustawa z dnia 9 czerwca 2011 r. o wspieraniu rodziny i systemie pieczy zastępczej, Dz.U. 2011 nr 149 poz. 887.