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INCLUSIVE EDUCATION (NOT) FOR ALL. INSTITUTIONALIZATION OF SOCIAL AND EDUCATIONAL PROBLEMS OF CHILDREN AND ADOLESCENTS*

Introduction: In recent years, inclusive education has become the main direction of education policy. It was intended to guarantee pupils with special educational needs, including maladjusted students and pupils at risk of social maladjustment, the opportunity to function fully in a school community, reducing the use of segregation-based and special solutions.
Research Aim: The aim of the study was to determine whether implementation of inclusive education actually contributes to the integration of maladjusted students and those at risk of social maladjustment into mainstream education. Process tracking method was used in the analysis.
Evidence-based Facts: Despite the demographic decline and a decrease in the total number of pupils with special educational needs statement, there was an increase in the number of children and adolescents placed in social rehabilitation and social therapy centres.
Summary: The hypothesis that these changes are the result of the implementation of inclusive education was not supported. At the same time, the rival hypothesis assuming that the changes are the result of the progressive medicalisation of social problems and school failure, which promotes the use of special solutions, was not refuted.

Keywords: juveniles, rehabilitation facilities, social therapy centres, medicalisation, inclusive education

INTRODUCTION

Since the second half of the 20th century, inclusive education has been the key focus of education policies worldwide. The transformations formed part of a broader movement advocating inclusion, intended to promote equality and counteract

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all forms of discrimination. Inclusive education is not only concerned with people with disabilities, but also on students with other "special educational needs". The latter include children experiencing school failures, emotional problems, or persistently violating social norms (Kusztal, 2016). The purpose of the proposed solutions was to provide "education for all", ensuring full access and equal opportunities of education to all children (Liasidou and Symeou, 2018). This involved the development and implementation of a model of education taking account of pupils' diversity, instead of referring pupils who "are not able to fulfil school demands" to special education (Bogdanowicz, 1995, p. 221). The ultimate acknowledgement of the primacy of inclusive education in the Polish education policy occurred through the ratification of the United Nations Convention of the Rights of Persons with Disabilities (CRPD) on 6 September 2012. Thus, Poland committed to ensure inclusive education at all levels, and to provide pupils with special educational needs with opportunities to learn at school side by side with their peers, as close to their place of residence as possible, as part of one common system of education (Szreniawska, 2012).

Just like in many other European countries, in Poland it is still possible to choose between special education, integration-focused or inclusive education, which in practice means that the currently operating model of education is not fully inclusive. Owing to such diversity of educational pathways, the system has continued to incorporate elements of the segregation-based model rested on the medical model of disability, which defines disability through defects and impairments (Twardowski, 2018). Special education is no longer the preserve of special education institutions, as mainstream schools have also become a place of education for pupils referred to as having special educational needs (SPE) (Skałbania and Lewandowska-Kidoń, 2017). This has not led, however, to replacement of special education solutions with "education for all". Instead, the impairment paradigm, previously focused mainly on disability, has taken over the discourse on any special educational needs whatsoever (Krause, 2023). This makes school failures and social problems defined using medical categories and with the use of a medical language. Actions have been taken to change the aforesaid approach. Among them, is promotion of more inclusive expressions, such as "personal" or "diverse developmental and educational needs". This is intended to emphasize the activities undertaken as part of the common educational space for all pupils. However, despite promotion of the social model of disability, these pupils have continued to be perceived as "different", and the adjective "special" has continued to prevail in the discourse, which points to a well-established approach based on differences and distinctiveness. Although inclusion has been the goal, the discourse on student support has been taken over by professionals who put significant emphasis on specialist support instead of full inclusion. Inclusion problems have been increasingly regarded as signs of a disease or disorder. Medicalisation in education

leads to excessive focus on therapy and treatment at the expense of searching for more inclusive solutions, which consequently makes the applied solutions resemble medical intervention the purpose of which is to "treat a socially ill individual" (Conrad, 1992). This phenomenon has been frequently analysed in view of the increased recognition of ADHD in school pupils (Maturo, 2013), literacy difficulties (Chodyna-Santus, 2017), problems with autism spectrum disorders (Ochojska and Pasternak, 2021), emotional and behavioural disorders, or high-risk behaviour in adolescents (Borowiec et al., 2009). Although the medicalisation phenomenon has already been described in the literature some 40 years ago, it appears that newly emerging problems faced by children and adolescents are being identified as outcomes of disorders, and subject to special diagnostic and therapeutic solutions (Wróblewski, 2019). The number of children diagnosed with mental disorders and of professionals employed in mainstream schools has grown rapidly. According to data published by the Ministry of Education and Science (Machałek, 2023), in the school year 2022/2023, a record-breaking number of 280,000 pupils were provided with psychological and educational support.

Despite an increased number of professionals and a growing demand for professional interventions, doubts have been raised in the literature regarding the quality and efficiency of actions taken (Chodyna-Santus, 2017). In principle, provision of professional psychological and educational support to children should be preceded by an apt diagnosis, serving as the basis for planning professional interventions the efficacy of which has been scientifically confirmed (Szczerbiński, 2011). In practice, it has been observed that the "most popular" disorders are frequently misdiagnosed (Odachowska-Rogalska, 2023). Another important problem has been the use of therapeutic practices not based on scientific evidence which are not always in the best interests of the child (Van Acker, 2006; Travers, 2017). Diagnosing some problems as disorders requiring professional care, education and upbringing opens the door to institutionalised interventions and search for solutions in special education.

Under applicable regulations, apart from having a disability, a pupil may be eligible for special education if recognised as socially maladjusted or at risk of social maladjustment (Siemionow, 2017). Just like any other pupils with special educational needs, they may use solutions provided for within the framework of different educational paths. The system of special education provides for two types of facilities for socially maladjusted pupils or those at risk of social maladjustment: youth educational centres (*młodzieżowy ośrodek wychowawczy*, MOW) and youth social therapy centres (*młodzieżowy ośrodek socjoterapii*, MOS). In contrast to rehabilitation facilities facing crisis resulting from transfer of pupils from the segregation-based system to mainstream schools (NIK, 2021) and crisis-stricken juvenile detention centres and juvenile shelter care homes (NIK, 2024), youth educational centres and youth social therapy centres have proved to be the most rapid-

ly growing facilities in the system of special education in the 21st century. This has coincided with widespread criticism of special education institutions and promotion of inclusive education (Wiszejko-Wierzbicka, 2012), as well as with de-institutionalisation policy implemented in care and education centres by the ministry for social welfare (Szmagalski, 2000) and with the idea of decarceration promoted by the judiciary, in particular in relation to juveniles (Cox and Godfrey, 2020).

RESEARCH PROBLEM AND QUESTION

The main aim of the analysis is to determine whether implementation of inclusive education approach indeed contributes to integration of socially maladjusted pupils or those at risk of social maladjustment into mainstream education. The paper offers a critical review and analysis of publicly available documentation and data from the databases of Statistics Poland (*Główny Urząd Statystyczny*, GUS), Register of Schools and Educational Facilities (*Rejestr Szkół i Placówek Oświatowych*, RSPO) and Otwarte Dane (Open data) website collecting, among others, data about school pupils, students, wards and school and educational facility graduates. An in-depth analysis covered data for the period from 2000 to 2022, with special attention paid to the period from 2010 to 2022. This period was selected due to significant changes in the system of referring juveniles to the facilities under study, enacted under the Family Support and Foster Care Act in 2011. Acts as well as regulations and reports by the Supreme Audit Office (*Najwyższa Izba Kontroli*, NIK) were also taken into account.

Process tracing (Collier, 2011) was employed in the analysis, which is particularly useful in research requiring a profound understanding of the sequence of events and their context. It allows for complete tracing of causal mechanisms and it is usually used in policy studies (Fontaine, 2020), business (Gatto, 2023), or criminological research (Mussell and Evans, 2023).

A hypothesis was formulated for the determined aim of the study that implementation of the model of inclusive education leads to reduced numbers of children and adolescents with a statement on being socially maladjusted or at risk of social maladjustment in the system of education. It was assumed that inclusive education, focused on elimination of social barriers and creation of a friendly and accessible learning environment will have a positive impact on social adaptation of all pupils. To pass the test, a sustained downward trend in the number of pupils regarded as socially maladjusted or at risk of social maladjustment in the system of education, with specific focus on special education facilities (youth educational centres and social therapy centres) will have to be confirmed.

As a rival hypothesis, it was assumed that the changes result from progressing medicalisation of social problems and school failures, which promotes the

use of special (diagnostic and therapeutic) solutions and referral to professional forms of support in line with the segregation-based trend. To pass the test, an increased number of pupils with statement on the need to provide special education due to being socially maladjusted or at risk of social maladjustment and continued demand for social rehabilitation and social therapy facilities will have to be confirmed.

Collected evidence was subject to the hoop test (Collier, 2011). During the test, the hypothesis must pass through specific hoops, that is conditions that must be met in order for the hypothesis to be affirmed (Gałganek, 2018). The hoop test is an effective tool for evaluating causal inferences, allowing to eliminate hypotheses that fail to pass through specific hoops. If a hypothesis fails to pass the hoop test, this means it is false. It should be stressed however, that passing the hoop test does not by itself affirm the hypothesis, as alternative hypotheses may also pass the same tests (Collier, 2011).

EVIDENCE-BASED REVIEW

At the end of the 20th century, the number of places in care and educational centres supervised by the Ministry of Education was insufficient in relation to the demand, which resulted from the need to implement the decisions of family courts and juvenile justice. (Kolankiewicz, 1998). Institutions referring juveniles to social rehabilitation centres have found themselves in a particularly dramatic situation. In 2000, an educational measure in the form of referral to a youth educational centre was ordered in relation to 4,471 juveniles. In practice, some of them were never admitted to a social rehabilitation facility, as at that time 48 existing institutions could offer only 3,081 places (GUS, 2001). To some extent, these shortages were compensated by the possibility to place juveniles in other care and education centres, and special education facilities. In 2000, 2,408 juveniles were placed children's homes and emergency care centres, whereas 2,086 socially maladjusted pupils were admitted to special care and educational centres (GUS, 2001).

As a result of the administrative reform of the country, youth educational centres and the newly-emerging youth social therapy centres, together with emergency care centres and children's homes have been incorporated into the structures of social welfare assistance. The ministry's priority was de-institutionalisation of the childcare system. One of the initial solutions applied in these facilities, introduced pursuant to the Regulation of the Minister of Labour and Social Policy of 1 September 2000 on Care and Education Centres (Regulation, 2000), was reduction of the number of wards allowed to be admitted to a single facility to 60, and introduction of higher care and educational standards. This has reduced the number of places in many social rehabilitation centres, and consequently aggravated earlier

problems with enforcement of court's decisions. At the same time, courts have begun to refer increasing numbers of juveniles to youth educational centres.

In 2003, pursuant to the amended Act on the System of Education (Ustawa, 2003), social rehabilitation and social therapy centres were re-incorporated into the system of education, this time however, as special education and upbringing centres. Once the ministry of education began to supervise these centres, it turned out that 2,600 juveniles were waiting to be admitted to social rehabilitation centres, while only 2,783 places were available at the facilities at that time (Laskowski, 2007). At the same time, courts were no longer allowed to refer juveniles to care and education centres governed by social welfare assistance, leaving the placing of juveniles in youth educational centres and youth social therapy centres as the only educational measure. Once the centres were taken over by the ministry, their number began to increase at a fast pace. In 2005, there operated as many as 51 youth educational centres offering places to 3,211 juveniles, whereas the year 2010 saw the rise to 73 youth educational centres totalling 4,684 places (GUS, 2014).

When compared to youth educational centres, the number of youth social therapy centres was rising much more rapidly. In 2000, there were only 18 facilities of this type, offering the total of 1,800 places. In 2005, the number of social therapy centres went up to 32, totalling 2,570 places available for juveniles (GUS, 2014). This, however, still failed to meet the actual needs, therefore, pursuant to the Regulation of the Ministry of National Education and Sport of 7 March 2005 on Types and Detailed Rules of Operation of Public Facilities, Conditions of Children's and Youth's Residence in these Facilities, and Rates and Payment Terms to be Observed by Parents for Residence of Their Children in these Facilities (Regulation, 2005) special education and upbringing centres for children with behavioural disorders were also converted into youth social therapy centres, which increased the number of places by 2,216 (GUS, 2014). Under the Regulation of the Minister of National Education of 18 September 2008 on statements and opinions issued by assessment committees in public counselling and guidance centres (Regulation, 2008), the possibility to issue special educational needs statements was reduced to only two cases: disability and social maladjustment, which considerably restricted the possibility of referring adolescents to social therapy centres out-of-court. It should be emphasized that the underlying idea behind creation of social therapy centres was provision of psychological and educational support for children and adolescents with behavioural disorders (Sawicka, 1998). Participation in the socio-therapeutic process was voluntary, just like the selection of a specific facility.

Despite the fact that youth educational centres were originally expected to admit juveniles who committed punishable acts, whereas youth social therapy centres offered places for youth committing acts bearing signs of demoralisation, in practice when issuing decisions enforcing educational measures, the courts were rather guided by the available number of places in specific types of facilities than

by specificity of the acts. Consequently, 25% of adolescents referred to social therapy centres stayed there despite having committed punishable acts. In extreme cases, some juveniles placed in such centres were issued a decision about referral to a juvenile detention centre, whereas staying in a youth socio-therapy centre was a prerequisite to suspending enforcement of a correctional measure (Kaniowska, 2011). Demand for places for juveniles continued to be high however, which led to the emergence of subsequent, new social therapy centres. In 2010, 62 youth social therapy centres offered as many as 3,531 places (GUS, 2014).

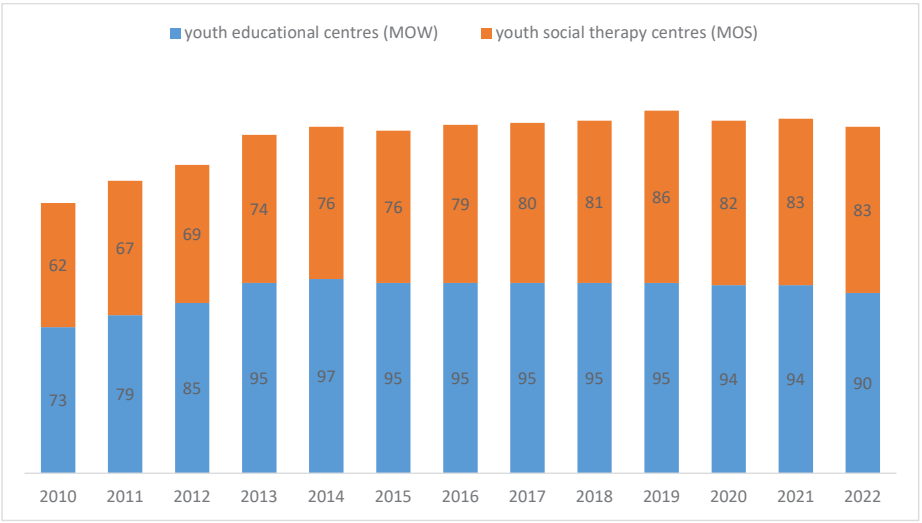
In 2011, subsequent modifications were introduced, and together with Family Support and Foster Care Act (Act, 2011), amendments to the Act on Juvenile Cases were made as well. A sole educational measure maintained was placement in a relevant facility, that is youth educational centre.

Although both types of establishments existed in parallel in the system of education, they differed in terms the system of referral. Juveniles in case of whom courts would decide about enforcement of an educational measure consisting in referral to a youth educational centre, would be placed in such centres. Referral to a youth socio-therapy centre was preceded by issuing by a competent counselling and guidance centre of a decision stating the need to receive special education due to being at risk of social maladjustment, which governed by the Regulation of the Ministry of National Education of 12 May 2011 on Types and Detailed Rules of Operation of Public Facilities, Conditions of Children's and Adolescents' Residence in these Facilities, and Rates and Payment Terms to be Observed by Parents for Residence of Their Children in these Facilities (Regulation, 2011).

Despite formal separation of youth educational centres and youth social therapy centres, the demand for such establishments continued to rise. From 2010 to 2022, there emerged 38 brand new special education centres for socially maladjusted children and adolescents and those at risk of social maladjustment. The number of youth educational centres went up from 73 in 2010 to 95 in 2019 (GUS, 2022). Although courts discontinued to refer juveniles to youth social therapy centres, higher growth in the number of youth social therapy centres was observed. In 2010, there were 62 establishments of this type, and in 2019 this number grew to 86 (GUS, 2022).

Rapid development of these establishments was aborted by the COVID-19 pandemic. In 2022, 176 special education centres for socially maladjusted children and adolescents and those at risk of social maladjustment were operating in Poland. It should be noted, however, that in 2019, there were as many as 181, which points to liquidation or change of purpose of some of them over the subsequent years. In 2022, the number of youth educational centres fell to 90, and of youth social therapy centres to 83 (GUS, 2023). Detailed information is presented in Figure 1. According to the data found in the Register of School and Education Centres (RSPO, 2024), as of 28 May 2024, the total number of facilities did not change and the system still reports on 176 youth educational centres and youth social therapy centres.

Figure 1.
The number of youth educational centres (MOW) and youth social therapy centres (MOS) in the period from 2010 to 2022



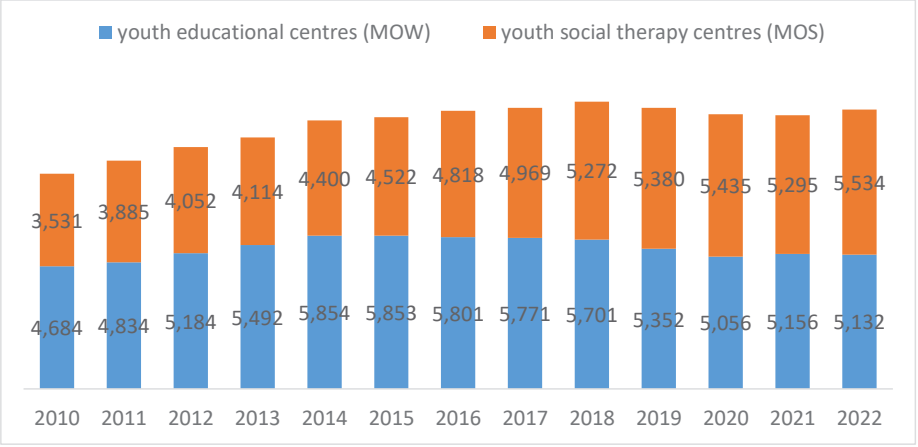
Source: Author's own study based on data published by Statistics Poland (GUS).

Along with the number of centres, the number of available places was rising as well. Analysis of statistical data shows that in 2010, youth educational centres and youth social therapy centres were able to admit the total number of 8,215 juveniles. In 2022, on the other hand, this number rose to 10,666 (GUS, 2023). Detailed information is presented in Figure 2.

It should be noted, however, that the number of places did not grow at an even rate in both types of facilities. An in-depth analysis allows one to conclude that the number of available places in youth social therapy centres went up to 5,534 in 2022, which means an increase by 57% in relation to 2010. Youth educational centres recorded a much smaller growth, as in 2022, these facilities offered merely 10% more places for the juveniles, totalling 5,701 (GUS, 2022). This means that in 2010, an average youth educational centre offered 64 places, whereas an average youth social therapy centre had 57 places at its disposal. In 2022, an average youth educational centre offered merely 57 places, whereas an average youth social therapy centre had 67 places. A growing average number of wards in social therapy centres appears to be particularly alarming considering worldwide trends of dissolving large special education establishments and restricting the number and size of facilities providing institutional care, as they are regarded as expensive and inefficient. It is commonly agreed that placing people in closed facilities prevents their proper growth, full functioning, satisfaction of

their needs and it deteriorates their quality of life, consequently hindering social inclusion (Gudbrandsson, 2006).

Figure 2.
The number of places at youth educational centres (MOW) and youth social therapy centres (MOS) in the period from 2010 to 2022



Source: Author's own study based on data published by Statistics Poland (GUS).

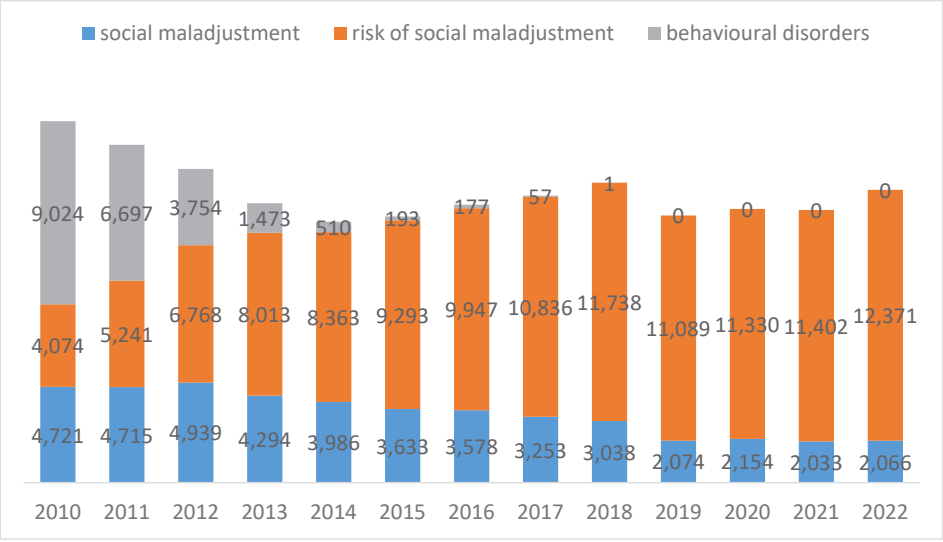
While analysing reasons behind creation of new social rehabilitation and social therapy facilities, the primary causes indicated by Kaniowska (2011) included willingness of self-governments to make use of educational facilities and provide employment to some teachers, and amount of subsidies for the operation of youth educational centres, determined by relevant requirements, from the educational part of the general subsidy.

Recent years have seen stabilisation, if not limitation, of the number of social rehabilitation and social therapy facilities. This tendency may be caused by the falling number of adolescents referred to these institutions. The analysis of 2022 data (GUS, 2023) showed that the number of wards to number of offered places ratio was 86% for youth educational centres and 84% for youth social therapy centres. This means that not all places available in these centres have been used.

The next section of the paper provides an analysis of data coming from Otwarte Dane (Open Data) website (2024) concerning pupils with special educational needs statement in the period from 2018 to 2022. Data from previous years were drawn from the Educational Information System (*System Informacji Oświatowej*) published on the website of Centrum Informatyczne Edukacji (CIE, 2024). The period for analysis was selected due to amendments in the Act on Juvenile Cases which resulted in deletion of youth social therapy centres from the list of educational measures. Since that time, the number of juveniles

staying at youth educational centres has been directly related to the number of educational measures ordered by the courts. Development of youth social therapy centres on the other hand, mainly results from the number of pupils who, in accordance with their special educational needs statements, should use this form of education.

Figure 3.
Learners in the system of education with special educational needs statements due to social maladjustment, risk of social maladjustment and behavioural disorders



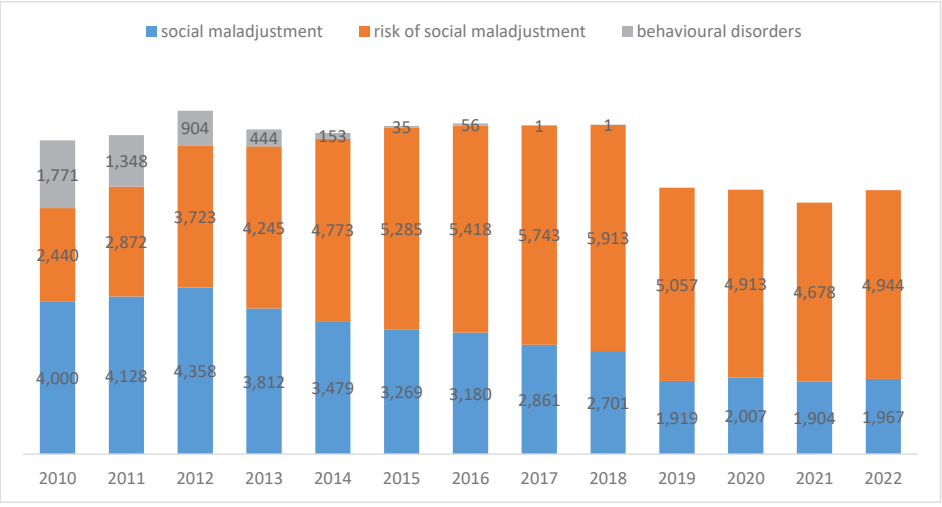
Source: Author's own study based on data accessed on Otwarte Dane (2024) and Centrum Informatyczne Edukacji (CIE, 2024) websites.

First, we have analysed changes in the numbers of pupils with special educational needs statements due to social maladjustment, risk of social maladjustment and behavioural disorders. Detailed information is presented in Figure 3. The analysis also included children and adolescents with behavioural disorders, as in the period of this study, youth social therapy centres were an appropriate form of education for children and adolescents with this diagnosis.

From 2010 to 2022, the number of pupils with special educational needs statements due to social maladjustment and risk of social maladjustment decreased by 19%. It should be noted, however, that after the initial fall in the number of children and adolescents with such statements, a continuously growing trend may be observed since 2014, temporarily curbed by the COVID-19 pandemic. Although the tendency was temporarily slowed down, as from 2022 the number of pupils with such statements has risen again to the highest level since 2010.

The reason for the rapid fall in the number of statements at the beginning of the discussed period was mainly "falling out" of subsequent cohorts of children and adolescents with statements of behavioural disorders from the system. From 2010 on, pupils with this statement were only allowed to continue their education as part of special and inclusive education paths until completion of the level of education they had begun prior to amendment of the provisions. In the discussed period, the number of pupils at risk of social maladjustment has tripled. Considerable decrease in the number of social maladjustment statements has continued, which in the period from 2010 to 2022 almost halved. It should be mentioned that every pupil with special educational needs statement due to social maladjustment should continue education in a youth educational centre. Not all wards in such centres, however, were provided with this type of statement. For this reason disparities exist between the number of social maladjustment statements and the number of wards in social rehabilitation centres. At the same time, every pupil of a youth social therapy centre should be provided with a special educational needs statement indicating the need for placement in this type of facility. However, some learners with special educational needs statement due to social maladjustment continue their education outside special education.

Figure 4.
Pupils with special educational needs statements due to social maladjustment, risk of social maladjustment and behavioural disorders in special schools



Source: Author's own study based on data accessed on Otwarte Dane (2024) and Centrum Informatyczne Edukacji (CIE, 2024) websites.

In 2010, 46% of pupils with special educational needs due to social maladjustment, at risk of social maladjustment and behavioural disorders received instruction in special education facilities. By 2014, this number rose to 65%. In 2022 however, pupils with a statement on social maladjustment or being at risk of social maladjustment receiving instruction in special schools accounted for 48% of all learners with similar statements (Figure 4).

While analysing the pace of changes, it may be observed that the number of pupils with special educational needs statements due to social maladjustment and being at risk of social maladjustment learning in mainstream schools was rapidly falling from 2010, with the lowest level recorded around 2014. As from 2015, however, a gradual increase in the number of pupils at risk of social maladjustment in mainstream schools may be observed, with their significant growth from 2021 to 2022. These changes may be primarily associated with amendments in funding of special education which enabled mainstream schools to obtain additional funds for instruction and organisation of psychological and educational support for pupils with special educational needs. Notwithstanding this fact, the number of socially maladjusted pupils and those at risk of social maladjustment in special schools remained relatively stable by 2018. As from 2019, the population of learners at special schools fell dramatically, which may be associated with the COVID-19 pandemic, however, as from 2020, it has begun to get relatively stable.

SUMMARY

The main aim of this analysis was to determine whether implementation of inclusive education indeed contributes to integration of socially maladjusted pupils and those at risk of social maladjustment into mainstream education. The first hypothesis assumed that these changes result from implementation of inclusive approach to education, manifested by the trend toward reduction of the number of socially maladjusted pupils and those at risk of social maladjustment in special education facilities (social rehabilitation and social therapy centres). In order to verify this hypothesis, we first checked whether inclusive approach to education has in fact been implemented. Conducted analysis showed that the model of inclusive education has been enacted systemically, through legislation and changes in the Poland's education policy. The next step involved checking whether legislative changes were accompanied by a reduced number of social rehabilitation and social therapy centres, as well as the decreased number of children with statements of social maladjustment and being at risk of social maladjustment. Over the last decade, the number of youth educational and youth social therapy centres has been relatively stable, with a noticeable permanent upward trend in the number of places in youth social therapy centres. Thus, this hypothesis was not support-

ed. It appears that despite enactment of legislative changes, the idea of inclusive education has not been firmly established, which may be indirectly confirmed by the continuous high demand for facilities for socially maladjusted children and adolescents and those at risk of social maladjustment. It should be noted however, that the number of juvenile defendants has continued to fall (Bernasiewicz and Noszczyk-Bernasiewicz, 2020). At the same time, the percentage of pupils at risk of social maladjustment in mainstream schools has been rising. The growing number of wards in youth educational centres has been accompanied by the dropped juvenile delinquency rates and dramatic fall in the number of juveniles staying in juvenile detention centres and juvenile shelter care homes (NIK, 2024). What is more, studies on school pupils have shown that the spread of high-risk behaviours among adolescents has relatively stabilised, when compared to the 1990s when it would grow significantly (Sierosławski, 2020). Reasons for this may be found in the segregation-based paradigm still followed by the education environment. As shown by previous analyses (Całek et al., 2023), pupil segregation or marginalisation tendencies present at schools are very strong and often not easy to identify, as they are consciously concealed. School's incapacity to handle education and upbringing, especially in problem situations, contributes to educational exclusion, in particular of pupils coming from socially marginalised communities (Adamczyk, 2016). Rigidity of school's responding procedures usually ends with ineffective attempts of providing psychological and educational support (Lewandowska-Kidoń, 2019). This induces some teachers to get rid of the problem and favours exclusion of pupils generating school problems, consequently translating into looking for solutions in the special education system or, an increasingly popular, home education. According to data published on Otwarte Dane website (https://dane.gov.pl/pl), in 2022, 79 pupils at risk of social maladjustment and one socially maladjusted pupil received home schooling. Special education institutions often compensate for the shortcomings resulting from a lower socio-economic status of their pupil's families, by warranting the provision of professional assistance and high quality education (Cytlak, 2013). As viewed by pupils and their parents, receiving education at a special school often involves regaining of their sense of competence that may have been lost at a mainstream school due to absence of educational success.

A rival hypothesis assumed that the changes result from the advancing medicalisation of social problems and school failures. The adopted hypothesis was not refuted. An increased number of pupils with special educational needs statement due to being at risk of social maladjustment and the related growing demand for social therapy facilities were confirmed. Considerable demand for social rehabilitation facilities has also been maintained.

The observed changes may result from the new form of medicalisation of issues applying to children and adolescents persistently violating social norms. It involves perceiving these individuals as requiring specialist therapeutic interven-

tions. As much as this approach appears to be beneficial, as it moves them away from the direct intervention of the judiciary, in line with the idea of diversion, it indeed may lead to extended use of care and therapeutic institutions. This may be evidenced by a growing number of facilities children and adolescents are referred to beyond judicial control. Consequently, we have been observing a trans-institutionalisation phenomenon – a shift from formal solutions (*de iure*) to more informal ones (*de facto*). This practice limits judicial control and formal procedures, which may increase the risk of abuse and contribute to net widening, that is the use of institutional measures towards individuals who do not need this form of support. Currently binding education legislation provides such pupils with much poorer protection against placement in special education facilities when compared to children referred to such facilities under court's decisions (Stańdo-Kawecka, 2007). The current *status quo* may, therefore, serve as an example of a phenomenon described in the 1980s as "net widening" – that is extending state control over children and adolescents who are not necessarily in need of it (Frazier et al., 1983).

CONCLUSIONS

Conducted analysis points to the problem of institutionalisation of children and adolescents experiencing school failures and persistently violating social norms. It fails, however, to give a comprehensive answer about its reasons, which would require the running of subsequent hoop tests falsifying the hypothesis put forward in this study.

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EDUKACJA WŁĄCZAJĄCA (NIE) DLA WSZYSTKICH. INSTYTUCJONALIZACJA PROBLEMÓW SPOŁECZNYCH I EDUKACYJNYCH DZIECI I MŁODZIEŻY

Wprowadzenie: W ostatnich latach głównym kierunkiem polityki oświatowej stała się edukacja włączająca. W założeniu miała ona gwarantować uczniom ze specjalnymi potrzebami edukacyjnymi, w tym uczniom niedostosowanym i zagrożonym niedostosowaniem społecznym, możliwość pełnego funkcjonowania w społeczności szkolnej, ograniczając stosowanie wobec nich rozwiązań segregacyjnych i specjalnych.
Cel badań: Celem było ustalenie, czy wdrażanie edukacji włączającej rzeczywiście przyczynia się do integracji uczniów niedostosowanych i zagrożonych niedostosowaniem społecznym z głównym nurtem edukacyjnym. W analizie zastosowano metodę śledzenia procesów.
Stan wiedzy: Pomimo niżu demograficznego i spadku ogólnej liczby uczniów posiadających orzeczenie o potrzebie kształcenia specjalnego nastąpił wzrost liczby dzieci i młodzieży umieszczanej w placówkach resocjalizacyjnych i socjoterapeutycznych.
Podsumowanie: Hipoteza zakładająca, że zmiany te są wynikiem wdrażania edukacji włączającej nie została potwierdzona. Jednocześnie nie została obalona kontrhipoteza zakładająca, że zmiany są wynikiem postępującej medykalizacji problemów społecznych i niepowodzeń szkolnych, co sprzyja stosowaniu rozwiązań specjalnych.

Słowa kluczowe: nieletni, placówki resocjalizacyjne, placówki socjoterapeutyczne, medykalizacja, edukacja włączająca