

Adrianna Brzezińska\*, Barbara Jankowiak\*\*  
Emilia Soroko\*\*\*

Adam Mickiewicz University in Poznań

\* adrianna.brzezinska@amu.edu.pl; ORCID: 0000-0002-4038-8084

\*\* barbara.jankowiak@amu.edu.pl; ORCID: 0000-0002-7660-2070

\*\*\* soroko@amu.edu.pl; ORCID: 0000-0003-3527-1698

## Sociotherapy in Day Care Facilities: Examining Sociotherapeutic Day Rooms in Gdańsk, Katowice and Poznań

**Abstract:** Sociotherapy as a form of helping practice is rapidly evolving. Sociotherapeutic day care facilities are places dedicated to conducting sociotherapeutic activities for children and youth. Therefore, the analysis aims to confront the definition of sociotherapy with the information about this form of therapy that individuals seeking assistance in a sociotherapy day facility can obtain from websites, social media profiles, and telephone conversations with staff members. The data collection method in this project is desk research supplemented with information from the statements of people working in the researched facilities. The method of data analysis is template analysis. The analyses covered 40 socio-therapeutic day care facilities in Gdańsk, Katowice, and Poznań. The information on how the establishments communicate about their work largely coincides with how sociotherapy is defined in the literature. The data obtained indicate, however, that sociotherapy, understood as a form of work with a small group based on a group process, is not the only form of help realized in day care facilities (and perhaps not the most important one) and that in-depth therapeutic work may not be realized in all centers due to the way work is organized.

**Key words:** sociotherapy, psychological-pedagogical support, sociotherapeutic day care facility, children and adolescents.

## Introduction

Sociotherapy in the field of helping practice has been developing in Poland since the 1980s (Hare, 2019). While dynamic practice in this area was not accompanied by much theoretical reflection for many years, there has been an increasing amount of literature on this form of help for children and youth in recent years (Grudziewska, 2015; Szczepanik and Janos, 2016; Jankowiak and Soroko, 2021; Soroko, Jankowiak, 2020). Sociotherapy is carried out in sociotherapeutic day care facilities, family support centers, schools, rehabilitation centers, and even in psychiatry (Soroko and Jankowiak, 2020). It can be assumed that the therapeutic work methods in these various areas of assistance, from education and social work to rehabilitation and psychiatry, may differ. Discovering not only the specifics of these interventions but also the information society receives about these actions seems crucial for professionalizing the practice and motivating potential clients to seek help. Empirical research is still lacking in the field of sociotherapy, although the need for reliable evaluation of sociotherapeutic interventions and empirical recognition of this area of practice has been expressed for year (see, e.g., Dragan and Oleksy, 2005; Frąszczak, 2005). This is especially important in the evidence-based practice era (Chorpita et al., 2011; Youngstrom et al., 2017).

Sociotherapy is typically understood as a group form of assistance for working with children and youth at risk of developing mental and behavioral disorders or those already experiencing psychosocial functioning problems (Szczepanik, Janos, 2016). According to the principles described in the literature, meetings often begin with circle work and rounds, followed by interactive therapeutic exercises and games discussed from psychological and psychoeducational perspectives (Soroko, Jankowiak, 2020).

This project adopted the following definition of sociotherapy: “Sociotherapy is a group form of psychological and pedagogical assistance aimed at children and youth 1) from at-risk groups 2) and/or manifesting disorders in psychosocial functioning. It involves intentionally activating supportive factors among group members, in the relationship with a sociotherapist and in the group process, with the following objectives:

- Activating developmental potential (social, emotional-motivational, cognitive);
- Preventing the formation of health disorders and problems;
- Altering the trajectory of development, strengthening health mechanisms, and weakening the pathomechanism maintaining psychosocial problems” (Jankowiak and Soroko, 2021, p. 14).

The analysis in question pertains to the offerings of sociotherapeutic day care facilities, places specifically dedicated to sociotherapy. The aim is to examine how information about sociotherapeutic assistance is communicated on their websites

and social media profiles (supplemented by phone conversations with staff) and to compare it with how sociotherapy is described in the literature. Thus, the purpose of the analyses conducted is to confront the definition of sociotherapy with the information about this form of therapy that can be obtained by individuals seeking assistance in a sociotherapy day facility, specifically in socio-therapeutic day care facilities in Gdańsk, Katowice, and Poznań. The research problem is as follows: How do sociotherapeutic institutions communicate about their work, and how does this correspond to the literary definition of sociotherapy?

## The Method

### Data collection methods and procedure

The data collection method in this project is desk research, supplemented with information from interviews with individuals working in the studied institutions. To conduct data analysis on the subject at hand, it was necessary to select sources from which information would be gathered (Makowska, 2018), and external sources were chosen. Among these, the focus was on data available on the internet (websites of the institutions and, if available, their Facebook profiles) (see the list of sources). In the later stages of the research, short phone interviews were conducted with individuals working in the studied institutions to supplement the information.

The search for information began with institutions in Poznań (in November 2021), Gdańsk (in July 2022), and Katowice (in August 2022). The first step was to create a uniform list of Day Support Centers, where sociotherapeutic activities take place. To achieve this, search engine results were consulted after entering the keywords in Polish language, which can be translated as “day care centers Poznań”, “sociotherapeutic day care facilities Poznań”, “day care centers Gdańsk”, “sociotherapeutic day care facilities Gdańsk”, “day care centers Katowice” and “sociotherapeutic day care facilities Katowice”.

The lists were available on the website of the City of Poznań (<https://www.poznan.pl/mim/turystyka/-,doc,1017,48287/-,96191.html>), the Public Information Bulletin of the City of Poznań (<https://bip.poznan.pl/public/bip/attachments.att?co=show&instance=1097&parent=86203&lang=pl&id=256241>). The most up-to-date lists from Gdańsk were from 2021 and could be found at the following addresses <http://mopr.gda.pl/wp-content/uploads/wykaz-gdanskich-placowek-wsparcia-dziennego-4.docx> and <https://download.cloudgdansk.pl/gdansk-pl/d/202107173367/wykaz-placowek-wsparcia-dziennego-2021.docx>. There was also one list from Katowice dating back to 2017, available at <https://www.katowice.eu/Strony/Rejestr-Placówek-Wsparcia-Dziennego.aspx>. Subsequently, e-mails were sent to the City of Poznań, the City of Gdańsk and the City of

Katowice to request confirmation of the current status of the lists. Confirmatory responses were received from Poznań and Gdańsk, whereas the information from the Katowice City Hall differed slightly from the publicly available data (hence data correction was performed).

## Methods of data analysis procedure

Involving the preparation of initial templates (categories), followed by their verification and refinement (Brooks, McCluskey, Turley, King, 2015).

After creating uniform lists of sociotherapeutic day care facilities (whose functioning was confirmed/adjusted through correspondence and/or telephone conversations with individuals working in the respective institutions), coding templates in the form of tables were created to organize the information collected during the study (from both websites and phone calls). Ultimately, two templates were established. One template was used to collect information from websites, and the other template was used to organize information gathered from telephone conversations.

Table 1. Categories from template analysis

Information from websites	Information from phone calls
<ul style="list-style-type: none"> <li>– name of the institution and governing body</li> <li>– form</li> <li>– address</li> <li>– opening days and hours</li> <li>– link to the website</li> <li>– Facebook profile name</li> <li>– age group and division into groups</li> <li>– description for which children and/or youth the facility is intended</li> <li>– personnel</li> <li>– type of classes and activities</li> <li>– sociotherapeutic activities</li> <li>– other skills developed</li> </ul>	<ul style="list-style-type: none"> <li>– name of the institution and governing body</li> <li>– form</li> <li>– age group and division into groups (confirmation of information found on the website)</li> <li>– group process</li> <li>– sociotherapeutic activities (free speech)</li> <li>– group type</li> <li>– operation of the facility during the Covid-19 pandemic</li> <li>– other (relevant information provided by the interviewee in free speech)</li> <li>– information on the course of the interview</li> </ul>

## Sociotherapeutic day care facilities in Gdańsk, Katowice and Poznań

According to the latest statistical analysis by the Statistics Poland (Statistics Poland, 2021) regarding social assistance and childcare services, in 2020, there were 2,725 daily support facilities in Poland (including 367 specialized and 237 in combined forms). There are no available data for Gdańsk concerning the total

number of currently operating day care facilities. In the latest publication (Statistical Yearbook of the Pomorskie Voivodeship, 2021), only a division of institutions in the category of “institutional foster care” (relating to care and educational institutions and regional care and therapeutic institutions) was included, without specifying daily support facilities in caregiving, specialized, playground work, and combined forms. In Katowice, however, according to data provided by the City Office (2022 data), there are currently 28 Day Support Centers, with 20 operated by non-governmental organizations and 8 by the Municipal Social Welfare Center. It is worth noting that in Katowice, three institutions distinguish between day care facilities (for children only) and youth clubs (for youths only), resulting in six separate facilities. Consequently, the age of the beneficiaries or the designated groups may differ from institutions that admit both children and youth. In Poznań, according to data from the Statistics Poland (Statistical Yearbook of Poznań, 2021), there were 19 daily support facilities in operation in 2020 (including 8 specialized and 1 combined). Data for 2021 has not yet been published, so the statistics provided may differ from the current state (for the years 2021–2022). In total, the analysis covers 40 institutions, i.e., all day care facilities in Poznań, Gdańsk and Katowice, where sociotherapy takes place. Other institutions operate in caregiving or playground work forms and, therefore, cannot conduct sociotherapy, and they were not considered in the study.

In each of the cities, the socio-therapeutic day care centers were grouped according to the governing body/organization. In Gdańsk, among the 9 institutions, these are: Caritas (3 facilities), Associations (2), Foundations (2) and the Society for Environmental Prevention (2). In Katowice, on the other hand, among the 18 institutions, these are: Municipal Social Assistance Center (8 facilities), Caritas (4), Catholic Children’s Foundation (2), “GNIAZDO” Foundation for People in Need of Help (2), and the Association for Children and Youth Support “Dom Aniołów Stróżów” (2). Based on the analysis, it was determined that in Poznań with a total of 13 facilities, these are: Foundations (3 establishments), Caritas (3), Associations (3), Polish Social Welfare Committee (2) and others (2). The most common governing body for all three cities is Caritas, followed by Foundations and Associations.

Information about the form in which the facilities operate was found on their websites (in available statutes or based on descriptions of their activities). For verification purposes, facility personnel was asked to confirm their form during telephone conversations. In Poznań, most facilities operate in a combined form (caregiving-specialized). At one facility in this city, the respondent was unsure about the institution’s form of operation. In Gdańsk, on the other hand, the majority of facilities operate in a specialized form, with one of them unable to fulfill this form from the current year (2022/2023) due to a lack of qualified personnel for conducting sociotherapy. Therefore, data concerning this institution were not included in the results of telephone interviews. In Katowice, all the facilities participating in the survey operate in a specialized form.

## Study results

### 1. Sociotherapy as a form of psychological and pedagogical assistance aimed at children and adolescents

- Participants age range

Information on the age of children and adolescents attending sociotherapeutic sessions in the surveyed institutions often differed between what was stated on the institutions' websites and what was conveyed by the staff with whom interviews were conducted. The most common age range was between 6 and 15/18 years old. However, this range was somewhat flexible, and exceptions occurred, such as when institutions like MOPR (Municipal Social Welfare Center) indicated a different age range, or when a person attending the sociotherapy club had not yet completed their education, despite being above the upper age limit. In one of the surveyed sociotherapeutic day care facilities, the youngest children could be as young as 2.5 years old, while the oldest could attend the club until they completed their education or reached 21 years of age.

### 2. Sociotherapy as a group form of psychological and pedagogical assistance

- Grouping

The division into groups during sociotherapeutic sessions varies considerably between facilities. Most commonly, it is done based on age or school class, and often additionally based on the level of socio-emotional development, personality traits, or the current needs of the participants. In day care facilities, the most common practice is to divide into two groups, but sometimes three groups are used, or in smaller facilities, just one group. Age differences within a single group are highly diverse and can range from 1 year to as much as 8 years.

- Group work approach

Due to the lack of or little information on activities described as "sociotherapeutic" on the websites of some day care facilities, it was decided to ask the staff working in these clubs to describe how sociotherapeutic activities are conducted in their facilities. The provided information was supposed to include: the number of meetings per week and the time allocated for one meeting, the number of participants in one group.

- The number of sessions per week and their duration varies greatly, ranging from 1 hour, 1.5 hours, to 2 hours, with the most common frequency being once a week. Less frequently, there are two meetings per week, each lasting about 1 hour, totaling 2 hours of sociotherapeutic activities per week in that case. The frequency of these meetings can be flexible, and as indicated during the interviews, sessions for younger groups may be shorter than those for older groups. The duration of the sessions on

a given day can also depend on the group's current needs, activity, and engagement.

- The number of participants in one group varies depending on the facility and the total number of individuals attending. Most commonly, groups consist of around 10 people. Among the surveyed institutions, the smallest group has 3 people, and the largest has 23. It happens that younger groups are intended to be smaller than the older ones, but the final composition depends on the overall number of children/young people attending the facility and other factors, such as the current needs and socio-emotional development of the participants.

### **3. Sociotherapy as a form designed for children and adolescents at risk or/ and manifesting disturbances in psychosocial functioning**

The facilities' websites and Facebook profiles, information about the target audience, specifically for which children and youth they are intended, could be found. Unfortunately, not all facilities had such information posted, but among those that were available, the following were listed:

- Risk groups

Sociotherapy is aimed at children and adolescents from dysfunctional families who exhibit caregiving and educational difficulties and find themselves in challenging life situations (including those from low-income, large families, generating unemployment, experiencing domestic violence, delinquency, alcohol-related issues, and/or addictions). Young individuals from disadvantaged backgrounds, at risk of marginalization and social exclusion, are also invited to participate in the sessions. Information occasionally appeared stating that these institutions are intended for children and youth experiencing various forms of maltreatment.

- Children and youth facing difficulties in psychosocial functioning

Among the information about the target group of activities, there were indications that these centers are directed towards individuals facing difficulties in psychosocial functioning, in social relationships, those with behavior disorders, and school-related challenges and backlogs.

- Other

Additionally, information from the websites suggests that these interventions are also aimed at individuals who seek assistance independently and wish to develop and acquire new skills. They are also open to those interested in social-emotional development and to children and youth referred to the facility, for example, by educators, social workers, or family assistants.

### **4. Sociotherapy involves the intentional activation of supportive factors that occur between group members, in the relationship with the sociotherapist, and within the group process**

Any day care center operating in specialized or combined (specialized-care) form should offer sociotherapeutic support to its participants. Therefore, one of the most sought-after pieces of information from external sources was related to specific sociotherapeutic activities. However, in most of the surveyed institutions, this information was either unavailable on their websites or incomplete. Among the available information, there were details related to:

- Session topics: tailored to the age, needs, and capabilities of the group.
- Topics include: supporting emotional development, creating conditions for proper social functioning, developing social skills, discovering strengths and learning to use them in everyday life, working through weaknesses, strengthening resources, learning to make decisions and take responsibility for them, learning to manage anger, improving conflict resolution skills, difficult situations and stress management skills, strengthening knowledge of the world);
- methods of conducting sessions (e.g., group selection, frequency of meetings, duration, instructors);
- objectives of sessions, including providing corrective experiences, relieving emotional tension, teaching new social skills, communication forms, and constructive conflict resolution methods, as well as broadening horizons;
- activities carried out within sessions (e.g. group games, tasks and exercises in pairs, discussions, experience sharing, role-playing, and scene analysis);
- others (e.g., regarding the fact that sociotherapeutic programs are developed on the basis of diagnoses, and therapeutic assistance, psychoeducation, prevention or sex education are also provided as part of sociotherapeutic support).
- Due to the scarcity of information on “sociotherapeutic” activities on the websites of some day care facilities, it was decided to ask people working in them to describe the topics covered and/or elements of sociotherapy.
- Session topics are based primarily on the current needs, feelings, experiences, problems and successes of the participants. At the beginning of the sessions, participants often share experiences from recent days, describe good/bad experiences, and the rest of the session builds upon this foundation. The topics that arise mainly concern emotions, communication, cooperation, addiction prevention, as well as relationships, conflicts, conflict resolution, assertiveness, aggression, barriers, and hygiene issues. The work is often based on previously prepared plans and scenarios that are continuously adapted to the needs of the participants. All of this is aimed at developing social competencies, stimulating cognitive curiosity, and preparing for adulthood.
- Methods and techniques: Sociotherapeutic sessions are mainly based on various group work methods, including elements such as rounds, circles, brainstorming, discussions, educational games and activities, projects, and artwork.
- Other common activities: Another equally important aspect of sociotherapeutic work involves daily activities carried out collectively in day care facilities



(each of which can have sociotherapeutic value). These include preparing, eating and cleaning up after a meal together, helping each other learn, playing games, doing extracurricular activities and going on trips.

— Individual exercises.

The websites of the surveyed day care facilities also provided information about other activities and sessions (in addition to sociotherapeutic meetings) that take place at the facilities. The most common include:

- Interest groups (including arts and crafts, music, drama, dance, sports, culinary, computer-related, etc.);
- sessions/training/programs (including social skills training, psychological and care and educational support, art therapy, educational and corrective-compensatory activities, prevention, pedagogical therapy, speech therapy, etc.);
- help with studying, catching up on schoolwork, doing homework;
- organizing various types of competitions, outings, trips;
- developing interests, passions, and potential through alternative forms of leisure activities.

Additionally, other activities mentioned included:

- meals during for participants;
- providing assistance in family, peer group, and school-related situations;
- workshops;
- organizing leisure time (including off-site time, games, projects, participation in cultural events, exhibitions, and festivals, as well as spending holidays and vacations together).

## **5. Sociotherapeutic work uses group processes**

The individuals working in these facilities were also asked about the types of sociotherapeutic groups that operate in their facilities. Most commonly, open groups were mentioned, less frequently semi-open groups, and very rarely closed groups. However, it was noted that despite a facility being classified into a particular group type, the descriptions often indicated a different type of operation. For example, some facilities classified as open group types accept new participants when someone else leaves the group, which would suggest a semi-open group type. Another example is facilities that identify as closed groups but still allow new participants to join during the school year (which is also characteristic of semi-open groups).

Individuals working in day care facilities were asked whether group processes are utilized in their facilities (whether they work based on them). In all cases, except for one facility, the answer was yes. It was pointed out that this takes place in all joint activities that have a group, integrative and community-oriented character (including games, outings, meal times, extra-curricular activities), not just during sociotherapeutic sessions. The only exception to this is individual meetings with a psychologist, which are typical for daily support institutions

operating in a specialized or combined (specialized-care) forms. Furthermore, in one of the facilities, it was noted that due to the COVID-19 pandemic, the group process is still in its initial phase – the group is still getting to know each other and opening up.

#### **6. Sociotherapeutic work is based on the relationship with the sociotherapist**

On the websites of the surveyed sociotherapeutic day care facilities, information was also sought about the individuals (occupying roles) who work there. Most commonly, individuals in the positions of counselor, educator and social therapist. Psychologists were also mentioned, some of whom work in separate positions in certain facilities while in others, they also serve as counselors/sociotherapists. Additionally, volunteers and speech therapists were mentioned. In isolated cases, therapists, art therapists, social workers, Polish language teachers, mathematics teachers, English language teachers, and the provision of psychological-pedagogical support were also mentioned. Some descriptions were very general, such as employing “qualified staff” or “individuals with the appropriate education to work with children and/or youth.”

The element of the relationship with the sociotherapist was not mentioned on the websites or during the discussions and descriptions of sociotherapeutic activities in the facility. However, it emerges as an important issue during the part related to the Covid-19 pandemic, as the respondents emphasized that difficulties arose in maintaining free interactions, regular contact, and in the socio-emotional sphere. During this time, maintaining relationships between sociotherapists and group members was considered the highest therapeutic value when facilities were closed due to the Covid-19 pandemic.

#### **7. Sociotherapy aims to: activate developmental potential (social, emotional-motivational, cognitive) – developmental goal; prevent the development of disorders and health problems – preventive goal, as well as change the trajectory of development and strengthen health mechanisms and/or weaken the pathomechanism that perpetuates psychosocial problems – therapeutic/corrective goal.**

Development goals may include:

- development and strengthening of resources and skills needed to function in the family, community, facility and school;
- discovery and development of interests, skills, passions, competencies, and strengths;
- support for healthy physical, social, emotional, cognitive, and personality development, as well as independence, sensitivity, and talents;
- assistance in setting goals, motivation, recognizing one’s potential, and empowerment;

- equalization of educational opportunities through the formation of motivation to pursue compulsory education (including preparation for starting school and assistance in successfully completing the education process);
  - spending time in a creative, safe and active way;
  - equalizing developmental deficits and showing prospects.
- Preventive goals, on the other hand, include:
- shaping traits, skills, attitudes, values, principles, norms, behaviors and competencies related to social functioning;
  - integration, establishing and developing lasting relationships and emotional ties with loved ones, as well as gaining courage and confidence in themselves and others;
  - learning to cope with emotions, difficult situations, conflicts, anger management,
  - assertiveness,
  - assistance in choosing a good life path and fostering a work ethic;
  - providing basic information about the world and everyday life and showing other leisure activities;
  - building self-esteem and strengthening self-confidence;
  - teaching cooperation, independence, responsibility for one's own conduct, choices and decisions;
  - teaching how to live according to one's conscience and values (trust, respect for others, selfless help, belief in oneself and one's abilities, nurturing friendships);
  - ensuring a sense of security, acceptance, conditions for social life, rest, and learning.;
  - maintaining a high level of personal culture;
  - shaping and promoting pro-health habits and a healthy lifestyle;
  - planning menus, preparing meals, managing a budget, taking care of health and personal hygiene (cleanliness training);
  - providing information on rights and entitlements.

Among the therapeutic/corrective goals presented by the facilities, the following can be primarily included:

- correcting behavioral and emotional disorders;
- extinguishing undesirable behaviors and attitudes;
- mobilizing to work on oneself and one's behavior;
- overcoming one's emotional and social limitations;
- assisting in better understanding oneself, one's problems, difficulties, and needs;
- overcoming personal barriers;
- adapting to normal functioning in society;
- mitigating educational deficiencies within the family;
- supporting the experience of difficulties and constructive conflict resolution;
- improving conversational skills about oneself and one's problems;

Other actions and activities included:

- group integration;
- creating a sense of co-responsibility for the institution and respecting communal property;
- passing on traditions and culture and respecting them;
- developing civic awareness and love for the country;
- shaping Christian values and religious development.

## Discussion

According to conducted analyses, sociotherapy in practice is directed towards individuals between the ages of 6 and 15/18, consistent with the literature's focus on children and adolescents (Jankowiak and Soroko, 2021). Individuals working at the day care facilities declared that they work on the basis of a group process, and according to the information on the website, the goals of the interactions concern both the activation of the development potential of the participants of the groups, the prevention of disorders and health problems, as well as the therapy of experienced difficulties and the correction of maladaptive behaviors. It is worth noting that in sociotherapy, the ability to read group processes and consider group dynamics plays an extremely important role. Thanks to this, the sociotherapist can understand what is happening within the group, make decisions about the direction of further interventions, choose techniques or exercises (experiences) for the group, and predict the possible impact of proposed exercises while selecting how to discuss them to achieve the goals of the group and individual participants (Jankowiak and Soroko, 2021, p. 121). However, it is essential to organize group work in such a way that the appropriate group dynamics can be achieved. Based on the analysis, there is usually a division into two groups in the centers, which means that age differences within a single group can vary significantly, ranging from 1 to 8 years. It is crucial, especially during the rapid development periods of individuals, for groups to be relatively close in age. It is suggested to combine in one group: children aged 6 to 8, 9 to 10, adolescents aged 11 to 13, 14 to 15, 16 to 18, and 19 to 24 (Tryjarska, 2006, p. 27). According to Makulski (2017), the age ranges of sociotherapy participants should be relatively narrow and should not exceed two years. From the data analysis, it appears that group sessions in sociotherapeutic day care facilities, are typically held once a week (less frequently twice a week) and last from one to two hours. Similarly, in the literature, Renata Szczepanik and Agnieszka Jaros (2016, p. 43) suggest that for sociotherapy, it is optimal to organize meetings twice a week, no less than once a week, with each session lasting 60–90 minutes. According to the research findings, the groups usually consist of around 10 people, although there are significant differences between centers, with some having only 3 participants and the largest having up to

23 participants. Marianne and Gerald Corey (2002, p. 131) suggest that a group for teenagers may consist of 6–8 people, while for children in primary school, it could be 3 or 4. It seems that groups of 23 individuals are too large, as not everyone has the opportunity to speak at each group session (Tryjarska, 2006, pp. 23–24). As for the type of groups in sociotherapeutic centers, the analysis results show that they typically operate as open groups, less frequently as semi-open, and very rarely as closed groups. It is worth emphasizing that the literature advocates for closed groups as they provide the most optimal conditions for in-depth therapeutic work (Tryjarska, 2006).

The results of the analysis of existing data indicate that sociotherapeutic day care facilities qualify children and youth from high-risk groups (e.g., dysfunctional families, families with alcohol problems, or those experiencing violence). Additionally, individuals already facing psychosocial functioning issues, such as challenges in social relationships, behavioral disorders, and school difficulties or lagging, are eligible for participation. Furthermore, sociotherapeutic day care facilities are open to individuals who wish to develop their skills and are interested in socio-emotional development. This is consistent with the literature's premise that sociotherapy is a method of working with children and youth who are at risk of developing psychological and social functioning disorders or already have them (but the pathomechanism is not fixed, and the disorder is usually not diagnosed psychiatrically). In the literature, difficulties of individuals eligible for sociotherapy are mainly related to behavioral problems and certain emotional disorders (Jagięła, 2007). Sociotherapy, therefore, targets a group similar to prevention and psychotherapy (Jankowiak and Soroko, 2021, p. 73). Sociotherapeutic interventions apply to both healthy individuals and those potentially exhibiting disorders, requiring reference to health models on the one hand and disorder models on the other (Kasperek-Golimowska, 2013; Jankowiak and Soroko, 2021).

“Helpful factors” are understood as the deliberate initiation of specific processes by the group leader to induce desired changes in the participants' functioning (Jankowiak and Soroko, 2021, p.130). These factors occur among participants, in the relationship with the sociotherapist, and in the group process (Jankowiak, Soroko, 2021). According to these studies, during sociotherapeutic club activities, participants have the opportunity to experience corrective experiences, release emotional tensions, learn new social and interpersonal communication skills, as well as constructive ways to resolve conflicts. Many of these processes correspond to therapeutic factors mentioned in the literature on group therapy, such as corrective reenactment of the primary family, development of social skills, imitation, interpersonal learning, and catharsis (cf. Vinogradov and Yalom, 2007; Yalom and Leszcz, 2006, Corey and Corey, 2002; Corey, 2005). As indicated by these studies, activities undertaken during sessions include group games, tasks and exercises in pairs, discussions, exchange of experiences, role-playing, and discussion of scenes. Thus, typical sociotherapy methods and techniques are applied (Szczepanik, Jaros,

2016; Jankowiak and Soroko, 2017). The websites of the studied sociotherapeutic clubs also provided information about other activities initiated in the facilities, such as interest groups, social skills training, educational and corrective-compensatory activities, homework assistance, organizing various contests, outings, trips, and catering (meals during the stay at the day care facility). Sociotherapeutic day care facilities offer much more than just sociotherapy. Although, as emphasized in the literature, the sociotherapist is a central figure in the sociotherapy process (Paszkievicz 2017, p. 128), as it depends on them to ensure that everyone feels good in the group, and leading activities purposefully is a relational element with the sociotherapist not mentioned on the websites or during the description of sociotherapeutic activities undertaken in the facility. An exception was a fragment of the conversation about the Covid-19 pandemic, as the interlocutors emphasized that maintaining relationships between sociotherapists and group members was considered the highest therapeutic value during the closure of the facilities. It is worth noting that studies conducted around the world and in Poland indicated that children and adolescents' well-being decreased during the pandemic, and even young people with generally low levels of anxiety, depression and emotion dysregulation prior to the pandemic may have experienced an increase in psychopathological symptoms during the pandemic (De France et al., 2021, Jaskulska et al., 2022a, Jaskulska et al., 2022b). Maintaining social relationships was perceived as extremely important for maintaining mental health and well-being (Jaskulska et al., 2021).

Summarizing the results of the conducted analyses, information about how institutions communicate about their work – that is, what social message is built regarding the implementation of sociotherapy in sociotherapeutic day care facilities – at least partially aligns with how sociotherapy is defined in the literature. However, the obtained data indicate that, firstly, sociotherapy is not the only (and perhaps not the most important) form of assistance implemented in sociotherapeutic day care facilities, and secondly, in-depth therapeutic work may not be implemented in all facilities due to the way the groups function.

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An up-to-date list of Katowice day care facilities has been sent by email (it is not publicly available on the website).

#### **Websites and Facebook profiles of facilities from Poznań**

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