

HEALTH AND ITS IMPORTANCE IN THE FAMILY CARE, EDUCATIONAL AND SOCIALIZATION PROCESS ON THE EXAMPLE OF THE FUNCTIONING OF PROFESSIONAL FOSTER FAMILIES IN SZCZECIN

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Abstract. Health is in the area of analysis of many sciences, e.g. psychology, sociology, pedagogy or philosophy. Each of them presents health and its specificity in a specific way. The most frequently indicated dimensions of health are: physical, mental (including intellectual and emotional), social, spiritual and transcendent. Contemporary pedagogical concepts of health emphasize that they can be considered as: value, resource (wealth), means, aim, a concept emphasizing the benefits of being healthy. Attention is also paid to the health mandala and the eudaimonic concept of family health. Thanks to these concepts, health is part of family care, educational and socialization processes. Parents, the main implementers of integrated interactions, create, among others, health behaviors, attitudes or lifestyle of their children. The subject of the research was the course of care, educational and socialization processes in professional foster families functioning in the city of Szczecin. The aim of the research was to find out about the specificity of family care, educational and socialization processes. The activities of professional foster families in caring for: children's health, their health attitudes and behaviors as well as health as a value in human life were especially emphasized. The research method was to triangulate the diagnostic survey method with the qualitative dimension of the case study. The technique used for the study was a questionnaire, in-depth qualitative interview and direct observation. The obtained empirical material was subjected to an in-depth quantitative and qualitative analysis with elements of interpretability of the data, however, efforts are being made to make a holistic diagnosis of the family. Axiologization of health attitudes in the surveyed families and making children aware of the need to take care of their own health on the basis of resources at hand are particularly significant for the armory.

Keywords: health, family; care, upbringing and socialization in the family, axiology, psychophysical well-being, health mandala, personal development, self-acceptance, life aim, emotional intelligence.

Introduction

Health is a multidimensional and multi-context concept, and thus it occurs in the area of interest of various sciences, such as sociology, psychology,

pedagogy or philosophy. When considering health, sociology first viewed it in the perspective of the sociology of medicine and its social contexts. Talcott Parsons, as one of the first theoreticians of this approach to health, associated it with medicine defined as a specific social institution, and for him the disease was a social deviation, a state or situation in which a person is forced to seek the help of a doctor or other specialists. For Parsons, social relations within institutions (including those of a helping nature, are shaped in connection with culture or social heritage (Parsons, 1978). On the other hand, while defining the sociology of medicine, Robert Straus refers to its interdisciplinary sources, he also emphasizes the relationship between the biological characteristics of an individual and also in the field of health protection. Health as one of the key conditions for the optimal functioning of an individual in a group and in society. Similar to sociologists, psychologists are also interested in human health and its various dimensions and contrast it with illness (Straus, 1999, 110- 115). Irena Heszen and Helena Sęk (Heszen, Sęk, 2012, 47-55; Heszen- Celińska, Sęk, 2020) define when considering health, they perceive it as the absence of symptoms of illness and suffering, as biopsychosocial well-being, as the potential and qualities of man and his life context, as a process whose other extreme is disease, and as a value. Among the above-mentioned approaches, special attention is paid today to understanding health as human potential. From this perspective, health is a person's ability to change, both to achieve their own physical, mental and social abilities, and to respond to environmental challenges (Słońska & Misiuna, 1993, 68). Health as a process based on the theoretical basis of Aaron Antonovsky's (Antonovsky, 2005) salutogenic perspective is equally often raised today. According to him, health is the end of a continuum whose other end is disease. Hence, health is not a permanent resource, but a process of moving along a continuum. It is interesting that Julian Aleksandrowicz (Aleskandrowicz, 1972, 80), an outstanding Polish doktor, defined health in a similar way earlier than Antonovsky. Contemporary views of health from the perspective of psychology pay attention to its understanding as a value. In this concept, health and disease are not placed on a common continuum, but similarly to other values, they have specific signs and are treated separately. Health is a positive value that a person strives for, and its opposite is - a disease - a negative value that man avoids (Tomaszewski, 1975, 17-36). Health also appears in the philosophical narrative, for example in Władysław Tatarkiewicz, who considers its connection with happiness. Although these concepts cannot be equated with each other, they are very similar in their formal structure. According to Tatarkiewicz, health is one of human goods, but not the only one (Tatarkiewicz, 1979, 218). It has various object references and a person can be healthy in many ways. Contrary to contemporary health researchers, Tatarkiewicz does not identify it with happiness, but there is a close relationship

between these two concepts. Happiness is a natural symptom, but not always possible. Health is an essential condition of happiness, but not the only one. Pedagogy also places health and health education in the spectrum of interests. Already Helena Radlińska, the founder of Polish social pedagogy, emphasized the importance of "education for health", which consists in helping people acquire knowledge about health, in forming habits, skills and efficiency to consolidate and improve health, help in growing it and forming attitude towards him (Radlińska, 1951, 364). Radlińska treated health education as a component of the health culture of individuals and society. When we refer to these issues today, it seems to be relevant, even though so many years have passed. The aforementioned upbringing is particularly serious in the context of the implementation of family educational, socialization and care processes. Referring to the views of Radlińska, Maciej Demel emphasized the multi-layered structure of the content of health education (Demel, 1980, 69). The first category is health protection and preventing its damage, the second is rescue, i.e. emergency assistance, treatment and rehabilitation. Another category is activities aimed at the active improvement of health, its self-control or sexual education. Thus, health education is, after Demel, an integral part of forming a comprehensive personality, and it consists in: creating habits directly or indirectly related to the protection and improvement of mental and physical health; developing appropriate pro-health skills; setting the will and forming attitudes enabling the use of hygiene, effective care, disease prevention and treatment; stimulating a positive interest in health matters through episodic and systematic enrichment and deepening the knowledge about oneself and other people's health, i.e. social health. Thus, health according to Demel should be perceived in a dynamic, positive, optimistic, objective and at the same time subjective way. However, health education must be interpreted in terms of both physical and personality (needs, motives, messages, beliefs, skills, habits and attitudes). This Demel (Demel, 1980) concept had and still has many followers. You can replace, among others Edward Mazurkiewicz (Mazurkiewicz, 2003, 51-70), Z. Słońska (Słońska & Misiuna, 1993, 68), Andrzej Jaczewski (Jaczewski, 2001, 265), Ewa Syrek (Syrek, 2008), Stanisław Kawula (Kawula, 2012, 148 - 158), Katarzyna Borzucka-Sitkiewicz (Borzucka – Sitkiewicz, 2010) or Barbara Woynarowska (Woynarowska, 2017). These researchers advocate a holistic health model. The model consists of the following dimensions of health: physical, mental, social and spiritual. Physical (somatic) health is the proper functioning of the body and its individual organs and systems in accordance with the stages of human development. Mental health is a dynamic state of internal balance that enables individuals to use their skills in harmony with universal social values. Mental health includes mental health, i.e. the ability to think logically and clearly, and emotional health, i.e. the ability to recognize

experienced feelings and express them adequately, and the ability to cope with stress, tensions, anxiety, phobias or depression. Social health is the ability to maintain proper interpersonal relationships in the closer and more distant group or in the community in which the individual functions and selected representatives of society. Related to the concept of social health is the concept of social well-being. Social welfare, following Corey Keyes (Keyes, Ryff, Shmotkin, 2002), is a positive assessment of the experiences of belonging to a community society and it is associated with the action of social acceptance, social coherence, social actualization, social contribution and social inclusion. Spiritual health is often considered in connection with religion, but it is also related to the principles and methods of creating and maintaining inner peace as well as inner homeostasis. In the area of spiritual health, a narrative of spirituality appears. Spirituality is a psychological concept that has the status of a multidimensional theoretical construct. It plays a regulatory function in relation to a specific area of human activity, including both observable behaviors and internal experiences. The essence of spirituality is transcendence understood in the process, consisting in the activity of the individual going beyond the limits of the currently experienced self or experiencing one's own existence. Transcendence is an "upward movement" towards growth and development, it is a meaning-creating process that stimulates the growth of the sense of meaning in life and its affirmation. So spirituality is about being able to grow throughout your life. The presented holistic model of health allows for an optimal analysis of health and its importance in the entire life development of a person and the processes that he is subject to, with particular emphasis on family educational, socialization and care processes. Below is a diagram of the holistic health model as an author's work, which will be included in the analysis of the collected empirical data and their in-depth interpretation in the following part of the text.

The presented research on professional foster families in this study was carried out as part of the project "Professional foster family - a chance for a better future for a child" affiliated at the Department of Social Pedagogy of the Institute of Pedagogy, Faculty of Social Sciences of the University of Szczecin in 2014-2020. As part of it, the wide spectrum of functioning of professional foster families operating in the city of Szczecin, Zachodniopomorskie Province (Poland) was studied. One of the areas studied was health, taking care of it in professional foster families, teaching attitudes and health behaviors of children staying in them.

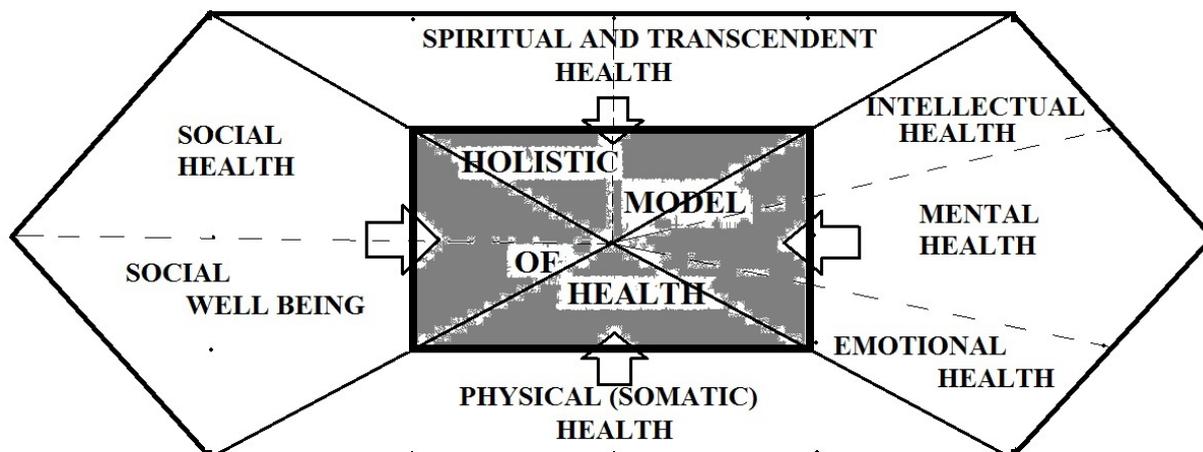


Figure 1 *The Health Diamond* (by author)

Methodological Basis of Research

Among the surveyed professional foster families there were: 9 professional families, 3 professional families, and 16 professional families acting as family emergency units. In total, 28 foster families with 182 children were examined. The respondents also included family care coordinators, 6 people, as well as 6 social workers working in the city of Szczecin in the Municipal Family Support Center in Szczecin, 6 family assistants and 6 family doctors and specialists. For the purposes of this study, the importance of health and health education in professional foster families for children staying in this form of foster care was analyzed. The analysis of the foster parents' methods of caring for health and the forms of health education implemented in their families was considered through the prism of Ludwik von Bartalanffy's concept of family epistemology, whose fervent supporter in Polish psycho-pedagogical literature is Ryszard Praszquier (Praszquier, 1992, 37-61; von Bartalanffy, 1984), the concept of Mandala health by T. Hancock and F. Perkins (Hancock, Perkins, 1990, 8-10), the concept of ethnomethodology by A. Schütz (Schütz, 2006, 137-192) and the eudaimonic concept of family health. The analysis of the obtained material took into account the holistic health model developed by the author, the so-called The health diamond.

Triangulation of research methods and techniques was used in the research. A diagnostic survey method with a qualitative dimension of the case study was used. The use of method triangulation makes it possible to obtain richer material and a wider interpretative spectrum of the problem under study. As part of the diagnostic survey, a questionnaire was used for foster care coordinators, social workers, family assistants and family doctors as well as specialist doctors.

However, as part of the case study, an in-depth qualitative interview with foster parents in professional foster families was used, from which a wide spectrum of knowledge was obtained about the functioning of their family and the creation of upbringing, socialization and educational processes in relation to children temporarily entrusted to them. As part of getting to know the specificity of the processes carried out in foster families, many areas were focused on, including on methods of caring for health and forms of health education applied to children staying in them. The material obtained through the interview was supplemented with the technique of direct observation of family members and their behavior, which allowed for deepening the knowledge about the ways of carrying out the upbringing, socialization and educational processes in the surveyed foster families. The obtained empirical material was subjected to an in-depth quantitative and qualitative analysis resulting from confronting the data with the above-mentioned methodological concepts. By interpreting the obtained data, efforts were made to make a holistic diagnosis of the studied families. While characterizing the ways of caring for health and forms of health education used by foster parents in professional foster families operating in the city of Szczecin and their impact on the process of forming family educational, socialization and educational processes directed at children staying in them, ethical issues were not omitted. The family and the study of its holistic functioning have always been and still is one of the areas marked by ethical dilemmas. The family environment as the first and most important educational environment in human life is a unique research area of a sensitive nature. This is called a soft area of research that requires a researcher to be reflective, deeply reflecting and interpretative multidimensionality, specific research intuitiveness, and narrative family life. When analyzing the problem of methods of caring for health used by foster parents in the context of their educational, socialization and care processes towards children entrusted to them, unambiguous assessment and evaluation were avoided, and subjective classification of phenomena and processes was avoided, while the aim was to subject the obtained data to a multidimensional, objective analysis aimed at creating a holistic model of possibly effective reintegration work with biological families of children staying in family forms of foster care.

Health in the Family as a Significant Area of Influence in the Spectrum of Family Educational, Socialization and Care Interactions in the Light of Own Research

Health and Health in the Family / Family Health - an Outline of the Problem

Health in the dimension of pedagogy, especially in terms of social pedagogy, has long been in its area. When analyzing the creative achievements and achievements of Helena Radlińska (Radlińska, 1951) in the field of the concept of social pedagogy, it can be clearly seen that modern health pedagogy is based on this concept in the cognitive and theoretical sense, educational practice and social work. The concept of the environment is a basic concept in pedagogy, especially in social science, it is understood as an element of the natural, social and cultural structure. These planes interpenetrate and are integrally related to each other. Therefore, the human living environment becomes a component that is part of social pedagogy, but also of health pedagogy. When we define social pedagogy as a metatheory of health pedagogy, it can be assumed that the object of learning, analyzing scientific research and activities in health pedagogy results strictly from the theoretical foundations of social pedagogy and its functions, because this discipline deals with the theory of environmental conditions of education and human development, as well as with theory and practice the formation of various environments, including the most important of them - the family. According to Ewa Syrek, health pedagogy is a sub-discipline of pedagogy, the subject of research interests and analyzes are socio-environmental determinants of health and disease, multi-faceted and multi-sector environmental activities (institutional and non-institutional) for the health of various social groups, and research and evaluation of the health education process education) aimed at improving physical, mental, social and spiritual health as well as life skills favoring a healthy lifestyle and improving the quality of human life in order to design pedagogical and educational compensatory activities for the individual and the environment, also used in social and educational work (Syrek, 2008, 21). Research on health pedagogy focuses on the most important determinants of health and disease, points to its social, environmental, cultural components (norms, values, health behavior patterns, health awareness), socio-economic (employment, unemployment, etc.), social stress, access to education, social inequalities, social policy of the state, poverty and marginalization of some individuals or social groups or access to health. The main cognitive and research tasks in the field of health pedagogy are related to the diagnosis of various components of health and disease, the needs of individuals, groups or communities, creating a spectrum of health education, improving the quality of life and compensating for the effects of developmental

dystrophies through the social support system, creating preventive programs and promoting health. From such understanding of health pedagogy, several approaches to health can be derived: as a value, resource or wealth that a given individual has at his disposal, a means to achieve a better quality of life, the purpose of supporting and helping activities aimed at leading an individual to biopsychosocial well-being, or perceiving health as a concept that emphasizes the benefits flowing from it. from "being healthy" to the negative consequences of illness. The aforementioned views of health used in the field of health pedagogy provoke specific questions about the health models that result from them. In the literature on the subject, there are four models describing and explaining health, its processes and predictors. The following models can be mentioned: biodynamic, biopsychosocial, holistic-functional, socio-ecological, and mental well-being models. In the biodynamic model, health and normality are not perceived as natural states: health is an objectified category and is characterized by the absence of disease, ailments or biological dysfunctions. A disease is an abnormal condition of the body that causes disorders and the risk of developmental dystrophy in humans. In the biopsychosocial model, health and disease are treated as a system of interactions where biological (genetic, physiological) factors interact with psychological (personality, cognition) and social (society, family, media) factors. The holistic-functional model of health assumes that man is part of a larger whole and is influenced by mutual human-environment relations. Man as a complex and connected with the environment unit equipped with consciousness adapts to changing requirements, balances requirements with possibilities, using and developing resistance resources. In this model, health is understood as an adaptation process aimed at maintaining a dynamic balance between systems. Health is expressed in the mutual relationship between the functional structures of humans and humans and their environment. In this model, health and disease is systemic, holistic and processual, and both health and disease have a creative and identity dimension. Another model of socioecological health emphasizes the central place of man in the surrounding world and introduces the fields of health. The fields that determine the health of an individual include biological factors (genetic baggage, inborn features, immune system, biochemical, physiological and anatomical features), human health-related behaviors (pro and anti-health), physical environment (housing conditions, features of human environment, habitats of human activity), psycho-socio-cultural environment. These health fields form the so-called A health mandala developed in the 1980s by the Toronto Department of Public Health (Hancock, Perkins 1990, 8-10). This model, which is the theoretical basis for health promotion, explains the multiple relationships between the physical, social and cultural environment and health. The mandala of health consists of several concentric circles, in the center of

which are: man composed of body, mind and spirit, subject to the influence of sup- and subsystems; the family as the most important educational and socialization environment that plays a fundamental role in forming the value system, including health-related attitudes and behaviors. In order to enrich the multidimensional analysis of the obtained data, the Health Mandala will also be taken into account in the further part of this study. It is considered a holistic model because it shows how health (even in the family) is determined by the physical and social components of the environment. It also has the feature of dynamics, due to the fact that individual factors are treated as causes of a specific health condition and can be modified by every person. Hence, researchers using Mandala emphasize individual responsibility for health, of course, according to the stage of human development and life. The interactivity of the Health Mandala is also emphasized, which means that its various components interact with each other at the same time, strengthening or suppressing their effects. The last model of health known in the literature is the model of mental well-being, the creator of which is Caroll D. Ryff (Ryff, 2017), which within this model included six components of well-being: self-acceptance, positive relationships with people, autonomy, coping with the environment, purpose in life or personal development. This author's approach is called integrative because it is based on Aristotle's unifying philosophical tradition of eudaimonia, which is also favored by Martin E.P. Seligman (Seligman, 2005) in his approach to happiness. According to the latter, a good life and gratification are conditioned by developmental traits of human character. Ryff's (Ryff, 2017) model of mental well-being and his research clearly emphasize that the structure of mental well-being changes in the course of a person's life. The above-mentioned models of health, and especially the last three of them, can be extremely useful for the interpretation of the issues of health in the family / family health, which is reflected in the text below.

When analyzing health in a pedagogical perspective, one can also find the concept of a healthy family or a healthy family system. Ryszard Praszkiar, seeing the family through the prism of epistemology, talks about a healthy (normal) family system. In his opinion, it is a system in which there are clear and decisive boundaries between it and the environment, subsystems (especially parental subsystem) are clearly distinguished, the structure (norms, role, hierarchy) is open and clear, open exchange with the environment is possible, there is flexible ability to adapt to external or internal changes and the ability to overcome crises (Praszkiar, 1992, 37-61). Further characterizing a healthy family system, the author mentions that it is characterized by overt epistemology open to new information, constructed jointly by all family members, and there is also a harmonious balance characteristic for a given family between the community relationship and the exchange relationship in the family. Therefore,

a healthy family in this narrative is a family consisting of people with various personalities who, in their various relationships, aim at building reciprocity, cohesion as well as the exchange of thoughts, feelings and experiences, which in total leads to building family homeostasis, as well as readiness to overcome crises and difficulties which in total, it leads to the creation of a unique identity for each family. When considering family health, the eudaimonic concept of health seems to be very interesting (Ryff, 2018). It assumes that the family forms resource conservation behaviors and supports the maximum development of the individual's well-being and potential throughout the family. In this model, health is understood as self-realization, for which each family member draws on the resources already possessed in order to increase overall well-being and well-being. The eudaimonic model of health emphasizes such elements of the functioning of the family as the most important educational environment and a specific socio-ecological system, such as: values in the family, communication patterns and decision-making in the family, roles played by individual family members and their status, rituals and rights recognized in the family, education in a holistic dimension, with particular emphasis on cultural education and health education.

Health and Education for / for Health in the Perspective of Family Upbringing, Socialization and Care Processes Implemented in Professional Foster Families Functioning in the City of Szczecin

In the literature on the subject, a lot of attention is paid to the specificity and conditions of family upbringing, socialization and caring processes as unique and unique influences forming the personality and influencing the creation of an individual's identity. Andrzej Janke (Janke, 2008), emphasizing the specificity of upbringing in the family, pays special attention to the impact of reflective and unreflective interactions of the family towards children, the actions of parents of the nature of influence and cooperation, the naturalness of the family bond and the redundancy of ties not based on marriage, kinship or affinity, the specificity, uniqueness and intimacy of life family with social openness and the consequences of the institutional character of the family, a sense of communal unity with the individuality of the interests of individual members, and the process of continuous creation of multidimensional educational interactions taking place in the family. When analyzing the family upbringing process, its multidimensionality is noticed and the following areas of family upbringing are mentioned: upbringing in the family, upbringing for the family (towards the family, outside the family), upbringing by the family (thanks to the family, for society). These planes indicate three areas of family pedagogy important for scientific research, the awareness of which favors the

integration of pedagogical knowledge about the family and combining it with the view of other scientific disciplines dealing with the family, aiming at the formation of a new dimension of family research, known as familiology. On the other hand, socialization is the process of socializing an individual, e.g. by transferring cultural heritage from generation to generation (acculturation). In the process of socialization, an individual is introduced to participate in social life, learns to behave according to adopted patterns, to understand culture and to perform specific social roles, and is implemented to manifest certain attitudes and behaviors. In integral connection with this activity, the developing internal family culture has a significant impact on the formation of the lifestyle and health behavior of children growing up in the family (Kazubowska, 2010, 36-50).

By implementing the research process among 28 professional families operating in the city of Szczecin, the focus was on learning about the process of caring for the health of children in these families and the forms of health and health education. First, foster parents were asked how they perceive health and why, in their opinion, it is so important in human life, including that of the "little man" entrusted to their care. All respondents agreed that the issue of health in the entirety of the educational, social and care processes they carry out for the benefit of children staying in their family is the most important and primary issue they pay special attention to. As one of the surveyed foster mothers said, "it cannot be otherwise if I did not first take care of the child's health, its health problems and try to help him with all my strength". For the surveyed parents, health has many dimensions, such as physical, mental, spiritual, social, and all of them, integrating, require from them commitment and special attention to this area of educational, socialization and care activities. Next, the question was asked what, in their opinion, influences the specificity of parents' attitudes towards health and their care in family educational and socialization processes. The surveyed parents stated that it was primarily influenced by the values possessed and interiorized by parents (Kazubowska, 2019, 240-253). Values determine ways of thinking about health and influence the process of caring for it throughout life. Health for the surveyed parents is an autotelic value and it determines the ways of forming the continuous creation of activities aimed at its protection. Facing upbringing challenges in the process of working with children in their families, they try to convey this value to them in everyday life situations.

According to the surveyed parents, another determinant of the attitude towards health and caring for it are the beliefs which, as a result of individual human experiences, significantly affect the attitude towards health. According to the parents, beliefs in the family about what is healthy and what is not directly translate into health behaviors of all family members, with particular emphasis on children. Further surveyed foster parents indicate the importance of

possessed and well-established patterns of behavior, above all those derived from the family home, which set the norms of health behavior. The aforementioned patterns will directly influence the adopted attitudes and health behaviors and will be associated with identification with them. Referring to the substitute determinants of attitudes towards health indicated by the surveyed parents and the resulting pro-or anti-health behaviors, they could be compared with the concept of family epistemology or the eudaimonic concept of health that appears in recent years in the literature, explaining the shaping of health behaviors. Both concepts emphasize the essence of the family as a system and a specific ecological system in which individual elements that make up the family interact with each other, contributing to mutual development and feeling satisfaction, satisfaction with the joint functioning in a given family space. Next, the surveyed parents were asked about the awareness of the importance of responsibility for the health of their parents. All parents were definitely aware of the direct responsibility for their children's lives and health. Moreover, if they do not have sufficient knowledge on how to care for the health of children due to a specific disease entity, they turn to a specialist doctor for help in order to compensate for the effects of their disease. They also often turn to professional literature and specialist guides to better and more effectively fulfill the tasks related to caring for the health of children entrusted to them. Parents surveyed further talked about how they help children with various diseases to cope with in order to reduce the discomfort resulting from dealing with a given disease as much as possible. All of the 28 surveyed parents decided that they first tried to read the documentation of their child's illness in order to know how to deal with it. Then, knowing the medical recommendations, they do everything possible to fulfill them as meticulously as possible during the child's home. Several of the foster mothers said that they had to learn unfamiliar nursing activities, such as replacing a tube to help the baby breathe or enteral feeding. An interesting observation of these surveyed surrogate mothers was that, while they performed nursing activities, and other children accompanied it, it was these children who, after some time, already prompted themselves as to what should be done with a given child, and also signaled when a given activity was necessary. Interesting experiences were shared by the surveyed mothers in terms of coping with multiple diseases of the children raised. It required them to integrate specialist activities to help children effectively. If the surveyed surrogate mothers were convinced that there was a certain gap in knowledge about how to deal with cases of complicated disease entities, they asked the care coordinator to seek medical advice or participate in appropriate courses. Caring for health in the surveyed families is not only related to diseases in children. It also concerns educational activities aimed at forming pro-health behaviors in children. This involves, for example, establishing regular meal times for children, the way of

eating meals and the activities preceding them, such as washing hands before meals. Also, as part of educational activities, children know what they eat, what is good for and why, for example, they cannot eat too much sweets. As part of health education, children are taught proper hygiene in families and they are made aware of the need to observe it. Foster parents indicate that children's psychosomatic disorders are a big problem for them. With these dilemmas, they turn to psychologists and psychiatrists to indicate how they should deal with, for example, an attack of aggression in children with FAS or those suffering from schizophrenia or autism. In the further part of the study, the respondents were asked about family mechanisms of forming health behaviors in children. According to the surveyed parents, it is primarily the modeling of children's behavior. Modeling in the light of socio-cognitive theories allows for effective impact on human behavior and forming the expected attitudes and actions of an individual. The following mechanisms take place in the modeling process: learning by observation, observing the positive or negative effects of someone's behavior, facilitating a reaction, or setting cognitive standards for one's own behavior or norms. In forming the health behaviors of children, one can also pay attention to the antecedents in the educational and socialization process. Antecedencies are signals, stimuli to act, which may take the form of souvenirs, signs, symbols or norms. There are many antecedents related to health in family educational, socialization and caring processes. Such an example is, for example, the lack of control of the child's diet, which may contribute to diabetes or obesity in the future. Another example of the antecedence of family upbringing and socialization is, for example, smoking by a parent may, in the long run, determine the child's use of cigarettes. Referring to the last example, the surveyed parents try not to smoke in front of their children, not to abuse alcohol or other stimulants. They try to show children the most appropriate health behaviors so that while observing them during their stay at their home, they can imitate them in perspective and understand why they should be done. All surveyed parents unanimously say that their educational and socialization activities towards their children in terms of health and the resulting health behaviors are aimed at increasing their chances for proper functioning. Foster parents do it consciously, believing that their actions in the trajectory of the child's future will allow them to use specifically imprinted information and socially recognized behaviors to create a constructive model of their life. Next, the surveyed 28 foster parents were asked what creates the most problems for them in the process of implementing educational, social and caring interactions in the context of health and education towards health. Parents recognized the negative attitudes and health behaviors of their children from their families of origin as the biggest problem. They claim that children under their care very often recreate behaviors originally remembered from their family home and

observed in their biological parents. Another indicated problem is the lack of adequate knowledge on how to deal with various, sometimes highly interconnected health disorders in children, when they did not manage to obtain this knowledge during the course preparing them to act as a foster parent, and information obtained from care coordinators or social workers, psychologists or psychiatrists are insufficient for them. In addition, another problem pointed out by parents is of an ethical nature. By implementing educational and socialization processes in the family in the context of health and health education, the surveyed foster parents experience dilemmas when having a very sick child under their care and they themselves are aware of the advancement of the disease and its progression, experience trauma when they are unable to help the child and they are forced to watch his suffering. During the study of 28 foster families functioning in the city of Szczecin in terms of health and its importance in the spectrum of educational, social and care processes, the opinion of persons supporting parents in terms of the required standards was asked. In an interview with foster care coordinators, social workers, family assistants or doctors cooperating with the MOPR in Szczecin, they were asked how they assess educational, socialization and care work in the field of health and health education. Among the surveyed supporters of the surveyed professional foster families, 28, a positive assessment of them in terms of caring for health, forming positive attitudes and health behaviors is noteworthy. Some of them, even the surveyed coordinators or doctors, praised the surveyed foster parents for their great commitment and passion in performing their duties resulting from the tasks assigned to them. Without this, a large group of children in foster care in the city of Szczecin would not be in such good health as it can be seen by visiting individual foster families and watching their work. In the final part of the research process, the surveyed parents were asked how they evaluate themselves as foster parents in terms of health and forming health attitudes and behaviors of children in the process of family upbringing and socialization. All surveyed foster parents said that, regardless of the situation, they always try to fully use their knowledge, competences or skills to work with full commitment and dedication with the children entrusted to them in order to optimize their quality of life and, in the long run, to make their childhood happy and happy. The short analysis of the obtained data presented above seems to be very interesting cognitively, and from the perspective of practice, it becomes an area of creating new solutions and compensatory, preventive and improvement strategies.

Conclusions

The analysis of the issue of the importance of health and the related health education carried out in the educational, socialization and care processes in professional foster families functioning in the city of Szczecin allows to conclude that all surveyed parents attach great importance to caring for the health of children in holistic dimension and forming their pro-health attitudes in the educational process they create. For the surveyed parents, health is an autotelic value, a process and a resource that needs to be cared for, nurtured and affirmed in a specific way. Foster parents would not show such a way of thinking about health and education for / for health if not for the personal maturity that characterizes them. The creator of the concept of personal maturity is Gordon Allport. In the literature on the subject, there are two ways of describing personal maturity. First, as an ideal model denoting a certain optimum of functioning towards which human development should aim (Tyszkowa, 1988, 8). The second way of describing personal maturity involves treating it as a process of changes within which the above-mentioned pattern is realized. It is a processual approach, therefore, reaching personal maturity is the process of becoming a mature person (Ryś, 1997; Rostowska, 2003, 49). Describing personal maturity, Maria Ryś distinguishes four basic dimensions, within which she indicates the features of a mature person. These dimensions include the quest to discover the truth, the maturity of the emotional sphere, relationships with others, values and ideals (Ryś, 1999). According to this author, a mature person is described by an attitude to seek the truth, both in discovering oneself and in getting to know the surrounding reality, including relationships with other people. This process is usually accompanied by gaining knowledge and experience, enabling a creative approach to changes taking place in the world. Within the second dimension, which is the maturity of the emotional sphere, an objective attitude towards oneself and emotional balance can be distinguished as features of a mature person. These features determine the ability to respond adequately to the events of emotional response, and at the same time the emotional balance coexists with the sense of security. A person with a mature personality in the third dimension is described by the ability to empathize, which is an important factor in creating mature relationships with others, and to intimacy, as well as having a proper hierarchy of values integrating the functioning of the personality. An appropriate hierarchy of values, determining the direction and commitment of human activity (including especially pro-social values such as altruism, kindness, sympathy for others, etc.) creates the fourth dimension of the approach to personal maturity adopted by Ryś (Ryś, 2011, 65-84). Having foster parents of personal maturity allows them to effectively and engaged in fulfilling marital and parental roles, including

the implementation of educational and socialization processes and care for children entrusted to them. The following conclusions can be drawn from the research on the importance of health in the family educational, socialization and care process at this stage of their interpretability:

- 1) Health in a multidimensional approach plays a significant role in the implementation of educational, socialization and care processes in the surveyed professional foster families,
- 2) By implementing all educational and socialization tasks in professional foster families, the process of axiologizing health in the family takes place,
- 3) Foster parents, during educational and socialization interactions, teach children pro-health attitudes by means of persuasion and modeling in everyday situations,
- 4) The process of education and health is constantly included in the process of upbringing, socialization and care in professional foster families,
- 5) Education to / for health carried out in professional foster families takes various forms and is related primarily to the resources of parents and children
- 6) The attitude of foster parents towards health education in their families is characterized by commitment, empathy, kindness and dedication to the child's affairs,
- 7) When implementing family educational processes to and for health, foster parents use various forms of support as well as the help of specialists, therapists, etc.,
- 8) Professional foster parents are characterized by personal maturity, which significantly allows them to effectively and multi-dimensionally implement the process of upbringing, socialization and care for the children entrusted to them,
- 9) For foster parents, caring for the health of children brought up in professional foster families is the primary aim of their work, saturated with a deep awareness of responsibility for them until they are cared for by them.

Summary

Analyzing the importance of health in the perspective of family upbringing, socialization and care processes in 28 professional foster families functioning in Szczecin, she points out that parenthood is a multidimensional area of cognition. Following Lucyna Bakiera (Bakiera, 2020), the following aspects of parenting can be distinguished in this area: intrapsychic, interpersonal and contextual aspect of parenting. In the intrapsychic aspect, the personal experience of parenthood, the parent's identity, beliefs, norms and values can be

mentioned. In turn, in the interpersonal aspect, parent-child interactions and relations, models of care, upbringing and socialization in the family are mentioned (e.g. parental attitudes, parenting styles, reward and punishment system, educational atmosphere in the family). Finally, the contextual aspect of parenting includes the mother, father, and child's experience with the other parent, nuclear and extended family relationships, or the cultural background of parenting. In the literature on the subject, considerations on parenting are called parentology, which aims to optimize the processes of upbringing, socialization and care in the family, as well as learning about the experiences of adults who are parents, as well as the socio-cultural contexts of their activity and involvement in the child's growth. Parenthood is most often associated with care for the child, devotion to him and his problems, as well as with constant accompanying him in development. All this, therefore, belongs to the canon of features called by Goleman emotional intelligence (Goleman, 1999) and its process of forming in the course of family educational and socialization processes. Recalling the words of Eric Erikson (Ericson, 2002, 93), the creator of an interchangeable theory of psychosocial growth, who addresses adults (and above all parents) with the following appeal: *Do to another what will advance the other's growth even as it advances your own* - one might be tempted to paraphrase these words as follows: *Do to your child what will advance the other's growth even as it advances your own, even if it significantly exceeds your potential or if you encounter problems and difficulties during this growth*. In conclusion, it is worth emphasizing that these words should be addressed in a special way to parents in professional foster families who often have to deal with various problems and dilemmas, having deep hope for their perseverance and faith in the sense of what they do for the children entrusted to their care (Kazubowska, 2020, 37-54).

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