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The Role of Physical and Recreational Activities in Occupational Therapy at Social Welfare Centres in Poland

Authors' contribution:

A) conception and design of the study
B) acquisition of data
C) analysis and interpretation of data
D) manuscript preparation
E) obtaining funding

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Abstract

This article presents a study on the potential role of physical, sporting, recreational and tourism activities as elements of occupational therapy conducted in Social Welfare Centres (OPS) in Poland. The aim of the study was to assess the benefits that may arise from these activities offered to clients of OPS (various groups of excluded people) and their impact on improving the well-being of people using social welfare. A selection of programmes and projects offered by centres providing a variety of physical, sporting, recreational and tourism activities are presented. The results of the research show the numerous benefits of participation in activity classes for the excluded, who indicate an improvement in both their physical and mental health, while experiencing a sense of social belonging that then promotes the development of social skills and their social integration. It is important for Social Welfare Centres to continue and develop further projects and programmes in the future that would include these activities as effective and efficient therapeutic tools, aimed at the reintegration and social inclusion of people affected by exclusion.

Keywords: social exclusion, Social Welfare Centres, sport, recreation, tourism, occupational therapy

Introduction

Social exclusion is a complex issue that affects many aspects of our lives. It refers not only to situations where individuals or social groups do not have equal access to material resources, but also increasingly involves barriers to full participation in social, economic, political and cultural life due to limited access to resources, goods and institutions. The term is used when an individual, as a member of society, cannot normally and fully meet their needs, interests or hobbies, or cannot enjoy, for example, physical activities, sports, recreation or tourism services. At the same time, each of us has the human right to practice these activities without any barriers or inconvenience, regardless of age, gender, social background, sexual orientation or disability.

The very dynamic civilisational changes that have been taking place in the world in recent years have left their mark on almost all areas of our lives and, as a result of these changes, many people are unable to "fit in" to a normal lifestyle, to new regulations, or to submit to new orders or bans. Social changes, including in social structures, unfortunately create new areas of exclusion.

The Social Phenomena of Exclusion and Marginalisation, Including From Physical Activities

Due to recent civilisation changes (increased pressure and speed of life, consumerism, economic changes, the COVID-19 pandemic and the war in Ukraine, etc.), the global phenomenon of social exclusion is deepening. This is leading to significant differences in levels of functioning and access to the common goods of civilisation between individuals, social groups and sometimes even entire state systems. New, previously unknown social groups have emerged and are finding themselves marginalised, excluded and functioning on the fringes of 'normal life'. These groups are discriminated against and exclusion is affecting more and more social groups, even in countries where the phenomena did not previously occur. The problem of social exclusion is also affecting European Union Member States, where, despite overall prosperity, poverty and social exclusion remain high (around 25.5%) (Raczkowska et al., 2018, p. 8).

In the European Union, social exclusion is associated not only with a lack of money and material resources, but also with other constraints that do not allow people to live at an acceptable level in their country (Eurostat, 2000).

According to Guo and Jordan, social exclusion is a dynamic process in which an individual or group is isolated from an organisation or community and deprived of its due rights and entitlements (Guo et al., 2021, p. 1). Poland's Ministry of Family, Labour and Social Policy (*Ministerstwo Gospodarki, Pracy i Polityki Społecznej*) social exclusion is defined as:

> *the absence or limitation of opportunities to participate in, influence and benefit from basic public institutions and markets that should be accessible to all. It is a situation that makes it impossible or significantly more difficult for an individual or group to fulfil their social roles legitimately, to use public goods and social infrastructure in a dignified manner* (MGPPS, 2003, pp. 21–22).

According to Olszewski-Strzyżowski, the people most at risk of social exclusion are: people with disabilities, single women, victims of family-related issues, people with mental health conditions, people with low professional qualifications, the elderly, single people, the homeless, the unemployed, children and young people from disadvantaged and troubled backgrounds, immigrants and members of national minorities, members of the LGBTQ+ community, people in or leaving prison and correctional institutions, and those struggling with alcohol and drug addition (Olszewski-Strzyżowski, 2017, pp. 63–67).

These groups are helped by a diverse and growing number of programmes and projects offered by various institutions, organisations and associations. Their activities (in the form of ongoing programmes and projects) not only include material assistance, the upgrading of professional skills and psychological support, but also the facilitation of universal access to physical activities, recreation, sport and tourism.

As Bond et al. note, it is important for all social groups, without exception, to have free access to physical activities (Bond et al., 2004, p. 850). According to the FolkeSundhed organisation, "socially disadvantaged people do not commonly participate in sport and physical activities, confirming the existence of social inequalities in this regard" (www.folkesundhed.dk).

Confirmation of the importance of physical activities in the lives of excluded people can be found in a statement by the Danish Minister of Social Affairs, who stated that:

> it is important that people who are socially disadvantaged become part of society on an equal footing with everyone else by undertaking physical activities. We know that these activities have a positive impact on people and can help break negative patterns and lay the foundations for a new life for many excluded people (www.sm.dk).

This is also confirmed by Olszewski-Strzyżowski, noting that programmes aimed at people in need of reintegration into society can be implemented in different ways and using various tools. It is not only material assistance, raising professional qualifications and psychological support, but could also come in the form of sports culture activities, which should be on offer for these people. This is because sport can be a tool for socialisation, a socialising factor, as well as a factor for social advancement (Olszewski-Strzyżowski, 2018, p. 42).

At the same time, help for socially excluded groups can also be provided by projects implemented and offered by various entities for effective "social exclusion through and into tourism" (Olszewski-Strzyżowski, 2021, p. 277).

As stated in the Global Code Of Ethics For Tourism (https://www.unwto.org/ global-code-of-ethics-for-tourism, pp. 4–7), everyone has the right to tourism and tourism services: this right to tourism and freedom of movement for tourism purposes is affirmed; people everywhere have an equal right to directly and personally discover and enjoy the riches of our planet; responsible, sustainable and accessible tourism is promoted as part of the universal right to rest and travel, respecting the choices of all peoples in this regard, with family, youth, student, elderly and disabled tourism being supported in particular.

In Poland, this activity (also in the field of tourism) is successfully carried out by Social Welfare Centres, which

offer their clients programmes and projects as an important element of the social reintegration policy.

Activity of Social Welfare Centres

As Bednarz notes, as part of its social policy, the state has an obligation to meet social needs for all citizens and to establish social institutions to meet specific, therapeutic and preventive social needs (Bednarz, 2008, p. 45). There are the following social welfare centres in Poland: general ones (pl. *Ośrodki Pomocy Społecznej* – OPS); urban ones (pl. *Miejskie Ośrodki Pomocy Społecznej* – MOPS); family ones – (pl. *Miejskie Ośrodki Pomocy Rodzinie* – MOPR); combined urban and rural ones (pl. *Miejsko-Gminne Ośrodki Pomocy Społecznej* – M-GOPS), and rural ones (pl. *Gminne Ośrodki Pomocy Społecznej* – GOPS).

In particular, their activities consist of: strengthening social ties, building the identity of excluded people, empowering excluded and marginalised people, and shaping a sense of value, freedom and action among these people to increase their self-confidence and strengthen their self-esteem.

Fortunately, these activities are not limited to assistance such as vocational training and social or welfare support, but also cover facilitating excluded people's participation in a broad range of physical activities (sport, recreation) and tourism. Thanks to these activities (inclusion), the participation of previously excluded groups in these diverse activities increases. The centres conduct comprehensive activities (in the form of implemented programmes and projects) addressed to their clients) such as offering: activities for children and young people with disabilities (various forms of leisure activities and participation in sport and recreation); recreational activities (fitness, Nordic Walking) and tourist activities (trips, outings, rallies, etc.).

It should be assumed that this results in significant changes taking place in terms of social integration of the centre's charges, improvements to their social position, the acquisition of social and personal identity, and changes in their professional situation, but especially in terms of improvements to their life, mental, spiritual and physical well-being. Below, Figures 1 and 2 show elements of social exclusions in terms of access to participation in physical activities (sport and recreation) and tourism, of the clients of Social Welfare Centres.

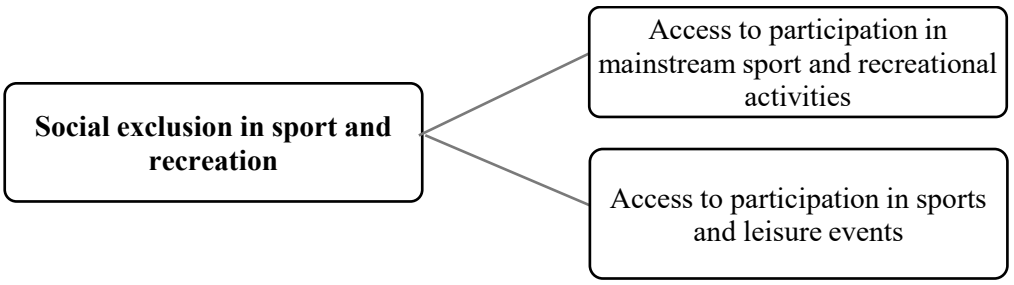

Figure 1. Exclusions experienced by Social Welfare Centre clients in terms of their access to participation in sport and recreational activities

Source: author survey, 2023

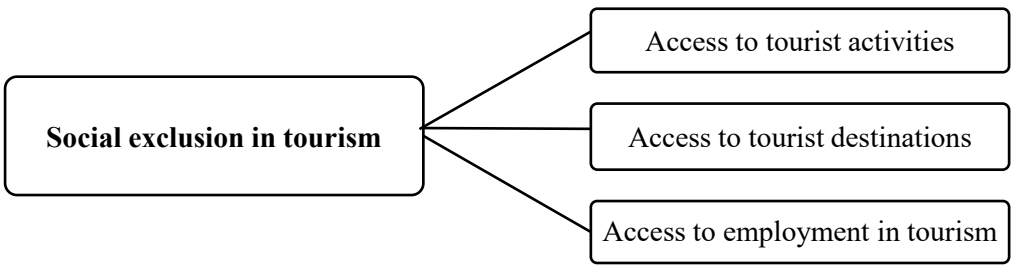

Figure 2. Exclusions experienced by Social Welfare Centre clients in terms of their access to participation in tourism activities

Source: author survey, 2023

Counteracting these exclusions can be achieved through a variety of activities, as indicated, including an activity offer. It should be assumed that sporting, recreational and tourism activities offered to clients are an important element of the therapeutic activities carried out (the OPS operating in Poland also carry out social therapy tasks – including occupational therapy) (The Act on Social Assistance of 12 March 2004).

The Essence of Occupational Therapy

Therapy is a process designed to help individuals cope with a variety of problems, disorders or illnesses through the use of specialised techniques and interventions. Therapy can address many areas of a person's life, from the physical to the emotional, mental and social, and is carried out by qualified professionals in a particular field who use methods tailored to the patient's needs and situation (*Praktyczne Życie*, https://praktycznezycie.pl/definicja/terapia/).

According to Milanowska, occupational therapy is treatment and improvement through specific activities, classes and work. It is a process aimed at a person's independence and at improving and compensating for their functions by means of mental and/or physical activities carried out systematically (Milanowska, 1965, p. 11). Janus says that, through occupational therapy, "a person's psychological well-being is improved and they acquire satisfaction with their lives through the activities they do" (Janus, 2016). Occupational therapy aims to help all people, but is especially useful for excluded people (including socially maladjusted people, e.g. prisoners, people with social pathologies, people with a different sexual orientation, socially and professionally excluded people, homeless people, unemployed people, etc.) (Alanen, 2009, p. 156).

According to Baum, the essence of occupational therapy is the treatment, improvement, maintenance of function and the formation of new practical or mental skills. Therapeutic interventions should be carried out in a comprehensive, systematic manner and be based on the principle of various diverse interactions (Baum, 2008, p. 5) (other authors have also pointed this out, namely: Bac, 2023; Pêgo, Silva, Souza, 2023 and Godlewska-Zaorska, 2023),

As Kott points out, occupational therapy with groups of clients should be a complex activity through which the mental and physical aspects of a person are treated (Kott, 2002, p. 34). At the same time, Wyczesany (2011) argues that therapeutic interactions (e.g. in terms of physical rehabilitation) can be performed with the participant in the form of physical activities, general movement sports or activities using rehabilitation equipment.

Occupational therapy refers to the effective, efficient and also effective management of the clients' leisure time by organising activities under the guidance of a therapist. These activities are in accordance with the needs of the clients for various purposes (Fearing et al., 1997, p. 7; Grabowski et al., 2007). The activities proposed to the participant should be useful for him or her and for society.

The basis of occupational therapy is adapting the proposed activities to the needs, age, health, gender, type of illness, treatment methods used, skills, and abilities and interests of the participant. Occupational therapy also has a social aspect in its activities (often the most important for many excluded people), consisting of the possibility to be together, to carry out physical exercises jointly, to create bonds and friendships and a sense of social belonging (Olszewski-Strzyżowski, 2018). According to the author, Social Welfare Centres may also use sports, recreation and tourism activities in their therapeutic activities (such activities are offered to patients as part of ongoing programmes and projects). Figure 3 presents some proposed occupational therapy tasks that may include the activities mentioned above.

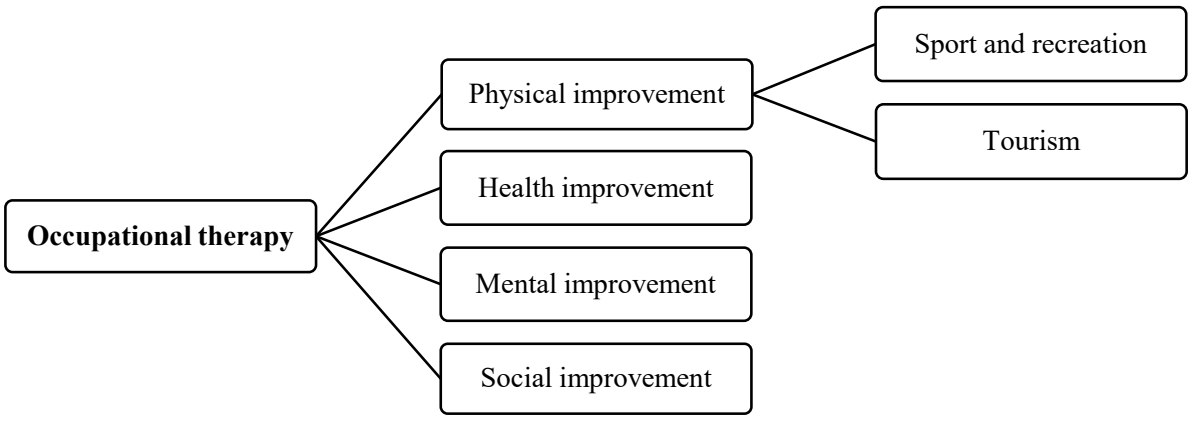

Figure 3. Suggested occupational therapy tasks

Source: author survey, 2023

In terms of the needs of the clients (excluded individuals), occupational therapy is intended to fulfil the following tasks:

1. Physical improvement
   a. through access to sport and recreational activities (effects: improved general physical condition, increased endurance, reduced risk of diseases related to the lack of physical activity);
   b. through access to tourist activities (effects: improved physical and mental health, better integration with other people, reduced stress and tension, better rest and regeneration, more knowledge about the world and openness, etc.);
2. Health improvement (effects: improved health, development of healthy habits);
3. Mental improvement (effects: changed attitude to life, higher self-esteem and self-confidence);
4. Social improvement (effects: socialisation, social reintegration, adaptation and return to independence and social life, development of social and interpersonal skills, professional reorientation, acquisition of a profession, learning).

Results

The aim of the study was to analyse activities (in the form of projects and programmes) undertaken by selected Social Welfare Centres (OPS) in Poland that implement various initiatives aimed at the centres' clients (excluded groups). Selected activities implemented by the Social Welfare Centres in the areas of physical, sport, recreational and tourist activities were presented. It was assumed that the participation of the excluded in these activities is an effective and efficient therapeutic tool for them, aimed at reintegration and social inclusion.

The research was conducted in two stages in September 2023:

– Study No 1: carried out using the diagnostic survey method, where the research tool was a proprietary questionnaire (online survey), consisting of two closed questions, posted on the 'Forms Office' platform. In total, there were 220 respondents.
– Study No 2: carried out using the diagnostic survey method, where the research tool was an original questionnaire, consisting of nine closed questions, posted on the "Forms Office" platform. There were 94 respondents, employees of Social Welfare Centres in Poland who are involved in the implementation of programmes and projects aimed at the clients of the centres.

To begin with, the respondents were asked to indicate the people who, in their opinion, could be categorised as "excluded", "marginalised", etc.

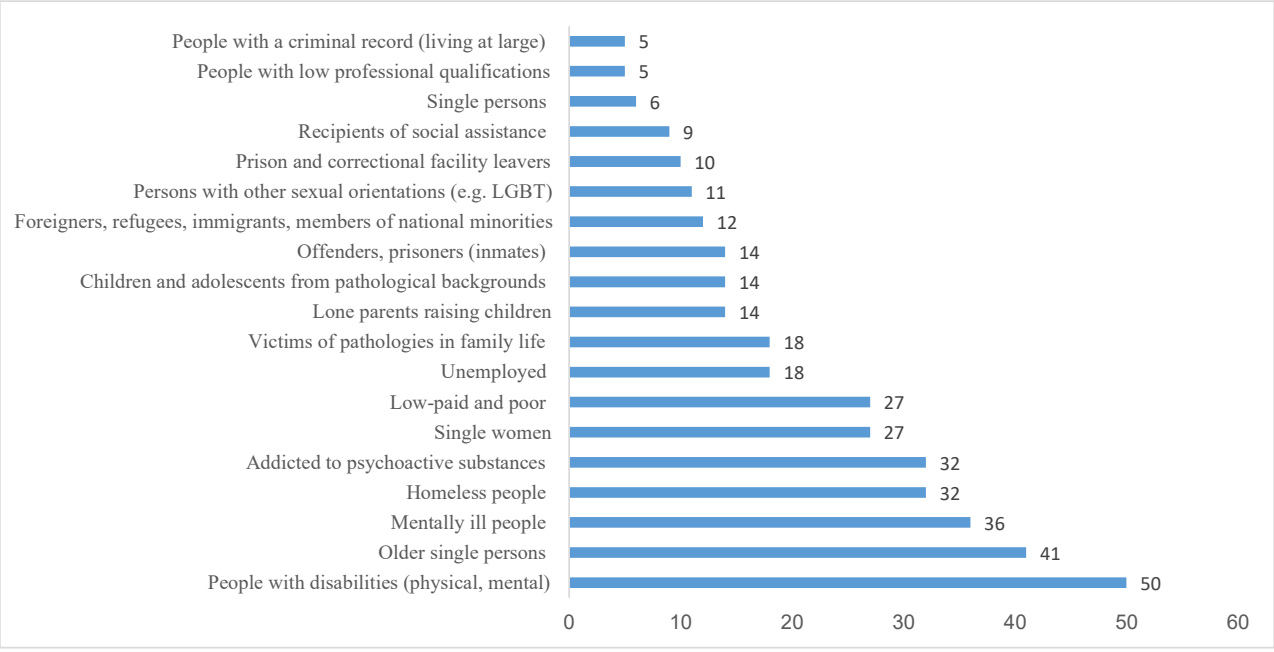

Figure 4. Respondents' opinions on people who they think could be categorised as "excluded", "marginalised" (N=220)(%)

Source: author survey, 2023

In particular, the respondents included people with disabilities (50%) and senior citizens (41%) in the category of excluded people, and least of all people with a criminal record (5%).

Respondents were then asked to indicate which institutions could help excluded people to access physical activities freely.

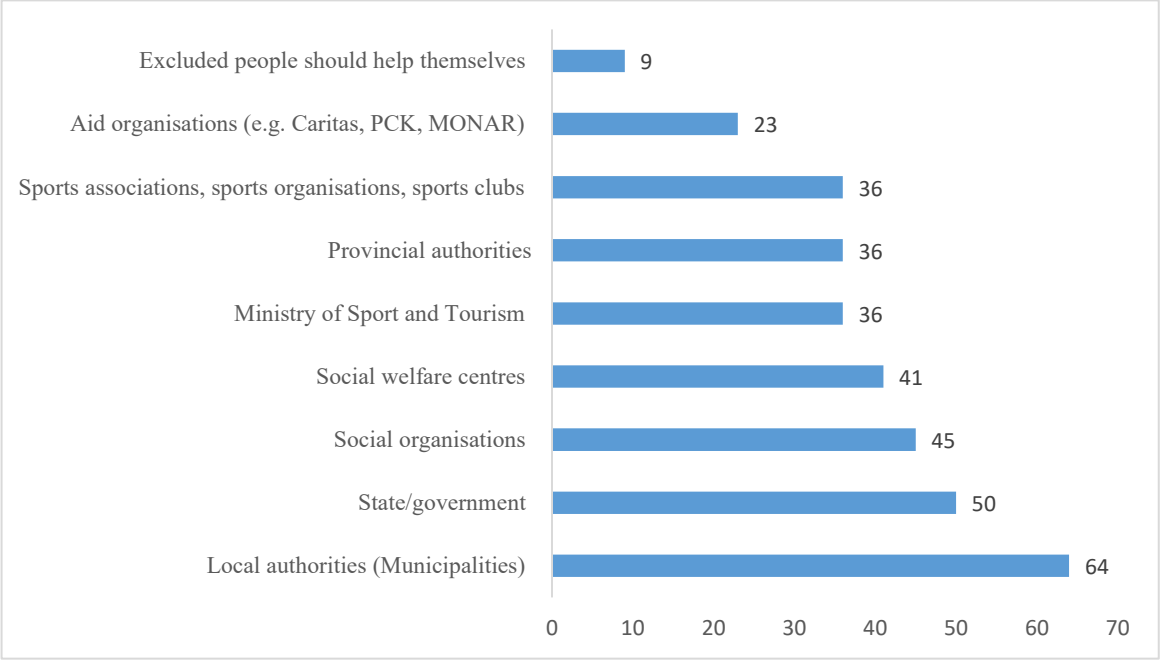

Figure 5. Respondents' opinion on institutions, organisations, entities etc. that could help excluded people to freely access physical activities (sport, recreation and tourism) (N=220) (%)

Source: author survey, 2023

Respondents ranked local municipal offices (64% of responses) and the government (50%) as the most important support institutions, with just 9% of respondents indicating that excluded people should help themselves. The chart below summarises the centres from which responses were received.

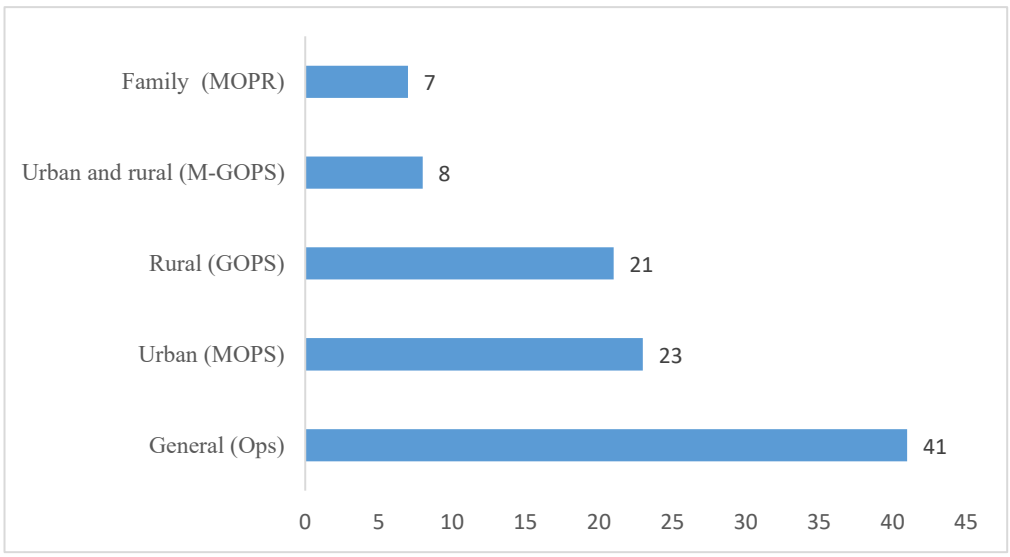

Figure 6. Centres from which responses were received (N=94) (%)

Source: author survey, 2023

Most responses were received from general (OPS) (41%) and urban (MOPS) (23%), and the least (7%) from family-oriented (MOPR). It was further investigated which groups of clients of the centres the programmes and projects were aimed at.

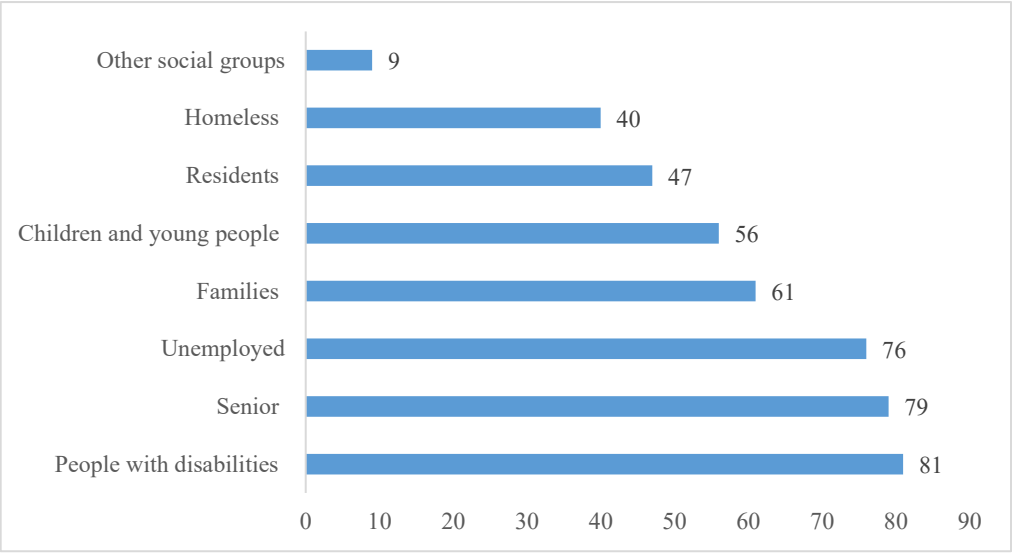

Figure 7. Target groups (clients) covered by programmes and projects (N=94) (%)

Source: author survey, 2023

The people who most often benefited from programmes and projects were people with disabilities (81%) and senior citizens (79%), and the least often were "other" social groups (9%).

Respondents were asked to indicate which activities (projects and programmes) within the framework of social policy were carried out in the centres and aimed at clients, broken down by thematic areas.

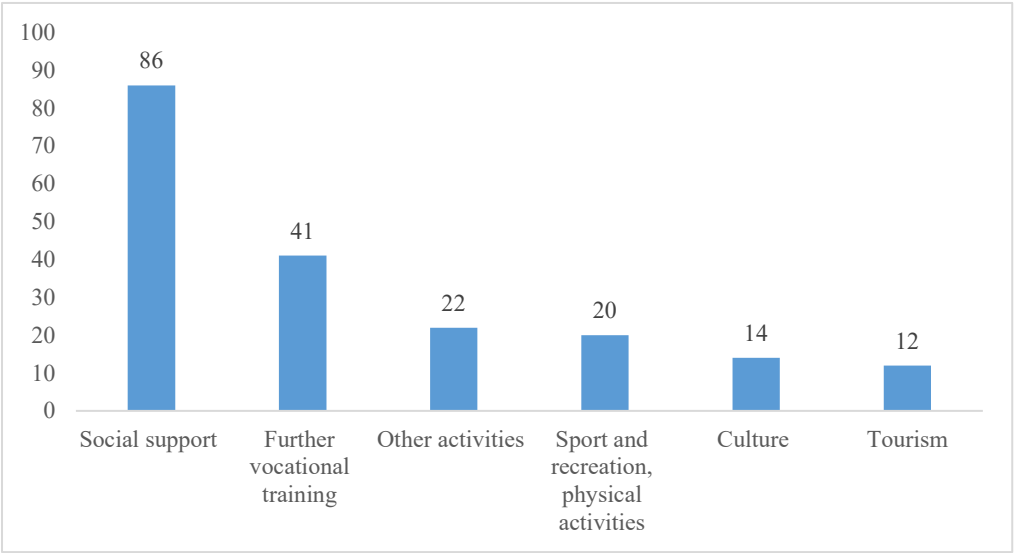

Figure 8. Main activities of the centres (implementation of programmes, projects) (N=94) (%)

Source: author survey, 2023

The centres most often focused their social activities aimed at groups of clients (programmes and projects) on tasks in the areas of: "social support" (86%) and "vocational further training" (41%), and for 12% they carried out tasks in the area of "tourism". Respondents were asked to indicate the most important activities carried out by the centres, which are elements of social policy, in relation to excluded groups.

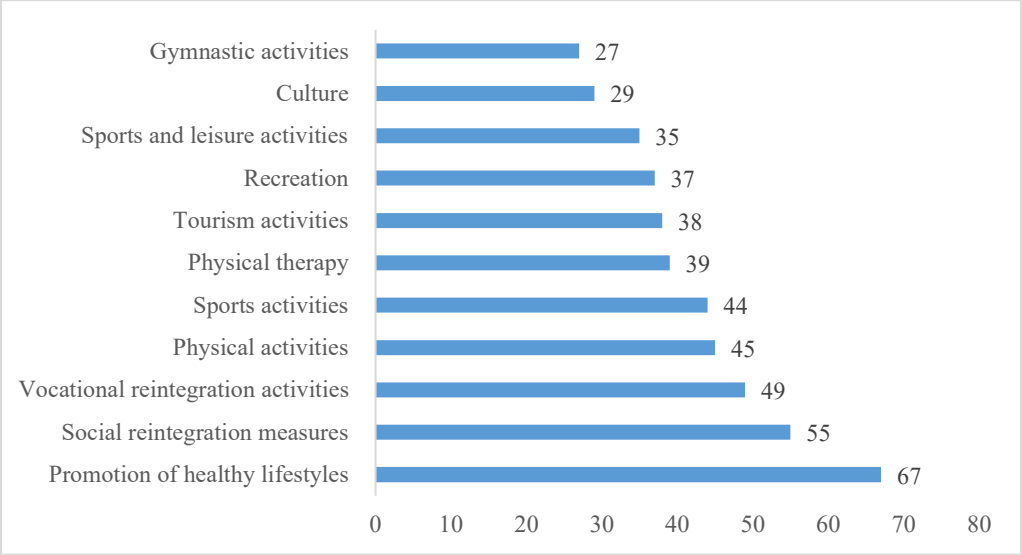

Figure 9. Key activities (programmes and projects) addressed to groups of clients within the framework of conducted occupational therapy (N=94) (%)

Source: author survey, 2023

Respondents cited the following as key activities of the centres aimed at excluded groups within the framework of their social policy: "promotion of healthy lifestyles" (67% of indications) and "social reintegration activities" (55%). Activities in the area of "tourist activities" were indicated by 38% of respondents. Among the least important activities were those relating to "culture" (29%) and "gym activities" (27%). Respondents were asked to identify the most important physical activity programmes and projects underway.

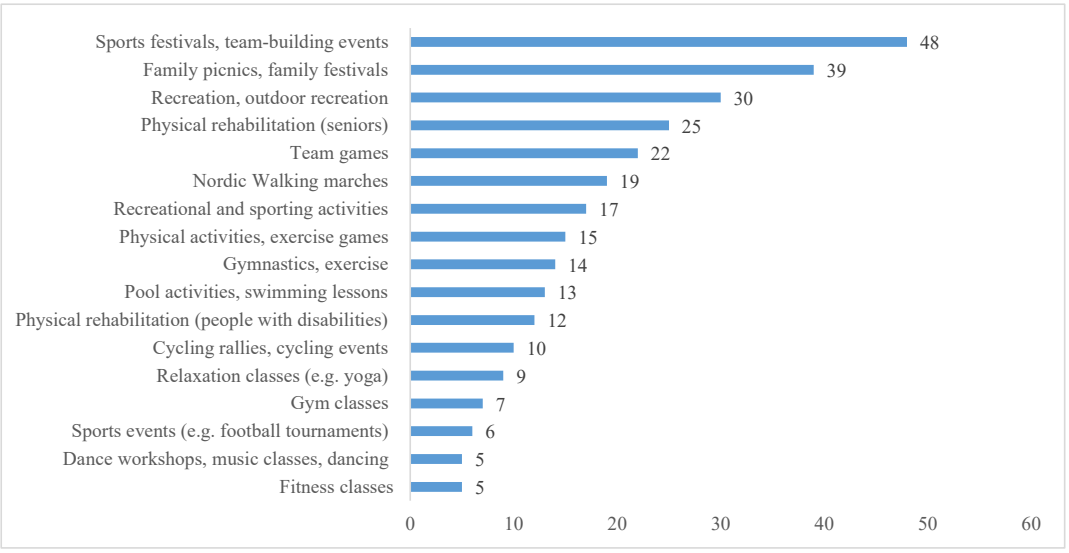

Figure 10. Most important ongoing physical activity programmes and projects (sports and leisure) (N=94) (%)

Source: author survey, 2023

The most popular physical activity activities were organised "sports festivals and team building events" (48%), "family picnics (family integration)" 39%, and the least popular were "fitness classes" and "dance workshops" (5% of responses each). Respondents indicated the most important physical activity programmes and projects implemented.

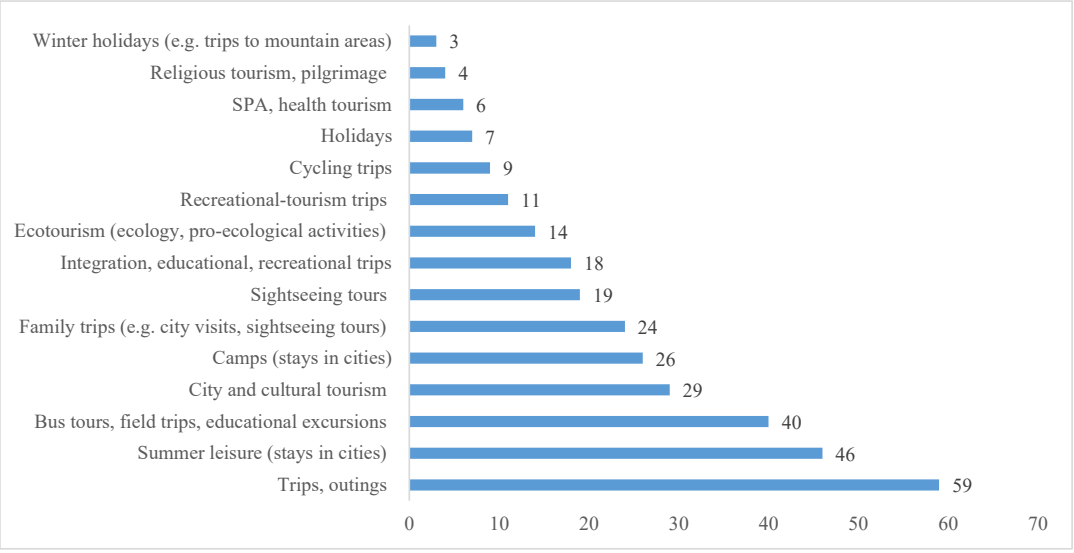

Figure 11. Most important physical activity programmes and projects carried out (N=94) (%)

Source: author survey, 2023

In particular, the most important tourism activities were "trips" (59%) and "summer leisure" (46%), while the least important were "winter holidays" (3%). Respondents also indicated the most important issues addressed during therapeutic activities (including in the field of sports, recreation and tourism).

Table 1. Most important implemented issues raised during therapeutic activities (N=94) (%)

Issues	Number of answers (%)
Meetings with a psychologist	54
Social skills and relationships workshops	50
Household management (e.g. planning a household budget)	48
Promotion of healthy lifestyles	45
Psycho-educational workshops, psychology	42
Support for seniors	40
Dealing with stress and emotions	38
Interpersonal skills training	37
Helping people with disabilities	35
Domestic violence issues	34
Addiction therapy	33
Improving and strengthening family relationships	32
Healthy eating (diet, cooking workshops)	31
Parenting problems	30
Active leisure, activities with the child	29
Organising, managing and spending leisure time actively	29
Dealing with alcohol-related problems	28

Issues	Number of answers (%)
Rehabilitation activities	27
Reintegration into work	26
Safety	25
Impact of physical activity, sport, recreation and tourism on lifestyles	24
Occupational therapy (art therapy, music therapy, dance)	23
Pre-medical first aid	18
Personal hygiene	17
Workshops for codependents	16
Creative and handicraft activity workshops (artistic)	15
Physical rehabilitation	13
Environmental education	11

Source: author survey, 2023

In particular, the most important issues addressed during therapeutic activities include "meetings with a psychologist" (54%), "social skills and relationships workshops" (50%), "impact of physical activity, sport, recreation and tourism on lifestyles" (24%), while the least important is "environmental education" (11%). Respondents were asked to express their opinion on whether they believed that physical activity (sport, recreation) and tourism activities could be an important element of occupational therapy provided by the centres to excluded people.

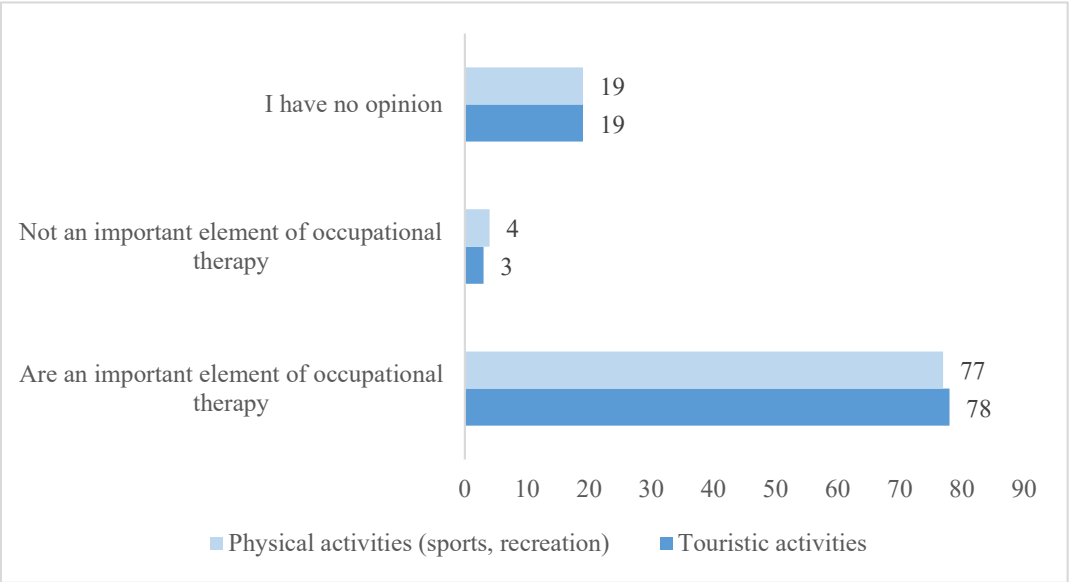

Figure 12. Can physical activity, sports, recreation and tourism be part of occupational therapy? (N=94) (%)

Source: author survey, 2023

Respondents indicated that both physical and tourism activities offered in the centres are an important element of occupational therapy, in relation to excluded people (78% and 77% of responses respectively). Only 3 % of the respondents held the opposite view (regarding the importance of tourist activities) and 4 % regarding the importance of physical activities, while 19 % of the respondents (equally) had no opinion on the subject.

The next question asked respondents to express their opinion on the most significant changes that could take place among the clients as a result of their participation in the therapeutic activities offered.

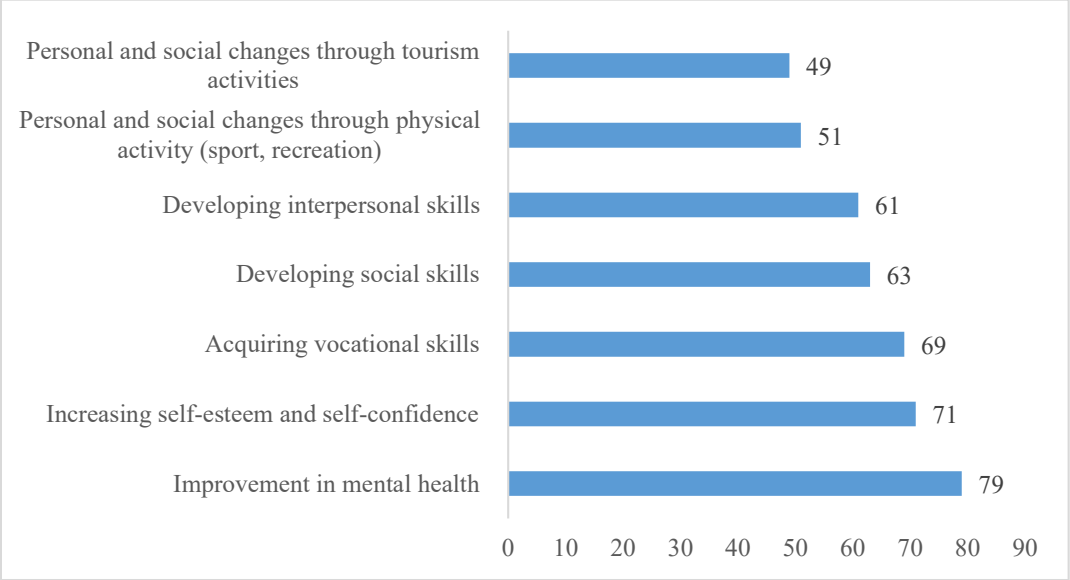

Figure 13. The most significant changes that occur as a result of occupational therapy among clients (N=94) (%)

Source: author survey, 2023

Respondents specifically cited, among the most important changes that can take place among excluded people through occupational therapy: "improved mental health" (79%) and "increased confidence and self-esteem" (71%). At the same time, 51 % of the respondents pointed to possible changes in the group of clients through physical activities and 49 % through tourism activities.

Additional confirmation of the changes that take place through the participation of the excluded groups in programmes and projects (occupational therapy) can be found in selected statements given to the author of this article by participants in the activities and by centre staff directly involved in the implementation of the tasks.

Participant (A) – Jędrzejów Centre

At that time I was unemployed and had family problems. I was in contact with the centre before, because I attended group therapy, activity classes and trips. I went to the centre, even though it was hard for me to break through because of my problems at home; I couldn't cope, I had problems with my husband. I was in a difficult personal situation at the time and I didn't know how to get out of it, though I was looking for a way out of these problems. There were classes with a psychologist, a careers advisor. And there was a belief in my own abilities, some overcoming of my fears and my barriers, limitations. Because this therapy is like that for me.

Participant (B) – Jędrzejów Centre

I found myself in these projects because I have always been active, but also because of my own problems, because I was touched by domestic violence. I think that the children were also the reason why I joined the project. Because I was having a crisis in my life and I was depressed and withdrawn from groups of people. And that's how it was with me. So I started to take part in Nordic walking and fitness classes and I liked that. I wanted my children to take advantage of these different offers. So if there was an outing, for example to a stud farm, I would take the children. Then the activity increased through the children and they got into the activities. Nordic walking classes are fun, because there is an instructor and there is a very harmonious group of participants. There are different routes, different rallies, different outings and it's so nicely organised. It's important that these are regular classes, that the instructor is there, that it doesn't change and that it lasts over time. Because the classes make you more confident and you feel better. This participation in the projects has given me a lot, because I've opened up, primarily to people, to the world, I've had my time filled and it's made me stronger and acted like a kind of therapy. And my health has also changed positively, because you need movement and then your health is better. And I've also changed the way I eat, both myself and my children, because there were classes with a nutritionist.

Project Officer – Lubiąż Centre

Every year we carry out more and more of these sporting, recreational, tourist activities. During the activities, the people meet and talk and exchange recipes, because they don't stay at home with their problems and a group forms. And there's therapy for them and a self-help group

forms. Because now, for example, we have fitness classes, exercise classes or relaxation classes, I don't think it would have been possible to organise such classes before, because people would have been sceptical about it, you would have had to really convince them, but today they are willing to get involved. In the past, they didn't think about it, or that it was only an activity of sports clubs, and not of a centre that deals with very difficult psychological things or therapy. But now, probably after these few years of activities, people have broken through. Because among these people, their personal situation is changing and their self-esteem, their view of their own image and of themselves is growing more. Those women who come to the classes can't imagine not attending them. There was a time when we wondered if it would last, because the project was coming to an end, and the ladies went to the mayor and said that they really needed these classes. We have very diverse people in the classes and there are people who have never used anything. The fitness classes are not only beneficial to their health and fitness is improved, but the ladies began to open up and their problems at home, whether it was life, family or material, began to disappear. Those ladies who attend the classes are certainly in better physical condition – they say so themselves. So it is not only physical health that is affected by exercise, but also mental health and social life. I am an optimist and I can see the changes in these women and the smiles as they come out and laugh. And I will say that this group is growing so much. More and more ladies are coming.

Project Officer – Władysławowo Centre

People were interested and willing, but a lot of people were reluctant to go, they are not in the habit of spending their leisure time in the form of trips. There was dance therapy, exercise, outings, classes with a make-up artist, there were meetings with a nurse about nutrition. As for their changes in terms of sports or hiking habits, I don't know if any lasting changes have taken place in them. I have the impression that these activities are not the main needs for many of them though, because these people function more in a passive, minimalist way and do not have such needs, they need work more and do not have leisure habits. This is also linked to their financial problems. But I think such therapeutic activities for them are necessary. As for their changes in health, I think their appearance has improved; this area has improved for many. And their self-esteem has also improved and their image too. The ladies started to take care of their appearance after the classes, especially after these make-up classes, and I think these are lasting changes in these people. And it changed with them, some of them even had an unpleasant smell, because those are people who live in difficult housing conditions, it was such a problem with them. But after these classes, they educated themselves and it definitely improved with many of them. After these classes with the nurse on nutrition, this also changed, especially in terms of eating habits.

The above selected statements by the clients themselves confirm the significant changes that have taken place in them as a result of their participation in the activities (increased self-confidence, openness to the world, health changes, etc.). The participants also highlighted the therapeutic value of the projects. However, statements made by employees of the centres indicate the need for the centres to undertake further diverse exclusion activities in the form of physical activity and tourism programmes and projects.

Conclusions

The main mission and objective of the activities of Social Welfare Centres in Poland is usually to help people who are excluded (from the labour market and other areas of social life) by offering them material assistance, improving their professional qualifications, providing psychological support, etc.). Activities also include ensuring that clients have access to programmes and projects (classes) in the realm of physical activities (sport and recreation) and tourism.

The data collected leads to the following conclusions:

- respondents included primarily people with disabilities (50%) and least of all people with a criminal record (5%),
- respondents ranked local municipal offices (64% of responses) as the most important support institutions, and only 9% of respondents indicated that excluded people should help themselves,
- most responses were received from Ośrodki Pomocy Społecznej (41%) and Miejskie Ośrodki Pomocy Społecznej (23%), and the least (7%) from Miejskie Ośrodki Pomocy Rodzinie,
- the people who most often benefited from programmes and projects were people with disabilities (81%) and the least often people from "other" social groups (9%),
- the centres most often focused their social activities aimed at groups of clients (programmes and projects) on tasks in the areas of: "social support" (86%) and for 12% they carried out tasks in the field of "tourism",
- respondents cited the following as particular key activities of the centres aimed at excluded groups within the framework of their social policy: "promotion of healthy lifestyles" (67% of indications). Activities in the field of "tourist

activities" were indicated by 38% of respondents. Among the least important activities were those relating to "gym activities" (27%),
- the most popular physical activity activities were "sports festivals and team building events" (48%), and the least popular were "fitness classes" and "dance workshops" (5% of responses each),
- in particular, the most important tourism activities were "trips" (59%) and the least important were "winter holidays" (3%),
- in particular, the most important issues addressed during therapeutic activities include "meetings with a psychologist" (54%) and the least important is "environmental education" (11%),
- respondents indicated that both physical and tourist activities offered in the centres are an important element of occupational therapy, in relation to excluded people (78% and 77% of responses respectively). Only 3% of the respondents held the opposite view (regarding the importance of tourist activities) and 4% regarding the importance of physical activities, while 19 % of the respondents (equally) had no opinion on the subject,
- among the most important changes that can take place among excluded people through occupational therapy, respondents specifically cited: "improved mental health" (79%). At the same time, 51% of the respondents pointed to possible changes in the group of clients through physical activities and 49% through tourism activities,
- the statements by the clients themselves confirm the significant changes that have taken place in them as a result of their participation in the activities (increased self-confidence, openness to the world, health changes, etc.). Participants also emphasised the great therapeutic value of classes and projects in the field of physical activity, sport, recreation and tourism (these activities have strong therapeutic potential and can also be used by occupational therapists). The statements from the employees of Social Welfare Centres also indicate the need for the centres to undertake further diverse exclusionary measures in the form of programmes and projects in the area of physical activity and tourism.

Competing interests

The authors declare no competing interest.

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