

Children in Out-of-Home Care

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It has been 20 years since the child care system was integrated into the social welfare system (Article 64 of the Act of the 24th of July 1998 on the amendment of certain laws defining the powers of public administration authorities, in connection with the reform of the State [Dz.U. / Journal of Laws 1998, 106, item 668]) and 10 years since a separate act of law established the Polish system of family support and alternative care, which has since constituted the basis for the organisation of districts and communes in this respect (Dz.U. 2011, no. 149, item 887). The main goal of moving the system from the education sector to social welfare was to integrate efforts to help families with child care services, with respect for the child's individuality and the family's autonomy. The family support and alternative care system, as a part of the broad social welfare system, was created for the benefit of children who need special assistance and protection, and to support families experiencing difficulty in their caregiving function.

Supporting families in the community

The system organised by local government units is largely based on family support networks within communes, working locally and close to their beneficiaries, **to reduce the number of children supervised by courts due to their families' parenting failures, which was alarmingly growing in the first decade of the 21st century**. The development of a wide range of services and benefits for families was also a long-awaited realisation of the idea that a child can only be placed in alternative care when all possible ways of working with the family have been exhausted. The community support networks were intended to provide such possibilities. The key elements of these systems, coordinated by social welfare centres, include benefits and social work performed by social workers, support provided by family assistants, day support centres, counselling, and supportive families. Guided by their good understanding of the local environment, community support networks provide their services mostly for families with parenting problems, in theory, by the administrative procedure, i.e. at families' request or with their consent; and in practice – often by court order.

The appointment of an adequate number of family assistants and day support centres depends on the local (communal) authorities. Not all of them, however, can see the need. According to social workers, only one in five children in need of such support, can actually use it (Supreme Audit Office [NIK], 2017). In recent years, there has been a decline in the number of family assistants and of beneficiaries using their support. Most likely, it was partly caused by the COVID-19 pandemic and its restrictions, which resulted in reduced social interaction. It should be noted however that multi-problem families, struggling with parenting difficulties and, in many cases, with abuse, required special support

during the pandemic, and their children needed special protection. A report by the Ministry of Family, Labour, and Social Policy (MRPiPS) showed that in 2019 in many communes there was only one active family assistant. What is more, many assistants are employed under temporary civil law contracts (rather than regular job contracts) and their work brings expected results for 47% of families (MRPiPS, 2019). Finally, 8% of communes have no assistants at all (Topolewska, 2021).

Table 1. The number of family assistants and families using their support

	2015	2019	2020
Assistants	3,816	3,934	3,824
Families using family assistants' support	41,739	44,330	41,906
Beneficiaries using supportive families	89	118	72
Beneficiaries using counselling	132,091	96,243	82,215

Source: GUS (Statistics Poland), 2022.

Day support centres, a key element of the local care network, have been established in few communes, mostly in municipalities. In recent years, the number of such centres and of children using their services was decreasing, even though the situation slightly improved in 2021. This form of child support does not seem to be sufficiently used (Kolankiewicz, 2019). Many researchers argue that "social work with dysfunctional families is not sufficient or not present at all. Local governments do not have enough money to build a family support system with family assistants, supportive families, and day support centres" (Szymańczak, 2016).

Table 2. Day support centres and their beneficiaries

	2010	2015	2019	2020	2021
No. of day support centres	3,116	2,905	3,164	2,725	2,950
No. of beneficiaries (in thousands)	138.9	177.5	111.3	87.4	92.9

Source: GUS (Poland Statistics), 2022.

Children in alternative care

When a family cannot be successfully helped and the child's health, life or safety is at risk, it is necessary to separate the child from the family and place him or her in alternative care. In 2020, 23 children were placed in foster families every day, and the same number were placed in institutional care.

The alternative care system, organised by district (*powiat*) authorities, is closely linked to children's communes of origin. It is communes that should

forward background information about the child and the family to the alternative care organiser, foster families, and residential facilities. And this is where family assistants work, supporting the birth parents to help them improve their parenting function, so that the child can return to the family. When a child stays in alternative care for a longer time, the commune should partly cover the cost of his or her placement.

Children are placed in alternative care by court orders. According to international standards of care, which were co-developed by Polish representatives,

The transition to the new home is well prepared and sensitively implemented. After the form of care has been agreed upon, the future care organisation prepares the child's admission thoroughly. The welcome must be gradual and cause as little disruption as possible. Transition to the new placement is arranged as a process, the main purpose of which is to ensure the child's best interests and the well-being of all relevant parties involved¹

Unfortunately, data provided by district family support centres (DFSC) suggests that most decisions about placing children in alternative care are made urgently (95% of decisions made in Warsaw in 2021), which makes it impossible to adequately prepare either the children being placed or those accepting them. The lack of preparation for this major life transition has serious consequences. It is not only a difficult experience for the child, but it may also result in placement failures.

Although in recent years the number of minors remaining under court supervision has been slowly decreasing, when considered in relation to the entire child population in Poland, it does not show a clear declining trend. The rates are still higher than in the 1990s and the early 2000s.

Table 3. The number of minors under court supervision

Year	No.
2010	210,515
2011	211,653
2012	208,319
2013	210,474
2014	208,325
2015	214,521
2016	200,198
2017	197,925
2018	197,233
2019	197,833
2020	195,169
2021	196,624

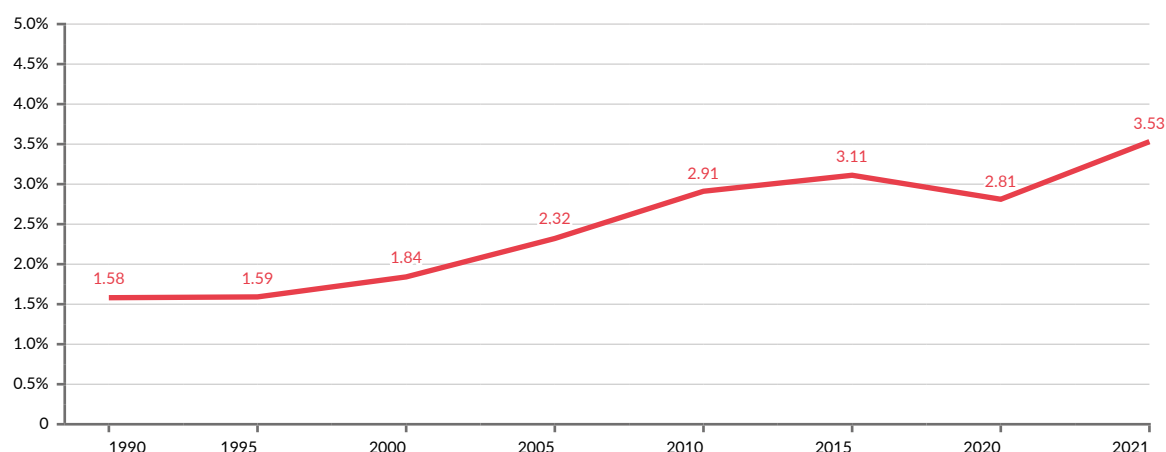
Source: Ministry of Justice (<https://isws.ms.gov.pl/pl/baza-statystyczna/opracowania-wieloletnie>).

“
I live in a group home and sometimes I dream of escaping from here. Some of the ladies are nasty. They don't like it when we make friends with boys or when we talk on the phone.

12-year-old girl
A quote from phone calls and emails to 116 111 Helpline for Children and Young People

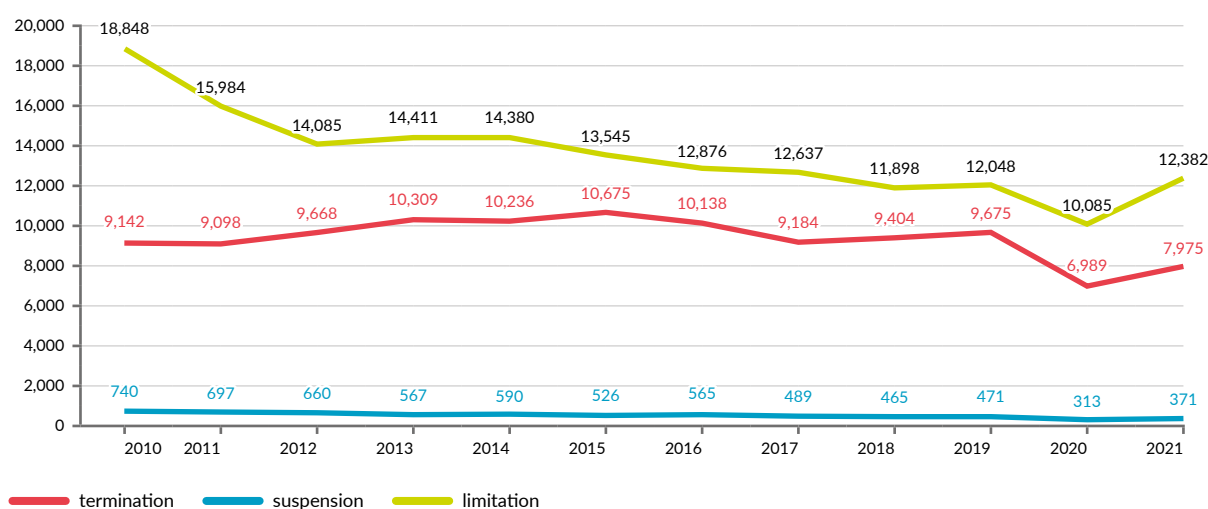
1 Council of Europe Committee of Ministers, Recommendation Rec(2005)5 of the Committee of Ministers to member states on the rights of children living in residential institutions (Adopted by the Committee of Ministers on 16 March 2005 at the 919th meeting of the Ministers' Deputies); <https://www.sos-childrensvillages.org/quality4children>.

Figure 1. The number of minors under court supervision, relative to the general population of children aged 0–17



Source: Own analysis based on Statistics Poland (GUS) data from 1990–2021, and the Ministry of Justice annual reports (Opm cards).

Figure 2. Court decisions in parental authority cases in 2010–2021

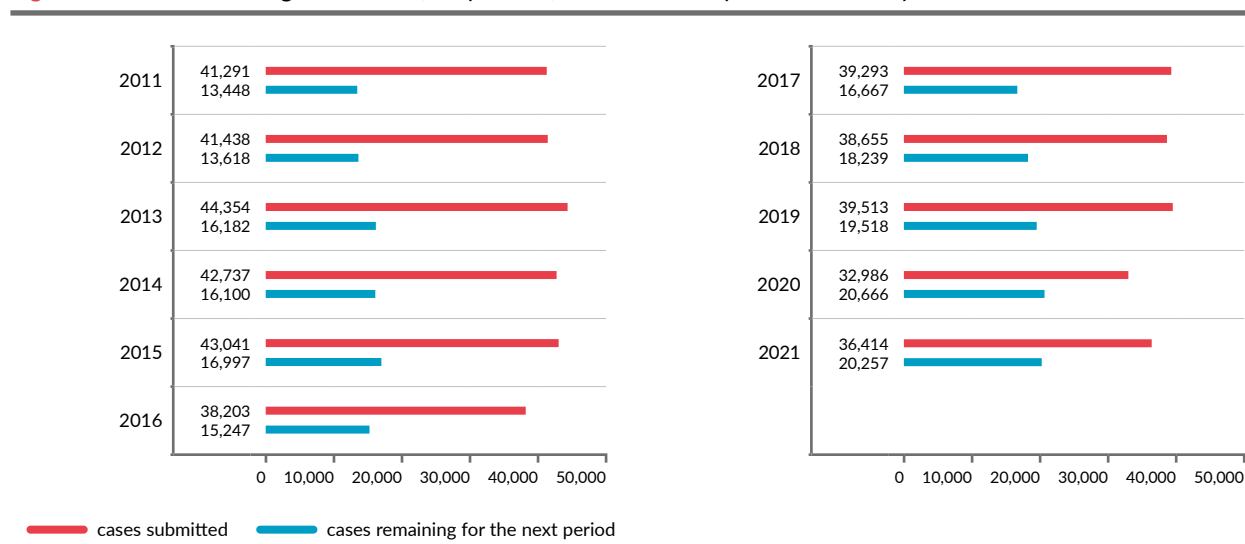


Source: Ministry of Justice (Department of Statistics and Management Information), 2022.

In 2020 Polish courts received fewer applications in parental authority cases, which could result from pandemic-related restrictions. In 2021 the number of applications increased again to reach more than 36,000. A large proportion of those cases is not processed in the year of filing the application, but is rather moved to the following year. Moreover, the length of court procedures has been considerably growing in the past few years, and more cases are moved to the following year. All those cases concern

children at immediate risk, so the speed of proceedings is of huge importance, as time counts differently in court procedures and in the child's life. The recommendation that such cases should be proceeded without delay – in the child's best interest – has not been observed so far.

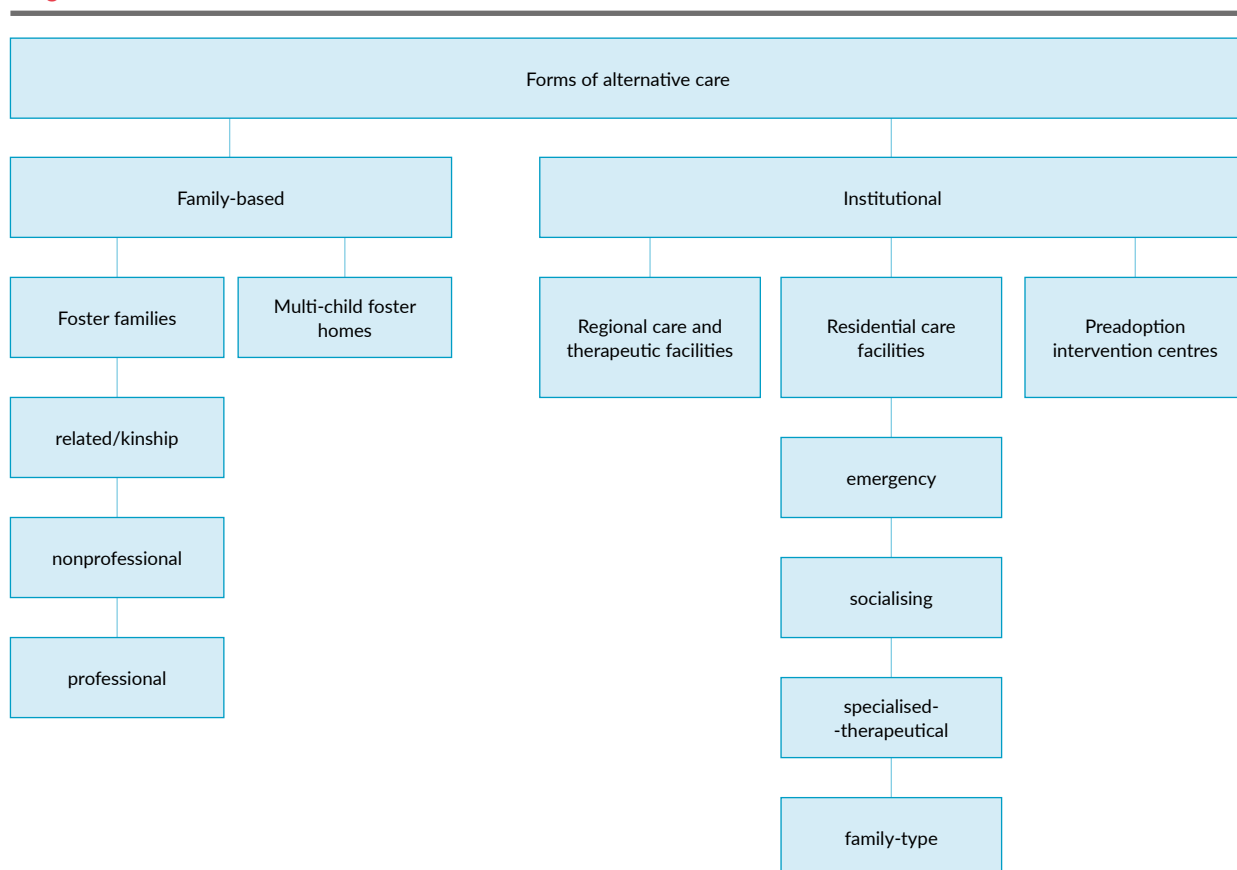
Figure 3. Cases concerning termination, suspension, or limitation of parental authority in 2011–2021



Source: Ministry of Justice (Department of Statistics and Management Information), 2022.

Court decisions to place children in alternative care mean that the child is placed in family-based care or in institutional care (Diagram 1).

Diagram 1. Forms of alternative care



Alternative care is provided when the parents are unable to care for their child. It allows time for working with the family to enable the child's return, and if that is impossible – it is a step towards adoption or it serves to prepare the child for an independent and responsible life. In either form, family-based or institutional, it is necessary to satisfy children's emotional needs, and to address their needs related to living conditions, health, education, culture and recreation, and religion.

Family-based alternative care includes:

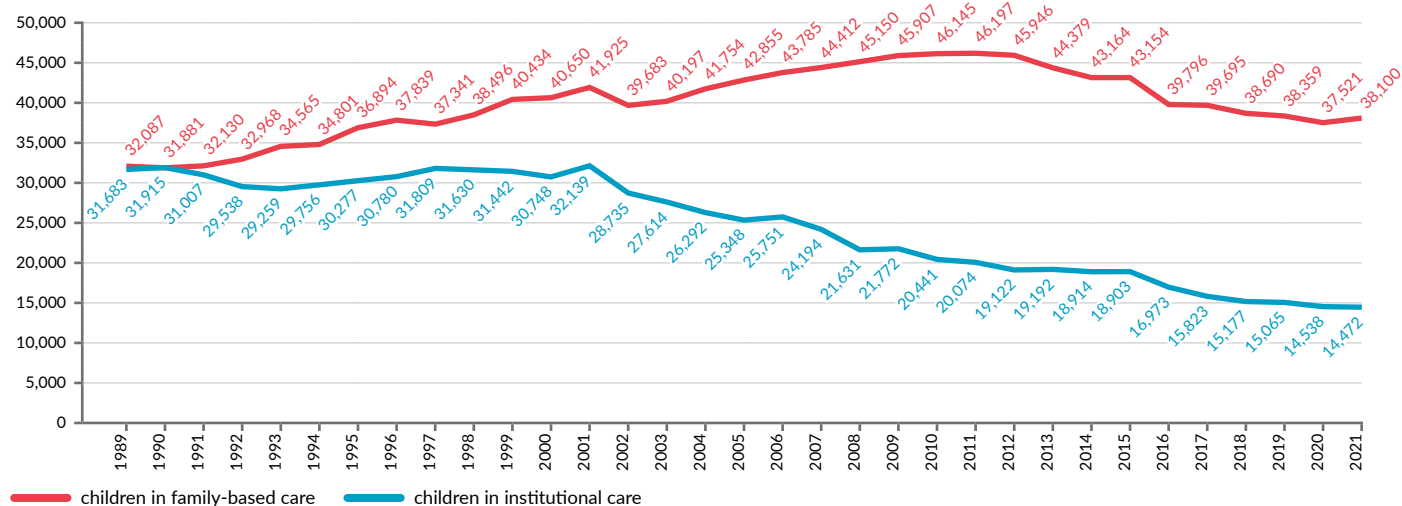
1. Foster families:
 - a. related (kinship);
 - b. non-professional, which can provide care for up to three children at the same time (with the exception of multiple siblings);
 - c. professional, which can provide care for up to three children at the same time (with the exception of multiple siblings), including:
 - specialised professional families:
 - » for children with disabilities,
 - » for juveniles,
 - » for teenage mothers with children,
 - professional emergency families;
2. multi-child **foster homes** that can provide care for up to 8 children at the same time (with the exception of multiple siblings).

Institutional foster care is provided in the following forms:

1. residential care facilities (up to 14 children) of several types:
 - a. emergency, providing short-term care for children in emergency situations, accepting children in need of immediate placement;
 - b. family-type, which may provide care for not more than 8 children (with the exception of multiple siblings);
 - c. socialising;
 - d. specialised-therapeutical, for children with disabilities who require special caregiving;
2. regional care and therapeutic facilities for up to 30 children with illness and disability,
3. preadoption intervention centres for up to 20 children under 12 months of age, waiting for adoption.

The Act on Alternative Care and its executive regulations introduced the principle that **family-based foster care should be prioritised over institutional care**, especially for young children. In cases of suspected violence in the family, the intervening social worker may remove the child from the family and place him or her with a close adult living separately (usually a relative), in a foster family, or in a residential care facility. Most children referred to the system remain in family-based care.

Figure 4. Minors placed in alternative care by court order in 1989–2021



Source: Own analysis, based on Ministry of Justice annual reports (Department of Statistics and Management Information, Opm cards providing the number of minors remaining in alternative care by a final court order).

One negative phenomenon, remaining at a high level in recent years, is the **number of unenforced court decisions** to place children in alternative care. For several years, there have been more than 1,000 such cases annually – almost 1,600 in 2021. It is necessary to systematically monitor children who have been identified as being at risk and whose situation has been assessed as serious enough to require their separation from the family, and yet they are still not provided with adequate help. It is important to determine whether this results from an insufficient number of places in foster families and residential facilities, or perhaps the children themselves do not accept the court order and refuse to move. By the end of 2020 organisers of alternative care were obliged to reduce the number of children in facilities down to 14. In many cases, it was done without ensuring the appropriate number of facilities, which resulted in a decreased number of available places. Therefore, the number of unenforced placement orders has been on the rise. Et the end of 2021 there were 576 children waiting to be placed in facilities, including 353 children who had waited for more than 3 months.

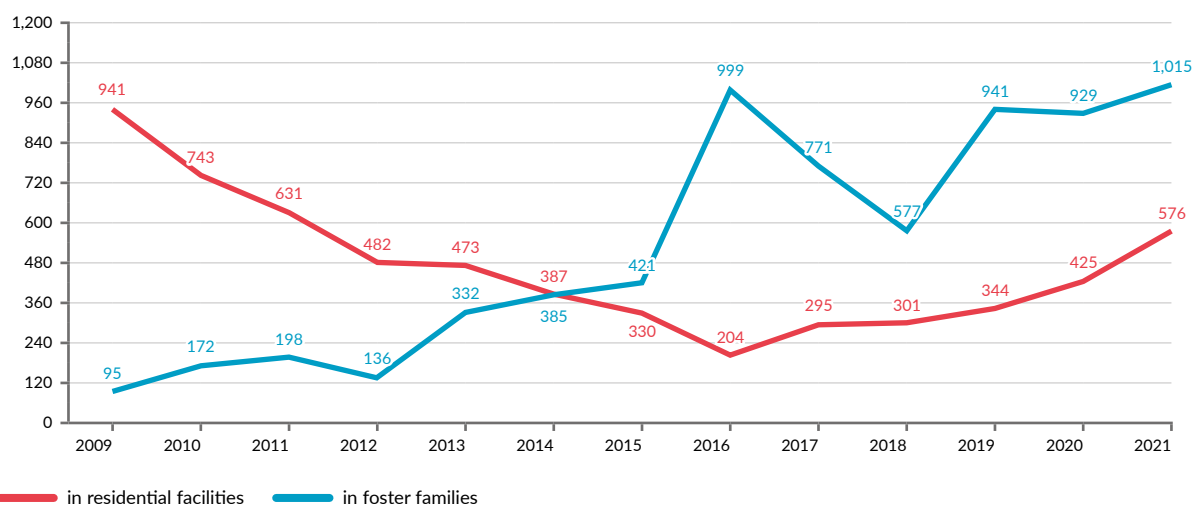
”

A few years ago I ended up in a group home. My mother is an alcoholic, and her boyfriend at the time beat us. When I was 10, I called the police myself, because I couldn't bear it anymore. I don't want to live in an institution. I cry and mutilate myself every day. I want to live with my older brother, not here.

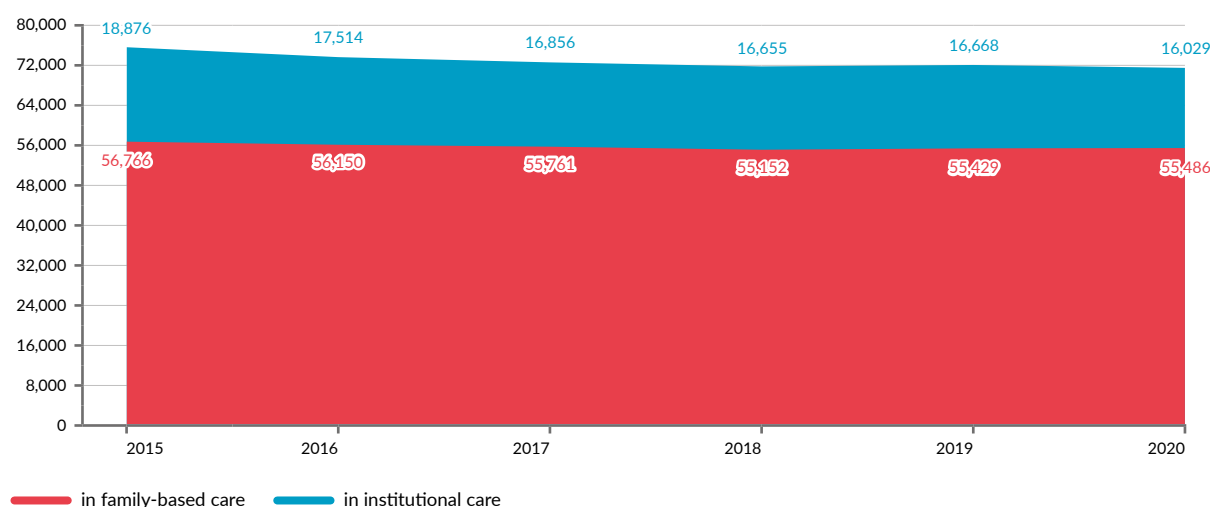
16-year-old girl

A quote from phone calls and emails to 116 111 Helpline for Children and Young People

Figure 5. Minors awaiting placement in alternative care in 2009–2021 (unenforced court decisions)



Source: Own analysis, based on Ministry of Justice data (<https://isws.ms.gov.pl/pl/baza-statystyczna/publikacje/>).

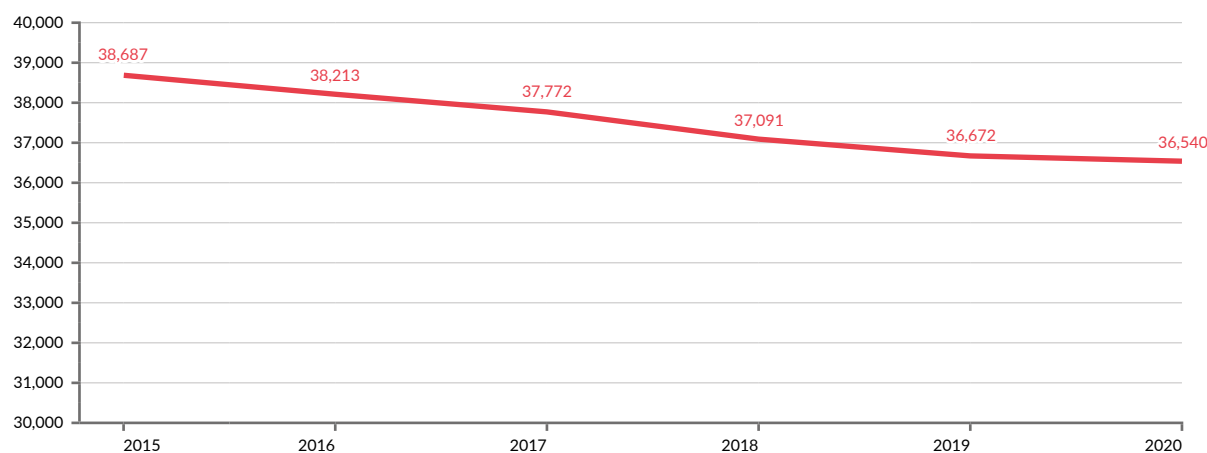
Figure 6. Children and young people in alternative care in 2015–2020 (as of 31st Dec)

Source: Own analysis, based on GUS (Statistics Poland) data of 2015–2020.

There are marked differences between the Ministry of Justice (MJ) statistics, which are limited to minors (persons under 18), and the data published by Statistics Poland (GUS), which provides complete numbers of persons living in residential care facilities and foster families, including persons over 18. According to the MJ data, in 2020, 52,059 children were placed in alternative care by a court decision, and according to GUS, it was over 71 thousand of children and young people (78% in family-based care, and 22% in institutional care).

Family-based care

Figure 7. The number of foster families in 2015–2020

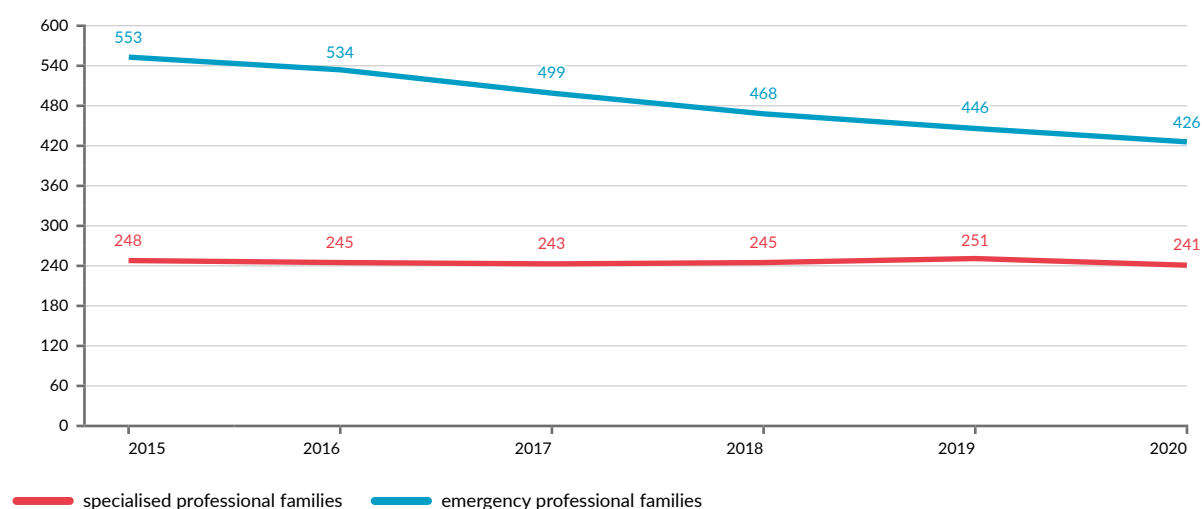


Source: Own analysis, based on GUS (Statistics Poland) data of 2015–2020.

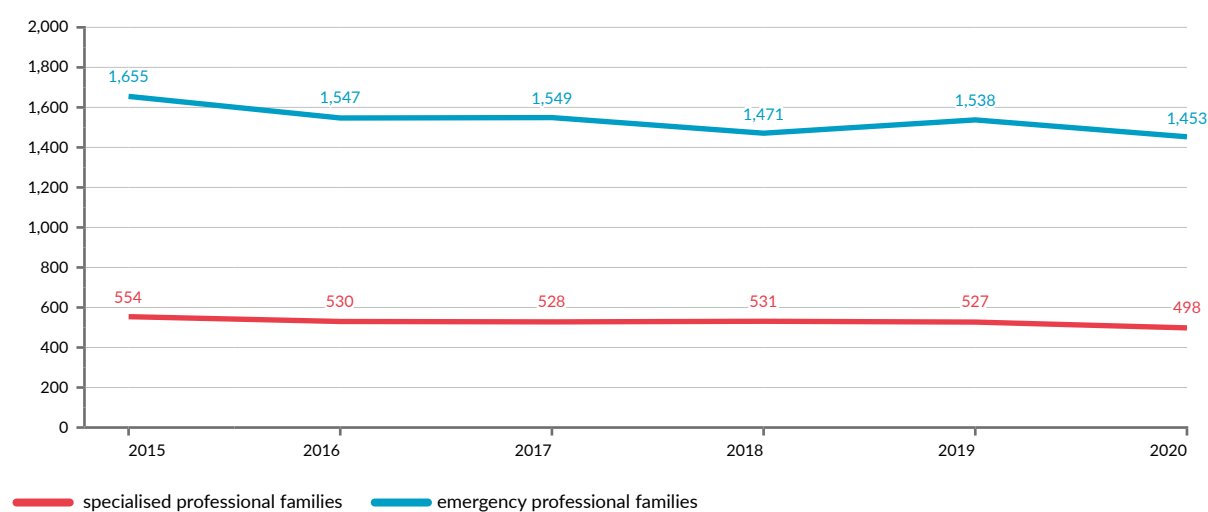
The number of foster families has been decreasing in recent years. What is alarming, that is especially true for the most needed types of families: specialised and emergency professional foster families. Many districts have no emergency foster families at all, and some of them don't have a single professional foster family. The Polish Foster Care Coalition (Koalicja na rzecz Rodzinnej Opieki Zastępczej) has repeatedly appealed to the government to improve foster families' work conditions, e.g., signing job contracts with them, offering higher salaries, and adopting consistent regulations concerning supportive families and professional support, which would also serve as an incentive for new families (Koalicja na rzecz Rodzinnej Opieki Zastępczej, 2022). In September 2020 the Supreme Audit Office (NIK) appealed:

There are not enough foster families. As a result, children stay too long in emergency residential facilities, in particular children under 10. Some of the audited districts do not have a single emergency family, and one of them has no professional foster families at all. The current system of alternative care for children in emergency situations is ineffective and allows practices that are inconsistent with the Act and violate children's right to stable caregiving. The situation requires systemic improvement (NIK, 2020).

The decreasing number of foster families do not meet children's current needs. There are more and more children awaiting placement, and many children under 10 are placed in institutional care due to the lack of vacancies in foster families.

Figure 8. Specialised and emergency professional foster families in 2015–2020

Source: Own analysis, based on Statistics Poland (GUS) data of 2015–2020.

Figure 9. Children in specialised and emergency professional foster families in 2015–2020

Source: Own analysis, based on Statistics Poland (GUS) data of 2015–2020.

Professional foster families are a minority. The largest proportion of children grow up with their relatives – in kinship care. There are disproportionately few specialised foster families (comparing to needs).

In 2020, the first 26 foster families run by foreigners were reported in Poland. Ten of them live in Mazovia, and there are one or two such families in each of the remaining provinces.

Table 4. Children and young people living in foster families and multi-child foster homes in 2015–2020

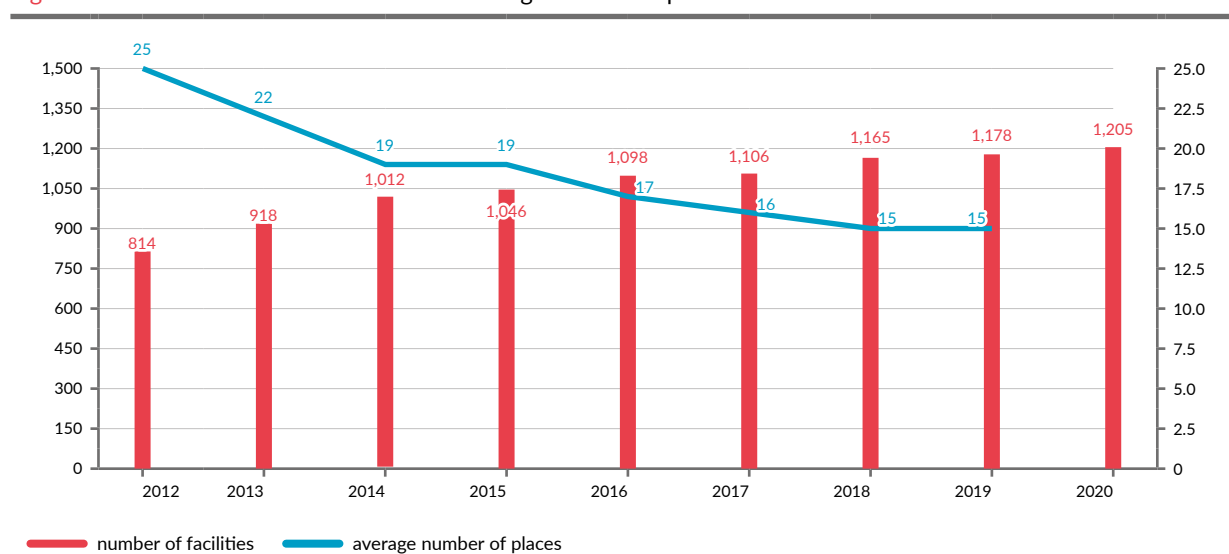
Children and young people	2015	2016	2017	2018	2019	2020
In foster families	53,604	52,822	52,049	51,136	50,929	50,739
related/kinship	31,863	31,444	30,804	30,122	29,853	29,824
non-professional	15,426	15,084	14,859	14,470	14,248	14,175
professional	4,106	4,217	4,309	4,542	4,763	4,789
specialised	554	530	528	531	527	498
emergency	1,655	1,547	1,549	1,471	1,538	1,453
Multi-child foster homes	3,162	3,328	3,712	4,016	4,500	4,747
Total	56,766	56,150	55,761	55,152	55,429	55,486

Source: Own analysis, based on Statistics Poland (GUS) data of 2015–2020.

Institutional care

In recent years, apart from creating more foster families, district authorities had another important task: **to reduce the number of children in residential care facilities**. In 2000 it was reduced to 30, and in 2021 – to 14. As a result, the number of facilities increased, but they became small groups located in detached houses or large apartments, in ordinary neighbourhoods. In many places residential facilities moved to new locations, but that was not always the case. An inspection carried out by the Supreme Audit Office in 2019–2021 showed that

the majority of the 21 audited facilities had not moved to a new location, but rather reported a number of smaller facilities operating in the old building. Despite the eight years allowed for implementing this change, only three out of the 21 facilities were located in a separate building, and “in one of the locations there were five facilities sharing the same spaces” (NIK, 2022, p. 6). Organisers of alternative care had to ask for the provincial governor’s permission to apply this arrangement. And they often obtained it, even though this solution is not consistent with the idea behind the reform.

Figure 10. The number of facilities and the average number of places in facilities in 2012–2020

Source: Own analysis, based on data from the Ministry of Family, Labour, and Social Policy

Many facilities have moved to new locations and reduced the number of places for children. This is true, in particular, for socialising facilities, the number of which has doubled during the past ten years, and for new specialised facilities, at both district and regional levels, which have been established since 2012. A larger number of facilities provide a home for a declining number of children and young people in alternative care. According to the Ministry of Family, Labour, and Social Policy, by 2021 the limit of 14 places was achieved by 86% of residential facilities. There is no data, though, about the location of those facilities, so we cannot be certain that they are actually separate units. The diversity of forms of alternative care – family-based and

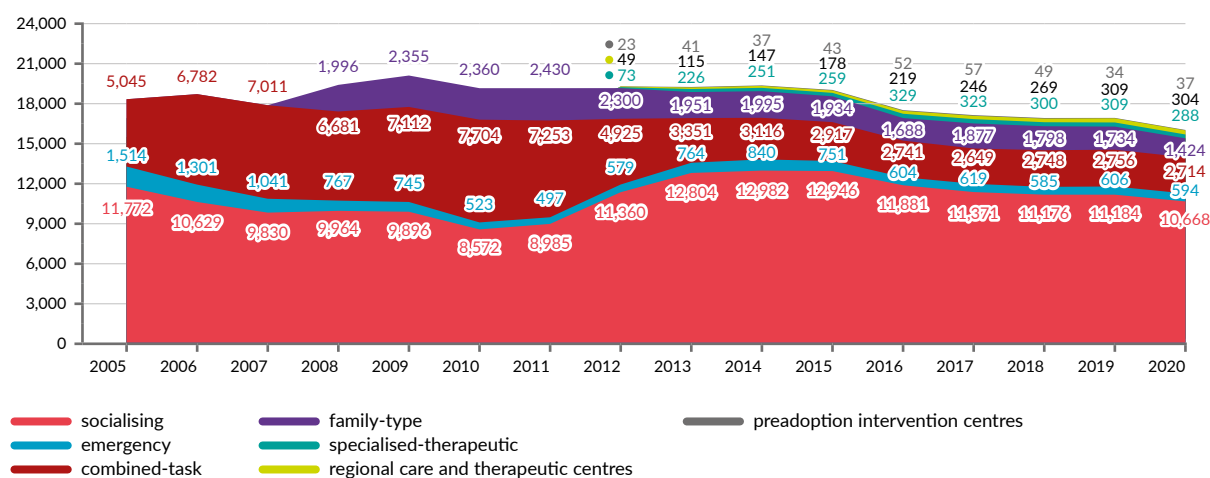
institutional ones – adds richness to the system and should help to provide care adjusted to children's needs. However, the existing solutions do not guarantee that. A report from the Supreme Audit Office's inspection reads: "When there was a shortage of places, half of the districts referred children to facilities that had some places available, rather than to ones adjusted to the children's needs" (NIK, 2022, p. 7). Moreover, with their staff shortages, not enough carers, and limited access to professionals, residential facilities did not provide appropriate therapeutic activities or support tailored to the needs of children with disabilities. In some cases, they were not even able to ensure safety for children and young people in their care (NIK, 2022).

Table 5. Forms of institutional care in 2012–2020

Facilities	2012	2013	2014	2015	2016	2017	2018	2019	2020
Socialising	414	537	630	667	673	689	704	720	751
Emergency	31	40	45	45	42	43	41	41	43
Combined-task	122	117	129	121	135	147	144	151	154
Family-type	270	240	238	228	240	251	239	230	223
Specialised-therapeutic	4	12	17	17	25	25	24	24	22
Regional care and therapeutic facilities	1	3	6	6	8	10	10	10	10
Preadoption intervention centres	1	2	2	2	3	3	3	2	3

Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2012–2020.

Figure 11. Children and young people in different forms of institutional care (as of 31st Dec) in 2012–2020

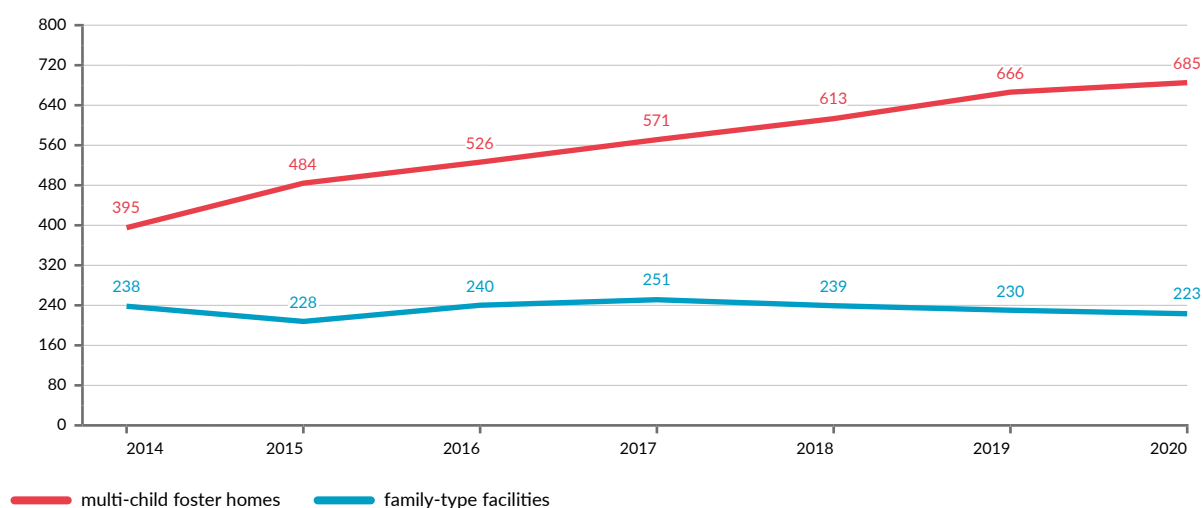


Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2012–2020.

The Act of 2011 introduced changes in the organisation of family-type facilities and multi-child foster homes. Persons running the previously existing family-type residential facilities could then decide whether they wanted to continue as institutional care or transform into family-based care. These two forms, virtually the same in terms of their caregiving tasks, are different when it comes to

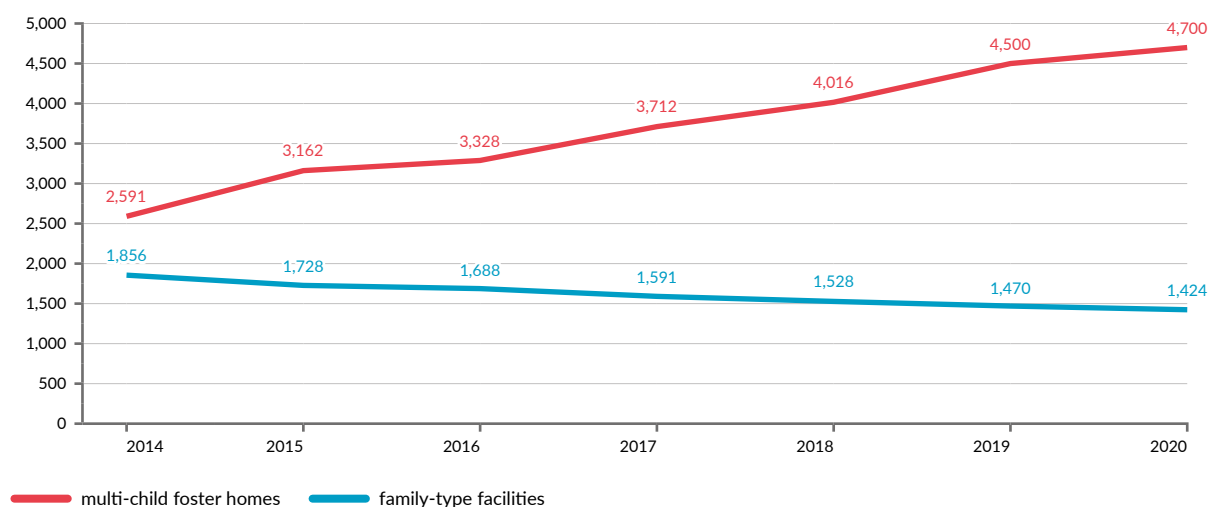
funding and the status of the person running the home. For several years, no new family-type residential facilities were created. Instead, organisers of alternative care established multi-child foster homes; as a result, their number increased significantly, just like the number of children growing up in this form of family-based care.

Figure 12. Multi-child foster homes and family-type residential facilities in 2014–2020



Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2014–2020.

Figure 13. The number of children in multi-child foster homes and family-type residential facilities in 2014–2020

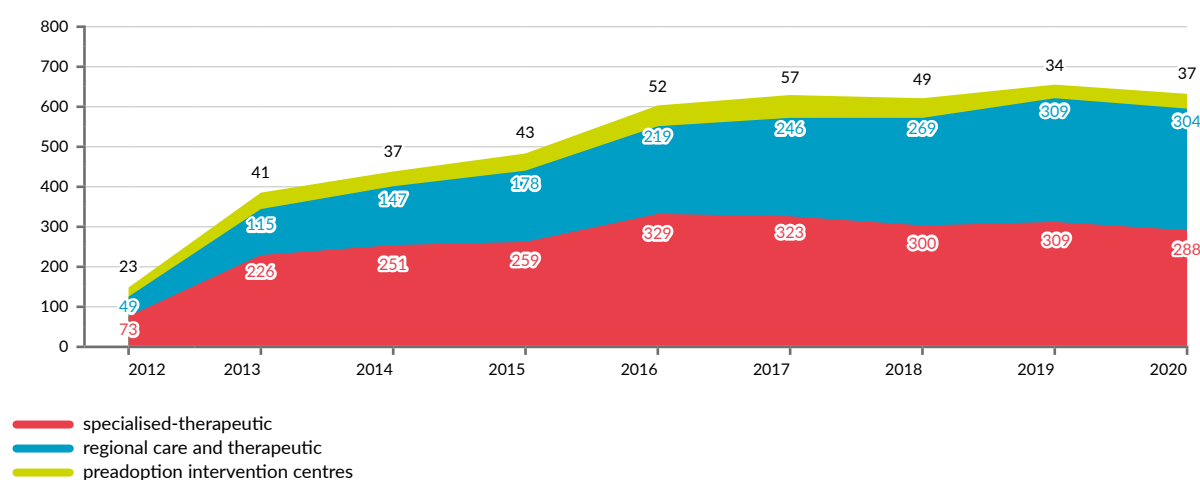


Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2014–2020.

Children with illness and disability

Even though since the introduction of specialised facilities – run by both district and provincial authorities – their number has been increasing due to a large number of children with illness and disability who are placed in institutional care, there are still not enough of them and, as a result, many children with special caregiving, health, and educational needs live in socialising facilities.

Figure 14. Children and young people in specialised residential facilities and preadoption centres in 2012–2020 (as of 31st Dec)



Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2012–2020.

It has been known for years that disability is one of the reasons for placing children in alternative care, which may suggest that families with these children are not provided with sufficient assistance. Children with disabilities are a significant proportion of all children growing up in alternative care – both family-based and institutional. They constitute 11% of children and young people in family-based care, and one fourth of those in institutional care. These rates are much higher than in the general population of children, in which they amount to 2% among children under 2; 2.1–2.8% among children aged 3–5; and 3.0–3.8% among children over 6 (GUS, 2015).

Table 6. Children with illness and disability in family-based alternative care

Year	Children with disabilities	Percentage of the total number of children in care
2015	5,969	10%
2016	6,085	11%
2017	6,024	11%
2018	6,017	11%
2019	6,027	11%
2020	6,195	11%

Source: Own analysis, based on: GUS, 2020.

Table 7. Children with illness and disability in residential care facilities in 2020

Type of facility	No. o residents (as of 31 st Dec)	Children with chronic illness	Children with disability	Children with illness and disability: total	Percentage of the total no. of residents
Institutional care	16,029	2,037	1,900	3,937	25%
Residential care facilities	15,688	1,845	1,692	3,537	23%
socialising	10,668	1,176	1,107	2,283	21%
family-type	1,424	115	163	278	20%
emergency	594	63	44	107	18%
specialised-therapeutic	288	136	110	246	86%
combined-task	2,714	355	268	623	23%
regional care and therapeutic	304	186	208	394	100%
preadoption centres	37	17	6	23	62%

Source: Own analysis, based on: GUS, 2020.

It should be emphasised that apart from the alternative care system, there are other facilities providing long-term residential care for children and young people – within the health care, education, and social welfare sectors. Most of them are established for children with special educational, health, caregiving, and rehabilitation needs. Many children residing in these facilities have limited contact with their families, and some of them are completely abandoned.

Special purpose school and education centres – for children over three years old and young people with disability, who cannot attend kindergarten or school because of their disability

Youth education centres – for socially maladjusted youth, referred to the centres under the Juvenile Act.

Youth sociotherapy centres – for socially maladjusted youth with behavioural disorders and at risk of substance abuse.

Revalidation and education centres – for children and young people with severe intellectual disability and co-existing disorders.

Nursing homes – for children and young people (under 35) with disability and mental disorders.

Juvenile shelters and juvenile detention centres – for juvenile delinquents, referred there by juvenile courts' decisions.

Care and treatment centres, and welfare and nursing homes for children provide residential health services, such as nursing, care, and rehabilitation, for persons who do not require hospitalisation.

Table 8. Children and young people in specialised residential facilities operating withing various sectors

Type of facility	2010	2015	2019	2020
Education sector				
Special purpose school and education centres	304	374	371	360
Residents	19,104	14,347	11,705	10,725
Youth education centres	73	95	95	94
Residents	4,433	4,754	4,473	4,352
Youth sociotherapy centres	62	76	86	82
Residents	3,419	4,224	4,423	4,381
Revalidation and education centres	123	179	202	186
Residents	4,589	5,493	6,589	6,490
Justice sector				
Juvenile shelters	18	15	14	14
Residents	422	183	86	74
Juvenile detention centres	27	27	27	27
Residents	1,219	753	415	386
Social welfare				
Nursing homes	99	103	99	102
Residents	3,321	2,887	1,860	1,606

Source: Own analysis, based on: GUS, 2021.

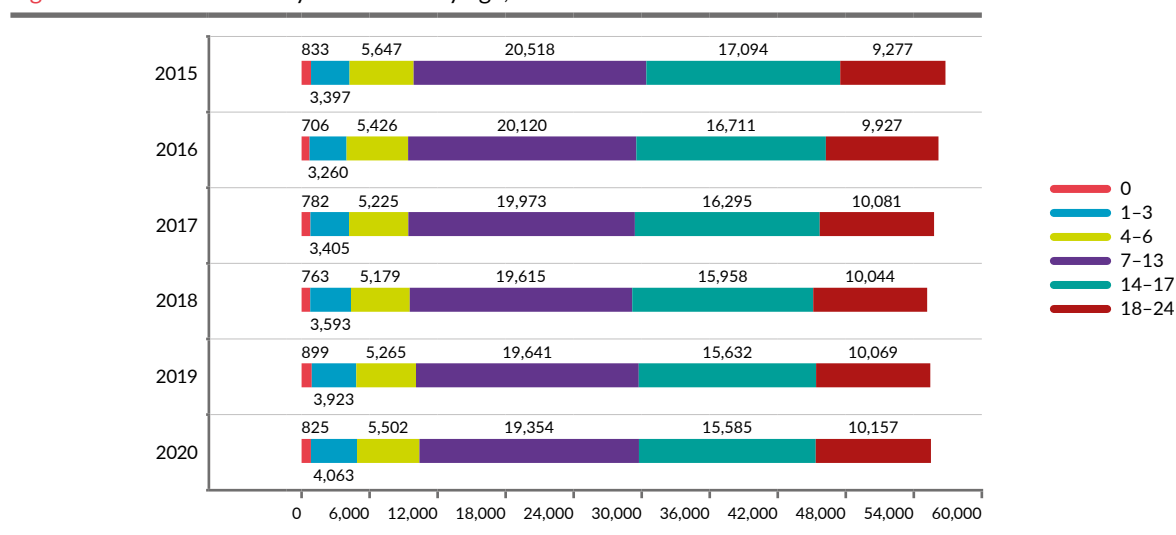
Children's age and gender

The reform of the alternative care system set age limits for institutional placements. With the ultimate goal of young children being placed mostly in foster families, the minimum age of children living in socialising, emergency, and specialised-therapeutic facilities was gradually raised: first, in 2006, from 3 to 7 years, and in 2011, when the new Act was introduced, to over 10 years. Exceptions include multiple siblings placed together, children placed with a parent, and children with special needs related to illness or disability, that cannot be addressed in a family setting. However, district family support centres report an insufficient number of foster families as the main reason for placing young children in institutional care. While large proportions of young children in specialised facilities for children with disability or in preadoption centres for infants are understandable, high numbers of young children in socialising, emergency, and combined-task facilities result from a lack of foster families and from an insufficient number of specialised-therapeutic facilities.

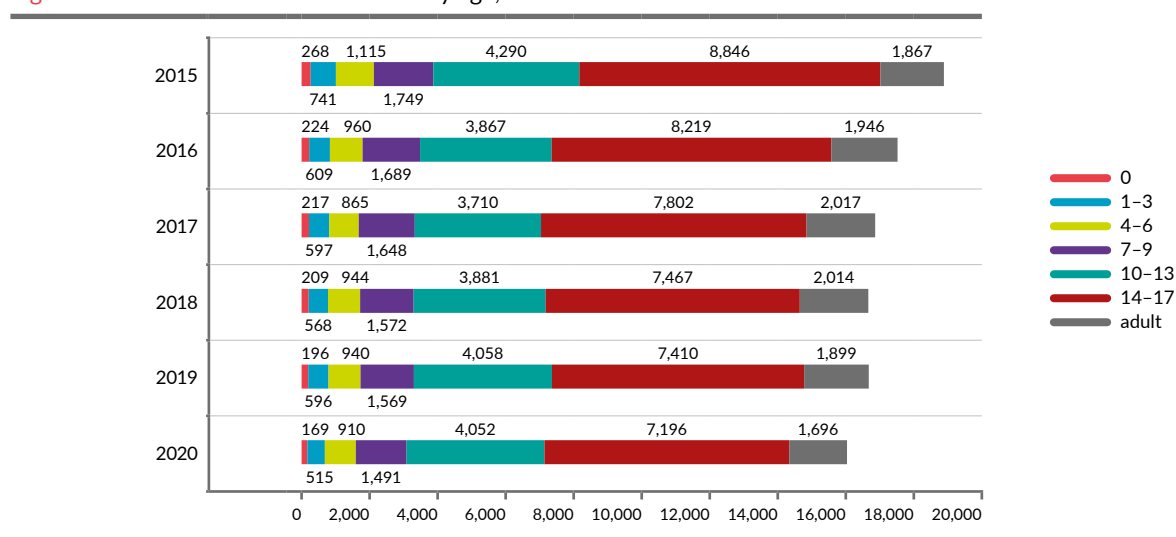
Table 9. Children under 10 in institutional care (as of 31st Dec 2020)

Number and share of children in	No. of children under 3	No. of children aged 4–6	No. of children aged 7–9	No. of children under 10	% of children under 10
preadoption centres	37	–	–	37	100
regional facilities	66	72	56	194	64
specialised facilities	19	33	35	87	30
emergency facilities	62	38	81	181	30
family-type facilities	91	139	203	433	30
combined-task facilities	113	154	253	520	19
socialising facilities	296	474	863	1,633	15
institutional care	684	910	1,491	3,085	19

Source: Own analysis, based on: GUS, 2021.

Figure 15. Children in family-based care by age, in 2015–2020

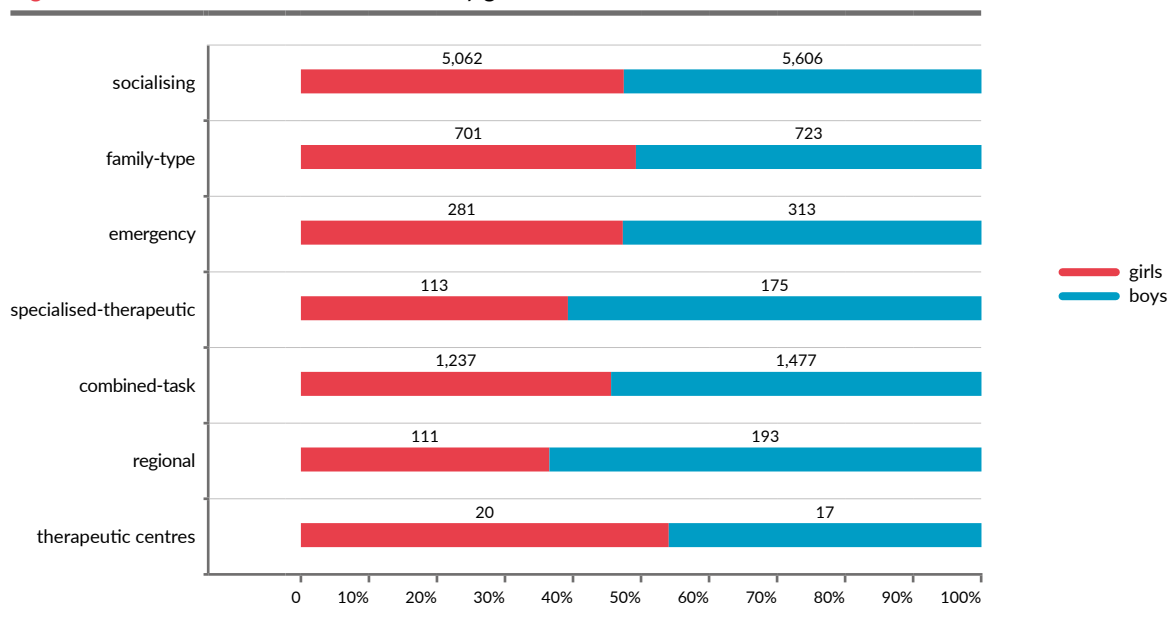
Source: Own analysis, based on: GUS, 2021.

Figure 16. Children in institutional care by age, in 2015–2020

Source: Own analysis, based on: GUS, 2021.

The largest group of children in family-based care, proportionally, are children aged 7–13; and in institutional care, adolescents aged 14–17. There has been a systematic growth in the number of young people who remain in different forms of alternative care until adulthood and after reaching the age of 18.

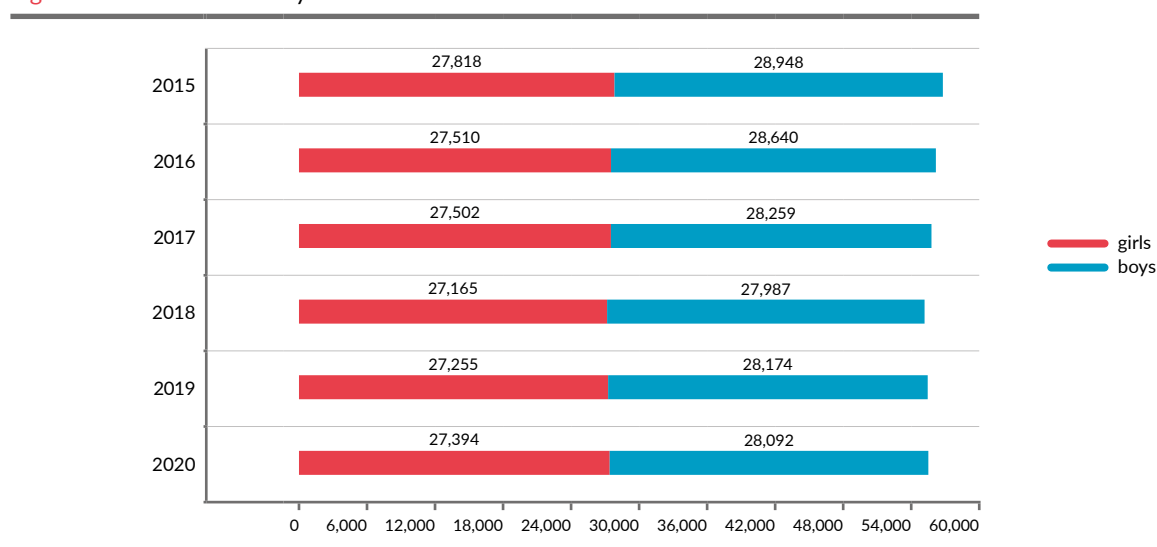
Figure 17. Children in residential facilities by gender in 2020



Source: Own analysis, based on: GUS, 2021.

There are slightly more girls than boys in alternative care; boys are in the majority mostly in specialised facilities.

Figure 18. Children in family-based care in 2015–2020



Source: Own analysis, based on: GUS, 2021.

Adolescent mothers

Although adolescent mothers may now live in foster families, many of them remain in residential facilities.

Table 10. Adolescent mothers in institutional care in 2015–2020

	2015	2016	2017	2018	2019	2020
Adolescent mothers in institutional care	118	113	120	87	104	83

Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2008–2020.

Foreign children

Another group of children with special needs, who often require professional assistance, are foreign children. Some of them come to Poland unaccompanied or with unfamiliar adults, others are abandoned by their parents or taken away due to neglect and abuse.

Table 11. Foreign children in alternative care in 2015–2020 (as of 30th Dec)

Foreign children	2015	2016	2017	2018	2019	2020
In institutional care	62	64	44	64	67	77
In family-based care	101	56	53	62	53	74
Total	163	120	97	126	120	151

Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2008–2020.

According to more detailed data from the Ministry of Family, Labour and Social Policy, throughout 2018 there were 199 foreign children in alternative care in Poland: 122 in residential facilities and 77 in foster families. They were placed in alternative care at the request of the border guards (41) or the police (30), by court decisions (16), and upon referral by a district or municipal family support centre (25), or from a hospital (17). In many cases, after a short stay in institutional care, the children were moved to foster families or multi-child foster homes. Twelve children were placed in kinship care, i.e. with their grandparents or elder siblings.

The number of girls and boys was almost the same (100 and 99, respectively). Most foreign children in alternative care are adolescents, but there are also some young children, including infants born in Poland by foreign mothers.

Table 12. The age of foreign children, compared to the whole population of children in alternative care in 2018

Share of children in different age groups	Percentage of children in different age groups						Overall no. of children
	0–3 y.o.	4–6 y.o.	7–9 y.o.	10–13 y.o.	14–17 y.o.	18+	
All children in alternative care	5%	6%	9%	23%	45%	12%	16,655
Foreign children in alternative care	10%	7%	9%	15%	55%	4%	122

Source: Ministry of Family, Labour, and Social Policy (MRPiS), 2019.

The largest group of foreign children are adolescents over 14, but one fourth of those children were placed in residential facilities before the age of 10, sometimes with a small group of other children from the same country.

The largest proportion of foreign children living in family-based and institutional forms of alternative care in 2018, were placed during the preceding year (42%); 23.5% had lived in foster families and residential facilities for one to three years; 15% – for three to five years; 10% – for five to ten years; and 9.5% – for over ten years.

A large group of those children (45, i.e., 22.7%) have an unregulated residence status in Poland, and for 33 children (16.5%) there is no information about their status. In the remaining cases they are:

- 0.5% – alleged victims of human trafficking,
- 1.5% – refugee status,
- 1.5% – tolerated stay permit,
- 1.5% – EC long-term residence permit,
- 5% – residence permit for humanitarian reasons,
- 7% – complementary protection,
- 8.5% – residence permit for a fixed length of time,
- 10.6% – seeking the refugee status, in the procedure,
- 21.7% – citizens of EU or EEA member states.

The largest group of foreign citizens in alternative care in 2018 were Ukrainians (51) and Romanians (36). There were also several people from Afghanistan (18), Vietnam (16), and Bulgaria (14), as well as from Russia (10), Chechnya and Belarus (6 from each), Germany, Norway, Georgia, Latvia, and Italy (4 from each of them), Hungary (3), Slovakia (2 from each), and Dominican, Kenya, Ecuador, Lithuania, Mongolia, Syria, Moldova, the Netherlands, Macedonia, the UK, Serbia and Iraq (1 from each); there were also 2 stateless persons.

Differences in the legal status of foreign children living in residential facilities and foster families reflect their varied circumstances. There are children who were born in Poland and then separated from their parents, for different reasons, and there are those who came to Poland, sometimes fleeing persecutions and sometimes as victims of trafficking.

The situation of children from EU countries, whose conditions of stay are regulated by the EU law, is very different from the situation of those seeking the refugee status in Poland. Since early 2022 numerous refugee children have been placed in residential facilities in Poland: children who crossed the Belarusian border, and Ukrainian children who came to Poland without caregivers.

Since February 2022, accepting foster families and institutionalised children fleeing the war in Ukraine has been a huge challenge for Poland. A new role of temporary guardian was established for children who came to Poland during the war without their parents or legal guardians (the Act of the 12th of March 2022 on assistance to citizens of Ukraine in connection with armed conflict on the territory of that country [Dz.U. of 2022, items 583, 682, 683, 684, 830, 930]). By the 9th of May 2022 Polish courts appointed 13,693 persons as guardians for 18,327 children².

According to information provided by the Ministry of Family, Labour, and Social Policy, under the Act of the 12th of March 2022 on assistance to citizens of Ukraine in connection with armed conflict on the territory of that country, as of the 17th of July, the overall number of children from

2 Information provided by the Ministry of Justice at a Warsaw University seminar, *Dzieci-uchodźcy z Ukrainy. Jaka polityka publiczna wobec dzieci bez opieki w sytuacji kryzysu humanitarnego?* (Refugee children from Ukraine. Public policy on unaccompanied children during a humanitarian crisis), 12th May 2022.

the Ukrainian system of alternative care was 2,209. Out of that number, 75 children were placed in institutional care, 4 children were placed in family-based care, and 2,130 children who came to Poland from Ukrainian institutions and foster families with their carers, were placed in temporary settings in numerous districts – the biggest group in Łódzkie Voivodeship (637), followed by Pomorskie (450), Dolnośląskie (278) and Śląskie (218).

Moreover, 188 Ukrainian children, who were not in care in their country, were placed in alternative care in Poland³. The efforts to bring children from Ukrainian institutions to Poland were initiated by the Happy Kids Foundation. Accepting such a large group of children was a great organisational challenge. District authorities entrusted with this task emphasise considerable assistance offered by numerous institutions, services, and local communities, which helped to provide for the children's basic needs, and continuous support from several NGOs. Ukrainian institutions' and foster families' basic welfare needs were satisfied, but the responsibility for caring for children lies with their carers who came to Poland and have been working nonstop for several months. When they were accommodated in Polish residential facilities (in Łódź) or education centres (Children's Holiday House and the District Youth Centre in Kościerzyna District), these facilities' staff have supported the Ukrainian carers by employing more persons and engaging in the organisation of leisure activities for the children. Due to differences in the size and structure of Polish and Ukrainian residential facilities, as well as legal differences, for some time there will be two parallel systems of out-of-home care for children. What is required is a long-term comprehensive programme co-developed together with the Ukrainian government and district authorities, which are responsible for organising institutional care.

”

I live in a group home, but until now I have been able to go home and meet my parents on weekends and holidays. Because of the coronavirus, this is no longer possible. I haven't been home for many months and I miss my family very much. Talking on the phone is not the same. I just wish I could spend some time with them.

17-year-old girl

A quote from phone calls and emails to 116 111 Helpline for Children and Young People

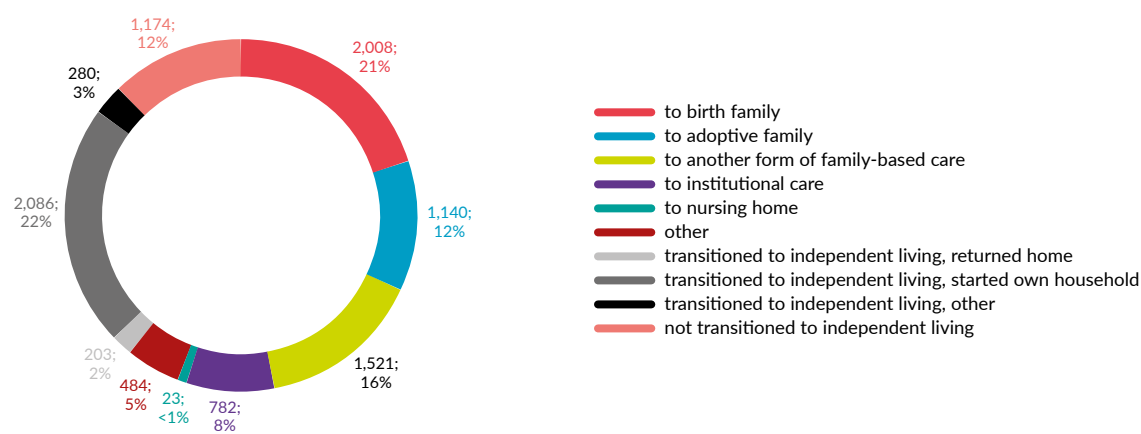
Leaving alternative care and changing forms of care

According to Article 112⁴ of the Polish Family and Guardianship Code (FGC), “a child is placed in alternative care until the conditions for his or her return to the family or adoption are met” (Dz.U. of 2020, item 1359, uniform text). The Act of June 2011 defines three main, hierarchically ordered tasks of alternative care:

- working with the family to enable the child to return home,
- working towards adoption,
- providing care and upbringing in alternative care settings.

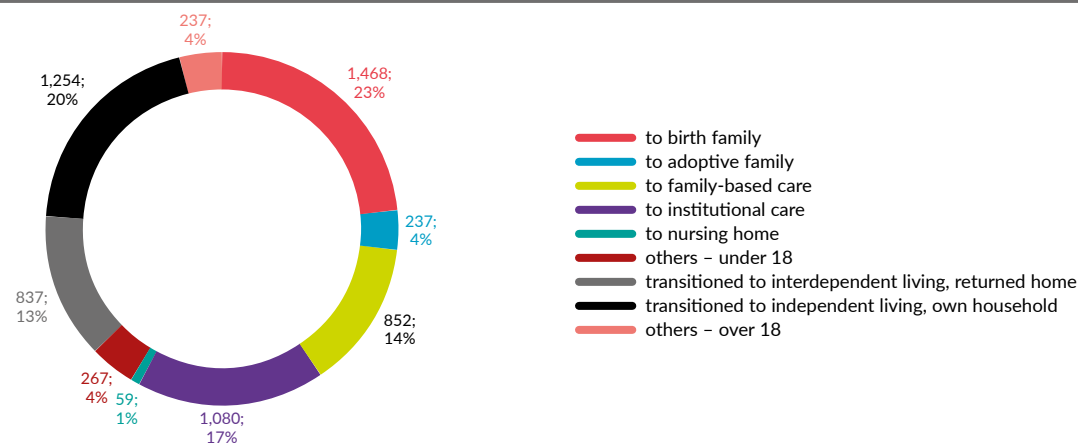
National statistics for the past few years reveal a general picture of whether and to what extent these tasks are successfully performed.

3 Letter from the Ministry of Family, Labour and Social Policy of 25th July 2022.

Figure 19. Persons leaving family-based care and moving to other forms of care in 2020 (N = 9,701)

Own analysis, based on: GUS, 2021.

Child turnover rates are quite high in residential facilities; 28% leave them each year. This may mean returning home, moving to family-based care or adoption, or transitioning to independent living.

Figure 20. Persons leaving institutional care and moving to other forms of care in 2020 (N = 6,291)

Source: Own analysis, based on: GUS, 2021.

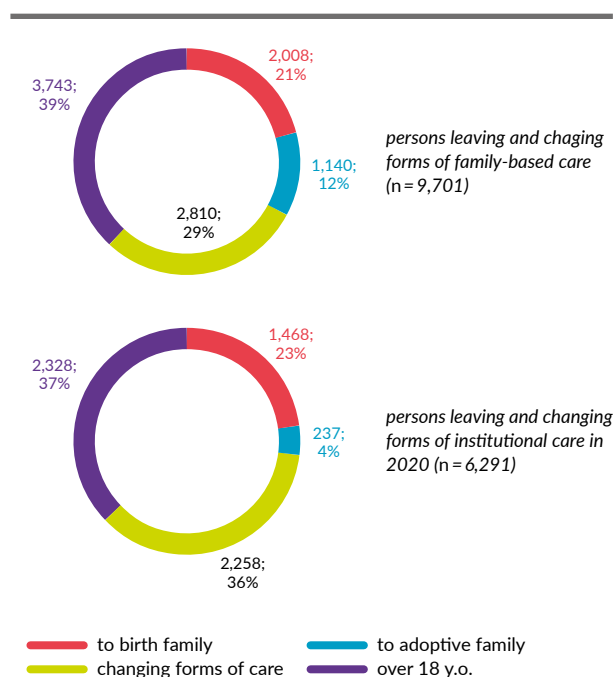
Table 13. Children and young people leaving alternative care and changing forms of care in 2020

Remained in care until:	In family-based care		In institutional care	
returning home	2,008	21%	1,468	23%
adoption	1,140	12%	237	4%
reaching adulthood	3,743	38%	2,328	37%
moving to another form of care	2,810	29%	2,258	36%

Source: Own analysis, based on: GUS, 2021.

An analysis of children's transitions within the alternative care system shows that in recent years many of them – 29% in family-based care and 36% in institutional care – have moved to other forms of care. **That is true for every third child.** This phenomenon has been referred to as “drifting children” and it reflects a **violation of a key principle of the organisation of care: provision of a stable caregiving environment.** A failure to carefully assess the child's situation before placing him or her in an alternative setting may make it impossible to select and prepare a placement that is best suited for the child's needs. The diversity of care forms is a strength of the Polish system, but in order to use it effectively, it is essential that institutions, services, and all elements of the system closely collaborate at each stage of the work with the child and his or her family. Placement changes undermine children's feeling of safety and make it difficult to make connections and form strong relationships with caregivers. Lengthy procedures and too long decision making increase their sense of confusion and uncertainty.

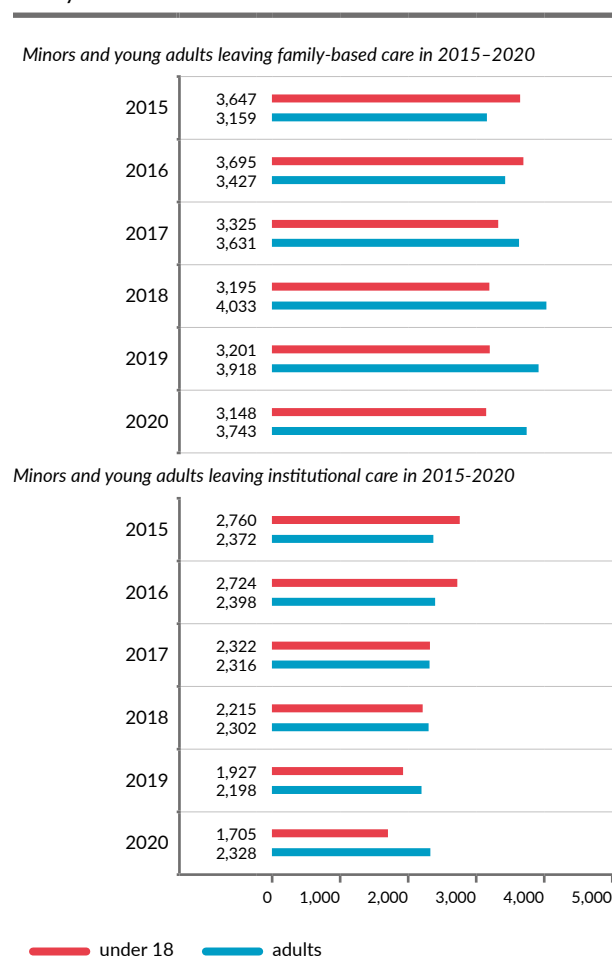
Figure 21. Persons leaving and changing forms of family-based and institutional care in 2020



Source: Own analysis, based on: GUS, 2021.

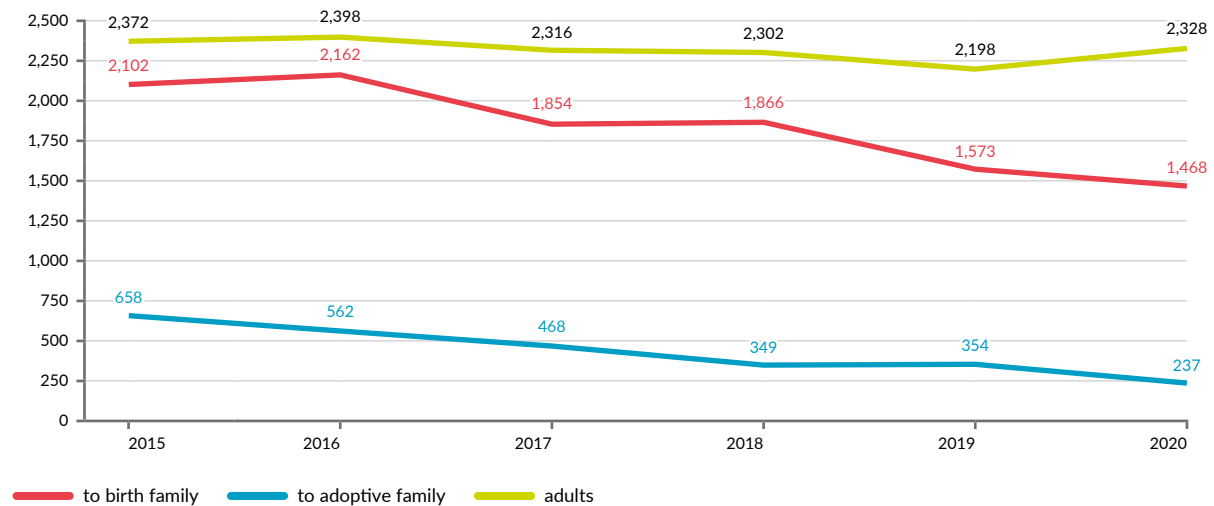
An analysis of the number of persons leaving the alternative care system shows that in recent years children and young people in both family-based and institutional care are increasingly likely to stay there until adulthood. In the past, more children were leaving the system, also to return to their birth families, whereas today only one in four children in institutional care and one in five children in family-based care go back to their parents, while the number of those who transition to independent living is growing. This tendency can be seen in both forms of alternative care. Adoption turns out to be a solution available to few children, and for more than a half a foster family or a residential facility become their childhood home.

Figure 22. Minors and young adults over 18 leaving family-based and institutional care in 2015–2020



Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2015–2020.

Figure 23. Where did family-based and institutional care leavers go in 2015–2020?



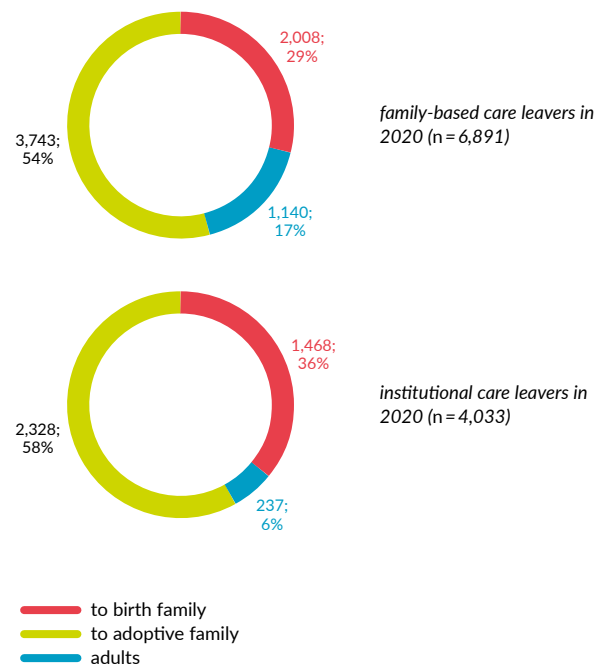
Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2015–2020.

A long-term stay in alternative care could be interpreted as proving that the decision to place the child in care was right and that his or her return home was not possible. However, even though numerous studies have found that many parents have a low motivation to change their lifestyle and are not prepared to care for the child, the question arises why that is the case:

- Are families provided with sufficient support in their efforts to enable the child's return?
- Are extremely difficult family situations more frequent today than in the past?
- If yes, then why are not more parents deprived of parental authority, based on the optional premise added to the FGC in 2000⁴ (Article 111, section 1a): when despite the assistance provided, the reasons for placing the child in out-of-home care still persist, and in particular, when the parents do not show long-term interest in the child?
- Is a child's placement with a foster family associated with a lower likelihood that his or her biological parents will be deprived of parental authority (compared

to institutional placement), and, as a result, some foster families become para-adoptive families?

Figure 24. Family-based and institutional care leavers in 2020



Source: Own analysis, based on: GUS, 2021.

⁴ Item 1a added by Article 1 item 2 of the Act of the 21st December 2000, amending two legal acts: The Family and Guardianship Code and the Code of Civil Procedure (Dz.U. 122, item 1322), enforced on the 1st of January 2001.

The growing number of young people remaining in alternative care until adulthood, should motivate the authorities to create more foster families specialised in problems of adolescence, and residential facilities – to implement educational programmes aimed at building social skills, self-reliance, problem solving skills, and agency, which will empower young people to overcome difficulties at the start of their adult life. Most adult care leavers transition to independent living and many young adults start their own households.

Table 14. Young people transitioned to independent living from family-based and institutional care in 2015–2020

Year	Institutional care leavers			Family-based care leavers		
	transitioned to independent living		other	transitioned to independent living		other
	returned to birth family	started own household		returned to birth family	started own household	
2015	1,078	1,015	279	209	1,586	268
2016	1,041	1,139	218	218	1,792	294
2017	966	1,114	236	207	1,931	314
2018	927	1,114	261	174	2,220	370
2019	836	1,158	204	204	2,131	334
2020	837	1,254	237	203	2,086	280

Source: Own analysis, based on Statistics Poland (GUS) data, *Pomoc społeczna i opieka nad dzieckiem i rodziną*, of 2015–2020.

However, there are huge differences in the numbers of adult care leavers who start their own household, depending on whether they leave institutional or family-based care. It is worth exploring, in each district, why it is so. Young adults are more likely to remain in their foster families after coming of age, and wait for an opportunity to start independent living. They are much less likely to stay in residential facilities after reaching adulthood, in some cases, because the limited number of places in the facility and a large group of children awaiting placement do not allow young people aged 18 and older to stay. Therefore, one solution that is very helpful to them, is transitional housing, where they can live temporarily while waiting for their own apartment.

One particularly difficult challenge and an increasingly urgent need is supporting the transition to independent living among young people with disabilities. While there are rich and well-developed services for children with disabilities, after turning 18 or 24 young people have much more limited access to assistance. There are not enough supported and protected apartments, and for many of these young people entering adulthood means going back to their birth family, that was earlier unable to take care of them, or moving to a nursing home, although many of them could live and work in a protected environment. Returning to their birth families, from whom they were earlier removed due to neglect and abuse, does not ensure appropriate living conditions for young people with disabilities.

Adoption

In recent years, the number of adopted children in Poland has been declining. International adoptions, which for years constituted 8–9% of all adoptions, have been reduced to just a few cases a year. There are also fewer anonymous adoptions, whereby birth parents give their blanket consent for adoption. Comparing to 2000–2009 their number dropped by half. Adoption agencies continue to report large numbers of candidates for adoptive parents, but the number of children has markedly decreased.

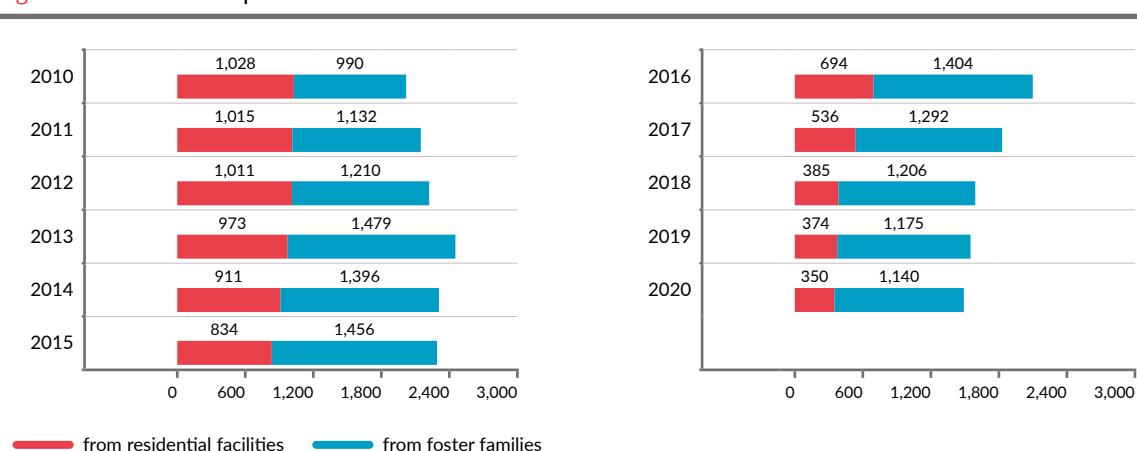
Table 15. Adoptions finalised in 2015–2020

Year	Adoptions finalised	Children adopted by persons living abroad	Adoptions with parents' prior consent
2015	2,946	199	519
2016	2,816	204	407
2017	2,479	70	253
2018	2,307	21	247
2019	2,330	15	262
2020	1,884	8	123
2021	2,710	6	269

Source: Own analysis, based on Ministry of Justice data (multi-year reports).

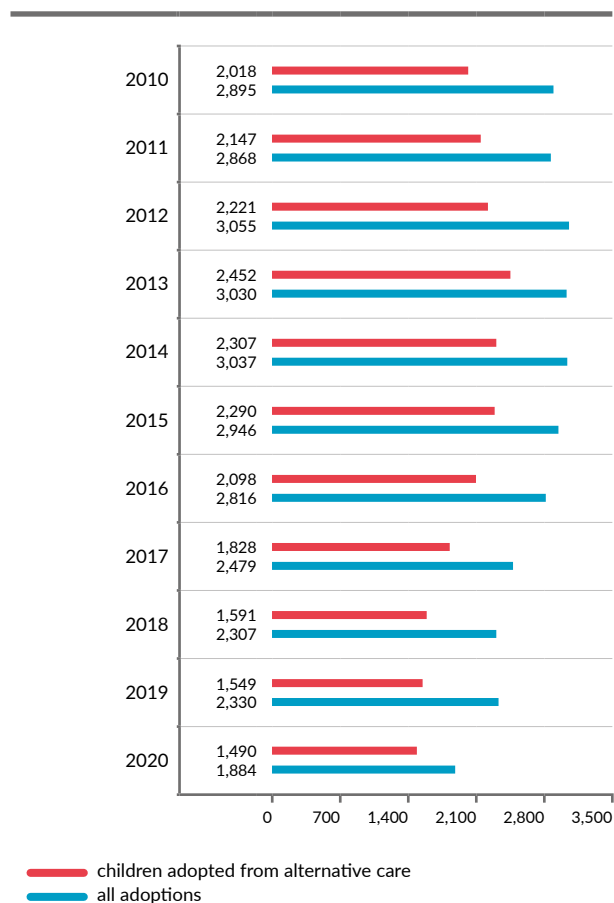
In recent years the number of children adopted from residential facilities and foster families has decreased, but remains the majority of all adoptions. Only 4% of children leaving institutional care and 12% of those leaving family-based care are adopted. In 2010 children adopted from alternative care constituted 70% of all adoptions, in 2015 – 78%, and in 2020 – 79%.

Figure 25. Children adopted from alternative care in 2010–2020



Source: Own analysis, based on Ministry of Justice data (multi-year reports).

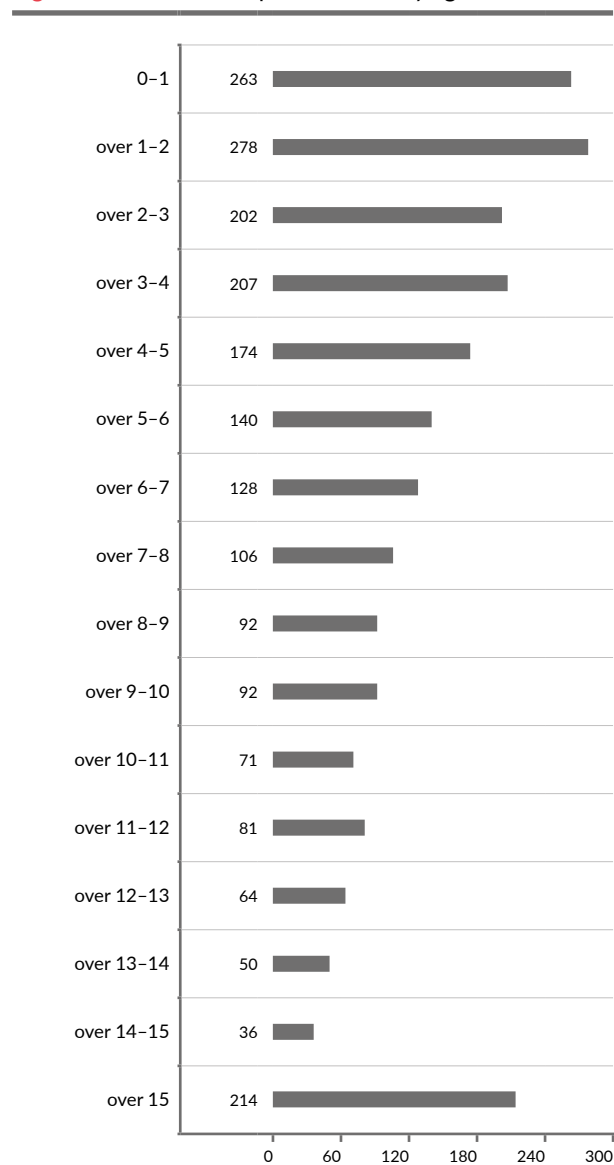
Figure 26. Children adopted from alternative care compared to the overall number of adoptions in 2010–2020



Source: Own analysis, based on Ministry of Justice data (multi-year reports).

Although the number of young children in alternative care – those who are most willingly adopted – has remained stable for the past few years, lengthy court procedures contribute to children's longer stay in foster families and residential facilities. Potential adoptive parents are less likely to adopt older children, who are in the majority in residential facilities and foster families.

Figure 27. Children adopted in 2020 by age



Source: Own analysis, based on Ministry of Justice data (multi-year reports).

Missing children

Every day the police is notified about children going missing. A child is considered missing when it is impossible to determine his or her whereabouts, which means that the child cannot be cared for or protected. A child may go missing as a result of inappropriate parental care, abduction, parental abduction, or running away from home.

Table 16. Cases of missing children reported to the police in 2012–2020

Year	Under 7 y.o.	7–13 y.o.	14–17 y.o.
2020	67	485	1,464
2019	59	654	2,110
2018	247	799	4,206
2017	443	953	5,362
2016	490	980	5,475
2015	535	1,022	6,232
2014	525	964	6,615
2013	481	951	6,121
2012	465	800	5,338

Source: The police, 2021.

A missing child should be reported to the police, who should start searching for him or her immediately. According to police data, most children are found within 14 days after going missing, and 95% return home within 7 days.

Conclusions

- It is essential to improve collaboration between commune and district authorities and courts in identifying risks to children's safety in families. This includes:
 - improving the exchange of information about children and families in need of support;
 - strengthening local family support systems (family assistants and day support centres);
 - developing a plan for working with the child and the family before placing him or her in alternative care; the plan should also include the choice of the best placement;
- informing the child, listening and providing opportunities for the child's views to be taken into account in matters that concern him or her.
- When a child has to be removed from his or her family, it is necessary to develop an action plan, in order to:
 - find the best form of alternative care, well-suited to each child's needs;
 - prepare the child, the family, and the receiving caregivers for the transition;
 - ensure stability of the alternative placement.
- It is also essential to: Ensure a fast response to child maltreatment, shorten the time and to take the child's needs into account in court procedures.
- Monitor the enforcement of decisions to place children in alternative care, so that children do not remain in a threatening environment longer than necessary.
- Expand the system of family-based care, in particular emergency foster families, and specialised families for children with illness and disability; moreover it is important to:
 - support foster families in the performance of their tasks by organising psychological and educational assistance for children,
 - create foster families for adolescents.
- Develop and improve institutional care by:
 - making sure that facilities employ competent staff and offer them training related to children's needs,
 - establish real, rather than apparent small facilities for up to 14 children,
 - adjust the number of facilities to the needs of children referred to them by courts,
 - create diversified facilities with care and therapeutic programmes for adolescents.
- Provide foster families and care facilities with adequate professional support in performing their caregiving and therapeutic tasks.
- Avoid double institutionalisation (i.e., referring a child already placed in a residential facility or foster home, to a special purpose school and education centre, sociotherapy centre, or youth education centre).
- Increase the number of apartments for care leavers waiting for independent accommodation.

- Create an adequate number of protected apartments for young people with disabilities to address the needs of all those who require such support.
- Expand support services for young adults leaving different forms of alternative care and residential facilities in the education sector.
- Promote programmes for young people in residential facilities and foster families, fostering the development of social skills that will help them transition to independent living, as well as skills building self-reliance, agency, and a sense of inner strength.
- Take a good care of those who create safe homes for those children, their caregivers and residential carers: run support groups and provide opportunities for the exchange of experiences.
- Create a Polish-Ukrainian programme for the Ukrainian residential facilities temporarily operating in Poland, consistent with the EU standards of child protection.

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certain acts defining the competences of public administration bodies – in connection with the reform of the political system of the state)

Ustawa z dnia 12 marca 2022 r. o pomocy obywatelom Ukrainy w związku z konfliktem zbrojnym na terytorium tego państwa (Dz.U. z 2022 r. poz. 583, 682, 683, 684, 830, 930). (Act on assistance to Ukrainian citizens in connection with the armed conflict on the territory of this country)

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