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Abstract

This article describes the historical background and current situation of the child welfare system for children without parental care in Poland. Nowadays in Poland, most children without parental care still have both parents, but are placed in out-of-home care as a protective measure. Multiple scenarios are possible for these children. Financial resources, however, are often not sufficient to provide the most desirable care. Despite reforms aimed at deinstitutionalization and a growing number of foster care placements

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in Poland, almost 20,000 children remain in institutional care. For some children without parental care domestic or international adoption is decided.

Keywords

Adoption, childcare, foster care, institutionalization, Poland

In 2007, approximately 37,500 children were adopted internationally. Most of these children were placed with families in the USA. Receiving states in Europe accounted for just over 40 percent of intercountry adoption worldwide (Selman, 2009). Within the European Union (EU) there are receiving as well as sending countries. In 2010, most children (307) were adopted from Poland, a Central European country with 38 million inhabitants (International Social Service, 2011). Although within the EU, Polish children are the largest group of children adopted internationally, hardly any research has been conducted on the background and functioning of these children.

Adoption agencies, placing these children, point out that behavioural and developmental problems occur frequently. These observations are in line with international studies, which find that children adopted from Russia and Eastern Europe are more at risk of developing behaviour problems than children from other countries (Gunnar et al., 2007; Miller et al., 2009). The elevated risk for developmental and behavioural problems may be related to pre-adoption background characteristics. Extensive studies of Romanian adoptees, for example, have shown that early life deprivation is related to problems in multiple areas (Rijk, 2008; Rutter and Sonuga-Barke, 2010). This article illustrates the circumstances of adoptees from Poland before adoption, by answering the following questions:

1. How is the child welfare system for children without parental care organized in Poland? A historical overview and the current situation of childcare, focusing on institutional care, foster care and adoption are presented.
2. What is the process leading to domestic and intercountry adoption? Reasons for out-of-home placement and adoption regulations are described.

Historical overview of childcare in Poland

In the 20th century, Poland experienced many political, economic and geographical transformations, which have influenced the welfare system for

children without parental care. The interbellum (1918–39) was an important period for the development of care for orphaned children. Changes in the child welfare system were introduced and the number of children without parental care declined (Kolankiewicz, 2006). In 1921, the right to social assistance for children was acknowledged by the Polish Constitution: ‘children without the necessary care from their parents have the right to receive care and help from the government’ (Art. 103). In 1925, Helena Radlińska founded the first school of Social Work in Poland (Brainerd, 2001) and progressive visions about care for children arose during this period. The works of Korczak and Babicki, for example, remain influential today (Stelmaszuk, 2002).

Developments in childcare were interrupted when the Second World War broke out in September 1939. Poland was occupied by Nazi Germany and the Soviet Union. After the war, Poland became part of the Eastern Bloc and was under the influence of the Soviet Union, as was much of the rest of Eastern Europe. During the Second World War, many children became orphaned. The urgent need for care of orphaned children led to the foundation of many religious and non-profit organizations in Poland (Sierankiewicz, 2007b). The number of foster families also increased (Łuczyński, 2007). As of the early 1950s, the Communist government nationalized children’s homes and childcare became centralized. Emphasis was placed on raising children without parental care in state-run institutions. Helping families in need or offering family-type care was not given priority (Nowak-Fabrykowski, 2004). At that time, children in institutional care lived together with 70 to 200 children in a large building, often isolated from the local community (Stelmaszuk, 2002). These state-run children’s homes have been criticized because of their size, their failure to provide adequate care and to compensate for developmental, physical and social delays, the lack of competence of the social workers, and the failure to work together with the family of the children (Sierankiewicz, 2007b).

Since the 1970s, the Polish regime has become more liberal, and gradually new ideas appeared about the care for children without parental care. The perception of children’s homes as correctional institutions evolved to the view of children’s homes as a place where children should learn and develop. There was also a growing appreciation for the family as the proper place for children to be raised and some alternatives for care were offered, such as family-type institutional care and foster care (Stelmaszuk, 2002). In 1979, foster care was regulated in an Act (Dz.U. nr 4, 19) and in the following years foster care developed, both quantitatively and qualitatively (Łuczyński, 2007).

In August 1989, the Communist regime collapsed and a transition from a repressive socialist regime to a democracy with a market-driven economy was set in motion. This fundamental political change and the appearance of

new perceptions on care for children resulted in a long process to reform residential care. Children's individual needs were acknowledged and therapy for developmental delays became more widespread. More emphasis was placed on the child's own family as the best place for the child to grow up. Instead of taking over parental responsibilities, the main idea became empowerment of the families in difficult times so fewer children would need to be separated from their families (Sierankiewicz, 2007b).

In Poland, as in most Central and Eastern European countries, regulations were introduced to improve the situation of children without parental care (Gudbrandsson, 2006). The Polish Act on Social Policy from 12 March 2004 stipulates that children (partly) without parental care can only be placed in a children's home if it is not possible to keep them in their own family or to place them in foster care (Art. 80). Szczepaniak (2004) argues, that despite the reforms, resources are often not sufficient to help parents overcome their difficult life situations and to prevent family breakdown. Another major reform in care for children, which became effective in January 1999, was decentralization of health care. As responsibilities were transferred from the central government to local governments (Yoder, 2003), local authorities became responsible for institutional care, foster care, adoption and programmes to support the family. The central authority is responsible for the legal acts regulating the health care system, financing and monitoring of the standards in health care (Act on Social Policy 2004). Recently, the Act on Family Assistance and Alternative Care 2011 was introduced, replacing former legal acts on foster care, institutional care and adoption. This new act further reforms the welfare system for children without parental care: assisting biological families and placing children in family-type care is emphasized even more. For residential institutions the maximum number of children per institution is further limited to 14, and children under 10 years old are allowed to be placed there only in exceptional circumstances. To facilitate the implementation of this new law, transition regulations have been drawn up.

Current situation of childcare in Poland

Whereas after the Second World War children in institutional care were mainly orphaned children, nowadays most children in out-of-home care are 'social orphans', children deprived of a family environment as a result of family breakdown, or because of seriously depriving circumstances which endanger development (Sierankiewicz, 2007b). In the following text, indirect and direct reasons contributing to the necessity of placing children in out-of-home care are discussed. This is followed by an overview of the

current situation of childcare in Poland: foster care, institutional care and adoption are described and recent statistics are given. To place the Polish situation in an international context, the Polish statistics are compared to those of other European countries.

Reasons for out-of-home placement

Indirect reasons for social orphanhood are related to the overall situation in Poland and more specifically to the adverse effects of the social-economic situation. Between 1990 and 2008, the average growth in the gross domestic product (GDP) in Poland was 5.5 percent per year (Kolodko, 2009). Despite this growth, not everybody could benefit and negative effects of the political and economic changes that started in 1989 were visible. With the liberalization of the market and the withdrawal from the centrally planned economy, unemployment and prices for important consumption goods increased. In addition, state-owned enterprises could no longer provide social benefits, such as housing and free medical care (Warzywoda-Kruszynska and Grotowska-Leder, 1993). Poverty, pauperization of parts of society and homelessness increased dramatically and inequality intensified. Especially women, large families and the unemployed were adversely affected (Bronson et al., 2005). The unemployment rate rose from 0.3 percent in 1990 to 14.4 percent in 2007 (Modry, 2009). Unemployment and consequently a decline in living standards are currently major problems for a large number of Polish families (Szczepaniak, 2004). An effect of these developments is the increase in the number of children without parental care (Gudbrandsson, 2006).

Direct reasons for out-of-home placement can be mentioned as well. For a minority of children, death of one or both of the parents is the main reason for out-of-home placement. In 2009, 2.7 percent of the children in residential care had lost both parents and 19.2 percent had lost one parent (Central Statistical Office [CSO], 2010). In most cases, out-of-home placement is the result of a family court ruling to protect the child from a dysfunctional family situation (Kolankiewicz, 2006). The most common reason for this decision is degradation in parental functioning, causing neglect of the children in important areas like safety, health and intellectual development. Alcohol abuse is one of the main reasons rendering parents unable to fulfil their parental tasks. Estimates are that as many as 90 percent of the children in institutional care are children of alcoholics (PARPA, 2008). Other factors contributing to out-of-home placement are: incomplete family structure, drug addiction, crime, violence, illness in the family, psychiatric disorders of the parent(s), disabled parent(s) or child, low level of education, bad

housing conditions, helplessness in life, social isolation, neglect and child abuse (Kolankiewicz, 2006; Szczepaniak, 2004).

Foster care

In recent years, there has been a gradual increase in the number of children in foster care. By the end of 2009, there were 37,663 foster families in Poland, providing care for 54,344 children (ratio of 7.5 per 1000 children). Compared to 2005, that is an increase of 1153 foster families. From the 5300 children under 18 years old who left foster care in 2009, most (34%) returned to their biological family, 22 percent of the children were placed in another foster family, 20 percent were transferred to institutional care and 17 percent of these children were adopted (CSO, 2010).

The Act on Family Assistance and Alternative Care 2011, produced by the Ministry of Labour and Social Policy, describes a legal framework for foster care in Poland. Three types of foster care are distinguished. The most common type 'kinship foster care' (82% of the foster families) is: foster parents have a familial relation with their foster child. Most often these are grandparents. Because of their age, health problems and financial situation they often experience difficulties in the new situation (Łuczyński, 2007). The second type is non-vocational foster families which are 'unrelated to the child' (14% of the foster families). Four percent of the foster families constitute the third type of foster care: 'professional foster care', with a) families with children with special needs and b) emergency foster care where children can stay up to four months, or longer in specific cases (CSO, 2010). No more than three children can be placed in a non-related foster family. In case of a sibling placement, more children are allowed. In Poland, all foster parents receive economic compensation for the costs of taking care of their foster child(ren). For every child, they receive a minimal monthly compensation of 44–67 percent of the minimum wage, and authorities can grant additional economic compensation in specific situations. Foster parents who take care of a child with special needs are entitled to additional allowances. Furthermore, professional foster parents receive a salary of at least 133 percent of the minimum wage.

In practice there appear to be unfavourable differences between the legal regulations and the functioning of foster families. Leszek Dobrzański (as cited in Łuczyński, 2007) points at issues related to insufficient financial support for foster families, partly unregulated legal situations for many children and their foster families and a lack of specific professional help for children with developmental deficits. Another concern is that there are not enough foster care families available for all children without parental

care (Sierankiewicz, 2007b). The Supreme Audit Office (2009) in Poland reports that there is a lack of interest in becoming a foster parent and that many prospective foster parents withdraw after receiving more information, possibly indicating that regulations are applied overly strict, financial assistance is insufficient or that expectations of candidate foster parents are too high.

The use of foster care varies widely across Eastern Europe: for example, in Latvia 77 percent of the children in out-of-home care were placed in foster care, whereas in Bulgaria 14 percent of the children were placed in foster care. By the end of 2005, the degree to which foster care is used as a measure of out-of-home care in Poland is about average compared to other Eastern European countries: 47 percent of the total number of children in out-of-home care were in foster care¹ (UNICEF, 2008). Furthermore, Browne et al. (2005) point out that there is a great variation between the rates of children under three in foster care in 25 European countries. This variation, however, was not related to the different social and economic indicators or to the proportion of young children in institutional care.

Institutional care

In Poland, children without parental care can be placed in institutions for residential care, so-called 'Care and Education Centres'. On 31 December 2009, there were 756 such institutions in Poland with 19,135 children between 0 and 18 years old, a ratio of 2.6 per 1000 children. These numbers do not include children in residential care designated for children with disabilities or for children classified as 'youth offenders'. In principle, there are separate residential facilities for children with and without disabilities. This segregation, however, is not strictly adhered to, as 9.1 percent of the children within the Care and Educational Centres are disabled and 9.3 percent are chronically ill (> 6 months) (CSO, 2010).

Table 1 displays the number of children in four different types of institutional care: socialization, intervention, family care and multifunctional. Most common is the 'socialization type', often referred to as children's homes. Almost half of the children (49%) reside in this type of institutional care, providing basic care to fulfil children's educational and caregiving needs. Children are placed here if neither residence with the biological family nor placement in family-type care is available. A small number of children in institutional care (11%) stay in a 'family-type institution' with a maximum of eight children. 'Intervention centres' are intended for temporary placement of children in a crisis situation. Children receive care and education while prospects for the child are assessed. 'Multifunctional

Table 1. Care and Education Centres in Poland as of 31 December 2009.

Type	Number of institutions	Number of children (0–18 years old)
Socialization	289	9424
Family	269	2094
Intervention	27	733
Multifunctional	171	6884
Total	756	19,135

Source: CSO (2010).

institutions' combine different types of care, such as 'intervention' and 'socializing' residential care and other activities to help child and family. In 2009, 8500 children under 18 years old left the institution they resided in: 33 percent returned to their biological family, 13 percent were adopted, 15 percent went to a foster family and 27 percent of the children were transferred to another institution (CSO, 2010).

Adjusting to new regulations on caring for children without parental care, Care and Education Centres had to undertake a number of new tasks, such as looking at the individual needs of the child and therapy for developmental delays and behavioural disorders (Stelmaszuk, 2002). Recently established children's homes are designed for small groups of approximately 12 children. Existing institutions started to become reorganized: the function of the building was changed and large groups of children were divided into smaller care-units. Whereas some have carried out many changes in accordance with the new regulations, others remain the same as before the reforms (Andrzejewski, 2006).

In the Act on Family Assistance and Alternative Care 2011, legal regulations for institutional care in Poland are described. The act describes that Care and Education Centres: 1) provide care and meet the needs of the child; 2) realize an individual plan for every child in cooperation with the family assistant; 3) enable the contact of the child with family and other close persons; 4) take action to return the child to the biological family; 5) provide access to education suited for age and abilities; 6) provide a variety of therapies; 7) provide access to health services.

Inspection by the Supreme Audit Office (2008) in Poland of 30 randomly selected Care and Education Centres indicated that the quality of services provided by these institutions is not in accordance with the legal requirements of 2005. Amongst others, results indicate that the average number of children in one institution was 49, instead of the prescribed maximum of 30 children (83% had more than 30 children in care). In 20 percent of the

institutions, the legal maximum of 10 children per caretaker (or 14 in case of a single-group institution) was exceeded on multiple occasions. Five (17%) of the investigated institutions did not comply with the required qualifications for employees. Although services were not according legal regulations, it was concluded that the basic needs of the children were provided for: children were taken care of, received medical care, education, school supplies, clothing, recreational activities, and contact with family or acquaintances was accommodated. Institutions were not able to comply with all regulations because of insufficient financial resources. Additionally, the Supreme Audit Office (2008) concluded that administrators of the provinces and cities did not comply with their obligation to supervise the functioning of the residential institutions.

Considering the number of children less than three years old, by the end of 2003, Poland had less children in institutional care (9 per 10,000) than other former Eastern Bloc countries on average (25.2 per 10,000). Compared to the average of 31 European countries (11.2 per 10,000), the number of children under three years old in institutional care in Poland was slightly below average and lower than in some countries in Western Europe, for example, Belgium, The Netherlands and France (Browne et al., 2005).

Adoption

In Poland, a judge determines whether a child is eligible for adoption. Parents can give their consent for adoption no earlier than six weeks after birth (Family and Guardianship Code 1964). Figure 1, based on data from the Ministry of Justice in Poland (n.d.), illustrates the number of cases decided for adoption in Polish family courts between 1972 and 2005. These statistics do not indicate the precise number of adopted children, because one case might involve more children, for example siblings. The majority of the adopted children were placed in Polish families. Nine percent of the cases concerned intercountry adoption. After 1990, there was a sharp decline in the total number of adoption cases in Poland. According to Sierankiewicz (2007a), a lower birth rate and the development of foster care contributed to this decrease.

In 2006, the judge decided for adoption in 2752 cases (87% of the total number of adoption cases in family court). The number of children adopted internationally in 2006 was 344 (Ministry of Justice, n.d.). Most of these children were adopted by Italian families. Other receiving countries were: France, The Netherlands, USA, Sweden, Germany, Switzerland, Belgium and Canada (Ministry of Labour and Social Policy, n.d.).

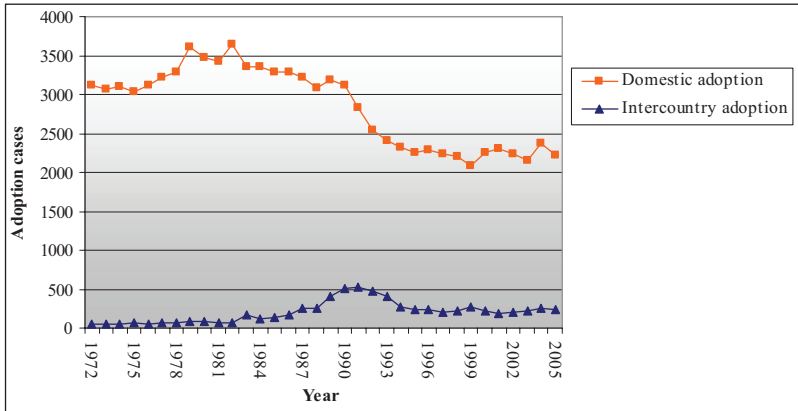


Figure 1. Number of cases in which Polish family courts ruled for adoption (1972–2005).

Source: Statistics Division of the Ministry of Justice, Poland (n.d.).

In Poland, ‘Adoption Centres’ perform adoption procedures. These centres have a wide range of activities: for example, gathering information about the child, qualification and preparation of prospective adoption families. The Adoption Centres also screen children for adoption. Qualification requires determination of the legal situation of the child, evaluation of the extent to which the child will be able to attach to a new family, and assessment of the needs of the child in order to select an appropriate family. For children approved for adoption the following information of the child is gathered: 1) first name, surname; 2) residential address; 3) birthdates and birth place of the child and parents; 4) information of the legal situation and place of residence of siblings; 5) health status of the child and level of psychosocial development; 6) information about the health status or other important information about the parents that influence the health of the child (Act on Family Assistance and Alternative Care 2011).

Three adoption centres in Poland are assigned to handle intercountry adoption. A child is eligible for intercountry adoption when no Polish family is available to adopt the child. These children are often over seven years of age, have special medical or developmental needs or they are siblings of three or more children (Ministry of Labour and Social Policy, n.d.). Prior to intercountry adoption, 85 percent of the children stayed in institutional care and 15 percent of the children stayed with a foster family (Policy Department Citizens’ Rights and Constitutional Affairs, 2009).

Similarly to Poland, most former Eastern Bloc countries can be characterized as sending countries (Table 2). In 2004, Portugal was the only sending

Table 2. International adoptions from sending countries in the EU in 2004.

Country of origin	Number of children adopted internationally	Adoptions per 1000 live births
Poland	408	1.1
Bulgaria	393	6.3
Romania	289	1.2
Latvia	127	6.0
Lithuania	103	3.3
Slovakia	75	1.5
Hungary	69	0.7
Czech Republic	34	0.4
Estonia	18	1.4
Portugal	9	0.1

Source: Policy Department Citizens' Rights and Constitutional Affairs (2009).

country in Western Europe, with only a few children placed internationally. Looking at the absolute number of children, Poland is the EU country with the most children sent abroad for adoption. Looking at the adoption ratio per 1000 live births reveals a different picture. The adoption ratio is highest for Bulgaria and relatively low for Poland, when compared to other sending countries in the EU. Also the proportion of intercountry adoption versus domestic adoption in Poland is low in comparison to other EU sending countries (Policy Department Citizens' Rights and Constitutional Affairs, 2009).

In contrast, countries in Western Europe adopt children from abroad, since the number of children available for domestic adoption is lower than the number of parents wishing to adopt. This difference in the adoption pattern might partly be explained by better economic circumstances in these countries, as indicated by Gross National Income per capita (Policy Department Citizens' Rights and Constitutional Affairs, 2009). In general, countries with a high number of children under age three in institutions have a high proportion of children leaving for intercountry adoption (Chou and Browne, 2008). However, some receiving countries (e.g. France and The Netherlands) have more children under three in institutional care than Poland. Parental rights over these children remain and therefore these children are not available for adoption (Browne et al., 2005).

Discussion

In the 20th century, many changes in the organization of the child welfare system in Poland took place. In the last decades a transformation took

place from state-run institutional care for children without parental care to a policy aimed at preventing family disruption and placing children in family-type care whenever possible. This process of change is slow and many children still remain in institutional care, partly because there are insufficient places in family-type care. Most of the children in institutional care still have their biological parents, but are placed in out-of-home care as a protective measure. Financial resources are often insufficient to prevent families from disintegrating and to offer childcare in the most favourable environment. Legal acts provide a framework for how the child welfare situation in Poland functions. In practice the functioning of residential institutions deviates from the legal requirement. Basic needs for the children, however, are provided. For residential institutions to be able to comply with the latest legal requirements, more financial resources are necessary.

Some children in out-of-home care are able to return to their biological family, whereas others need a permanent care option, such as adoption. The process leading to domestic and intercountry adoption is embedded in the Polish child welfare system. Adoption is possible after approbation by a judge. Adoption Centres perform adoptions and screen children for adoption. Exact criteria for qualifying a child for adoption and the process leading to adoption remain unclear. Most of the Polish adoptees come from dysfunctional families, in which parental rights were terminated to protect the child. Before adoption children might have experienced neglect or traumatic events, and usually children have spent a considerable amount of time in institutional care. These factors contribute to an increased risk of developmental delays and behavioural problems. For children qualified for intercountry adoption, the risk is even higher, since the younger and healthier children are adopted by Polish families.

In recent years, improvements have been made in the Polish welfare system for children without parental care. Many childcare institutions are functioning on a smaller scale, while the number of foster families has increased. For the future further deinstitutionalization and offering more family-type care remain important issues for the wellbeing of children without parental care. More (non-related) foster families are needed to enable children, who need out-of-home care, to grow up in a family environment. Another essential issue is preventing placement of a child in out-of-home care and the return of children to their biological family. With additional social assistance for families with difficulties, more children will be able to grow up in their biological family. With the new 2011 Act on Family Assistance and Alternative Care an important step has been made to further improve the situation for children without parental

care in Poland. The future will show how these new guidelines will affect practice.

Some limitations of this review should be mentioned. Childcare in Poland is decentralized and regional differences exist. A limitation concerning international statistics on the child welfare situation is the difficulty to compare different countries. Variation exists in the definitions of certain types of out-of-home placement. Therefore comparative data might be somewhat distorted. Moreover, not only the number of children in care needs to be considered, but also the quality of care. To gain more insight into the actual situation in residential institutions in Poland and the quality of care within these institutions, further research is needed.

Every year many Polish children are adopted within Poland as well as internationally. Considering the background of these children, multiple risk factors are present for developing behavioural problems. Additional research is needed to identify more precisely what the risk factors are to which the children adopted from Poland have been exposed. The implications of these risk factors for the development of these children after adoption deserve further empirical research as well. Considering the high percentage of children in institutional care coming from alcoholic families, it is probable that many children adopted from Poland have been exposed to alcohol prior to birth. Therefore, future research needs to focus on the consequences of prenatal alcohol exposure, including Foetal Alcohol Syndrome (FAS).

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Note

1. These statistics include disabled children, children in boarding schools and boarding homes and therefore differ from the statistics mentioned under 'institutional care'.

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