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## **INSTITUTIONAL AND FAMILIAL FORMS OF FOSTER CARE OF CHILDREN AND YOUTH IN POLAND**

*The problems of care of orphans in Poland are studied in the article. It is mentioned, that the family is the best upbringing environment for children and youth. A lot of efforts should be taken for orphans to be adopted, to have a two-parent family, if the law allows them, or to be brought up in a foster family, if there is an opportunity to come back to a biological family. Undoubtedly, one should work with the child's family and tries to solve the problems that led to taking the child out of the family. The well-tried forms can be family orphanages. The least desirable upbringing environments for orphans are children's homes (orphanages). Unfortunately, they are the only ways of the difficult situations for many social orphans, lacking parental care. This article presents characteristics of different forms of foster care, including family and institutional forms of care.*

**Keywords:** *foster care, social orphanhood, family forms of care, foster homes (families), institutional care.*

**Introduction.** In the modern world families encounter many problems, which they cannot cope with on their own. The reasons for this situation and the need for help and support are varied. The organization of everyday life, professional work of both parents, often from the morning to late in the evening or on the contrary – unemployment and looking for a job, difficulties in understanding the world of children and youth, especially in its virtual form – all of this means that parents cannot cope with their duties towards their offspring. In difficult moments, sometimes sufficient turns out to be the support of sympathetic family or friends, in other times it is necessary to get more specialized help. The rules and forms of support for families in difficulty in the implementation of care and educational functions and the principles of organizing foster care defines *Act of 9 June 2011 on supporting family and foster care system* [14]. In accordance with the provision of Art. 2 of this Act, «supporting families experiencing difficulties in carrying out their functions of care and education is a set of planned activities aimed at responsibility for these actions bear «organizational units of local government units, performing

tasks in the scope of families' support and system of foster care, daily support institution, the organizers of family foster care, childcare centres, regional care and therapeutic centres, intervention pre-adoption centres, adoption centres and entities entrusted with the implementation of the tasks of the family support and alternative care system» [14, art. 2].

### **Supporting dysfunctional families**

If the family to some extent cannot cope with the fulfilment of its tasks, we are talking about a dysfunctional family. Such a family needs friendly support, understanding of its problems, confirming parents' positive attitudes towards their own children and help in overcoming negative attitudes, noticing the difficulties and the effort of family members in overcoming them. They expect it from the loved ones, friends, acquaintances, but also from experts. *Act on supporting family and foster care system* clarifies the forms of family support provided by the state and local governments. This support is based on: analysis of the situation of the family and determining the causes of its difficulties, strengthening the role of the family and its functions, developing the skills of care and education of parents, raising their parental awareness, help in the integration of the family, prevention of marginalization and social disintegration of families as well as taking actions supporting family reintegration. This support is implemented in the form of work with the family and assistance in its care and educational tasks. [14, art. 8] To work with the family there are appointed adequately prepared people – family assistants [11]. The work with family is conducted in the form of: consultations and specialist counselling, therapy, mediation, specialty care services, legal aid, particularly in the field of family law, support groups or self-help groups for families [14, art. 10]. Support in the care and upbringing of children is provided by facilities of daily support – organising circles of interest, lounges, clubs, day care centres (care activities) or organizing socio-therapeutic, therapeutic, corrective, compensatory, speech therapy, psychoprophylactic or psycho-correction classes (specialized activities) and animation activities (backyard work) [14, art. 24]. If the family does not obtain help in the correct time, it is in danger of weakening the ties between members, which can lead to social orphanhood of children. Manifestation of family disintegration is the lack or disorder of emotional ties between family members, improper attitude of parents towards their children, the lack of responsibility for the upbringing of children. The child whose needs are not satisfied in the scope of: acceptance, love, safety, kindness, care, belonging to the family and bonds with loved ones, starts looking for acceptance outside the family, often in informal peer groups [5, 252 – 253]. Often, the price of this kind of acceptance is taking up anti-social behaviours and intensifying process of children and adolescents' derailment.

It also happens that the basic problem of a dysfunctional family is the lack of material resources to meet the basic needs of all its members. This may involve the lack of gainful employment of father or mother, inability of managing their funds, spending money on expensive stimulants or excessive satisfying of the needs and desires of some members of the family, at the expense of deprivation of the needs of others. Help for the family, whose main or only problem is material problem, possibly including also housing difficulties, should be relatively easy if the ties between family members are strong and the family atmosphere is appropriate. Unfortunately, not always the family receives appropriate assistance. Sometimes it happens that the difficult financial situation and lack of housing become the reason for the placement of children in a foster family or in care and education institution. Such arrangements should not take place as they do not serve neither the child nor the family, and at the same time are much more expensive than the material support of the family. In the longer term they are also socially harmful, as they often become the cause of emotional disorders, problems with making right social contacts, sense of injustice and asocial or anti-social behaviours. If the family takes care of the children and provides them with proper educational atmosphere, but cannot cope with the problems of a financial nature, it should receive such a support so that also in this respect it could fulfil its functions properly. At the same time it is not always necessary to give money to the parent; sometimes it is sufficient to help in finding gainful employment, sometimes to advise on how to manage their funds.

### **Organizing foster care for children from pathological families**

Unfortunately, in Poland there are many families who cannot cope with the implementation of tasks and functions because of the occurring pathology. The most common problems in these families include: alcoholism or other addictions, domestic violence, prostitution, criminal behaviour. Children and their needs become then unimportant. It can therefore be concluded that social orphanhood «is one of the indicators of negative functional and structural disruptions of family life» [5, 249]. In such families children not only do not have their basic needs satisfied, but from an early age they learn inappropriate behaviour, imitating the behaviour of parents. Very often, their health and proper development are in danger, and sometimes even their lives. Then it is necessary to take the child from the family and place in a foster family or in care and education institution.

#### **1. Care and education institutions of interventional type**

After taking the child from the parents, at the beginning it is placed in an intervention centre – emergency shelter or foster care, acting as family emergency. As a rule, emergency shelters receive children older than 10 years of age. These institutions have in Poland decades-long tradition. The first was

founded in Warsaw in 1909, at the initiative of the Society for the Care of the Child. Its main task was an ad hoc, lasting from a few hours to sometimes a few days childcare in case of children who were lost or stray [2, 37]. The prototype for the emergency welfare centres in Poland were the institutions of temporary nature, operating in Germany, where based on medical and teaching observation, the child's situation was diagnosed and the children were directed them to foster families or care institutions [1, 289]. Currently, the task of emergency child care is «ad hoc childcare during the crisis,» when a child needs immediate care [14, art. 103]. The period of stay in the facility should not exceed three months, although in justified cases it may be extended until the end of the ongoing litigation regarding the return of the child to the family, adoption or placement in foster care [14, art. 103]. This is the time for a proper diagnosis and determination what type of facility would be the most appropriate for a particular child, given his family situation, age, state of health, prospects for the future, but also the ability to provide care for the child in the particular community.

Relatively new forms of an intervention centre are foster families acting as family emergency childcare. They were created to ensure proper family care for younger children (up to 10 years of age), who as a result of the situation threatening their life and health in their own families, must have been immediately placed in more secure environment. In such foster families there are also placed children abandoned at birth by mothers, left in hospitals, cots or life windows. The idea is that children are not placed in institutions, but got as soon as possible to the family that will meet their needs of not only physiological, but also emotional nature as well as their need to belong. Satisfying the latter is difficult or even impossible in even the best-run institutions. In professional foster care performing the function of a family emergency, a child is placed until normalization of its situation, but no longer than a period of four months (in special cases, the time can be extended to 8 months or until the end of court proceedings) [14, art. 58]. After completing the diagnosis regarding the child's situation and recognizing the opportunities to provide proper care for it, the child is directed to one of the forms of family foster care or to the care and upbringing institution of a specific type, the most appropriate for the ward.

## 2. Family forms of foster care

There is no doubt that the best conditions for the development of a child are created by a properly functioning family. If a child for any reason (natural or social orphanhood) cannot grow up in an own family, its tasks should be taken by adoptive or foster family. Only the children who have settled legal situation can be adopted, i.e. whose parents are dead or have been deprived of parental authority. Parents of social orphans usually have

only limited parental rights, so these children cannot be adopted. The alternative for them is a foster family. Respite care in Poland has a rich tradition. Its origins date back to the eighteenth century and the activities of a priest, Gabriel Peter Boduen, who gave children left in hospitals and asylums to peasant families – younger «to breast», older – «for the pot». The families, who decided to clasp orphans, received material resources for their keeping. Unfortunately, due to the poorly organized control and excessive belief in selfless kindness of the people, for many children it ended tragically. Some surrogate mothers killed children entrusted to them, and at the time of health checks of the pupils presented their own children instead of those that have been placed in their family. These women were described as «angels' manufacturers». Hence this form of care for many years induced negative connotations. Only in the interwar period it was revived by Aleksandra Majewska and brought the expected results [7, 24 – 25]. Then, due to the rapid industrial development of certain areas of the country, many people migrated from the countryside to towns and undertook work in factories. Many girls and young women left their family villages and migrated to Lodz, where they looked for work in the rapidly growing textile industry. Some due to lack of proper care quickly became mothers, and because they could not abandon the work, they decided to give the children to foreign families. After World War II, this type of respite care was renewed. Currently, its goal is to provide child, deprived of the care and upbringing by its own parents, necessary care by another family. At the same time, the work is undertaken with natural family to enable the child's return to the family home, and if this is not possible – its adoption, or to provide care and education in foster environments. It is also important to prepare the child for independent life, overcoming difficulties in accordance with the principles of social coexistence, establishing and maintaining socially acceptable contacts with family and peers, and meeting the emotional needs of the child [14, art. 32 – 34]. Family foster care is implemented in foster families and family childcare homes.

#### a / Foster families

Foster families can be divided into related and unrelated to the child – the latter may be non-professional or professional. The function of foster families related to a child is most often fulfilled by grandparents. On the one hand thus the bond between child and the family are preserved, but on the other – older people may have problems in ensuring the child right conditions for growth (important here are: the age of grandparents, their health condition, real interest in grandchildren and striving to meet their needs) and understanding the needs of children and youth in rapidly changing world. Of course, a function of related foster families can also fulfil distant relatives or mature, grown-up siblings. Among the unrelated foster families in recent years, one

can see a group of foster families providing this function professionally (which act as an emergency foster families or specialized foster families). Such families, besides financial assistance for the child's upbringing, receive also remuneration for performing duties of supervisor-tutor – usually one of the spouses is full-time employed. Candidates for non-professional and professional foster parents as well as individuals wishing to carry on the family childcare home must take part in specialized training [14, art. 39 – 44; 12]. In the specialized professional foster families there are placed children with severe or moderate degree of disability, minors who were in trouble with the law and minor mothers with children [14, art. 59]. There are too few professional foster families in Poland compared to the needs.

#### b / Family children's homes and children's villages

Much more popular are the family children's homes. This form of care was introduced in 1909 by Kazimierz Jeżewski. He entrusted orphaned children to the peasant families, giving them in exchange for taking care the land on lease. This established the orphan slots, being a prototype of family children's homes. The first orphan slot was created in Stanisławczyk near Przemysl. The children directed to the peasant families were required to work at home and the on the host's farm. The scope of responsibilities was dependent on the age of the child. To the peasant families only healthy children were sent, aged 5 to 17 years, who could work as not to unduly burden the hosts with the care and the costs of maintenance expenses, and to teach the children how to work for their own subsistence. According to the assumptions of K. Jeżewski, several slots grouped near each other would create a Kosciuszko's village (the prototype of today's children's villages). Although the Parliament adopted a resolution on this issue already in 1919, due to the small number of hosts willing to keep orphan slots K. Jeżewski managed to create only one Kosciuszko's village – in Rogoźno-Castle near Grudziadz (1929) [7, 41 – 43], [3, 25]. As the founder of modern children's villages SOS shall be considered Hermann Gmeiner. The first village was founded in Imst, Austria. In the same year the Association of SOS Children's Villages was established [6, 7]. In Poland, there are currently four SOS Children's Villages, in: Bilgoraj (since 1984.), Krasnik (since 1992), Siedlce (since 1998) and Karlin (since 2005). Since 1992, there has been a youth's home operating in Lublin, designed for high school students, the wards of children's villages. Moreover, in Kraśnik, Siedlce and Koszalin there are Housing SOS Communities functioning [6, 81, 130, 144, 157]; [15].

### 3. Institutional forms of foster care

Institutional respite care can be exercised in residential institutions, regional care and therapy units or pre-adoption intervention canthers [13].

Children's homes (childcare centres) have a long tradition in Poland. Their start dates back to the beginning of the eighteenth century. Then, priest Gabriel Peter Boduen created first hospitals for abandoned children. In fact, these were first orphanages. The most famous was the Hospital of the Child Jesus, founded in 1736 [7, 24]. This form of care developed after the Second World War, when the needs to care for huge number of orphaned or lost children were enormous and the capacity of the state in this area relatively small. Over the next 70 years, the model of children's care home changed. The facilities established used to be smaller and smaller, they were located in places better suited to meet the needs of children, the principles of the division of educational groups were refined and way the way of taking care improved [4, 74 – 88]. It should be noted, however, that care and education institutions can meet the physiological needs of children even to a greater extent than the family in a difficult financial situation, but they are not able to compensate for the absence of the family. Even the best working teachers who treat their work seriously and know the needs of children are not able to replace their parents. The atmosphere in the children's home is also far from the family home atmosphere. The shortcomings of institutional upbringing are numerous. F. Kulpiński accounted to them: a hidden functioning agenda of the institutions, barrack regime, verbalism in upbringing, lack of link between the contribution of child's labour and its state of ownership (they receive benefits for free), the orphanage complex, demanding attitudes of pupils and, consequently, fear of living on their own account. Some shortcomings stem from the essence of institutional upbringing (it is hard to find intimacy in a group of dozen of pupils, living in a group must be organized and timed), other result from overcompensating for the orphanage by educators (meeting the basic needs of the pupils is the concern of educators and support staff), over-organising of institutional life (fairly rigid regulations, precisely defining the time spent on various types of activities, lack of time for daily activities and moments of solitude), too little participation in the work for the home and other pupils, lack of contact with the problems of everyday life [9, 420 – 439]. The creator of the family system was Joseph Czeslaw Babicki. This solution was first introduced in the E. Plater's Shelter for Girls in Pruszkow in 1926 – 27 [8, 200 – 201]. Currently, the family system is based on creating, within institutions, the groups of different ages and gender, made up of siblings (so-called «little families»). With such a group should work two educators – a man and a woman (as in the family is father and mother); they are responsible for the overall educational influence [10, 93]. The idea of such organization of an upbringing group is to imitate as close as possible the situation in a full family, consisting of parents and children of both sexes and in different ages. «Little families» occupy separate part of the building, where they have their own rooms; children together with their tutors do many

of self-service works, prepare breakfasts and suppers, and wash personal items. Since, however, for educators it is their professional work for a certain number of hours, in their absence the group is supervised by a support teacher. Shift system of educators' care and the fact that after finishing their shift, each of them goes back to his family and household responsibilities, makes both children and educators recognize the difference between institutional education and upbringing in the family.

To childcare canters of therapeutic and specialist type get children and youth with special needs of care and education, in particular those that have a certificate of disability, require special educational methods and specialized treatment or correction of educational and developmental delays. In the facility, to which they are sent, children receive beyond the care and upbringing, the opportunity to participate in socio-therapeutic, corrective, compensatory, speech therapy activities as well as therapeutic classes which compensate the shortcomings of education in the own family and prepare to life in the society [14, art. 105].

Pre-adoption intervention canters accept children who in the waiting period for adoption require specialized care, so they cannot wait in the family foster care homes. There are placed new-borns and infants who reside there no longer than until the completion of the first year of life. In these institutions, as well as in the regional care and therapeutic centres, the wards are provided with specialized medical care and rehabilitation [14, art. 101 – 112].

**Conclusion.** There is no doubt that familial forms of care or family-type units create much better conditions for the proper development than even the best organized care and educational institutions. Unfortunately, despite the action fairly extensively promoted in the mass media in the last 20 years, encouraging establishing foster families and foster care homes, there are too few family care forms compared to the needs. Therefore, many children are sent to children's homes. In Poland, as in other European countries, there are many people interested in fostering children. Unfortunately, the slowness of the family courts with regard to normalize the child's legal situation and continual giving a chance in the first place to parents (maybe they will change, maybe they will understand something and want to retrieve the child placed in an institution), mean that many children lose their chance for normal childhood in a loving adoptive or foster family. The lack of positive experiences connected with family life often results in the future difficulties in making a positive relationship with another person (husband, wife), inability to show affection to own children and the lack of responsibility for others. Therefore, it quite often happens that the children of young people raised in orphanages also get to institutions or to family forms of care. Therefore, more attention should be paid to preparing young people to responsible treatment of parental duties, assisting families in implementing the tasks facing them, paying

special attention to help provided for dysfunctional families and taking the necessary measures to prevent social pathologies. The efforts should also be made so that the children deprived of care by their own parents could grow up in family forms of care – foster families and family children's homes, as the preparation for life in the family is best done while living in the family.

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**Каліновська-Вітек Барбара. Інституційні та сімейні форми прийомної опіки над дітьми і молоддю у Польщі.** У статті розкрито проблеми опіки над дітьми-сиротами в Польщі. Зазначено, що найкращим виховним середовищем для дітей і молоді є сім'я. Треба докласти чимало зусиль, щоб діти-сироти були усиновлені, мали повноцінну сім'ю, якщо їм дозволяє право, або виховувалися у прийомній сім'ї, якщо є можливість повернутися до біологічної сім'ї. Безумовно необхідна одночасно робота з сім'єю дитини, метою якої є вирішення проблем, пов'язаних із вилученням дитини із сім'ї. Перевіреною формою є також сімейні дитячі будинки. Найменш бажаним виховним середовищем для дітей-сиріт є опікунсько-виховні установи (будинки дитини). На жаль, для багатьох соціальних сиріт, позбавлених батьківського піклування, вони є єдиним вирішенням їх складної ситуації. У статті представлено характеристики різних форм прийомної опіки, у тому числі сімейних та інституційних.

**Ключові слова:** прийомна опіка, соціальне сирітство, сімейні форми опіки, прийомні сім'ї, інституційна опіка.

**Калиновска-Витэк Барбара. Институциональные и семейные формы приемной опеки над детьми и молодежью в Польше.** В статье раскрыты проблемы опеки над детьми-сиротами в Польше. Отмечено, что лучшей воспитательной средой для детей и молодежи является семья. Нужно приложить немало усилий, чтобы дети-сироты были усыновлены, имели полноценную семью, если им позво лет право, или воспитывались в приемной семье, если есть возможность вернуться к биологической семье. Безусловно необходима одновременно работа с семьей ребенка, целью которой является решение проблем, связанных с изъятием ребенка из семьи. Проверенной формой есть также семейные детские дома. Наименее желательным воспитательной средой для детей-сирот является попечительско-воспитательные учреждения (дома ребенка). К сожалению, для многих социальных сирот, лишенных родительской опеки, они являются единственным решением их сложной ситуации. В статье представлены характеристики различных форм приемной опеки, в том числе семейных и институциональных.

**Ключевые слова:** приемная опека, социальное сиротство, семейные формы опеки, приемные семьи, институциональная опека.

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