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## ***Foster care in Hungary and Poland – comparative analysis***

### ***Abstract***

This article presents the development, current status and contemporary challenges of foster care in Poland and Hungary. Both countries, due to their post-socialist tradition, are characterised by the experience of the development of institutionalised foster care during the socialist era, similar consequences of the socio-political transformation of the 1990s and a converging social policy context resulting from membership of the European Union structures for nearly 20 years. The perspective adopted is in line with the concept, which has been present in EU cohesion policy for many years, of child-friendly social services. The scope of the analysis is an analysis of existing material consisting of the scientific literature on the subject in both countries, research reports and legal regulations on foster care. Based on these analyses, the article draws several conclusions: the development of foster care in both countries followed a similar pattern, and changes have only occurred in recent years due to the increasing

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role of organisations associated with the Christian Churches in Hungary; despite the undoubted positive importance of foster care, growing up in such a setting also has negative consequences, which are much greater and multidimensional in relation to institutional versus family foster care.

**Keywords:** child protection, foster care, foster care system, deinstitutionalisation, orphanhood and social orphanhood.

## *Introduction*

It is the responsibility of the state to create and operate a system to help children who are orphaned, abandoned, rejected and lonely or who suffer abuse in their natural families. The creation of this system is the task of the legislative and executive authorities at the central level and its implementation is very often the responsibility of local authorities and public institutions established for this purpose. In the practice of direct support for children, non-governmental organisations as well as citizens themselves are involved in responsibilities of local authorities (county and municipal). Non-governmental organisations can also have a significant impact on the shape of the foster care system. The cooperation, multiple dependencies and relationships of governmental, self-governmental, non-governmental and private bodies in building local institutional and family foster care solutions create a complex and multi-faceted foster care system.

Both, in the common understanding and theoretical considerations, the dominant belief is that the best environment for a child's life and upbringing is a family. By this, it is understood that the family (and parents in particular) should provide optimal conditions for the development of children, both in the physical and spiritual dimensions of their functioning, personality, and social dimensions, which should be implemented, among others, by providing them with appropriate living conditions (Tyszka, 2002). It is also obvious that not all parents, for very different reasons, are able to cope with such formulated parental responsibilities (Meissner-Łozińska, 2011). Social orphanhood can be defined as a permanent or temporary state of depriving children of the chance to be brought up in their own family, where the underlying cause is the lack of appropriate care and educational conditions (Lalak & Pilch, 1999). In such cases, several forms of support are provided, but unfortunately, this is not enough in some cases. If the child's parents, despite using all possible forms of assistance, are still unable to properly fulfil their obligations, the child may be placed in foster care (Neményi & Messing, 2007; Rácz, 2015). The purpose of this form of help is to provide a child with temporary care and upbringing. The child is placed in foster care until the conditions for her or his return to the family are met, or until she or he is placed in the adoptive family. The placement of a child outside the natural family should be a measure of last resort when the child's well-being is at stake (Błażejewska, 2014; Krajewska, 2008; Balogh et al., 2019).

In this article, we would like to present how the foster care systems have evolved in Hungary and Poland, which are characterised by a similar post-socialist legacy

among the European Union countries, but also the influence of the European Union social policy in the last two decades. We intend to define what the legal and institutional foundations for foster care are, and how these forms of support have evolved in each country. The most important challenges faced by the foster care systems in Poland and Hungary will also be indicated. Referring to the concept of a need of fostering alternative to the institutional forms of foster care, recommended by General Assembly of the United Nations, we will try to emphasise the negative consequences of institutional foster care (Resolution adopted by the General Assembly 64/142, Guidelines for the Alternative Care of Children, 2009). This deinstitutionalisation of child care process would be understood as a creation of alternative care system, which, *inter alia*, aims at decreasing reliance on institutional and residential care with a complementary increase in family and community-based care and services (see: Costa, 2012). An ambition of the authors is also to propose recommendations on the direction of the development foster care system to the social policy and institutions supporting family, children, and foster care in our countries.

### *Orphanhood, social orphanhood and foster care*

Orphanhood, regardless of the cause and its type, is always a difficult condition that threatens the proper mental, emotional and social development of the children affected. It can have a negative impact on the processes of personality and identity formation. It also entails multiple consequences in the social dimension due to its scope, various forms of occurrence, the difficulty of preventing and recognising the situations that cause it, and the social-emotional compensation for its occurrence. This concept, once understood unequivocally and narrowly, has greatly expanded its scope of meaning these days (Badora, 2009). Orphanhood is categorised in several groups, one of which is natural or authentic orphanhood, namely, a life situation of a child who has lost her or his parents due to their death. Over time, due to the multidimensional character disorganisation of the family, its functions and the social ties occurring in it, the notion of natural orphanhood has expanded to include the concept of social orphanhood perceived as a special psychosocial state in which the child is deprived of care by parents (for various reasons). Negligence, ineffective upbringing and the assumption of this care by other people or institutions. On the other hand, as a result of the disorganisation of close family ties and the disintegration of the sense of belonging, the phenomenon of spiritual orphanhood appears (Sendyk, 2001; Węgiński, 2006; Badora, 2009).

Referring to the phenomenon of social and spiritual orphanhood as the effects of upbringing in dysfunctional families, it can be said that members of such a family do not meet their basic emotional, psychological and developmental needs. They have problems with establishing close ties and, thus, building their own sense of security as well as developing it in others, especially children. As Bradshaw points out, “a dysfunctional family is one that fails to fulfil its tasks, which include securing the survival and development of its members, meeting the emotional needs of its members, finding a balance between autonomy and dependence, learning social and sexual behaviour,

ensuring the development and growth of all its members, developing a sense of self, and socialization functions” (1994, p. 59). At the same time, the effects of family dysfunctionality are noted not only in the relationship between family members but also in the family with the social environment or a state and its expectations. Such a family often isolates itself from the outside world and its members have problems performing intra-family and social roles in the local community and society. As Izdebska points out, “A dysfunctional family does not fully fulfil its obligations to its own children, neglects to carry out its functions or poses a threat to this condition. Thus, it fails to meet the expectations of its own group or society” (2000, p. 34). Child welfare, just like neglect and risk, is also understood as a social construct, which means acceptable and unacceptable behaviour or life situations may differ depending on age, society, culture and community. There is much professional and political debate on the issue of appropriate family behaviour, while in many cases, it is difficult to determine the sole responsibility of the family for child endangerment. Such is the controversy surrounding poverty itself. Poverty puts the child’s development at risk but making it the exclusive responsibility of the family can be dangerous, as without adequate support the child protection system can thus lead to inadequate state responses.

Foster care is a system offering services by a group of people, institutions and activities designed to provide temporary care and upbringing for children when their parents are unable to do so. The task of foster care is to prepare the child for an independent and responsible life, overcoming difficulties in life, establishing and maintaining contact with family and peers, and acquiring social skills. Foster care seeks to meet the child’s many needs, including: emotional, living, health, educational as well as cultural and recreational. A child is placed in foster care until the conditions are right for the child to be returned to her or his family; until the child is placed with an adoptive family; or if the child’s welfare so requires, she or he remains in a long-term foster family environment until coming of age.

The literature defines a foster family as a family that raises children whose parents are deceased or unable to raise them (Okoń, 2001) formed when a married couple or a single person, including one in an informal relationship, adopts up to three children (unless they are siblings), with the same legal consequences between the foster caregivers and the children as in the adoption process (Andrzejewski, 2001). After the adoption, a foster family is the most favourable form of care for a child who cannot stay with her or his parents for a while. Unlike the traditional establishment (institutional) model of care, e.g., a children’s home, it represents a family model of care that provides optimal conditions for the child’s development, guarantees care and proper upbringing (Jamrozek & Matyjas, 2006). The foster family is supposed to create conditions similar to the natural family environment. At the same time, it is noted that foster families, which are related to the child, are a less brutal and emotionally severe solution for the child and, simultaneously, protect the child from lack of care and neglect. The child knows her or his caregivers and a bond with the family is not destroyed. Most often these are grandparents, and less often older siblings (Badora, 1998; Łuczyński, 2007; Ruskowska, 2014). On the one hand, a foster family is a form of organised 24-hour service for the benefit of a child or children temporarily or long-term deprived of their natural family. Still, it is also a service for the child’s biological family, which,

by definition, should lead, if possible, to the return of children to the family home (natural family), and if this proves impossible, leading to their independence (Mańka & Ornacka, 2011).

### *Methodological assumptions*

The aim of the study was to analyse the impact of policy processes on children's well-being by examining the elements of the system. This study is based on an analysis of statistical data, secondary analysis of academic literature on the subject and desk-research activities which examined the legal acts in the field of child and family support, orphanhood, foster care, etc., which constitute the legal and institutional system of foster care in Poland and Hungary; programme and strategic documents concerning solving social problems with particular focus on care insufficiency and multi-problem families together with strategies of developing foster care in Poland and Hungary. The lack of comprehensive research available on the subject limits the relevance of the results. The system of child protection and its effectiveness are influenced by a number of social factors whose analysis in full detail was not possible in this study.

### *The history of foster care in Hungary*

The origins of child protection date back to the 1700s. Two main things have shaped the basis for caring for orphaned children. The first was inheritance law, which dealt mainly with the situation of the wealthier orphans, and the second was poverty management, which interpreted child protection in terms of poverty care and left her or him in the hands of charity organisations. The beginning of state child protection is considered to be the 1901 Child Protection Act, which introduced the responsibility of the state alongside charity care (Veczkó, 2000). The law made the care of orphans compulsory, first until the age of seven and then – 15. Two main instruments of child protection were orphanages and a network of foster parents. The system of a child protection developed rapidly in a professional sense until the outbreak of the World Wars. The physical discipline of children was replaced by different educational ideologies but the churches and the civil sector still played a central role alongside state child protection. After the Second World War, child protection was completely nationalised, and by 1952, all charitable child protection activities had ceased in Hungary. The network of foster parents was dismantled and institutional care was given priority. Criticism of the foster care network stemmed from the pre-1945 provision. Prior to the World War, the foster care network had been made up largely of rural families, who regarded orphans as a labour force rather than family members (Gergely, 1997). Socialist child protection emphasised the contemporary community education of children, and large institutions were set up to provide for this. While in 1938, 87.2% of children were placed in foster care, by 1973 this number had fallen to 30.5% (Veczkó, 2000). From the 1960s onwards, child protection started to face the problems of young people coming into care because of social

and educational challenges. The system was severely criticised, especially by professionals. The 1970s, saw the beginning of the family-oriented transformation of large institutions, which at that time, were mostly small care units. The childcare system was divided into two main units. General child protection focused on preventive care for children in the family and society, while special child protection focused on children who were excluded from the family. From 1990 onwards, the transformation of residential child protection into family-based child protection continued and the network of foster parents began to develop again (Gáti, 1991).

A milestone in the Hungarian child protection system was the enactment of Act XXXI of 1997, which placed the protection of children in Hungary on a new footing (Herczog, 2001). The foundation underlying this Act the need to ensure the welfare of children and their right to be brought up in their families. It strengthened the child welfare system, which aimed to support and assist children in their families, prevent situations of danger and deal with the emergence of vulnerability in the family. The child protection system was based on the promotion of the reunification of children who had been removed from their families. The deinstitutionalisation of child protection has accelerated, with children being placed mainly in family-like care homes or foster care (Anghela et al., 2013). By 2004, the proportion of children in care had shifted from institutional to foster care (Hungarian Statistical Office, [HSO], 2013). Under the new rules, a child can only be placed in a children's home as a last resort, if they cannot be adequately cared for in any other placement. Typically, over-age children with special socialisation problems are placed in institutions when residential care or foster care have failed. It should be noted, however, that disability in itself is not a reason to exclude placement in foster care. The main focus in the decision is on the needs of the child and her or his ability to adapt to the family-like child protection system.

### *Development of foster care in Poland*

Foster care in Poland has quite a long tradition and its origins, as in the case of other aid activities, were connected with the charitable activities of churches and religious congregations. Its first manifestations are considered to be the activities of the Congregation of the Sisters of Charity of St. Vincent de Paul, brought to Poland in the mid-17<sup>th</sup> century, which took care of orphans by developing a form of institutionalised institutional care. In the first half of the 18<sup>th</sup> century, thanks to the French missionary Gabriel Peter Baudoin, centres of a medical-care nature were established for abandoned infants, where sometimes the care of children was entrusted to well-to-do peasant families (Matejak, 2008; Raclaw, 2017; Badora, 1998). During the partition period (when the Polish lands were divided between the three partitioning powers – Russia, Prussia and Austria-Hungary), the solutions in this area resulted from the level of development of the support system of the given partitioner as well as the concepts they used for the nationalisation of the controlled national groups.

In the interwar period, with the consolidation of the legal system of the new Polish state, the legal and institutional framework for the functioning of foster families is created. Thus, in 1926 in Łódź, foster families began to be established, whose goal was to provide

the child with decent living conditions but also correct family ties. In 1934, foster family care gained legal legitimacy under the order of the Ministry of Social Welfare officially sanctioned. At that time, family foster care is developing rapidly. After the end of World War II, in addition to the enormous commitment of ordinary citizens who took orphaned and abandoned children under their roofs, there is a practical degradation of the idea of family foster care in favour of state-run foster care facilities (Węgierski, 2006; Drozd, 2018). On the wave of criticism of institutional forms of child care in the 1970s, the practical application of the idea of the foster family was revived, which entailed the development of legal regulations in this area. In the 1980s, on the one hand, the development of the policy as well as the scope of legal regulation of the operation of foster families progresses, and on the other hand, the link between care solutions and the Ministry of Education deepens. This is also the period in which SOS Children's Villages begin to develop in Poland (cf. Węgierski, 2006, pp. 42–44; Drozd, 2018, pp. 10–12).

The changes in the political and socio-economic system that followed 1989, leading, among other things, to the formation of the current social policy system, also introduced transformations in the functioning of foster care. In 1993, the Council of Ministers introduced a regulation according to which foster families, in order to provide children with the best possible living conditions, were to receive financial support.

In 1998, at the same time as the introduction of political and administrative reforms of the state, the creation of another level of local government, which was the *powiat* (district), and the resulting division of the plenipotencies of various institutions of the public sector, the tasks of child care and the creation and operation of foster families were transferred from the Ministry of Education to the responsibilities of the Ministry of Social Welfare.

Subsequent decrees of the Council of Ministers related to the operation of foster care introduced and defined: new rules for the care of children in foster families and the new amount of monetary benefits for children in these families (Regulation of the CM of July 8, 1999 on foster families); rules for the operation of foster families, criteria for the preparation of candidates for foster families, matters of financial support for families and salaries for foster parents, etc. (CM Ordinance of September 29, 2001 on foster families). The functioning of foster care was also regulated by the Social Welfare Act of March 12, 2004 ([Polish] Journal of Laws, consolidated text 2023, item 901).

Despite the measures taken both in terms of social policy and legal regulations aimed at supporting families, especially those facing various types of problems and dysfunctions, the situation of children in these families did not improve significantly. Legislative solutions did not provide the desired results in the organisation of child and family care. As a result, the rate of children placed outside the biological family was increasing. The answer to the emerging problems in the field of family support was the enactment of the Act of June 9, 2011 ([Polish] Journal of Laws, consolidated text 2016, item 575), which is still in force, on family support and the system of foster care, changing, among other things, the rules for organising family foster care, as well as adoption procedures; regulating issues relating to environmental prophylaxis for families experiencing difficulties in fulfilling care and upbringing functions; family and institutional foster care; the empowerment of adult foster

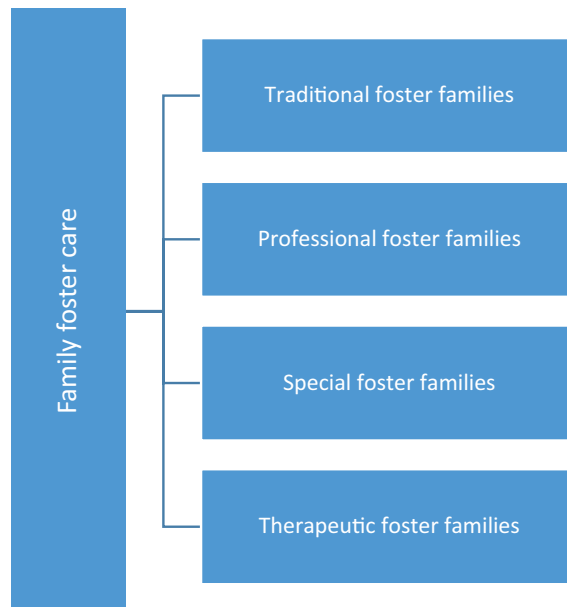
care alumni; adoption procedures; the tasks of public administration in supporting the family and the system of foster care as well as the principles of financing the system of child care and foster care.

### *Structure and organisation of the institutional childcare in Hungary*

The structure of the institutional system of child protection has basically not changed much since the change of regime. However, the proportion of service elements and the quality of professional work there reflect the reforms and aspirations of child protection.

The foster care system changed in 2014. Previously, this type of care was also available to private individuals (natural foster parents) who usually looked after children with special educational needs. Professional foster carers looked after children with special needs. From 2014, all foster carers are professional, paid employees. Some of them are specially trained to care for children with special needs.

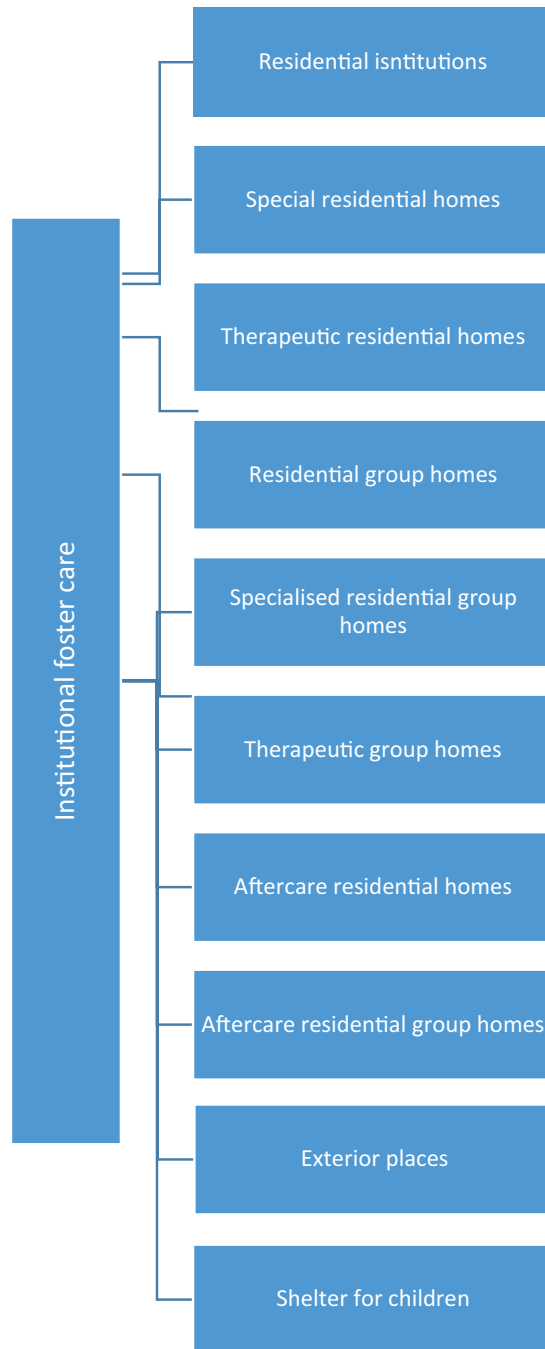
The two main types of residential care are foster care and institutional care. Both types of care are suitable for children with special needs. Therapeutic care is used to care for children with severe mental disorders who are dysfunctional, while specialised care is used to care for children with disabilities. According to the placement protocol, the child must be placed primarily with a foster parent and the child's optimum care and support needs must be taken into account. If institutionalisation is necessary, group



**Diagram 1.** Structure and organisation of the family foster care in Hungary

Source: 1997. XXXI. The Act about the Child Welfare and the Child Protection. (May 8, 1997)





**Diagram 2.** Structure and organisation of the institutional foster care in Hungary

Source: 1997. XXXI. The Act about the child welfare and child protection (May 8, 1997).

**Table 1.** Number of institutional foster care places

	2010	2015	2019
Residential homes	3,309	2,982	2,938
Special residential homes	1,079	986	786
Therapeutic residential homes	378	406	407
Residential group homes	3,181	2,885	2,916
Special residential group homes	88	112	136
Therapeutic residential group homes	662	788	650
Aftercare institution	396	335	242
Aftercare group home	163	86	99
Exterior places	461	371	327
Shelter for children	304	0	0

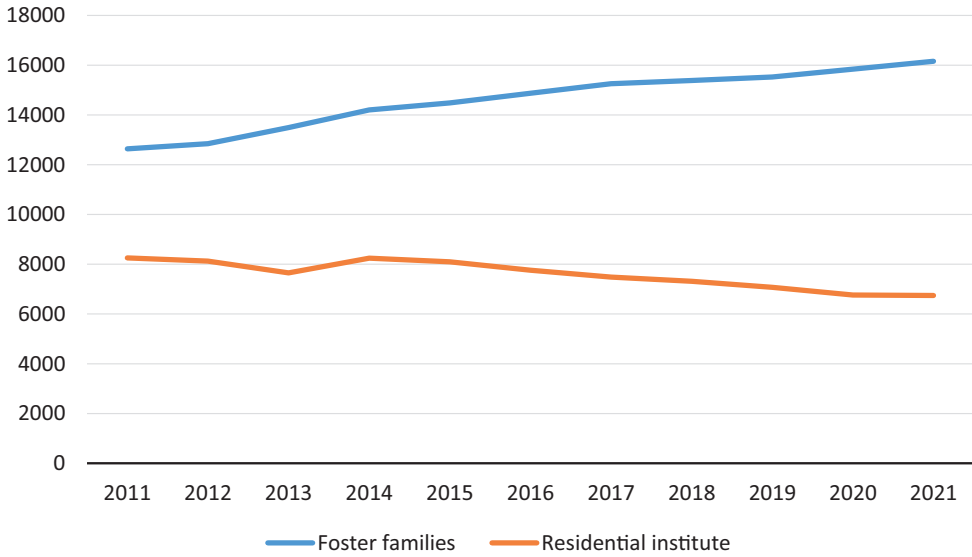
Source: HSO, 2020

homes should be preferred, and only as a last resort should the child be placed in a larger institution. Group homes can accommodate up to 12 children in a residential community. Most often, children are placed in larger family houses. Aftercare places are available for young people who have reached the age of maturity and are in full-time education. Exterior places are also created to young people who have just left the child protection. These places usually rented apartments. Details of each type of care are given below.

According to the Hungarian Statistical Office, by 2011, 60% of the children were settled in family foster care and family – like small residential group settings.

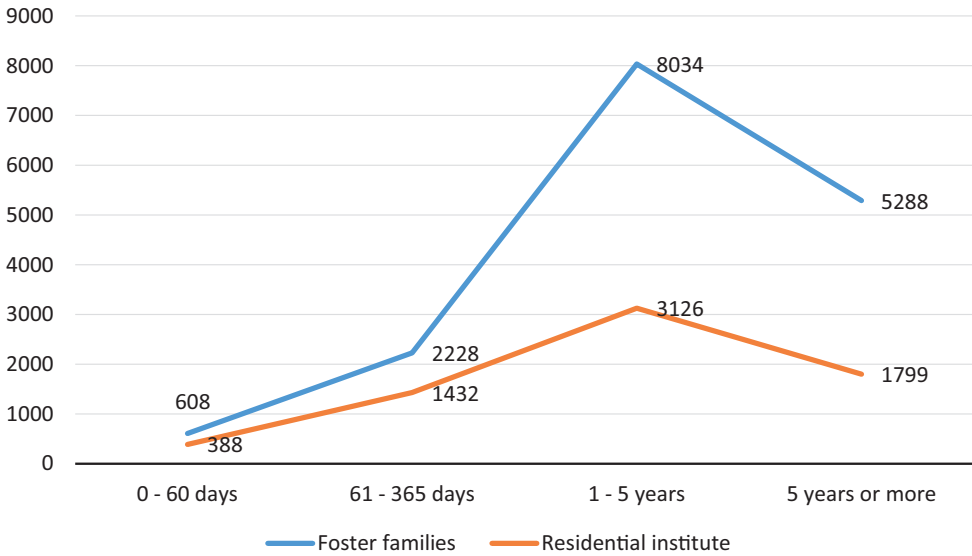
It can be seen that foster care has become the most common form of care. The law has achieved its objective, as the number of large residential institutions has been reduced to a minimum, and children are only placed in such care when justified.

In 2021, 8,927 children ceased to be looked after, meaning that they reached the age of maturity or ceased to be looked after for reasons of age and were returned to their families. The data shows that the system tends to care for children with longer care periods in the foster care network. The same year, 3,488 family foster carers looked after children, while 2,384 foster carers looked after children under three years of age or with a sick or disabled child, and 41 foster carers were specialised foster carers for children with severe mental health problems or behavioural problems. Within a year, 8.6% of children were returned to their parents and one in two children changed care, typically from foster care to foster care. On average, children are spending less and less time in the child protection system, and it is fragmented and of a shorter duration. In 2020, 18,861 runaways were recorded, committed by 3,298 children (Györi, 2021). All this points to functional difficulties in the system. Before 2014, foster families with – one, two or three children were more common but this changed later. By 2020, the number of children had increased proportionally, so that the percentage of families with five, six



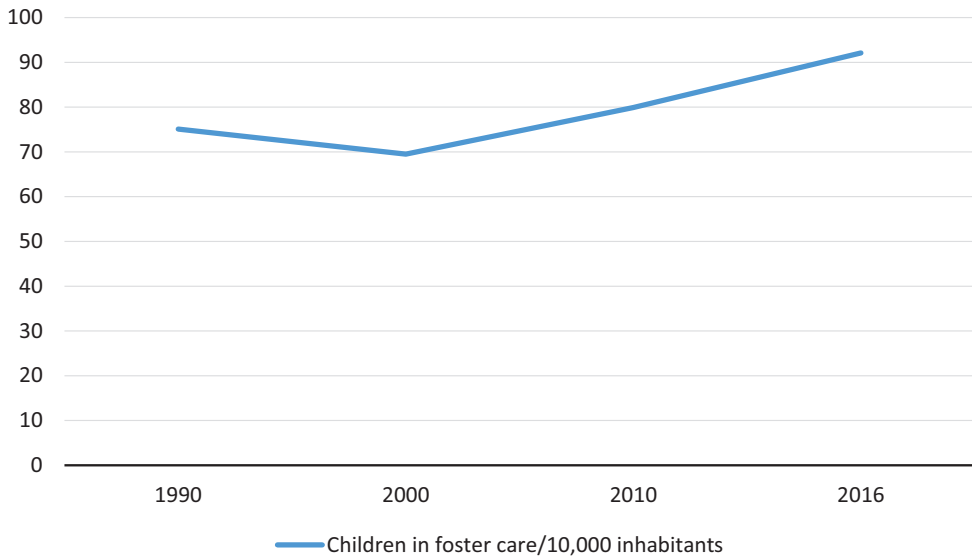
**Diagram 3.** Number of children settled in the child and young protection foster care by type

Source: HSO, 2023



**Diagram 4.** Number of children settled in the child and young protection foster care by type and by the time of residence (2021)

Source: HSO, 2023



**Diagram 5.** The rate of the children in foster care for 10,000 inhabitants

Source: HSO, 2020

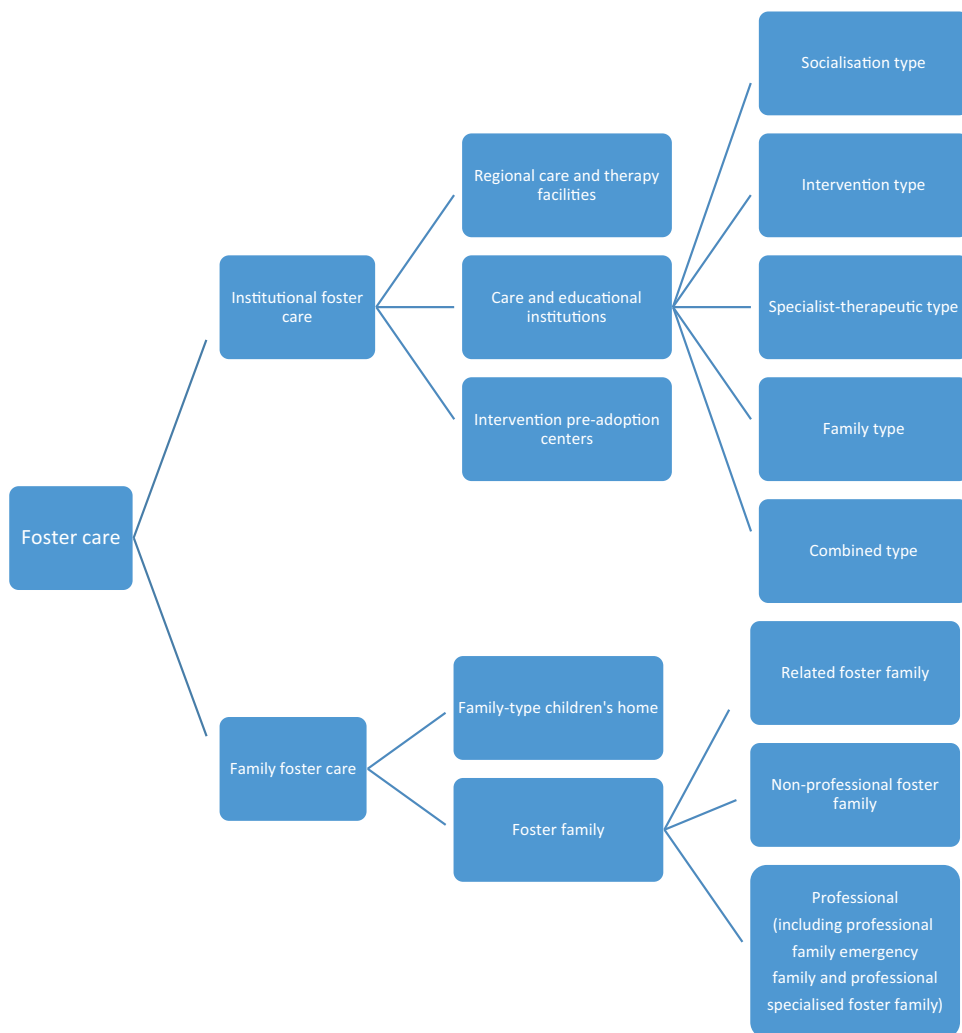
or more children had risen to 16.1%. There is also a marked spatial imbalance in services, with the eastern regions being the most under-represented. Two-thirds of children are looked after in the eastern regions, where there is a persistent shortage of foster carers, while 406 places were available in the system in 2020 (Győri, 2021).

The number of children in child protection care is slowly increasing as a proportion of the population. In contrast, the number of children in need of child welfare services is gradually decreasing in the case of preventive programmes, while no significant change is observed in the case of care (HSO, 2020.)

Overall, it can be seen that the child protection system is steadily moving towards deinstitutionalisation. The proportion of young people in foster care is increasing and the ratio of young people in smaller placements is rising.

### *Structure and organisation of foster care in Poland*

According to the law in force, in Poland, the local government is responsible for the implementation of the idea of helping the family (all its members in various forms and scope). Local government units perform these tasks through their organisational units. Among the institutions supporting the family and the foster care system are: day-care centres, organisers of family foster care, care and educational centres, regional care and therapeutic centres, intervention preadoption centres, adoption centres as well as entities which have been commissioned to carry out tasks in support of the family and the foster care system.



**Diagram 6.** Forms of foster care in Poland

Source: Regionalny Ośrodek Polityki Społecznej. (2016). *Wojewódzki program wspierania rodziny i systemu pieczy zastępczej w województwie śląskim na lata 2016–2020.*

Foster care in Poland is defined as a set of persons, institutions and activities that aim to provide temporary care and upbringing for children in cases where parents are unable to do so. Foster care provides work with the natural family, the aim of which is to enable the child to return to the family or, when it is impossible, seek adoption of the child, and in the absence of such a possibility, care and upbringing in a foster environment. Within the framework of foster care, we distinguish between institutional and family forms of its implementation (see: Diagram 6).

## *Institutional foster care*

### *Care and educational institutions*

Care and educational institutions are run by the county or an entity contracted by the county to carry out this task. Their main task is to provide the child with round-the-clock care and upbringing and to guarantee access to education and health care. In other words, the purpose of this type of institution is to safeguard the child's welfare as best as possible in a situation where, for some reason, the child cannot be placed in family foster care. Children over the age of 10 who require special care or who have difficulties adjusting to life in the family are placed in foster care. At any one time, no more than 14 children in total can be in an institution (in family-type institutions no more than eight or, in special cases, no more than 10). Work with the child in it is carried out in accordance with the plan for helping the child, drawn up and implemented by the educator in cooperation with the family assistant, and if the child's family has not been assigned one, in cooperation with the entity organising work with the family.

The facility allows the child to have contact with relatives, unless the court decides otherwise, and takes measures to restore the child to his biological family or find him an adoptive family (provided the legal situation is settled).

Child care centres come in four types. **Socialisation type** – the purpose of this type of institution is to provide round-the-clock care and meet the necessary needs of the child. It provides upbringing and education, including specialised classes to compensate for the lack of upbringing in the family environment, takes measures to restore the child to the biological family or place her or him in an adoptive family or a family form of foster care. **Intervention type** which includes establishments whose task is to take care of a child on an ad hoc basis during a crisis situation, namely, in cases requiring immediate care. These are establishments with a short stay of up to three months maximum. **Specialised-therapeutic type facilities** take care of a child with individual needs resulting mainly from a declared disability, requiring the use of special educational methods and specialised therapy, requiring compensation for developmental and educational delays. **The family-type institution** brings up children of different ages, including those growing up and becoming independent. It enables numerous siblings to be raised and cared for together.

### *Regional care and therapeutic facility*

The operation of a regional care and therapeutic institution is the responsibility of the provincial government, which, however, may delegate it to another entity. In this type of institution children in need of special care are placed, who, due to their state of health requiring the use of specialised care and rehabilitation, cannot be placed in family foster care or in an institution for care and education. A total of no more than 30 children can be placed in a regional care and therapeutic institution at the same time.

*Intervention pre-adoption centre*

This type of centre places children requiring specialised care and cannot be placed in family foster care during the waiting period for adoption. Children up to the completion of the first year of life remain under the care of such a centre and their number may not exceed 20. The management of such centres is the responsibility of the provincial government but it may commission non-public entities to run them.

*Family foster care**Family children's home*

Such an institution operates on principles similar to those of a professional foster family but is prepared to care for a larger number of children (not more than eight foster children). If it is necessary to place siblings in a family children's home, it is permissible to place more children in it at the same time, with the consent of the family children's home operator and after obtaining a positive opinion of the coordinator of family foster care.

*Foster family*

A **professional foster family** is defined as a family that receives remuneration for the work it performs for the children assigned to it (in the case of a married couple, only one of the spouses receives remuneration). A professional foster family takes care of children who are not related to it. **Professional foster family performs the function of family emergency** as a child is placed in it for a short period of time, i.e., until her or his situation is normalised but for a period no longer than four months. **Specialised professional foster family** is a place where children with a disability certificate and minor mothers live, in particular.

*Polish foster care in statistics*

According to the data of the Central Statistical Office, at the end of 2021 there were 72.3 thousand children in foster care in Poland who were totally or partially deprived of the care of their natural family, including 56.4 thousand in family care and 15.9 thousand in institutional care.

Among 15,931 children who are in institutional foster care, the most numerous group is constituted by children aged 14–17 (7,154 children) and those aged 10–13 (4,018). On the other hand, the least multitudinous is the youngest group under 1 year of age (158 wards). There are also 1,514 adult learners in this type of an institution. In 2021, 4,530 children up to the age of 18 left foster care institutions for various reasons: 35.9% were children who returned to their natural family; 25.4% of the alumni were transferred to another type of institutional foster care; 22.3% were moved to family foster care; and 7.0% of the children were placed for adoption. Of the 2,043 children

**Table 2.** Number of children in foster care in Poland in the period 2005–2011

Specification	2005	2006	2007	2008	2009	2010	2011
Total:	90,018	93,580	96,618	95,841	95,688	95,024	95,104
Family foster care	59,345	61,554	64,999	66,026	65,976	66,407	66,971
% share of children in family foster care	66%	66%	67%	69%	69%	70%	70%
Institutional foster care	30,673	32,026	31,619	29,815	29,712	28,617	28,133
% share of children in institutional foster care	34%	34%	33%	31%	31%	30%	30%

Source: Ministry of Family and Social Policy. (n.d.)

over the age of 18 who left care, 1,104 established their own households and 721 returned to their natural families (see: Information from the Council of Ministers on the implementation in 2021 of the Act of June 9, 2011 on family support and the foster care system; Central Statistical Office, Foster care in 2022).

### *Negative consequences of growing up in institutionalised foster care*

The great significance of foster care in securing the basic needs of orphans is beyond doubt and has already been articulated in the first paragraph of this article. It should be noted, however, that like all other forms of support, foster care, especially in its institutional form, can have various consequences. Although the support and care which an orphaned child (whether naturally or socially) receives in foster care very often enables such a child to survive biologically, be safe and cared for, grow up and develop in conditions as close as possible to those of the family, it should be emphasised that growing up in foster care itself is very often fraught with negative consequences of an emotional, psychological and developmental nature. The first factor that can determine later developmental problems is the very experience of growing up in a dysfunctional family before the child is placed in foster care. The consequences of primary socialisation in the conditions of an educationally inefficient family impinge, in most cases, on later periods of life, and the degree and effects of such an influence will vary greatly, and it will also affect the educational processes in foster care. It is also obvious that, one of the main reasons for the potential negative consequences of being brought up in foster care will be the overlap of the period spent



Table 3. Number of children in foster care in Poland in the period 2014–2021

Specification	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total	78,607	78,519	77,348	76,503	74,757	73,129	72,339	72,450	72,063	72,941
Family foster care	58,082	58,570	57,651	56,986	56,544	55,721	55,288	55,458	55,772	56,656
% share of children in family foster care	74%	75%	75%	74%	76%	76%	76%	77%	77%	78%
Institutional foster care	20,525	19,949	19,697	19,517	18,213	17,408	17,051	16,992	16,291	16,285
% share of children in institutional foster care	26%	25%	25%	26%	24%	24%	24%	23%	23%	22%

Source: Ministry of Family and Social Policy (2021)

in foster care with the very special and sensitive period of adolescence, when the most important areas of human development are shaped, the processes of primary socialisation take place, the personality crystallises and, through emerging identity crises, the basic framework of the personality is formed. Emotional or mental problems which can appear quite often, although in varying degrees of intensity, are the effects of the occurrence of the so-called orphan disease or the disease of lack of love which “is caused by the lack of ties with the mother or loved ones, causing syndromes of disorders and delays in physical, motor and mental development” (Meissner-Łozińska, 2011 p. 38). It should be emphasised that symptoms of this disease can also occur in children who have a biological family and a family home but do not have healthy and normal interpersonal relationships in that family.

In each case of orphanhood, we may encounter negative consequences of this phenomenon affecting the formation of the orphaned child’s personality, her or his ability to establish and maintain interpersonal contacts as well as the satisfaction of her or his basic needs: love, belongingness and security. One of the most serious consequences of inadequate relations of the child with its parents, especially with the mother in the early period of its life is certainly a disturbed sense of security, and a loss of emotional bonds connecting the child with its closest ones (Ruszkowska, 2014). Such a state of affairs very often results in a sense of loneliness and harm, and this sense of harm is very often combined with the difficulty of determining who is to blame for the situation. In some cases, children also combine this sense of harm with a sense of partial responsibility for the situation. Deprivation of the possibility to establish proper social and emotional contacts with parents (meaningful in terms of primary socialisation) results in unsatisfied basic affiliative needs and triggers many defence mechanisms such as: idealisation of the natural family, denial of unpleasant events, attributing one’s own negative characteristics to other people, escape into fantasy, regression, telling oneself the opposite of the feelings currently experienced and apparent obedience (Badora, 2002).

In addition to the above-mentioned effects of orphanhood, children in institutional care very often suffer from anxiety as a result of the lack of bonding and physical closeness manifested in the mother’s cuddling and caressing. Every child, for proper development, needs one constant, physically present person to whom she or he can become attached (Łopatkowa, 1992, p. 129). The care of children in institutional forms of education is provided by professional educators employed there, who, even if they try very hard to create a family atmosphere, cannot replace the closest relatives. This state of affairs will make it difficult to establish the close emotional ties that are so important for proper mental and emotional development. Even if close bonds can be established between pupils and educators, the high turnover among staff members makes it very difficult to maintain such bonds. In addition, when an educator who has formed such a bond with a child changes employment, she or he causes another painful break in the bond by leaving. In some cases, this can lead to children withdrawing from opportunities to build stronger emotional bonds as a form of protection against potentially experiencing another trauma (cf. Joachimowska, 2008, p.47–48).

The negative effects that may affect orphanage alumni include:

- an ingrained sense of inferiority in relation to peers due to the different, in comparison to the majority, family and upbringing situation of the children brought

- up in children's homes compounded by a sense of stigmatisation resulting from the stereotypical pejorative perception of natural families from which children end up in foster care, such as problematic, inefficient, and "pathological" families;
- limited resourcefulness in life and lack of readiness to take initiatives, i.e., consumer attitude, limited only to accepting and using the services provided by the institution and its employees, which often results from the role of the wards, who receive everything they need to survive from the institution, without having to give anything themselves;
  - hunger, emotional insufficiency also referred to as "emotional stickiness" or "atrophy of feelings" occurring as a consequence of the lack of satisfaction of emotional needs in the conditions of collective upbringing;
  - vulnerability and submissiveness in peer relationships, resulting from a lack of satisfaction of the need for security, especially in those pupils who, as weaker and less resourceful, were dominated by cleverer and stronger ones who exploited and humiliated them;
  - a sense of temporariness resulting from a "nurtured" but often unjustified naïve hope that the parents (who often verbally declared their love and readiness to care) will soon take them home; this is often combined with an idealised image of the natural family, despite the objective problems occurring there, which often results in a negative attitude towards the institution in which foster care is exercised;
  - fear of life outside the institution and uncertainty about the future on the verge of becoming independent, characteristic for those leaving foster care (regardless of whether they are socially and emotionally prepared to do so), who are full of fear whether they will be able to cope independently with the problems of everyday life (cf. Kamińska, 2010, pp. 181–182).

### *Dilemmas and challenges in contemporary foster care*

The fundamental aim of the child protection system is to ensure that the child's well-being is enjoyed within the family. To guarantee this, the state provides an extensive system of institutions. If, however, the child's well-being cannot be ensured by these means, the child protection system should support the child's development as a last resort. This means that the system works well if the child is not placed in the system or if the child can be returned to her or his family as soon as possible. However, child protection is faced with numerous dilemmas.

The first is the **effectiveness of the child welfare system**. Can the child welfare system prevent child endangerment and deal with the problems that arise? Effective professional work can prevent and manage vulnerability more effectively (Herczog, 2007). However, if the child welfare system cannot help efficiently due to a lack of appropriate professional tools, methods, human resources or financial resources, the child is more likely to end up in the child protection system.

The prevention and avoidance of institutional placement is the main task of child protection. The system is basically built on mechanisms that support the family, but in its operational practice, child protection procedures play the main role (Rác,

2016a). Thus, **instead of a supportive attitude, a controlling one has been strengthened**. Primary care workers are overworked, have too many administrative tasks and feel alone in practice as teamwork is not typical, and this style of work reduces the efficiency of professional activity (Rácz, 2019). The system still suffers from a shortage of professionals, especially special education teachers and psychologists. The educational level among family foster parents is barely low as only 33% had secondary school education, 61% even did not have secondary school education and 67% attended the special preparatory training (Balogh et al, 2019).

The second dilemma is whether **the preventive child welfare system is able to address problems that arise from social inequalities or are rooted in poverty**. Appropriate child welfare interventions must, therefore, be supported by an appropriate set of social policy instruments. Without adequate and empowering family supports and services to strengthen the family, the system only assists the child's journey through the system. Taking a child out of the home too early, without the right tools, can break up families, but it is also inappropriate to do it too late, as this can leave the child irreversibly traumatised. The child protection system is unable to deal with these problems adequately (Csurgó & Rácz, 2012).

The third question is whether **the child protection system can help children's development and social integration and reduce disadvantages**. Research findings highlight the drop-out rate of young people in child protection in secondary schools. It is difficult to overcome the stigma of child protection, especially if the child also has a disability (Csurgó & Rácz, 2012). Relatively little research is available on the life chances of young people leaving child protection. A recent survey of homeless people found that one in five respondents had a history of child welfare. Among homeless people, the younger someone is and the lower their educational level, the more likely they are to have lived in such facilities (Gyóri, 2021).

The fourth dilemma is whether **the capacity of the system is conducive to achieving professional objectives**. Critics of child protection argue that the system itself abuses the child if it does not provide the professional conditions necessary for care. Some argue that the process of deinstitutionalisation is not happening fast enough, in many cases, the EU's funds are still flowing to institutions, with the direct consequence of institutional systems being preserved (Balavány, 2020). Others point to the difficulties of professional and expert work, saying that important concepts are not sufficiently defined (such as child vulnerability) and that there is a lack of appropriate measures of effectiveness, so that there is a risk that the system's needs, rather than the child's interests, will determine the child's placement and care options (Rácz, 2016b). Many elements of the system are still based on the child protection logic of the old days. For example, the "start of life allowance" to support young people as they reach adulthood is typically given to those who have spent decades in the system. It is not available to young people with fragmented institutional careers (Rácz, 2012).

The task of the foster family is above all to protect, secure the basic needs and promote the proper development of the personality and identity of the child in its care. Its purpose is not so much to replace the parents as to complement and support them and to enable the biological parents to become involved in the care and upbringing process. Despite the connotations that parents who are not caring relate to this form

of care, very often perceiving it as a threat when they cannot cope with caring for their own children and as a punishment when their children end up in foster care, the task of foster families is to help and support the natural family in overcoming difficulties by restoring a stable home for the child. Increasingly, the value of the natural family as a child-rearing environment is pointed out, and the necessity of cooperation between support institutions and the biological family for the widely understood good of the child is indicated (Stelmaszuk, 1998; Ruskowska, 2014). Such an assumption also leads to the conclusion of **the need for cooperation of foster care institutions, including the foster family, with the biological family** whenever it is possible and could foster the creation of conditions allowing the child to return to the natural family. The problem, however, is that, as Marzena Ruskowska reports on the basis of her research, **such a cooperation between the two systems is difficult to achieve**, assuming, of course, that natural parents are interested in bringing their child home. Very often, natural and foster families differ in the way they understand and define the tasks and duties related to the performance of family roles, particular functions of the family and, consequently, the care and educational strategies adopted. This, in turn, often becomes the cause of numerous conflicts, tensions and a lack of interest in cooperation between the current carers of a child remaining in a foster family and its natural parents (Ruskowska, 2014). In this context, it is of vital importance how candidates for foster parents are prepared and how their interest and readiness to cooperate with natural families is consolidated in regular courses and training. However, this type of activities should be directed by the employees of support institutions and family assistants as well as also to natural families. In this respect, it seems necessary to develop effective systemic solutions – both legal and financial.

### *Instead of conclusions...*

Many factors influence the functioning and processes of the child protection system. Child vulnerability as a social construct must be interpreted in the context of particular social values and relations. In Hungary, e.g., there is considerable discussion about the relationship between vulnerability and poverty, as the Child Protection Act states that a child cannot be removed from her or his family solely on the grounds of poverty. However, looking at child protection data, it is clear that disadvantaged social situation plays a role in the removal of the child. Child protection not only provides a home and protection for the minor, but must also be able to face the problems and compensate for the trauma brought by the family. All this requires a high level of professional work, professional and social dialogue, and research that reveals the situation and challenges of families and children. This system alone cannot be able to compensate for social inequalities.

The basic element of building an effective system of supporting families and, thus, creating a safe and optimal environment for the development of children in families at risk and affected by problems should be further development of cooperation between social workers, family assistants and other representatives of social services, as well as capacity building of non-governmental organisations providing support services

to families, including foster families. The strengthening of prevention at each level of public institutions and local self-government adequate to their tasks, competencies and possibilities should also become another important element. Activities at the level of municipalities are of particular importance here, where the availability of family assistants should be strengthened and supported in the form of helping families as assistance provided in the local environment should be extended, especially in areas where such services have not been available so far and where due to population density and accumulation of social problems affecting families, the services provided are insufficient. It is important for foster parents to continually improve their qualifications, acquire and develop new skills and competencies and, given the dynamically developing knowledge of new developmental, identity and socialisation problems of children and young people as well as the disturbing results of research into the mental health of this social group. It seems necessary to ensure that carers from foster families have access to specialist training, where particular attention should be paid to the specific needs of the child they are adopting. This knowledge is equally important in the case of professional and kinship families, which are most often not as well prepared to fulfil this function.

## References

- Andrzejewski, M. (2001). Rozporządzenie Rady Ministrów w sprawie rodzin zastępczych. Komentarz do rozporządzenia. *Problemy Opiekuńczo – Wychowawcze*, 4, 29–44.
- Andrzejewski, M. (2007). *Domy na piasku*. Media Rodzina.
- Anghela, R., Herczog, M., & Dima, G. (2013). The challenge of reforming child protection in Eastern Europe: The cases of Hungary and Romania. *Psychosocial Intervention*, 22(2013), 239–249.
- Badora, S. (1998). *Uczucia i profesjonalizm. O formach opieki zastępczej*. Wydawnictwo WSP.
- Badora, S. (2002). Teoretyczne aspekty sieroctwa i jego opiekuńczej kompensacji. In S. Badora, D. Marzec (Red.), *System opieki kompensacyjnej w zjednoczonej Europie*. „Impuls”.
- Balavány, G. (2020). *Herczog Mária: A gyermekvédelmi rendszer abuzálja a gyermeket a döntéshozók tudtával*. <https://24.hu/belfold/2020/11/09/herczog-maria-gyermekvedelem-abuzus-gyermekotthonok-interju/>
- Balogh, K., Gregorits, P., & Rác, A. (2019). *A gyermekvédelmi intézményrendszer működési környezetének vizsgálata a 'gyermekvédelem, mint szolgáltatás' értelmezési keret rendszer tükrében*. ESÉLY: TÁRSADALOM ÉS SZOCIÁLPOLITIKAI FOLYÓIRAT, 2019(3), 26–47.
- Błażejewska, K. (2014). Bariery i szanse rodzicielstwa zastępczego. Rodzina zastępcza receptą na kryzys? *Pogranicze. Studia Społeczne*, 24, 167–180.
- Bradshaw, J. (1994). *Zrozumieć rodzinę. Rewolucyjna droga odnalezienia samego siebie* (H. Szczepańska, Trans.). Instytut Psychologii Zdrowia i Trzeźwości. Polskie Towarzystwo Psychologiczne.

- Costa, M. (2012). *Opening doors for Europe's children. Deinstitutionalisation and quality alternative care for children in Europe Lessons learned and the way forward Working paper*. Eurochild.
- Council of Europe. (2011). *Children's rights and social services friendly to children and families*. <https://rm.coe.int/168046ccea>
- Csurgó, B. & Rác, A. (2012). Fogytékossággal élő fiatal felnőttek életútjának alakulása a gyermekvédelem árnyékában. *Gyermekvédelemben nevelkedettek társadalmi integrációs esélyei. Studies in Child and Youth Protection*, 55–76. Rubeus Association.
- Drozd, I. (2018). Piecza zastępcza – historia i współczesność. In M. Kordaczuk-Wąs, M. Wiktorowicz-Sosnowska (Red.), *Rodzina zastępcza pomiędzy prawem, teorią i praktyką*. Wydawnictwo Exante.
- Gáti, F. (1991). Most a nevelőszülők...? *Gyermek- és Ifjúságvédelem*. 1991/1.
- Gergely, F. (1997). *A magyar gyermekvédelem története 1897 – 1997*. Püski.
- Győri, P. (2021). Így kallódunk el szépen egymás után. Állami gondozottak voltak, ma hajléktalanok. *Esély*, 32(1), 92 – 111. [https://esely.org/kiadvanyok/2021\\_1/esely\\_2021-1\\_92-111\\_%20gyori.pdf](https://esely.org/kiadvanyok/2021_1/esely_2021-1_92-111_%20gyori.pdf)
- Herczog, M. (2007). *A gyerekek családból való kiemelésének – intézményi elhelyezésének – megelőzése, elkerülése*. [https://pkg2009.gportal.hu/portal/pkg2009/upload/614923\\_1242719757\\_03795.pdf](https://pkg2009.gportal.hu/portal/pkg2009/upload/614923_1242719757_03795.pdf)
- Herczog, M. (2001). *Gyermekvédelmi kézikönyv*. KJK-Kerszöv.
- Hungarian Statistical Office. (HSO). (2013). *Szociális Statisztikai Évkönyv 2012*. Központi Statisztikai Hivatal.
- Hungarian Statistical Office. (HSO). (2021). *Szociális Statisztikai Évkönyv 2020*. Központi Statisztikai Hivatal. [https://www.ksh.hu/docs/hun/xftp/idoszaki/evkonyv/szocialis\\_evkonyv\\_2020.pdf](https://www.ksh.hu/docs/hun/xftp/idoszaki/evkonyv/szocialis_evkonyv_2020.pdf).
- Hungarian Statistical Office. (HSO). (2023). *Szociális ellátás 2023*. <https://www.ksh.hu/szocialis-ellatas>
- Ministry of Family and Social Policy. (2021). *Informacja Rady Ministrów o realizacji w roku 2021 ustawy z dnia 9 czerwca 2011 r. o wspieraniu rodziny i systemie pieczy zastępczej*. <https://www.gov.pl/web/rodzina/informacja-rady-ministrow-o-realizacji-w-roku-2021-ustawy-z-dnia-9-czerwca-2011-r-o-wspieraniu-rodziny-i-systemie-pieczy-zastepczej>
- Izdebska, J.(2000). *Dziecko w rodzinie w progu XXI wieku. Niepokoje i nadzieje*. Trans Humana.
- Jamrozek, M. & Matyjas, B. (2006). Rodzina zastępcza. In T. Pilch (Red.), *Encyklopedia pedagogiczna XXI wieku*, t. 5. ŻAK Wydawnictwo Akademickie.
- Jedynak, T. (2012). Udział kuratora sądowego w wykonywaniu orzeczeń o przymusowym odebraniu osoby podlegającej władzy rodzicielskiej lub opiece (Art. 5986-13 k.p.c.), *Probacja*, 3(2012), 125–156.
- Joachimowska, M. (2008). *Rodzicielstwo zastępcze Idea-Problemy-Analizy-Kompetencje*. Wydawnictwo Uniwersytetu Kazimierza Wielkiego.
- Kamińska, U. (2010). *Wychowawcza i edukacyjna rola domu dziecka w Polsce*. Wydawnictwo Wyższej Szkoły Pedagogicznej TWP.

- Kolankiewicz, M. (Red.). (1998). *Zagrożone dzieciństwo, Rodzinne i instytucjonalne formy opieki*. Wydawnictwo Szkolne i Pedagogiczne.
- Krajewska, B. (2008). *Między pomocą społeczną, wsparciem a pieczęią zastępczą: założenia i rzeczywistość wybranych instytucji*. Wydawnictwo Naukowe Katedra.
- Lalak, D. & Pilch T. (1999). *Elementarne pojęcia pedagogiki społecznej i pracy socjalnej*. Wydawnictwo Akademickie „Żak”.
- Łopatkowa, M. (1992). *Pedagogika serca*. Wydawnictwa Szkolne i Pedagogiczne.
- Łuczynski, A. (2007). Rodziny zastępcze – ich rola i zadani w systemie opieki całkowitej. In J. Kuźma (Red.), *Opieka i wychowanie dzieci sierocych w Polsce*. Krakowskie Towarzystwo Edukacyjne – Oficyna Wydawnicza AFM.
- Mańka J. & Ornacka, K. (2011). Trudne dzieciństwo i rodzicielstwo – wybrane aspekty funkcjonowania rodzin zastępczych w Polsce w perspektywie socjologicznej. In A. Żukiewicz (Red.), *Rodzicielstwo zastępcze w perspektywie teoretycznej i praktycznej*. Wydawnictwo Edukacyjne „Akapit”.
- Matejak J. (2008). *Działalność ośrodków adopcyjno-opiekuńczych w procesie przygotowania i wspierania rodzin zastępczych*. Wydawnictwo Naukowe Akademii Pedagogicznej.
- Meissner-Łozińska, J. (2011). *Poczucie sensu i bezsensu życia wychowanków domów dziecka*. Wydawnictwo Uniwersytet Rzeszowski.
- Ministry of Family and Social Policy. (n.d.). *Dane statystyczne*. <https://www.gov.pl/web/rodzina/dane-statystyczne>
- Neményi, M. & Messing, V. (2007). Gyermekvédelem és esélyegyenlőség. *Kapocs*, 61, 1–47.
- Okoń, W. (2001). *Nowy słownik pedagogiczny*. Wydawnictwo Akademickie „Żak”.
- Polish Main Statistical Office (GUS). (n.d.). <https://stat.gov.pl/>
- Polish Main Statistical Office (GUS). (2023). *Foster care in 2022*. <https://stat.gov.pl/en/topics/children-and-family/children/foster-care-in-2022,1,7.html>
- Raław, M. (2017). *Zinstrumentalizowane rodzicielstwo. Rodziny zastępcze – między usługą a odruchem serca. Perspektywa socjologiczna*. Wydawnictwo Edukacyjne „Akapit”.
- Rácz, A. (2012). A gyermekvédelemben nevelkedettek helyzete a kutatások tükrében. *Gyermekvédelemben nevelkedettek társadalmi integrációs esélyei. Studies in Child and Youth Protection*, 13 – 35. Rubeus Association.
- Rácz, A. (2015). Social exclusion in Hungary from a child and young protection perspective. *International Journal of Child, Youth & Family Studies*, 6(3), 458–465. <https://doi.org/10.18357/ijcyfs.63201513565>
- Rácz, A. (2016a). Gyermekvédelem a változás-elmélet tükrében. *Metszetek*, 5(4), 154–165. DOI 10.18392/METSZ/2016/4/10
- Rácz, A. (2016b). *Gyermekvédelem mint fragmentált társadalmi intézmény*. Debreceni Egyetemi Kiadó.
- Rácz, A. (2019). *Gyermekvédelmi szakemberek kliensekről és szakmáról alkotott képének vizsgálata egy családból való kiemelés története mentén*. [http://real.mtak.hu/113697/1/raczandea\\_szocialismunkakotet\\_20190916.pdf](http://real.mtak.hu/113697/1/raczandea_szocialismunkakotet_20190916.pdf)



- Regionalny Ośrodek Polityki Społecznej. (2016). *Wojewódzki program wspierania rodziny i systemu pieczy zastępczej w województwie śląskim na lata 2016–2020*. Regionalny Ośrodek Polityki Społecznej.
- Ruszkowska, M. (2014). Rodzina zastępcza jako podmiot działań społecznych. In M. Ruszkowska, M. Winiarski (Red.), *Praca socjalna z dziećmi, młodzieżą i rodziną*. Centrum Rozwoju Zasobów Ludzkich.
- Sendyk, M. (2001). *Społeczne przystosowanie dzieci z poczuciem sieroctwa duchowego*. Impuls.
- Stelmaszuk, Z.W. (1998). Szanse reintegracji rodziny w systemie opieki nad dzieckiem. In M. Kolankiewicz (Red.), *Zagrożone dzieciństwo. Rodzinne i instytucjonalne formy opieki*. Wydawnictwo Szkolne i Pedagogiczne.
- Tyszka, Z. (2002). Rodzina we współczesnym świecie. *Seria Socjologiczna nr 31*. Wydawnictwo Naukowe UAM.
- UN General Assembly. (2009). *Guidelines for the Alternative Care of Children : resolution adopted by the General Assembly*.
- Węgierski, Z. (2006). *Opieka nad dzieckiem osieroconym. Teoria i praktyka*. Akapit, Toruń
- Veczkó, J. (2000). *Gyermek – és ifjúságvédelem apaljai*. APC Studio.

## Acts

- The Act of February 25, 1964 to promulgate the Family and Guardianship Code ([Polish] Journal of Laws 2022, item 2140). <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU19640090059/U/D19640059Lj.pdf>
- The Act of June 9, 2011 on family support and the foster care system ([Polish] Journal of Laws 2016, item 575). <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20111490887/U/D20110887Lj.pdf>
1997. XXXI. The Act about the Child Welfare and the Child Protection. (May 8, 1997). <https://net.jogtar.hu/jogszabaly?docid=99700031.tv>
- The regulation of the CM of July 8, 1999 on foster families. ([Polish] Journal of Laws 1999, item 713). <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU19990630713/O/D19990713.pdf>
- The regulation of the CM of September 29, 2001 on foster families. ([Polish] Journal of Laws 2001, item 1284). <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20011201284/O/D20011284.pdf>
- The Social Welfare Act of March 12, 2004 ([Polish] Journal of Laws, consolidated text 2023 item 901). <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20040640593/U/D20040593Lj.pdf>

