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Progress on Deinstitutionalisation of Alternative Care

FINAL PROJECT REPORT

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Koalicja na rzecz Rodzinnej Opieki Zastępczej

Warsaw, 6 March 2018

The current Report ends with recommendations based on the research conducted. The recommendations and conclusions presented in the Report should not be equated with the position of the Ministry of Family, Labour, and Social Policy.

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The following acronyms and abbreviations are used throughout the Report:
AC – alternative care
IC – institutional care
FFC – family foster care, including children living in FTRFs that in terms of their structure and organization resemble MCFFs (permanent presence of foster carers, functioning as a multiple children household)
KFF – kinship foster family
NPFF – non-professional foster family
PFF – professional foster family
MCFF – multi-child foster family
RF – residential facility
FTRF – family-type residential facility
DeI – deinstitutionalisation
MFLaSP – Ministry of Family, Labour, and Social Policy
CACDP – District Alternative Care Development Programme
Rural district – one of 318 non-municipal (or non-urban) districts in Poland.

1. SUMMARY

Deinstitutionalization is a process of replacing residential care in institutional settings with care provided at the community level. It requires a long-term strategy that should be accompanied by adequate resources for developing alternatives to institutional care.

Deinstitutionalization includes:

1. prevention that will allow children to stay in well-functioning families,
2. developing various forms of community support,
3. reducing institutional care,
4. developing family-based care settings.

There are numerous arguments for deinstitutionalising alternative care. It is important to mention general reasons against institutional care: limited contact with people from outside the facility, disregard for individual preferences of those in care, lack on influence on organizational decisions, in many cases, too many people living together, and a higher risk of violence and abuse. In theory, a well-functioning facility could minimize all these risks, but in practice it is not easy. There are, however, several alternative care specific arguments for supporting family foster care (FFC) at the expense of institutional care (IC).

First, as compared to caregiving by residential staff, care provided by foster parents creates a better chance for bonding between the caregiver and the child. Individual nurturing and affection are among important sources of the child's self-esteem and thus promote higher levels of motivation to take up challenges related to schoolwork or social interactions. Second, foster parents provide models of well-functioning adults, which constitute the basis for building healthy relationships with others. Third, research evidence shows that institutional care early in life has negative effects on all areas of development, including learning, behavioural, and social difficulties in the future. Fourth, family-based care settings provide longer term support for young people ageing out of care; even when they formally leave their foster family, they can still count on the family's help.

The concept of deinstitutionalisation is relatively new in Poland. As such, it is neither deep-rooted in the language nor well-established among social service practitioners. However, there is undeniably a tradition and history of efforts in this area, undertaken both by NGOs or local government bodies, and by local activists and pedagogues.

It should be noted that according to the most recent data 6 Polish districts: Konin, Lesko, Leszno, Pułtusk, Staszów, and Włoszczowa, do not place any in-district[1] children in institutional care, and another 70 regard family foster care as a rule, and institutional care as an exception. These achievements are a result of systematic, long-standing efforts by local authorities, staff members of organisations working in this area, local communities, and foster parents.

If not for their everyday work, no spectacular success or even slow, gradual change – which is taking place in most Polish regions – would ever be possible. To improve the effectiveness of efforts undertaken in this area, it is helpful to know what and where is being done and with what outcomes. Providing such information is the main goal of the tool that has been developed. Users in each district will be able to predict the outcomes of different variants of changes planned in alternative care, to make more rational decisions based on hard data, and

[1] The term "in-district children" refers to children domiciled in the district or the district's "own" children (translator's note).

to have access to expert opinions about the effects of previous efforts toward deinstitutionalisation.

One of our goals when designing the tool was to condense the problem of deinstitutionalisation down to just one figure or value. Although this approach is necessarily based on a series of simplifications, it has an important advantage: it makes it possible to measure progress on deinstitutionalisation and make inter-district comparisons. The number is referred to as the Deinstitutionalization Index (or DeI Index). Central to this index is a value called the degree of deinstitutionalisation (or DeI Degree), i.e. the percentage of children in alternative care who are not looked after by their close family (such as grandparents or siblings), but live in family-based care settings.

The DeI Index is designed to adjust the DeI Degree by taking into account several additional factors, including social conditions that promote or hinder deinstitutionalisation (called the Dei Context), on the one hand, and the Alternative Care Quality Index, on the other hand. The latter consists of 12 component indicators which together provide a complete picture (as much as possible, given the collected data) of the various dimensions of alternative care. These indicators reflect aspects including the level of financial and non-financial support for family foster care, the number children in residential facilities, services offered to young people in transition to independent living, and the proportion of children who leave the alternative care system (through adoption or reunification with the birth family).

The DeI Degree and the Alternative Care Quality Index have been growing steadily. Increases, albeit uneven, have been observed in all Polish voivodships[2]. The best total results have been achieved by the Pomorskie, Wielkopolskie, Lubuskie, and Zachodniopomorskie Voivodships, whereas the Mazowieckie, Podkarpackie, and Lubelskie Voivodships bring up the rear. Nevertheless, scores achieved by voivodships are quite similar to each other, which masks significant differences among districts. On the one hand, as mentioned before, there are districts that never place children in institutional care or do it only in highly exceptional cases. On the other hand, in a similar number of districts more than 70% of children in care are placed in residential facilities.

By analysing the indicators developed by experts in the field, users will get to know expert opinions about the effects of previous efforts undertaken in the area of deinstitutionalisation.

When it comes to qualitative aspects of alternative care, it should be noted that 80% of the improvement observed was accounted for by factors closely related to legislative change: reduced number of residential facilities, increased proportion of families supported by coordinators, increased percentage of young people in care continuing education, and decreased proportion of very young children in residential facilities. In the absence of external forces, change has been very slow. As a consequence, the less deinstitutionalized voivodships are gradually catching up with the leaders, because the leaders often stand still, in some ways, and their strong position had been achieved before the new legislation came into force in 2012.

One important conclusion from the current analysis is that external factors have a minor effect on deinstitutionalisation at the district level. The only variable that had a significant effect on the DeI Index was the “Intensity of alternative care”, defined as the percentage of children in alternative care in the entire population of children living in the area of interest. The higher the percentage, the more difficult it is to deinstitutionalise alternative care. Even this effect, however, was far from deterministic: differences in the intensity of AC account for just 9% of the DeI Index variation. Thus, even though voivodships with the highest intensity of AC, which makes their situation relatively more difficult, are not among the leaders, 3 out of top 5 voivodships show AC Intensity levels above the national average. The minor effect of external factors on success and failure in deinstitutionalisation is likely a result of the crucial

[2] For details of Poland’s administrative division, see „Introduction for Foreign Readers”

role of social policy makers at the local government level. Thus, it is essential to raise awareness about deinstitutionalisation and arguments for it, and to persevere in pursuing the vision.

Other important products of the projects, apart from the analytical tool, are the assessments and recommendations based predominantly on qualitative research (individual and group interviews) and a CAWI survey (an online survey completed by staff members of the alternative care agency, referred to as the "AC Organiser").

The key findings are the following:

- In many places there is no regular, effective cooperation between communes and districts in their work for children in alternative care and their birth families.
- Another weakness of the system is a lack of consistent, systematic cooperation between local government bodies and the family court.
- There are obvious benefits from the task of supporting families and the alternative care system being performed by a separate, dedicated entity (a local-government agency or a non-governmental organisation).
- Local ways of promoting foster parenting are largely conventional and repetitive, and their effectiveness is not evaluated.
- There is no systematic sharing of good practices among those performing tasks in the area of supporting families and the alternative care system.
- The current transition to independence process is insufficient to prepare young people for adult life.
- The process of transforming larger residential facilities into smaller ones or their gradual wind-down is not always going well; however, many districts have found interesting solutions that may serve as an example.

Analysis of the collected data and information from interviews, workshop discussions, and insights from experts participating in the project led to formulating several recommendations to improve the conditions and, as a consequence, increase the effectiveness of alternative care deinstitutionalisation in Poland. These recommendations can be grouped into the following general guidelines.

1. **Developing long-term strategies, as well as national and regional action plans for deinstitutionalisation.**

These should allow space for reviewing previous efforts toward deinstitutionalisation and evaluating their effectiveness. Conclusions from such analyses could be used to plan cooperation between different local-government units (at the commune and district level) and to develop plans for solving supra-local problems. Here are some noteworthy problems in the area of alternative care that have been identified during the project: lack of central/provincial record of vacant places in foster families; lack of large-scale promotion activities to create a positive image of foster parenting (e.g., a national campaign); insufficient number of professional foster families, especially specialist foster families providing care for children with complex health needs or disability, which results in those children being placed in nursing homes for people of all ages, run by the health care services (Chronic Medical Care Homes) or social services (Social Welfare Homes); the still significant number of young children in institutional care, etc.

2. **Improving the effectiveness of prevention activities and continuing them after the child is placed in alternative care.**

Developing various forms of child and family support, tailored to specific needs and highly individualised. Respecting the principle of subsidiarity and family autonomy, and, at the same

time, enhancing the family's resources. Possible solutions include an increased number of family assistants and employing former residential care workers to work with families. Various forms of support should be sought and offered, such as family group conferences.

3. **Creating favourable conditions to support better cooperation among all the participants in the child and family support system.**

Gathering and promoting good practices of cooperation among foster parents, birth parents, employees of local government units (at the commune and district level) – in particular alternative care coordinators and family assistants – the family court, NGOs, and education and health care professionals.

4. **Long-term planning of local government spending based on rational analysis, in particular supporting families and developing family foster care rather than investing in institutional care (e.g., by establishing new residential facilities).**

Budgets planned within commune and district Strategies for Solving Social Problems and District Alternative Care Development Programmes should secure funds for meeting needs in the area of supporting both birth families and foster families (including multi-child foster families) that already have children in their care, and provide resources that will make it possible to place all new children in family foster care and to complete de-institutionalising transformations.

5. **Developing a support base understood as permanent, easily available specialist services for children in alternative care (e.g., therapy), and fast-track medical assessment for children needing urgent help.**

Providing a possibility to purchase specialist services, including psychological and medical ones, to enable fast-track assessment or diagnosis of children (e.g., as service subscription outside the National Health Fund, or by purchasing hours of medical specialists' work) and developing solutions to provide permanent treatment and support services for children (e.g., voivodship or district clinics focused on supporting children in alternative care or hiring specialists, also from outside the district).

6. **Creating better conditions for running foster families.**

Taking action to develop a comprehensive support system for foster parents, including increased stability and flexibility of employment, a clear professional development system with compensations aligned with the local labour market, providing therapeutic support, organising short break care when foster parents go on holiday or attend training, and integrating the foster care community. Local governments may also promote the development of foster parenting by providing their own housing resources or renting premises for family foster care purposes. Another important aspect is looking for the best possible solutions in organising children's contact with birth families, as well as promoting and initiating activities to build partnership between foster families and employees of the FFC Organiser. One way of promoting such partnership, which is worth considering, is to outsource some FFC Organiser's tasks, such as conducting training and issuing training certificates, to NGOs.

7. **Improving the skills of all participants in the child and family support system.**

Taking particular care to ensure quality training that will address real problems. The target audience should be involved in making decisions about the scope of training. Training courses

need to be provided for all participants in the system: family assistants, FFC coordinators, foster parents, institutional care workers, and other people around the child and the family.

8. **Improving the transition to independence process, especially for young people with disabilities.**

Professionalisation of the leaving care worker's role, training, improvement of leaving care workers' skills, and setting the maximum number of young people in their care. Creating a transparent system of local support, including housing support, for care leavers, e.g., rental supplements or providing council flats for young people in transition to independent living. Developing a support base in the form of sheltered or supported housing for young people with mild physical or learning disability. Creating opportunities (including the legal framework) to transform family-based child care settings that have fostered young people with disabilities or otherwise unable to live independently, into entities that could be referred to as "family-based adult care homes".

9. **Systematic in-depth analysis of the child and family support system, including evaluation of activities and outcome analysis.**

Increasing the informative value of statistical data concerning AC. The collected data should provide accurate information and serve as a basis for developing more effective solutions. Conducting research and gathering qualitative data should be a part of the process. The analysis should include systematic monitoring of compliance with and enforcement of the binding laws.

2. INTRODUCTION

Beata Kulig, Maciej Bitner

2.1 DEINSTITUCJONALISATION OF ALTERNATIVE CARE IN POLAND: WHERE DO WE COME FROM AND WHERE ARE WE GOING?

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

2. States Parties shall in accordance with their national laws ensure alternative care for such a child.

3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. (...)

Article 20, UN Convention on the Rights of the Child.

Deinstitutionalisation is a relatively recent concept, not yet deep-rooted in the Polish language, which is reflected by its absence not only in Słownik Języka Polskiego PWN (a recognised Polish language dictionary), but also in 3-year District Alternative Care Development Programmes. That is not to say, however, that there have been no efforts toward deinstitutionalisation. On the contrary, such efforts have been undertaken for many years by individuals, NGOs, local governments and their organisational units.

When discussing the history of deinstitutionalisation in alternative care, we cannot fail to mention Kazimierz Jeżewski and his idea of "orphans' nests", which may be seen as forerunners of today's multi-child foster families. Jeżewski developed the concept of "Kościuszko Villages" as clusters of nests. We should also note the rich movement of charitable organisations and societies working toward providing care for children deprived of parental care. Such organisations and societies emerged in the partitioned Poland. In 1923, a few years after Poland regained independence, their activity was supported by the Social Services Act – a law that was then a legal innovation on a global scale. Statutory care was provided particularly for infants, children, and youth. As a consequence, in 1928 social care workers were established; their tasks included taking care of children placed with foster families.

Józef Czesław Babicki, an outstanding educator and child carer in residential homes, already in the early 20th century considered the family as the best environment for bringing up children, because, as he explained, it is in the family where the child can have all their needs met. He is regarded as the author of the so called family-group model in residential facilities, a reformer of residential care, and an advocate for improving residential staff's skills. He was also the first to identify the causes and symptoms of children's behaviour that he named the "orphan syndrome".

Last but not least, there was Janusz Korczak, a forerunner of the modern approach of empowering and respecting children, and of the idea of children's rights. As the director of the Orphans' Home, which was a „home of work and a school of life", Korczak applied new educational arrangements in the spirit of his pedagogy of reforms: children's self-government, a peer court, children's newspaper, and special duty hours. The Orphans' Home and Our Home (a facility managed by Maryna Falska in Bielany, one of Warsaw's districts, from 1928)

combined Korczak's three essential ideas: providing care, teaching independence, and children's rights[3].

After World War II finding homes for approximately 1.5 million orphans and half orphans was a major challenge[4]. After 1945 political concerns played an important role in organising child care. Schools and residential facilities were nationalised, and the latter were given a new name: "state-run children's homes". However, as early as in the 1950s, the first multi-child foster homes came into existence. The idea that it is a family rather than an institution that can provide the best environment for bringing up children, quickly came back. Similarly, Article 109 of the Act of 25 February 1964, the Family and Guardianship Code, stated that when a child's wellbeing was threatened, the court could place the child with a foster family or in a residential facility. In the current version of the Code, pursuant to Article 112[7] § 1, the court shall place the child in institutional care if family foster care placement is impossible or not justified for other important reasons. According to Article 95 of the Act on Family Support and Alternative Care System, placing children in socialisation, intervention or specialised-therapeutic residential facilities is possible for children over 10 who require special care or have difficulties in adapting to living in a family.

Already in communist Poland, in 1980, Polish residential facilities (referred to as "children's homes") changed their objectives. Instead of promoting collectivism, they started to individualise their approach to children[5]. This approach was also a step toward deinstitutionalisation, as it is full individualisation of care that distinguishes institutional care from care meeting specific needs of each child, according to the *UN Guidelines for the Alternative Care of Children* (later in the report referred to as *UN Guidelines*). We should take a closer look at the terms used by the *UN Guidelines* to describe institutional care. Para. 23 mentions "large residential care facilities (institutions)" as opposed to „residential care facilities" and "family-based care". The distinction between what is an undesired institution and what characterises an acceptable one, is of key importance, as in the same paragraph the *UN Guidelines* appeal that where large residential care facilities (institutions) remain, an overall deinstitutionalisation strategy should be created and implemented to allow for progressive elimination of large residential facilities accompanied by the development of family-based and other desirable care settings. It should be emphasised that the size of the facility is not the only factor determining whether it should be transformed or eliminated. Another key factor is the facility's institutional culture. In reality, the larger the facility, the more likely it is to develop a model of day-to-day organisation, in which rigid daily regimes take priority over individual children's needs (including emotional ones), and the facility's organisation isolates children from the community, either because of its location or due to its way of functioning[6]. Noting that the *UN Guidelines* do not provide a definition of institutions, Eurochild[7] proposed to define them as residential settings that are neither focused on the needs of the child, nor close to the family situation, and display the characteristics typical of institutional culture (depersonalisation, rigidity of routine, block treatment, social distance, dependence, and lack of accountability).

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[3] http://2012korczak.pl/zarys

[4] http://cejsh.icm.edu.pl/cejsh/element/bwmeta1.element.desklight-3afc3c43-12bc-4e0b-b667-9b46080f4372/c/Wieslaw_Theiss_Sieroctwo_wojenne_polskich_dzieci.pdf

[5] http://encyklopediadziecinstwa.pl/index.php?title=Dom_dziecka

[6] Cantwell, N., Davidson, J., Elsley, S., Milligan, I. & Quinn, N. *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. Glasgow, Centre for Excellence for Look After Children in Scotland, University of Strathclyde, 2012.

[7] *Opening Door for Europe's Children. Deinstitutionalization and quality alternative care for children in Europe. Lessons learned and the way forward*. 2nd ed., 2014, p. 6.

2.2 ARGUMENTS FOR PUTTING THE IDEA OF DEINSTITUTIONALISATION INTO PRACTICE

Deinstitutionalisation should not be understood as eliminating all institutional care settings, regardless of their definition. This popular understanding does not reflect the dynamic nature of the phenomenon. Deinstitutionalisation is the transition process from institutional to community-based care. The word "process" is of key importance here, as the transition requires a long-term political strategy accompanied by adequate resources for developing community-based support services as alternatives to institutional care[8].

Thus, deinstitutionalisation includes:

1. developing various forms of community support close to the family and individuals in need
2. prevention that will allow children to stay in properly supported, well-functioning families,
3. reducing institutional care.

The following services work toward broadly understood deinstitutionalisation:

1. family assistance, specialist counselling, social services, services for families with children, self-help groups,
2. day support centres,
3. supporting families,
4. family-type residential facilities,
5. residential facilities for children over 10, providing care for not more than 14 children, based on the principles of individualised care and children's participation in decisions that affect them,
6. successful transition to independence for care leavers to ensure their full participation in social life.

In its exploratory opinion on long-term social care and deinstitutionalisation, the European Economic and Social Committee provides detailed characteristics of the deinstitutionalisation process for EU member states, referring directly to the *Common European Guidelines on the Transition from Institutional to Community-Based Care*[9]that describe the scope of implementing and supporting a sustained transition from institutional care to its family-based and community-based alternatives.

At this point, special attention should be paid to frequently mentioned financial arguments. A review of deinstitutionalisation research conducted in many different countries emphasises the empowerment of both the birth families of children placed in alternative care, and the children themselves, when they are placed in deinstitutionalised care settings. "Community care, whilst not cheaper, is not necessarily more expensive than institutional care. The cost argument varies across different user groups. The evidence suggests that institutional care for children and young people is not only the worst, but also an expensive form of care. (...) Measures to support the family are said to be ten times less expensive than care in institutions."[10] It must be emphasised, however, that it is not potential savings that should drive decision-making, but rather long-term social policy planning in order to have real influence on solving social problems, improving the situation of families, and, above all, providing children with care that may help them achieve their full potential and the best possible development.

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[8] Opinion of the European Economic and Social Committee on long-term social care and deinstitutionalisation (explanatory opinion) (2015/C 332/01), of May 2015.
[9] www.deinstitutionalisationguide.eu published in November 2012.
[10] Developing community care. An ESN report that makes the case for community care, outlines the first steps in deinstitutionalisation and identifies key elements for good community care, 2011, www.esn-eu.org, p. 27.

The challenge is how to encourage all decision makers to work toward deinstitutionalisation. "Creating a vision for deinstitutionalisation means making a mental picture of a community where people no longer live in institutions but receive care at home or in a home-like environment. Such a vision can be a powerful source of inspiration and should underpin operational decision-making required to successfully develop community care."[11] Previous experience shows that in order to bring about changes we need to find allies who may become change leaders. In many districts these can be directors of District Family Support Centres, managers of the Foster Care Organiser, starostes (or district governors) and mayors whose commitment is necessary for implementing some of the necessary changes.

[11] Developing community care. An ESN report that makes the case for community care, outlines the first steps in deinstitutionalisation and identifies key elements for good community care, 2011, www.esn-eu.org, p. 13.

2.3 ABOUT THE NEED FOR A TOOL TO SUPPORT DEINSTITUTIONALISATION

The process of deinstitutionalisation is a result of long-standing efforts by local authorities, communities, and, above all, foster parents willing to open their homes to children who are often affected by various physical and psychological deficits. Without their daily work, no spectacular success or even slow, gradual change, which – as we will see in the next chapter – is taking place in most Polish regions, would ever be possible. However, the results of any action being taken depend not only on the effort expended, but also on how effective it is. To improve effectiveness, it is helpful to know what and where is being done and with what outcomes.

Providing this information is the main goal of the IT tool developed within the project. Data collected and appropriately processed by the tool will provide answers to the following questions:

- What are the main arguments for deinstitutionalisation,
- What does deinstitutionalisation look like in terms of cost?
- Which steps toward deinstitutionalisation of care should be taken first?
- What will be the effects of different variants of the planned activities?
- How do external experts evaluate the effects of the district authorities' deinstitutionalisation efforts to date?
- Which districts have achieved results that may serve as an example for others?

It is up to decision makers in each district how they will use information provided by the tool – whether they will take into account the opinions and evaluations included there and seek practises that are most recommendable according to experts, or choose to challenge the proposed criteria or continue their old ways, as if the tool has never been developed. However, there are reasons to believe that in the longer run ignoring the recommendations offered by the tool will be a vanishing attitude. It may be expected that dissemination of the knowledge included in the tool in some districts, combined with the natural flow of information among districts (including the information flow facilitated by the media), will encourage participants in discussions about deinstitutionalisation (held in different forums) to refer to the measures and indicators included in the tool. Thus, the tool will become even more widely used, which will lead to decisions better informed by available knowledge, i.e. decisions that will eventually better serve the best interest of children in alternative care.

3. MAIN NATIONAL AND REGIONAL TRENDS IN DEINSTITUTIONALISATION

Agata Skalec, Maciej Bitner

3.1 PREVALENCE OF ALTERNATIVE CARE AND REASONS FOR PLACING CHILDREN IN CARE

Alternative care is a form of care provided for children who cannot grow up in their birth families. Alternative care includes institutional care (IC) and family foster care (FFC). At the end of the 1st half of 2017 there were 74,840[12] children in alternative care; 78% of them (58,441 children) lived in family foster care (including 1,608 children in family-type residential facilities – FTRFs), and 22% (16,399 individuals) in institutional care (i.e. other types of residential facilities). For many years the share of family-based care settings in the alternative care system has been on a slow but steady rise, while the proportion of children in the overall Polish population has been declining.

At the end of the first half of 2017 Poland had 24,439 kinship foster families (65% of all foster families), 11,460 non-professional foster families (30%), 1,300 professional foster families, 523 professional foster families providing emergency foster care (later in the Report referred to as professional emergency families), 244 specialist professional families, and 553 multi-child foster families.

During 5 years after the enforcement of the Act on Family Support and Alternative Care System, the number of socialisation, intervention, and specialised-therapeutic residential facilities has grown from 508 to 833, due to the upper limit of 14 children per facility that will come into force from the beginning of 2021. The following voivodships have the highest numbers of residential facilities: Dolnośląskie, Śląskie, Pomorskie, and Małopolskie (Figure 2).

The highest numbers of children and young people in alternative care live in districts of the following voivodships: Śląskie – 10,696 (14.3% of the total population), Dolnośląskie – 8,153 (10.9%) and Mazowieckie – 7,992 (10.7%), whereas the lowest numbers have been reported in districts of two voivodships: Podlaskie – 1,724 (2.3%) and Świętokrzyskie – 1,944 (2.6%) (Figure 1).

[12] This number is slightly different from the one provided in the official report, due to corrections of several reporting errors detected during the study. According to the official report, at the end of the first half of 2017 the numbers of children in different AC settings were the following: total number – 74,802, family foster care – 58,409 (including 1,601 in FTRFs), institutional care – 16,393. All values provided further in this Report are corrected values.

Figure **1. Number of children in alternative care, 1st half of 2017.**

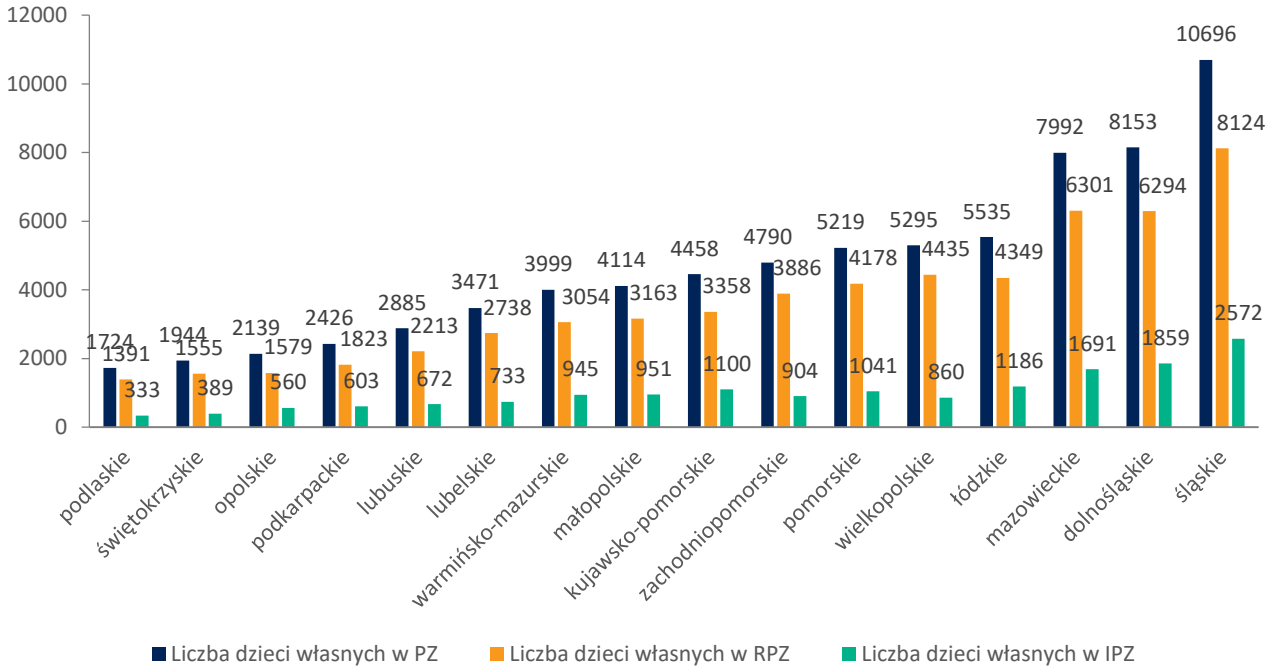
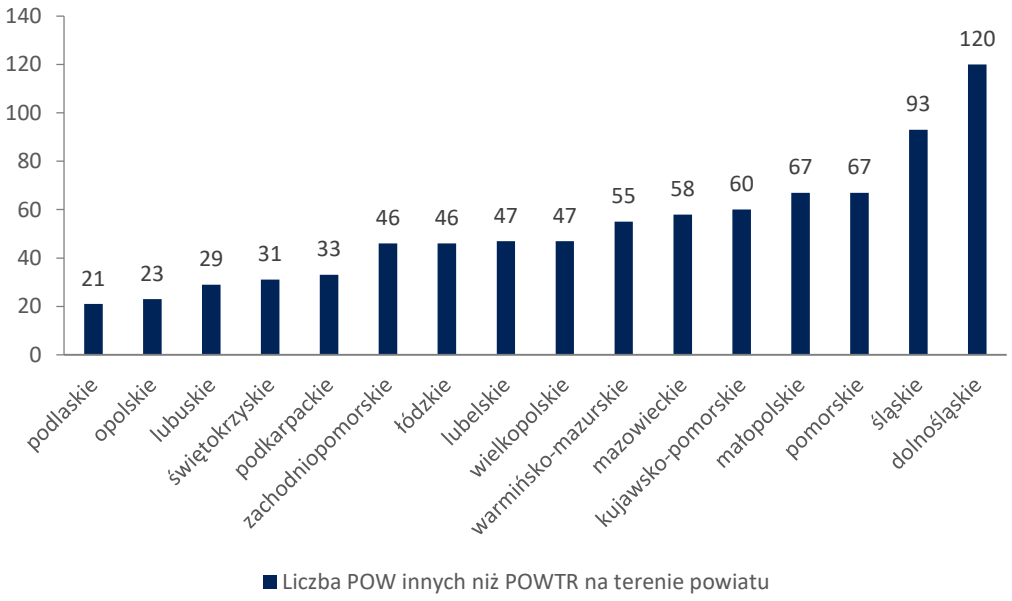
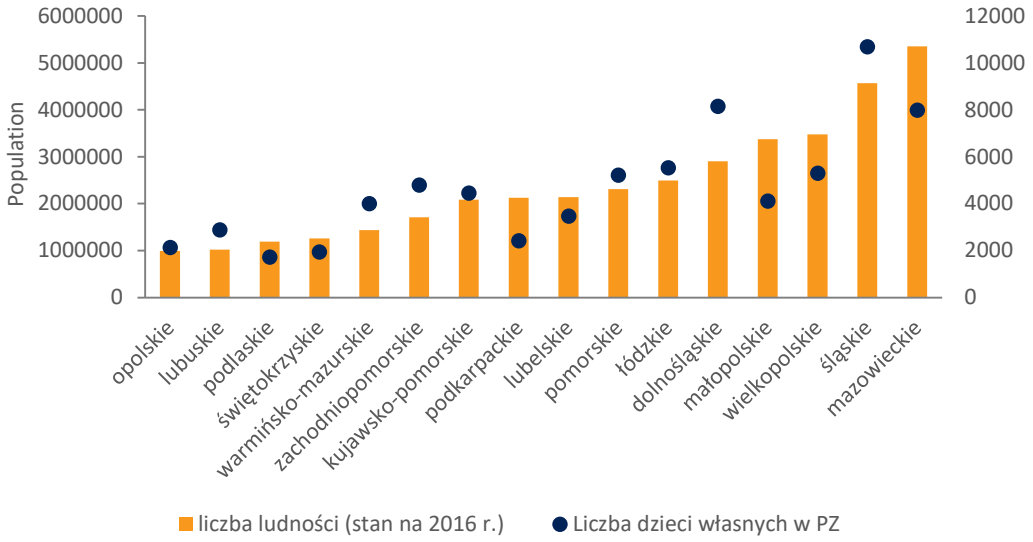


Figure 2. **Number of residential facilities (excluding family-type residential facilities) in Poland, 1st half of 2017.**



The number of children in alternative care is not simply a function of population size, as illustrated by Figure 3. Śląskie and Dolnośląskie Voivodships fare worst in this respect, whereas Mazowieckie, Małopolskie, and Podkarpackie Voivodships are at the opposite – positive – end of the spectrum.

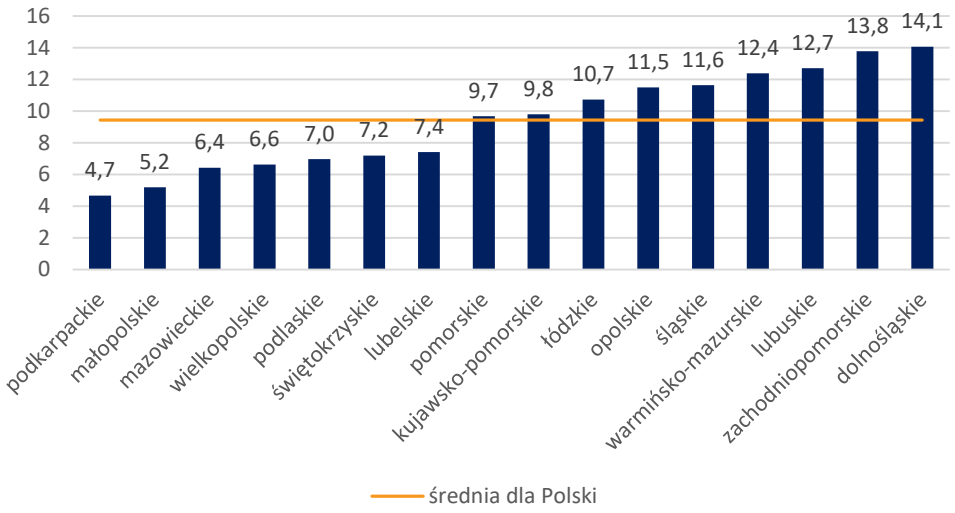
Figure 3. **Number of children in alternative care vs. voivodship population, 1st half of 2017.**



INTENSITY OF ALTERNATIVE CARE

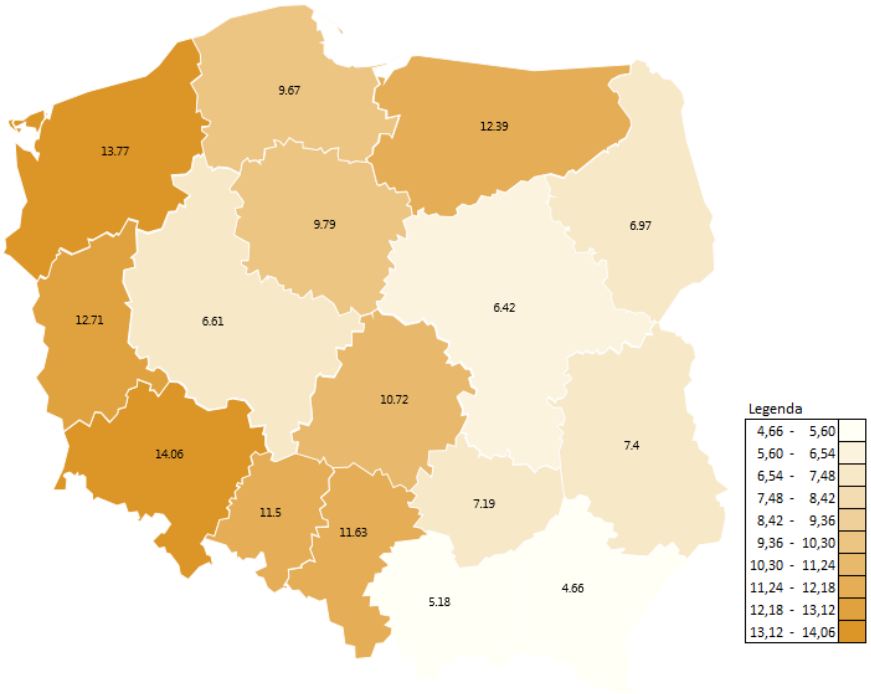
The proportion of children placed in alternative care (in an area of interest) is more precisely reflected by the „Intensity of alternative care (AC)" index. In the 1st half of 2017 the "Intensity of AC" or the average ratio of children under 18 living in alternative care to all children under 18 in Poland was 0.00892, i.e. 8.92 per 1000 children. Historically, the value has oscillated between 8.92 and 10.21. At the voivodship level, it ranges from 4.7 in Podkarpackie Voivodship, to 5.2 in Małopolskie Voivodship, to 13.8 in Zachodniopomorskie Voivodship, to 14.1 in Dolnośląskie Voivodship (Figure 4).

Figure 4. **Intensity of AC by voivodship, 1st half of 2017.**



At the country level, children are more likely to be placed in alternative care in voivodships of western and northern Poland (Figure 5). This area overlaps with the so called „Recovered Territories" (territories gained from Germany after World War II), characterised by massive inflow of re-settlers and the resulting development of local community bonds from scratch. Lower placement rates are observed in voivodships of southern and eastern Poland.

Figure 5. **Intensity of AC in voivodships, 1st half of 2017.**

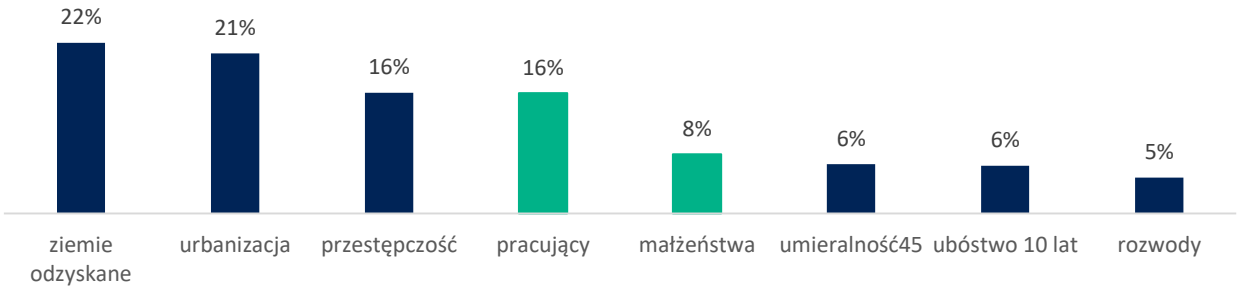


Interestingly, urban districts (also referred to as "towns and cities with district rights"; there are 66 in Poland) have above average levels of AC Intensity, i.e. 10.96, with 49 towns and cities exceeding this value. The highest levels have been found in: Wałbrzych (34.6), Świętochłowice (26.6), Siemianowice Śląskie, Bytom (24), Chorzów (20.9), Jelenia Góra (20.7), Zabrze (20.1), and Łódź (17). It should be noted that for the two biggest Polish cities, Warsaw and Krakow, the index is 6.63 and 6.52 respectively, i.e. significantly below the national average. When we exclude them from the analysis, as cities with the largest populations and thus having a significant influence on the average, the mean value for the remaining urban districts is 12.12.

When all types of districts are taken into account, the best results, i.e. the lowest values, have been achieved by the following districts: Kolbuszowa, Ropczyce-Sędziszów, Myślenice, Kłobuck, and Jawor, with values between 2.115 and 2.97. The highest values of the AC Intensity index have been observed in the above mentioned towns and cities of southern Poland and the districts of Zgorzelec (27.7) and Prudnik (26.5).

It would be interesting to explore the causes of the large differences in intensity. One popular explanation attributes high AC Intensity to economic problems: large factory closures result in unemployment which, in turn, generates social pathologies (as a side effect) and, eventually, leads to increased inflow of children into alternative care. One example that seems to support this proposition is Wałbrzych, a town in western Poland. However, statistical data analysis raises doubt about the validity of this explanation. Among numerous economic variables included in the analysis, only the percentage of people employed in large industrial plants and the long-term average poverty rate had a significant effect on the intensity of AC. Many other factors were not statistically significant, including salaries, the local government's tax revenue, and unemployment. Figure 6 shows estimated percentages of AC Intensity variance explained by each variable. The model developed for this purpose, characterised by a high explanatory power of 65%, points to cultural and social variables as factors of key importance. The two most significant ones are: whether the district is located in the Recovered Territories and the level of urbanisation. Both factors increase the inflow of children into alternative care.

Figure 6. **Percentages of AC Intensity variance explained by different variables.**



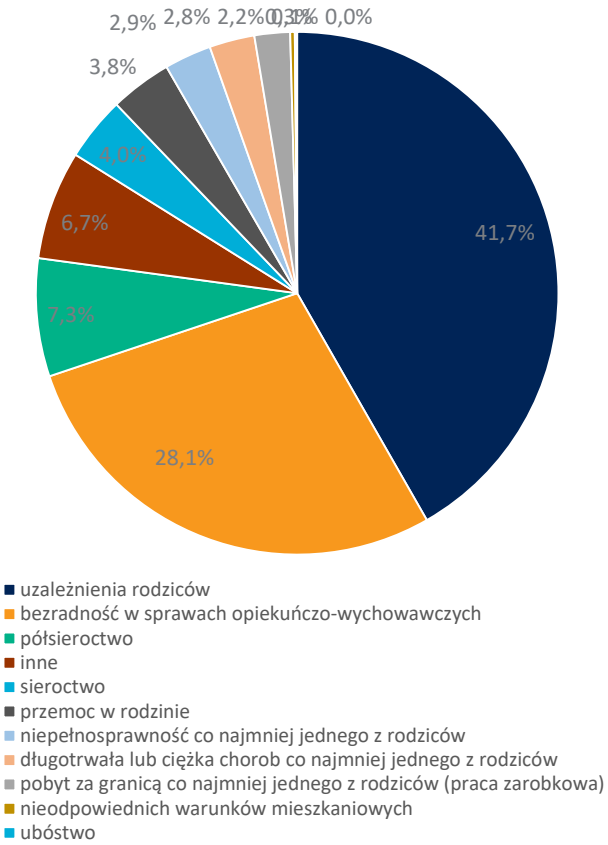
Source: Own estimates. Note: Variables having a negative effect on the intensity of AC are marked in green. The chart shows how much each variable contributed to the total variance of AC Intensity. Each variable has been changed upward or downward by two standard deviations to increase the AC Intensity, except for the Recovered Territories factor, which was changed from 0 to 1. Mortality45 is a variable measuring the death rate in the population of men aged 45-49, which is a good proxy for alcohol problems in the district.

REASONS FOR PLACING CHILDREN IN ALTERNATIVE CARE

In the 1st half of 2017 only 4% of children in alternative care were biological orphans, and 7.3% were half-orphans, which means that most children placed in residential facilities or foster families had both birth parents who were unable to care for them (Figure 7). Such information comes from district reports to MFLaSP on reasons for alternative care placements, prepared by employees of the alternative care system and reflecting their subjective judgment; notably, this data may differ from court records.

The most common reasons for placing children in alternative care were parental substance abuse – 41.7% of all cases (predominantly alcohol abuse – 39%), caregiving helplessness – 28.1%, violence in the family – 3.8%, at least one parent with disability – 2.9%, at least one parent with chronic or severe illness – 2.8%, and at least one parent working abroad - 2.2%. Factors such as poor living conditions (0.3%), poverty (2.2%) or unemployment (0.038%) were not reasons to remove the child from the birth family.

Figure 7. **Reasons for placing children in alternative care, 1st half of 2017.**



These findings confirm that placement in alternative care can be reduced by intensified work with birth families, especially in the areas of substance abuse prevention, family counselling, and development of parenting skills.

Further in the Report we will have a look at indicators related to the quantitative and qualitative aspects of alternative care in Poland and at the country and voivodship level.

3.2 QUANTITATIVE AND QUALITATIVE ASEPCTS OF ALTERNATIVE CARE: BASIC INDICATORS

DEGREE OF DEINSTITUTIONALISATION

The process of deinstitutionalisation is accompanied by the development of family-based care settings, creating individualised conditions in institutional care, and – as the first step – well-developed prevention to keep children in their birth families.

The degree of deinstitutionalisation is the key indicator expressed as the ratio of children in family foster care to all children in alternative care. It includes modifications going beyond the standard classification of family-based and institutional care settings. Children placed in kinship foster families have been removed from the calculation, based on the assumption that efforts by the Family Foster Care Organiser have a smaller effect on forming kinship foster families than on establishing other types of family foster care, as the former are an outcome of family relationships. The “family foster care” category includes children living in family-type residential facilities, because in terms of their structure and organisation these settings resemble multi-child foster families (e.g., permanent presence of foster carers, functioning as

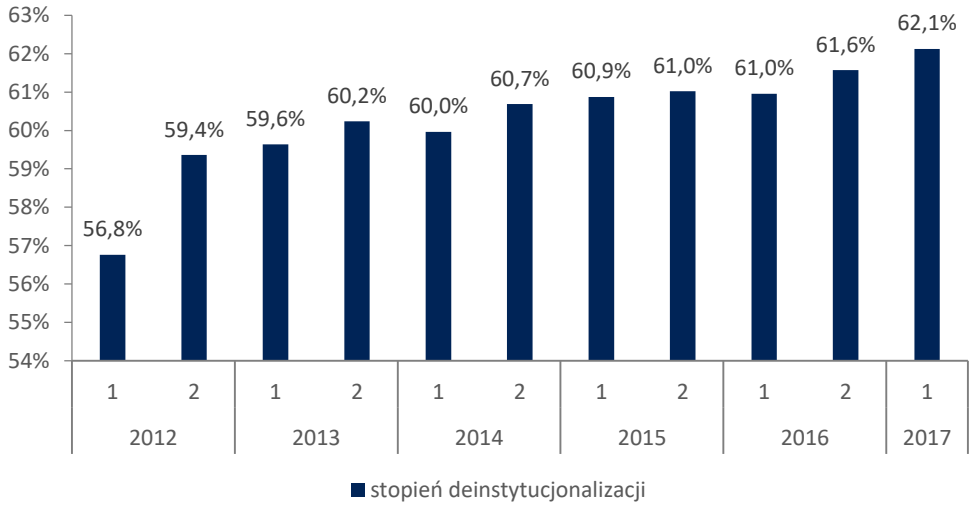
a multiple children household). The adopted method of calculating the index provides a more complete picture of the potential of family foster care in the district, created by its authorities and institutions. Thus, the following formula has been used:

$$degree\ of\ deinstitutionalisation = \frac{no.of\ children\ in\ FFC\ excluding\ KFF\ including\ FTRF}{no.of\ children\ in\ AC\ excluding\ KFF}\ x\ 100\%$$

The degree of deinstitutionalisation takes values between 0% and 100%. The lowest possible value means that not a single child in the district's alternative care population has been placed in family foster care (as defined above), whereas the highest possible value means that all in-district children (i.e. children from the given district) placed in alternative care, live in foster families, including multi-child foster families, or family-type residential facilities, with not a single in-district child living in institutional care (although there may be some out-of-district children living in the district's residential facilities). The expected direction of change is the degree of deinstitutionalisation reaching 90% within the next 20 years.

In the first half of 2017 the degree of deinstitutionalisation in Poland reached 62%, which is a 5 percent increase comparing to the first half of 2012[13] (Figure 8). This means that the number of children placed in family foster care, relative to institutional care, is slowly growing at the country level.

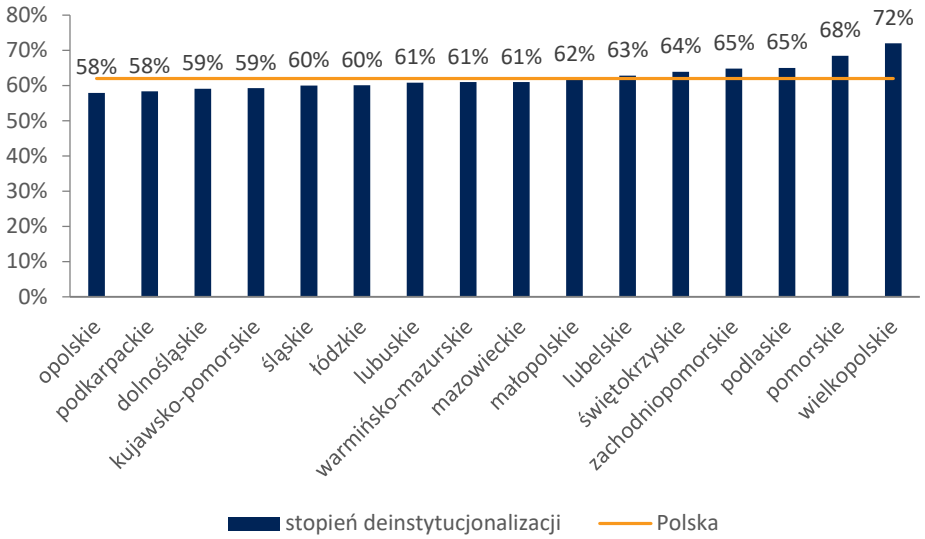
***Figure 8*. Degree of deinstitutionalisation in Poland, 1st half of 2012 – 1st half of 2017.**



Voivodships with the highest proportion of children in FFC in the overall population of children in alternative care (excluding KFFs) – above the country's average – are: Wielkopolskie, Pomorskie, Zachodniopomorskie, Świętokrzyskie, and Lubelskie. Voivodships with the lowest proportion of children placed in family foster care are: Opolskie, Podkarpackie, Dolnośląskie, and Kujawsko-Pomorskie (Figure 9).

[13] Data reported in the 1st half of 2012 should be taken with caution as that was the first period of a new reporting format and numerous errors have been identified in districts' reports. Therefore, historical comparisons will include data beginning from the 2nd half of 2012.

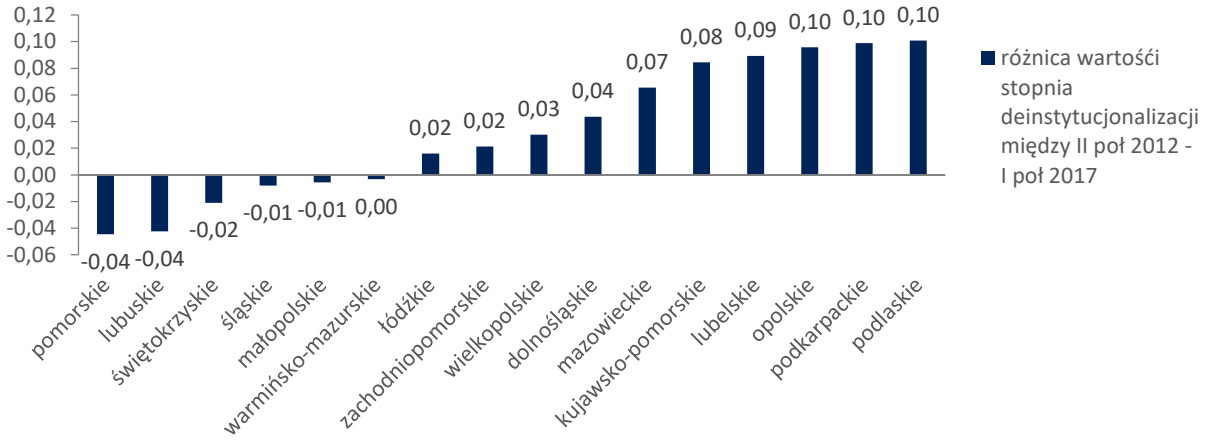
Figure 9. **Degree of deinstitutionalisation by voivodship, 1st half of 2017.**



The biggest progress (understood as an increase in the degree of deinstitutionalisation relative to the 2nd half of 2012) has been achieved by districts of Podlaskie, Podkarpackie, and Opolskie Voivodships, where the DeI Degree has grown by 10 percentage points[14]. The percentage of children placed in family foster care has decreased in 5 voivodships, with the largest declines (4 percentage points) reported in Pomorskie and Lubuskie (Figure 10).

[14] Data on the number of in-district (local) children across districts and provinces, together with their age structure, are available from the 2nd half of 2016. Earlier data are estimates made for the purposes of the tool, based on values including the districts' spending on each type of alternative care. This note does not apply to national data, as the overall number of in-district children in Poland is the sum of district figures.

***Figure 10*. Changes in degree of deinstitutionalisation by voivodship, 2nd half of 2012 – 1st half of 2017.**



The degree of deinstitutionalisation in cities with district rights (urban districts) is lower than the average value for all districts, and amounts to 55%. This is largely a result of the higher intensity of alternative care in bigger cities, i.e. larger number of children in need of out-of-home care. The highest degrees of deinstitutionalisation in the 1st half of 2017 were achieved by Nowy Sącz and Koszalin (90%), Leszno (87%), Żory (85%), and Konin (80%), while the lowest values were reported for Świętochłowice (30%), Włocławek (34%), Jelenia Góra (34%), Kraków, Legnica, and Chełm (39% each). Warsaw, the capital of Poland, was also below the country's average with 47%.

The degree of deinstitutionalisation values for all Polish districts are shown on the map below (Figure 11). The percentage of children living in family foster care was the highest in the following districts: Pułtusk, Lesko, Leszno, Konin, Staszów, and Włoszczowa, whereas Gryfino, Złotoryja, Grudziądz, and Zambrów had the lowest proportion of children in family foster care among all children in alternative care.

Figure 11. Degree of deinstitutionalisation in Poland, 1st half of 2017.

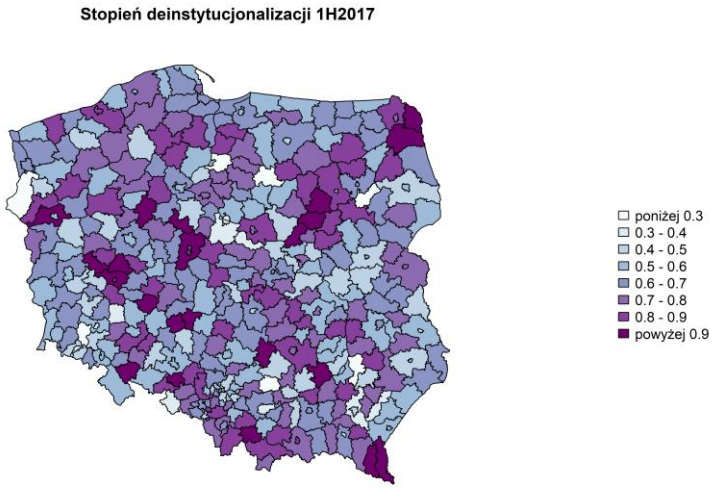
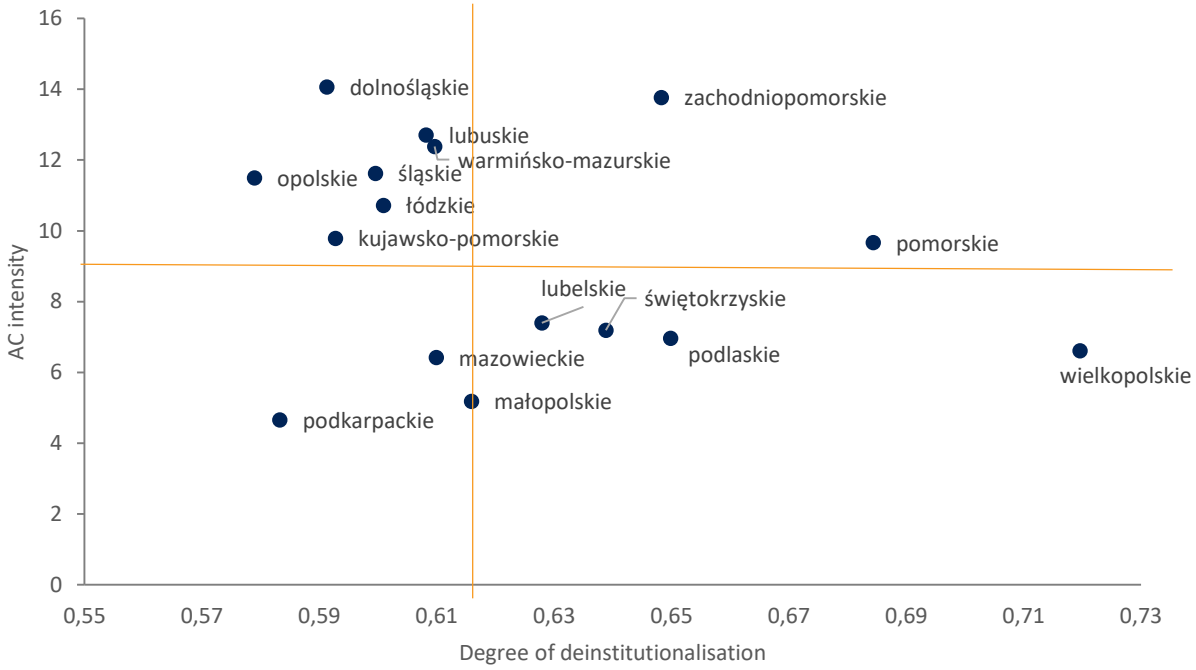


Figure 12. **Intensity of alternative care vs. degree of deinstitutionalisation in voivodships, 1st half of 2017.**



Voivodships may be divided into groups based on their degrees of deinstitutionalisation and intensity of alternative care, relative to the country averages (Figure 12).

Group one includes voivodships with higher than average intensity of alternative care and above-average degree of deinstitutionalisation, i.e. two voivodships: Zachodniopomorskie and Pomorskie. Despite large numbers of children in the system, the two voivodships manage to place children in family foster care more frequently than the country's average.

Group two includes 7 voivodships (Dolnośląskie, Opolskie, Śląskie, Kujawsko-Pomorskie, Warmińsko-Mazurskie, Lubuskie, and Łódzkie), where the number of children in alternative care per 1000 population was higher than the national average, but the proportion of children in family foster care was below the average.

Group three includes 4 voivodships: Świętokrzyskie, Lubelskie, Podlaskie, and Wielkopolskie, where the number of children under 18 in alternative care per 1000 population was below the country's average and, at the same time, the percentage of children living in family foster care in the population of all children placed in alternative care was above the average.

The remaining three voivodships: Podkarpackie, Mazowieckie, and Małopolskie, constitute group four, in which both the intensity of alternative care and the percentage of children in family foster care, i.e. the "degree of deinstitutionalisation", were lower than the country's averages.

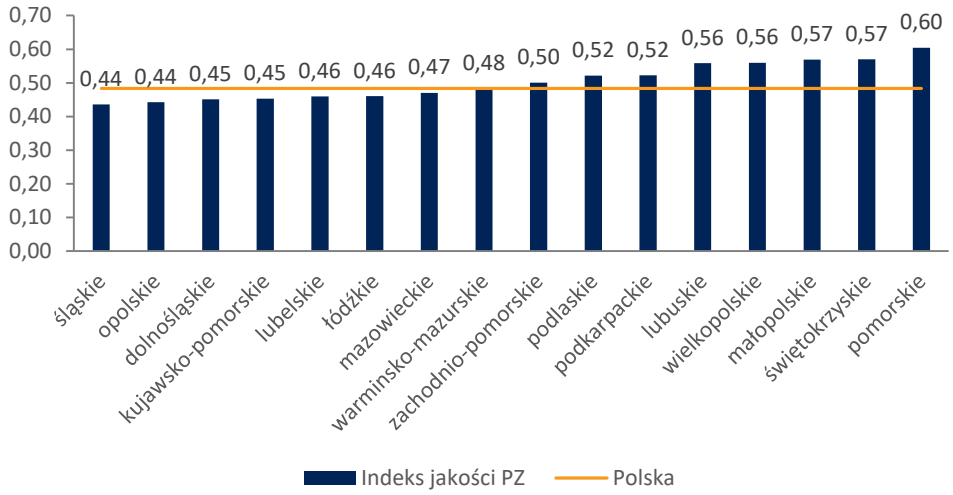
Local governments in groups one and three may become sources of inspiration and good practices for the others in how to develop and support family foster care. This is especially true for Pomorskie and Zachodniopomorskie Voivodships that have to deal with higher than average intensity of alternative care. It should be noted, however, that – as illustrated by Figure 11 – every single voivodship has districts that are extremely successful and ones that are way behind.

When assessing alternative care in various units of local government, we should consider not only its quantitative aspects – the proportion of children in family foster care – but also the quality of care. The latter is measured by a set of characteristics including financial and non-financial support for family foster care, the number of children in residential facilities, services offered to young people moving to independent living, and the proportion of children who leave the alternative care system (through adoption, reunification with the birth family, etc.).

An index that consolidates qualitative aspects of alternative care in a district is the Alternative Care Quality Index – the weighted mean of 12 groups of components indicators: child density in institutional care, foster parents' compensation per child, young in-district children in IC, net out-of-district children in IC, leaving alternative care, coordinators' salaries, incomplete transitions to independent living, stability of FFC placements, continuing education, specialist counselling, optional benefits, and training per family. Each group of indicators is assigned a weight depending on its significance for the overall quality of alternative care. The Alternative Care Quality Index may take values from 0 to 1, whereby 1 would mean the best value (relative to a set norm, not comparing to other districts) of each of the analysed indicators, while 0 would mean the worst score in each area (for more details see Appendix 1: Details of Analytical Concept).

The Alternative Care Quality Index in Poland reached 0.48 in the 1st half of 2017, compared to 0.34 in the 2nd half of 2012. The average value of the Index has been on a steady rise. The highest scores were achieved by the following voivodships: Pomorskie, Świętokrzyskie, Małopolskie, Wielkopolskie, and Lubuskie, whereas the lowest values were reported for Śląskie, Opolskie, Kujawsko-Pomorskie, and Dolnośląskie (Figure 13).

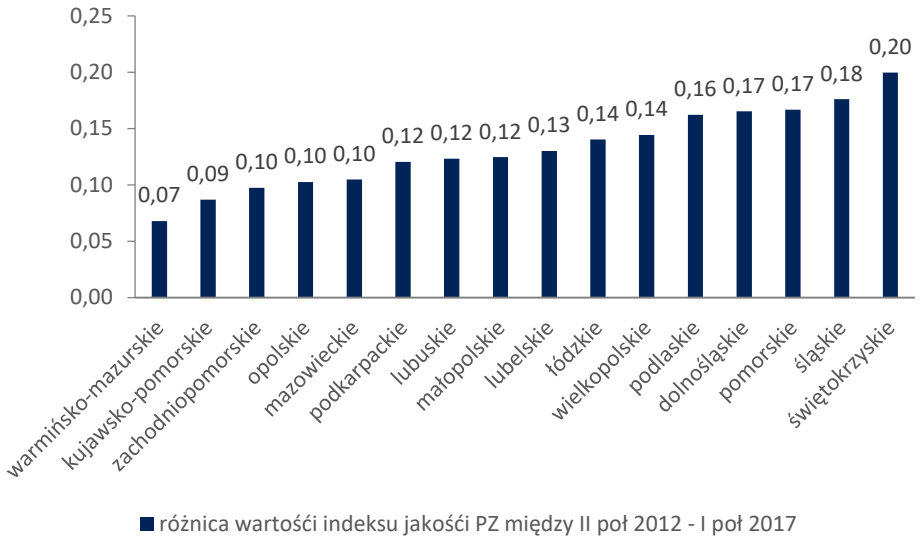
***Figure 13*. Alternative Care Quality Index in Poland, 1st half of 2017.**



The AC Quality Index reaches higher values in districts of north-western and south-eastern Poland. South-western and central voivodships do worst. The biggest progress – in terms of the AC Quality Index value – between the 2nd half of 2012 and the 1st half of 2017 was made by the following voivodships: Świętokrzyskie, Śląskie, Pomorskie, and Dolnośląskie (Figure 14).

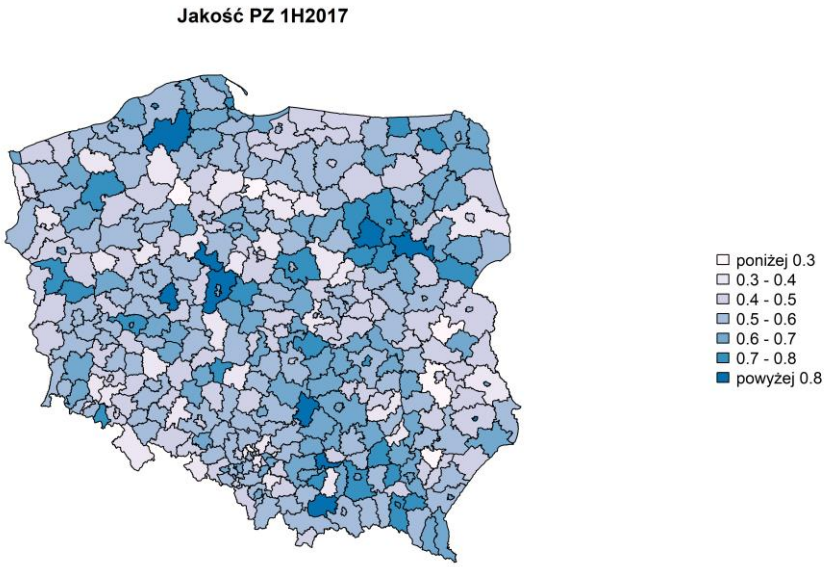
Provisions of the Act on Family Support and Alternative Care System impose several requirements on local governments, concerning (for example) certain minimum standards of institutional care or support provided by coordinators. The AC Quality Index includes these, but is not limited to the fulfilment of those requirements. This explains the increase in the AC Quality Index values observed in all voivodships.

Figure 14. **Changes in AC Quality Index values by voivodship, 2n half of 2012 – 1st half of 2017.**



In urban districts the Alternative Care Quality Index reaches values between 0.23 and 0.85. The leading towns and cities are: Zamość (0.85), Sopot, Krosno (0.79 each), Słupsk (0.74), Radom (0.73), and Gdynia (0.72). The lowest scores were reported for 5 districts: Sępólno (0.23), Bytom and Grudziądz (0.27 each), Leżajsk (0.27) and Lublin (0.29) (Figure 15).

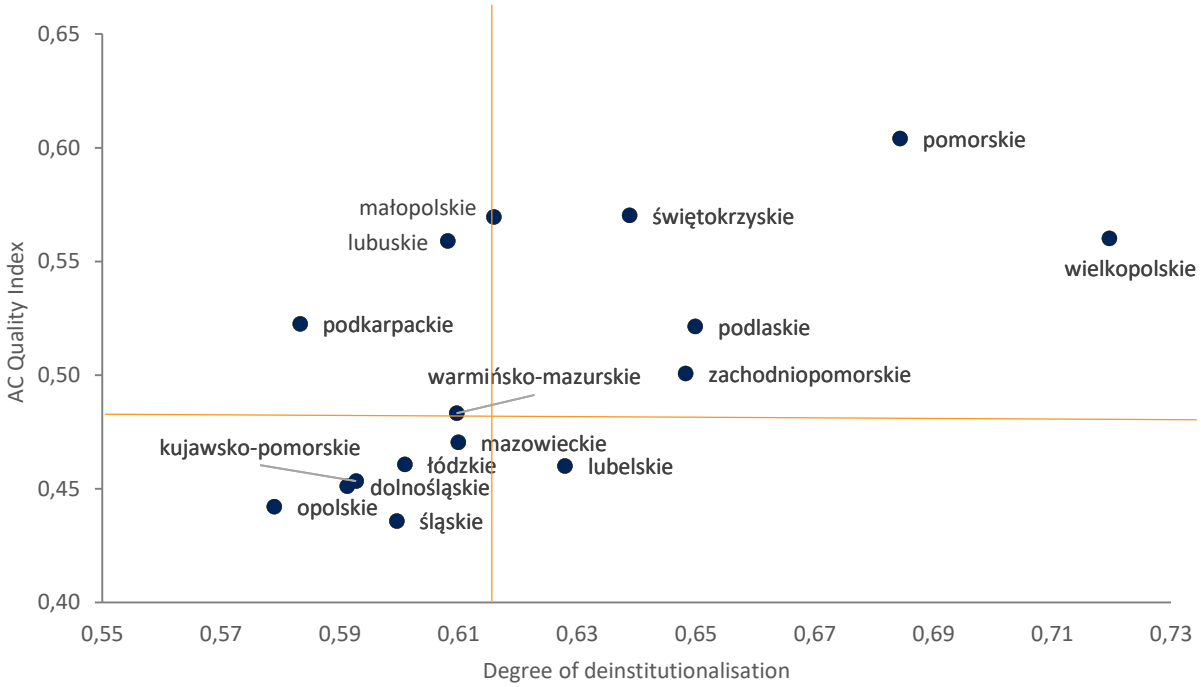
Figure 15. **AC Quality Index in Poland, 1st half of 2017.**



LEADERS IN DEINSTITUTIONALISATION

Data analysis and indicators included in the tool tell us which voivodships are leaders in the degree of deinstitutionalisation and the AC Quality Index. Is any of them, however, leading the way in both aspects of alternative care? Relationships between them are illustrated below (Figure 16).

Figure 16. **AC Quality Index vs. degree of deinstitutionalisation in voivodships, 1st half of 2017.**



Group one includes voivodships that have AC Quality Index values above Poland's average, and higher than average proportions of children in family foster care (excluding KFFs, but including FTRFs). These are leaders in deinstitutionalisation in Poland, in both the quantitative and the qualitative aspects. The following voivodships belong to this group: Pomorskie, Wielkopolskie, Świętokrzyskie, Podlaskie, and Zachodniopomorskie.

Group two comprises Małopolskie, Podkarpackie, and Lubuskie Voivodships, which are above the average when it comes to the AC Quality Index, but below or at the average level in terms of the degree of deinstitutionalisation.

The Lubelskie Voivodship constitutes a single-element, atypical group characterised by a higher than average degree of deinstitutionalisation and a lower than average AC Quality Index.

In the remaining 7 voivodships: Mazowieckie, Łódzkie, Dolnośląskie, Kujawsko-Pomorskie, Śląskie, Opolskie, and Warmińsko-Mazurskie, both indicators – reflecting the quantitative and qualitative aspects of alternative care – were lower than or equal to the country's average.

An indicator that consolidates the quantitative and qualitative aspects of alternative care is the AC Deinstitutionalisation Index (DeI Index) adjusted for the context of deinstitutionalisation (DeI Context), calculated according to the following formula:

$$DeI\ Index = DeI\ Degree \times AC\ Quality\ Index + DeI\ Context$$

The average value of the DeI Index for Poland in the 1st half of 2017 was 0.30, which means a 0.13 increase compared to the first reporting period, the 1st half of 2012.

Nine leading voivodships achieved DeI Index scores above the country's average. The three steps of the podium are occupied by Pomorskie, Wielkopolskie, and (with equal scores) Lubuskie and Zachodniopomorskie Voivodships. The last three are: Mazowieckie, Podkarpackie, and (with equal scores) Lubelskie, Kujawsko-Pomorskie, and Opolskie (Figure 17).

Between the 1st half of 2012 and the 1st half of 2017 the greatest progress in the DeI Index value was made by Podlaskie, Wielkopolskie, and Świętokrzyskie Voivodships (Figure 18).

Figure 17. **Deinstitutionalisation Index by voivodship, 1st half of 2017 .**

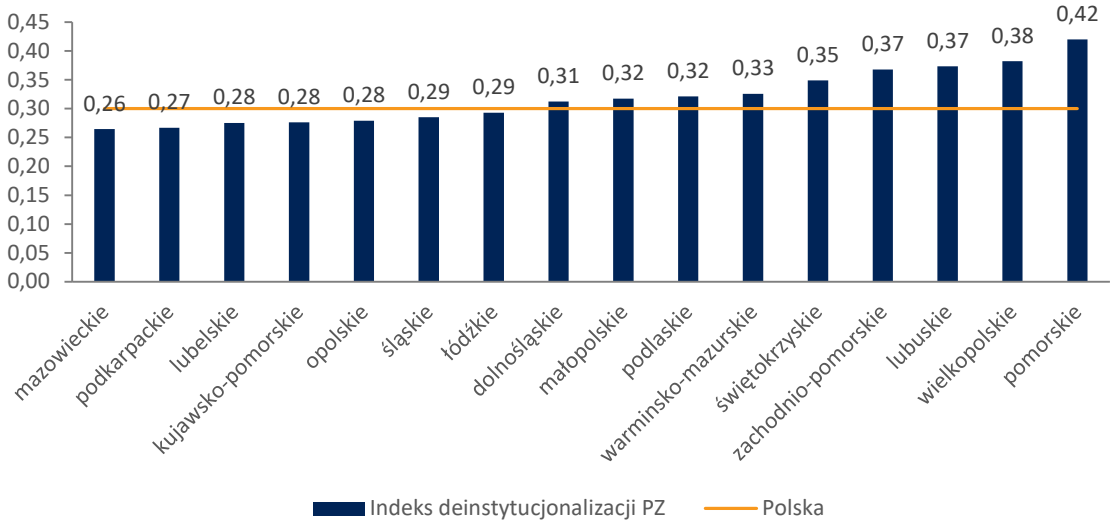
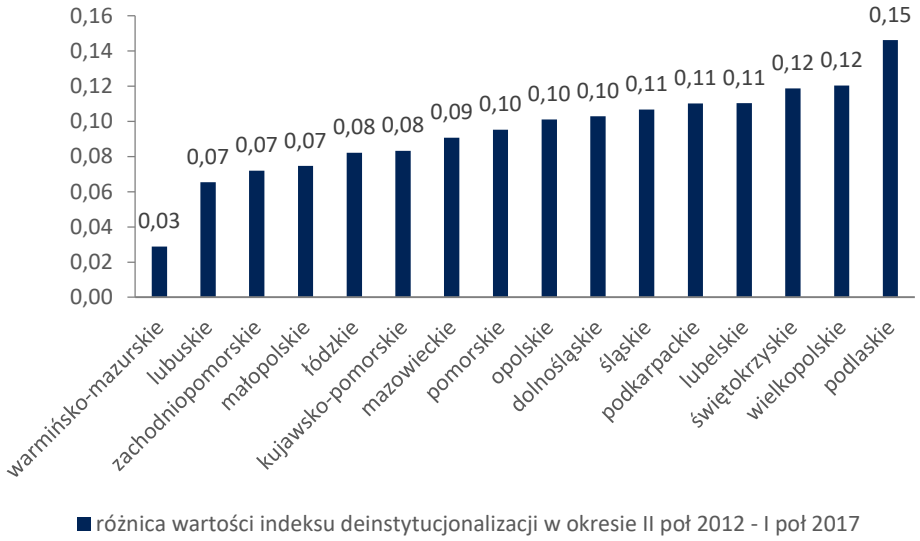


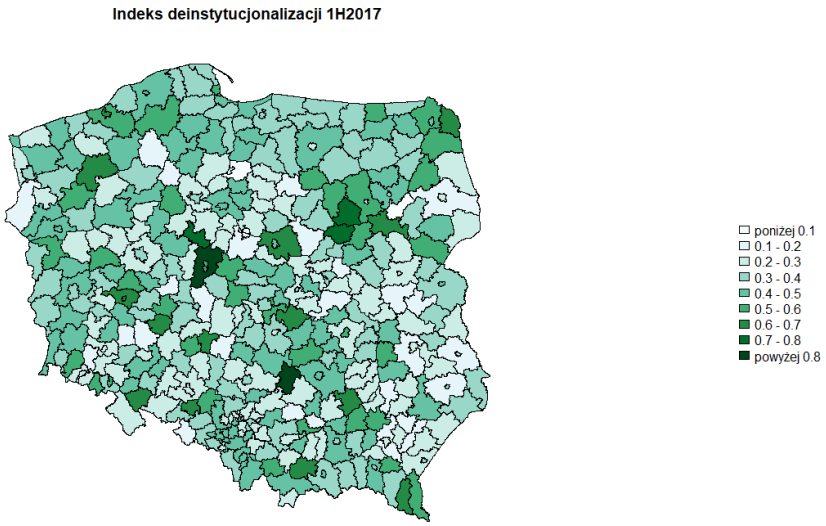
Figure 18. **Deinstitutionalisation Index change between 1st half of 2012 and 1st half of 2017.**



Deinstitutionalisation Index values in urban districts range from 0.18 to 0.62. The best scores were achieved by the following towns and cities: Leszno (0.62), Koszalin (0.60), Konin (0.56), and Gdynia (0.55 each), Radom (0.54), and Sopot (0.53). Also, it is worth emphasising the score achieved by Wałbrzych (0.50), which, as already mentioned, has the highest level of alternative care intensity in Poland. The lowest DeI Index scores in the 1st half of 2017 were calculated for Warsaw (0.18), Włocławek (0.19), Olsztyn (0.20), Katowice (0.21), Legnica (0.23), Białystok (0.23), and Krakow (0.23).

In the 1st half of 2017 the highest values of the Deinstitutionalisation Index were achieved by the following districts: Konin (0.89), Włoszczowa (0.83), Maków (0.76), Mogilno (0.75), and Pułyisk (0.72). The lowest scoring districts were: Grudziądz (0.06), Zambrów (0.09), Działdowo (0.12), and Lublin (0.13) (Figure 19).

Figure 19. **Deinstitutionalisation Index in Poland, 1st half of 2017.**



3.3 MAIN COMPONENT INDICATORS OF ALTERNATIVE CARE QUALITY INDEX

DENSITY OF IN-DISTRICT CHILDREN IN INSTITUTIONAL CARE

The process of deinstitutionalisation is accompanied by changes in institutional care toward more individualised conditions. From 2021 a new limit of 14 children over 10 years of age per residential facility will come into force (at the moment children placed in institutional care must be older than 7 and the maximum number of children in one facility is 30). In exceptional cases a younger child may be placed in a residential facility, especially when there are health concerns, when siblings are involved, or when the child's parents are staying in the same facility.

When it is impossible to place a child in family foster care, the district authorities are forced to look for a vacant place in institutional care, either within or outside the district. When children are placed in residential facilities outside their home district, the district's authorities have limited influence on the conditions the children are going to grow up in, such as the number of children in the facility. To represent the average conditions in which an in-district child placed in a residential facility is growing up – either within or outside their home district – an indicator called "Density of in-district children in institutional care" was created. District authorities may influence its value only for residential facilities within their area of competence; when it comes to conditions in residential facilities outside the district, the national average of 18.94 children per facility was adopted in the calculations. If a district meets the facility size standards (i.e., standards concerning the maximum number of children per facility) within its area of competence, this indicator is the higher the more in-district children live in residential facilities outside the district and outside its area of competence. It should be noted that removing a child from their environment is most likely to have a negative impact on the child's contact with the birth parents and other significant persons in the child's life, and will alienate the child from the community that they will most probably return to at some point in their life.

At the end of the 1st half of 2017 not a single voivodship managed to stay within the limit of 14 children per facility, expected by the end of 2020. However, 10 voivodships created better than average conditions in institutional care (relative to Poland's average). The best scores were achieved by the following voivodships: Pomorskie, Dolnośląskie, Małopolskie, and Świętokrzyskie (Figure 21). It is worth emphasising that local governments have done enormous work to create smaller group settings for children in residential care. The leaders, i.e., Dolnośląskie, Śląskie, Warmińsko-Mazurskie, and Łódzkie Voivodships reduced the "density of in-district children in IC" by 20–27 points (Figure 22), while the national average decreased by 18 points comparing to 36.9 in the 1st half of 2012 (Figure 20). In this context, we should point to some districts' reprehensible practice of creating formally separate facilities that meet the residential facility size limits, but in fact are located at different floors of the same building. This solution neither ensures individualised care nor addresses the problem of children's isolation from the community.

$$density\ of\ in\text{–}district\ children\ in\ IC = \frac{no.of\ children\ in\ IC\ within\ district\ \times density\ within\ district + no.of\ children\ in\ IC\ outside\ district\ \times density\ in\ }{no.of\ children\ in\ IC\ within\ district + no.of\ children\ in\ IC\ outside\ district}$$

***Figure 20*. Density of in-district children in IC in Poland, 1st half of 2012–1st half of 2017.**

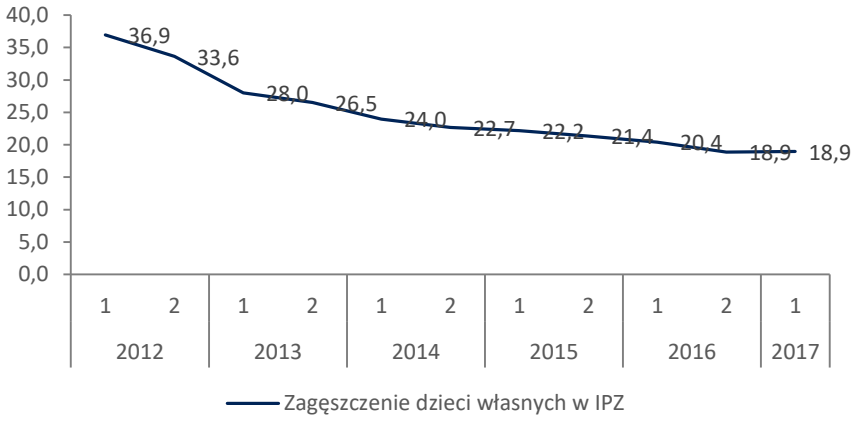


Figure 21. **Density of in-district children by voivodship, 1st half of 2017.**

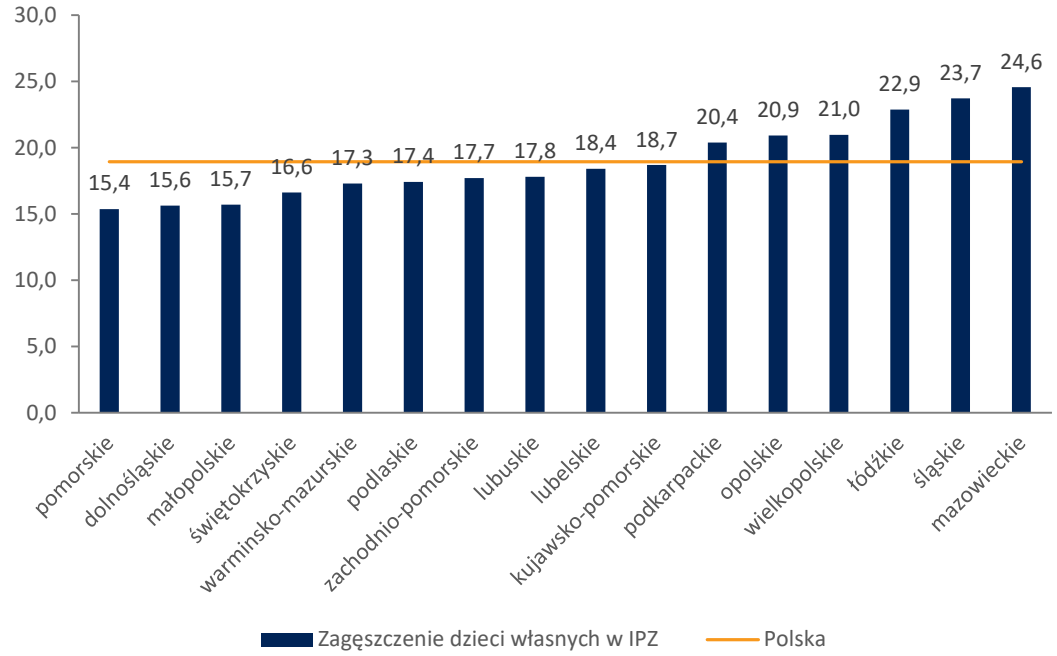
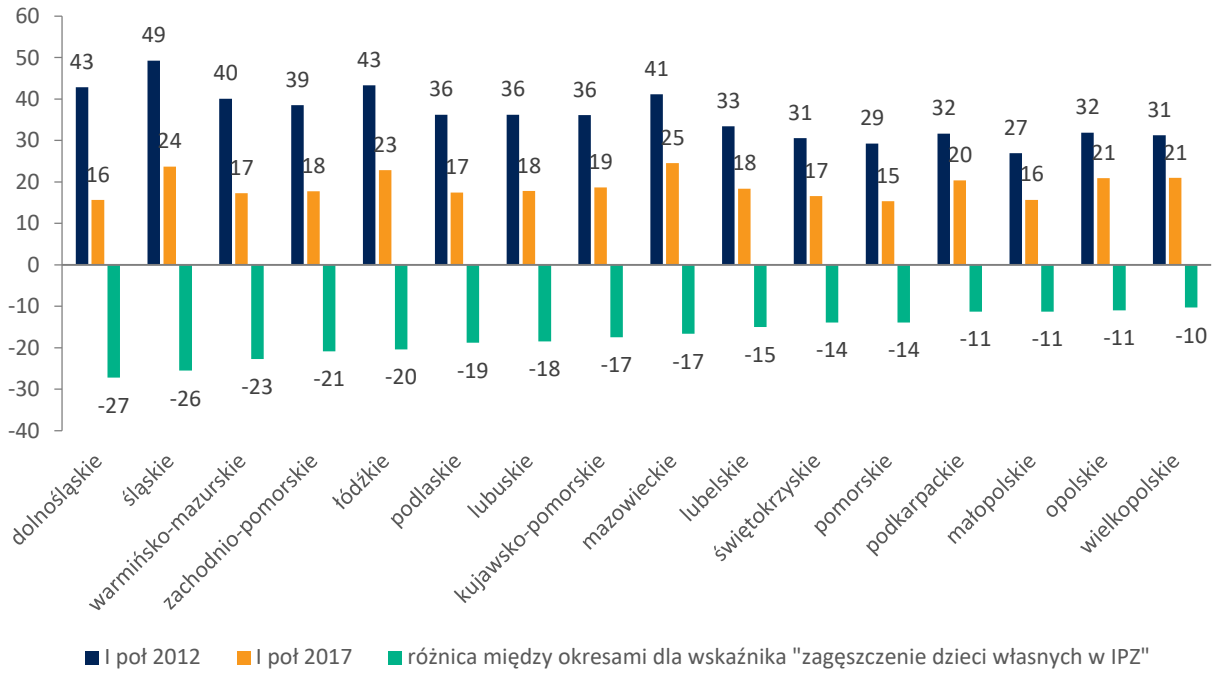


Figure 22. **Change in density of in-district children in IC, 1st half of 2012 – 1st half of 2017.**



In urban districts the average density of in-district children in institutional care was 22.32 and was higher than Poland's mean value. Eight of them managed to achieve values below 14, i.e. to meet the standard that is going to be binding from the end of 2020. These are: Krakow, Tarnów, Gdańsk, Tarnobrzeg, Wrocław, Słupsk, Gdynia, and Leszno. Town and cities of Śląskie Voivodship have a long way to go, as their density values range from 54.5 to 44. These are: Dąbrowa Górnicza, Bytom, Jastrzębia Góra, Zabrze, Tychy, and Piekary Śląskie. In the capital city of Warsaw the density indicator is 42.

There are districts in Poland where child density in residential facilities is below 10, which means children are ensured friendly small-group care settings. This arrangement was applied by the following districts: Wrocław, Wyszków, Środa Wielkopolska, Sandomierz, Olecko, Ełk, and Lubliniec.

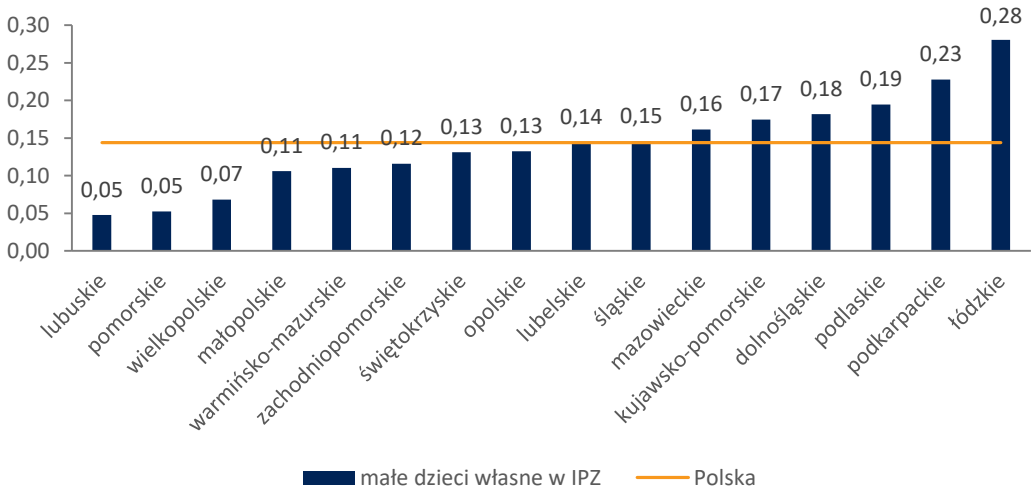
YOUNG IN-DISTRICT CHILDREN IN IC (EXCLUDING FAMILY-TYPE INSTITUTIONS)

Being aware of the importance of the first years of life for the child's development, the lawmakers restricted the possibility to place young children in residential facilities (except for family type ones), making a few exceptions described in the previous section. From the perspective of the child's wellbeing, the only justified exception involves teenage mothers in institutional care, as their babies remain in their care, so the problem of an infant or a young child in a residential facility does not really apply here (which does not mean institutional care is the best solution for the mother and her child), However, infants and young children staying with their teenage mothers are just a small proportion of all young children in IC. In the 1st half of 2017 there were 93 such cases, whereas the total number of infants and young children in institutional care was 1600.

Since the enforcement of the new law, the number of young children in residential facilities has gradually decreased. The indicator called "Young in-district children in IC", which represents the percentage of young children (i.e. children under 7) in institutional care (excluding FTRFs) among all young children in alternative care, decreased from 18% at the end of the 1st half of 2012 to 14% at the end of the 1st half of 2017. In urban districts it was 18% at the end of the 1st half of 2017, which constitutes a 5 percent decrease comparing to the time when the new law was introduced.

At the end of the 1st half of 2017 the lowest percentages of young children in residential facilities were found in the following voivodships: Lubuskie, Pomorskie, Wielkopolskie, Warmińsko-Mazurskie, and Małopolskie, whereas the highest percentages were reported in Łódzkie and Podkarpackie (Figure 23).

***Figure 23*. Young in-district children in IC by voivodship, 1st half of 2017.**



In the 1st half of 2017, not even half of all districts (146) managed not to place the youngest children in residential facilities and thus take care of their optimal development. At the same time, in 12 districts 50% or more of all young children in alternative care were placed in institutional care.

Family foster care should be further developed so that young children are not placed in institutions when they developmentally need the presence of a permanent caregiver. When a young child does not have an opportunity to build a stable, secure relationship with an adult,

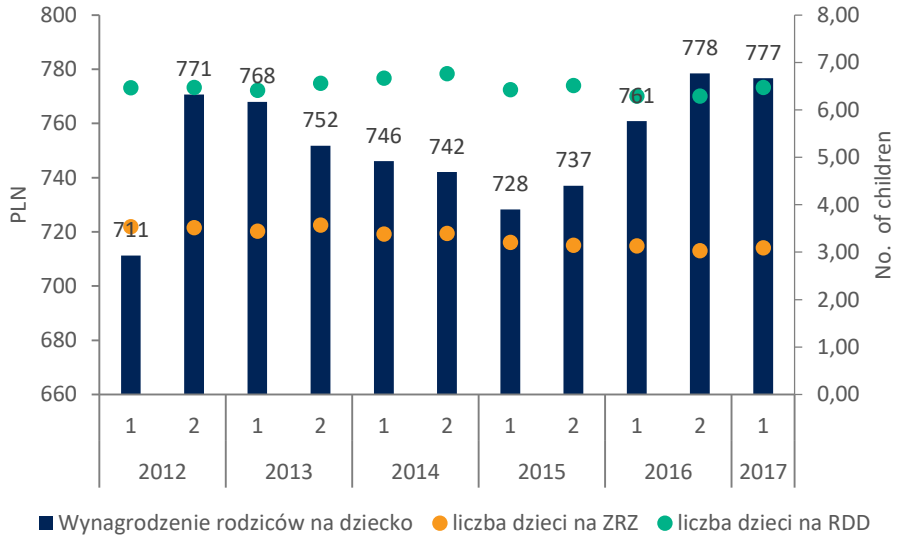
it may lead to dysfunctional patterns of attachment (according to John Bowlby's theory of attachment), which will impair the child's social functioning and adaptation abilities later in life. Such circumstances may add to the traumas experienced by the child in their threatening family environment and may contribute to the child's disharmonious development.

FOSTER PARENTS' COMPENSATION PER CHILD

In the 1st half of 2017, the average monthly expenditure on compensations[15] for professional foster carers (PFCs), including persons running multi-child foster families, in Poland – per child placed in those care settings – was 777 PLN and oscillated between 711 PLN and 778 PLN from the beginning of the reform process. No steady upward or downward trends were observed in this respect. It should be noted here that the lack of a steady trend resulted from a lack of pay rises rather than from an increased number of children per family (Figure 24). The average number of children per professional foster family in Poland fluctuated between 3.03 and 3.53, and per multi-child foster family – between 6.29 and 6.76. Over the years, the numbers did not significantly change in any of those care settings.

$$\text{PFCs' compensation per child} = \frac{\text{funds for foster parents' compensation in PFFs and MCFFs annually}}{\text{monthly average total number of children in PFFs and MCFFs multiplied by 12 and estimated based on total annual number of fostering allowances}}$$

***Figure 24*. Foster parents' compensation per child vs. average number of children in PFFs and MCFFs, 1st half of 2017.**

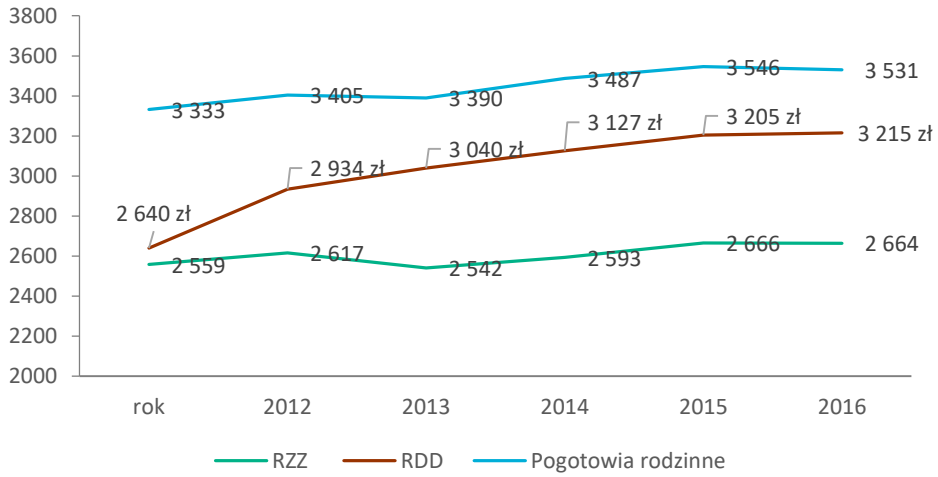


Existing reports are insufficient to determine the average foster parents' compensation in each district, but such calculations can be done at the country level (see **Błąd! Nie można odnaleźć źródła odwołania.** below). Figure 25 presents the average district expenditures on monthly compensation of foster parents in ordinary and specialist professional foster families (altogether), foster parents running professional emergency families, and foster parents (referred to as "managers") running multi-child foster families (gross pay, i.e. compensation before any tax, social security, health insurance, and any other deductions are taken, including

[15] In the present Report the term "compensation" refers to professional foster parents monthly pay, regardless of the type of foster family or the form of employment. All amounts are given in PLN (Polish zlotys); 1 EUR ≈ 4.20 PLN (translator's note).

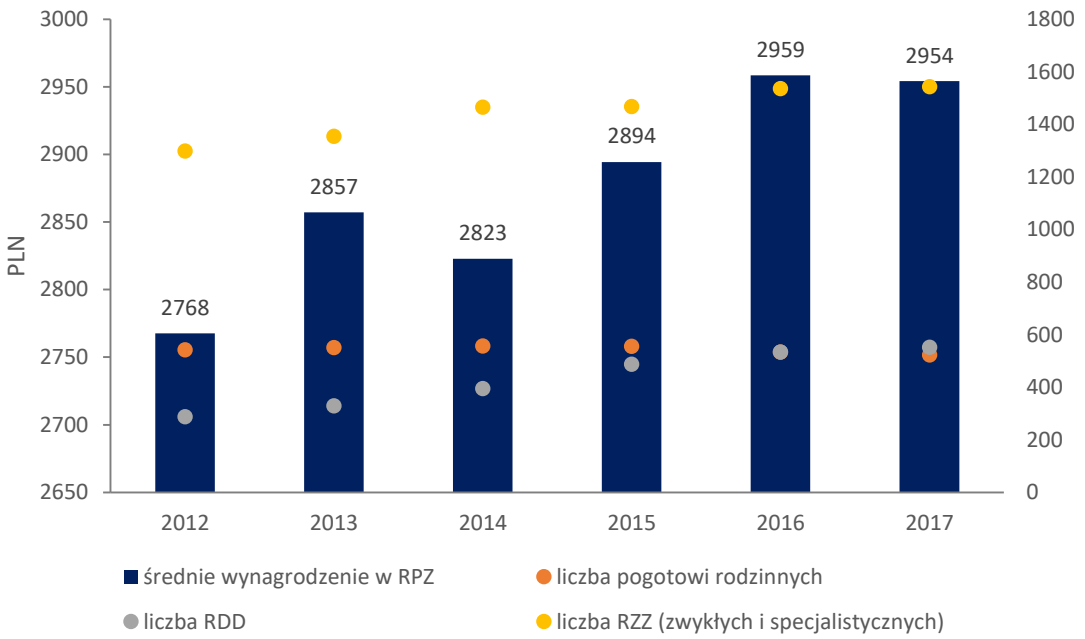
contributions to be paid by the district authorities as the employer). Since the beginning of the reform process, this cost has visibly increased when it comes to the monthly compensation of foster parents running multi-child foster families (from 2,640 PLN to 3,215 PLN) and, to some extent, professional emergency families (from 3,333 PLN to 3,531 PLN). When it comes to local government expenditures on compensation of parents in professional and specialist foster families (altogether), no clear upward trend has been observed; it oscillated between 2,542 PLN and 2,666 PLN (Figure 25). In the 1st half of 2017 the highest average net compensation in Poland was earned by foster parents running professional emergency families, 2,106 PLN, followed by foster parents ("managers") running multi-child foster families, 1,924 PLN, and foster parents in ordinary and specialist professional foster families, 1,605 PLN. The above data shows that very few districts decided to raise the minimum foster parent pay (2,000 PLN/month, gross amount) by the district council's resolution. This is an issue that needs to be addressed, also considering the fact that in 2018 the statutory minimum monthly salary in Poland was 2,100 PLN.

***Figure 25*. Average district expenditures on foster parents' compensations, 2012-2017.**



So why the fluctuating average monthly cost paid by the employer, i.e. district authorities, for professional foster parents' compensation? This results from the changing structure of family foster care – changing proportions of PFFs, emergency families, multi-child foster families, and family-type residential facilities. As illustrated by Figure 26, the more multi-child foster families, with relatively stable numbers of emergency families and other professional foster families, the higher the average monthly pay (see, for example, the leap in 2015). On the other hand, when the number of professional families (both ordinary and specialist) increases disproportionately relative to other types, the average amount declines because these families have the lowest earnings in the group (this is what happened in 2014). This relationship explains the dynamics of the "Foster parents' compensation per child" indicator.

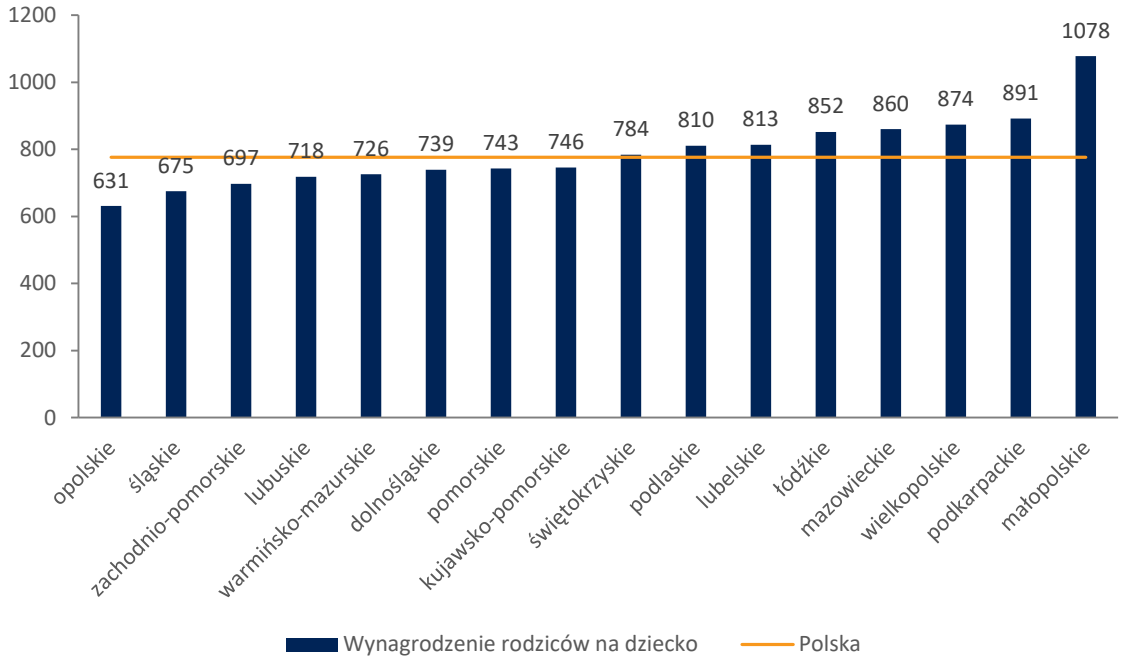
***Figure 26*. Average cost of professional foster parents' compensations vs. numbers of PFFs, emergency families, and MCFFs, 1st half of 2017.**



Going back to the analysis of the index, we can see that 8 voivodships achieved values above the country's average. The highest average compensation per child was obtained by professional foster parents and foster parents running multi-child foster families in the following voivodships: Małopolskie, Podkarpackie, Wielkopolskie, Mazowieckie, and Łódzkie, whereas the lowest values were found in Opolskie and Śląskie (Figure 27). When it comes to the growth dynamics, no stable upward or downward trends were reported at the local government level. Considering the high demands and difficulty of the foster parent role, a system should be created – drawing on experiences of developed alternative care systems, such as the UK or France – that will appreciate experienced and successful foster parents, which should be reflected in their professional advancement and appropriate compensation.

In the 9 biggest Polish cities the average foster parents' compensation per child is higher than the country's mean value and amounts to 1080 PLN. The highest values were reported for Krakow (1819 PLN) and Poznań (1290 PLN). In Warsaw it was 1132 PLN. It is worth remembering that professional foster parents' compensations should be consistent with the local labour market and should reflect appreciation for foster parents' role in the community.

Figure 27. **Foster parents' compensation per child by voivodship, 1st half of 2017.**



NET OUT-OF-DISTRICT CHILDREN IN IC

When they are no vacant places in their home district, children taken into alternative care are placed in institutional care or family foster care in another district. This is the case for 18% of children in alternative care in Poland. Notably, it is more likely to happen to children in IC (23%) than in FFC (16%). Certainly, it is important that the child's placement is not too far from their birth parents' home, because a long distance will hinder efforts toward the child's reunification with the birth family and complicate the child's contact with other family members. The only exception involves kinship foster placements where the child is placed with close relatives. However, from the systemic perspective, accepting out-of-district children has one important advantage: by doing that, a district contributes to promoting certain types of alternative care in other districts by making them available.

Considering the above, an index was created called "Net out-of-district children in IC", which represents the number of children from other districts placed in the district's institutional care settings minus the number of out-of-district children placed in the district's family foster care settings. It is calculated using the following formula:

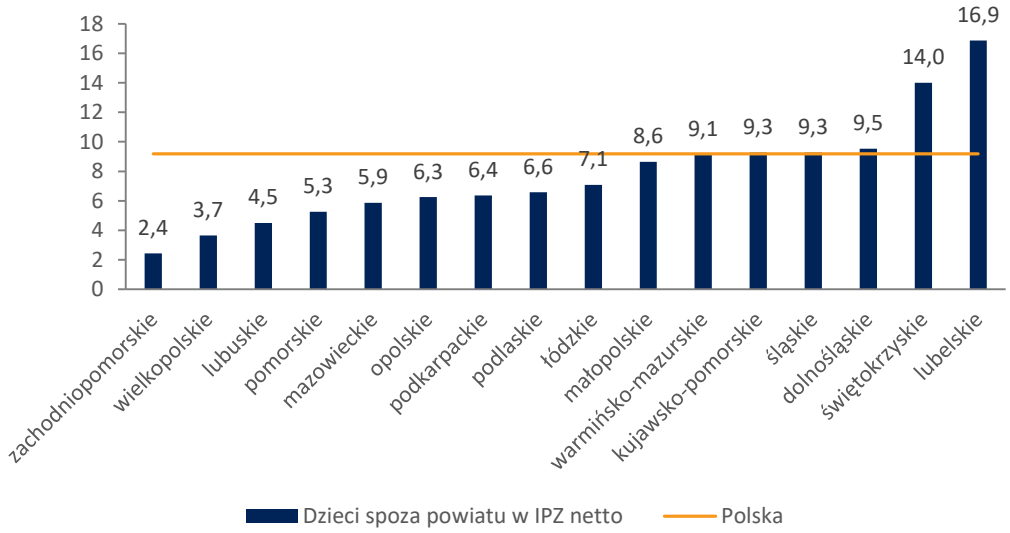
$$net\ out\text{-}of\text{-}district\ children\ in\ IC = out\text{-}of\text{-}district\ children\ in\ IC\ -\ out\text{-}of\text{-}district\ children\ in\ FFC$$

The index measures the difference between "out-of-district children in IC" and "out-of-district children in FFC". The difference tells us how many places in residential facilities were made available by the district to other districts, after deducting FFC placements provided by the district for out-of-district children. A value greater than zero suggests that on the whole the district contributes to perpetuating the institutional care system in other parts of Poland, whereas a value below zero means the district promotes family foster care. Consequently, values greater than zero are negatively evaluated in the tool.

Between 2012 and the 1st half of 2017 the index fluctuated between 6.33 and 9.37, showing no steady upward or downward trend. It reached 9.18 for the last analysed period. Values significantly lower than the country's average were achieved by districts in the following

voivodships: Zachodnipomorskie, Wielkopolskie, Lubuskie, Pomorskie, and Mazowieckie, whereas districts of Lubelskie and Świętokrzyskie Voivodships have more than average out-of-district children in institutional care versus family foster care (Figure 28). These districts' authorities may see this, dangerously, as an argument for maintaining residential facilities in their area of competence, as they are partially financed with external funding.

Figure 28. „Net out-of-district children in IC" by voivodship, 1st half of 2017.



3.4 MEASURES OF EFFECTIVENESS OF ALTERNATIVE CARE AND FAMILY SUPPORT SYSTEM

The primary goal and, at the same time, the main measure of effectiveness of the whole alternative care and family support system, comprising the Family Foster Care Organiser, the District Family Support Centre, social welfare centres, adoption centres, the family court, and other specialised institutions and agencies, is the child's reunification with the birth family or, if such reunification is impossible and if a different solution is in the child's best interest, their adoption or successful transition to independent living. Indicators that reflect the level of the system's success (as defined above) are: "Leaving alternative care" (which includes "Returning to birth family from AC" and "Adoption from AC") and "Incomplete transitions to independent living". To keep the latter as low as possible, young children in alternative care should be supported in improving their skills and qualifications by continuing education. Districts' achievement in this area is measured by an indicator called "Continuing education in AC".

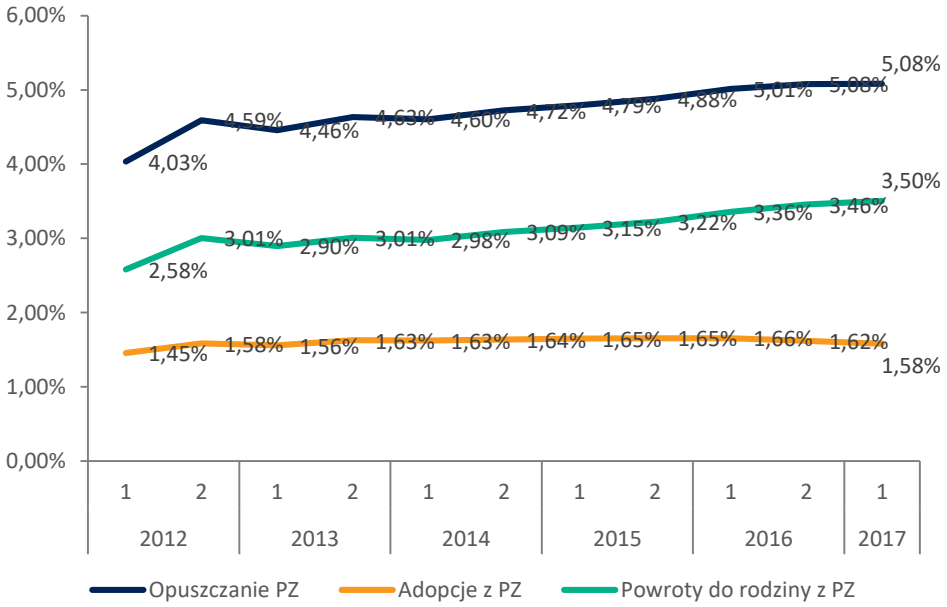
LEAVING ALTERNATIVE CARE

The „Leaving AC" indicator is calculated as the last three years' average ratio of children under 18 leaving alternative care to the total number of in-district children in this age group in alternative care, according to the following formula:

$$leaving\ AC = \frac{no.of\ children\ under\ 18\ \text{leaving AC}\ (last\ 3\ years)}{no.of\ in\text{–}district\ children\ under\ 18\ in\ AC}$$

Between 2012 and the 1st half of 2017, the index gradually increased from 4% to 5%, which may reflect a slow improvement in the effectiveness of social services' work, i.e. family assistants, adoption centres, etc. For children in institutional care the figure was 6.27% in the last measurement period, oscillating between 7.63% and 7.93% from the beginning of the reform process, whereas for children in family foster care it was 4%, oscillating between 2.67% and 4.07% and showing a clear upward trend (Figure 29).

***Figure 29*. Leaving AC, adoptions from AC, returns to birth family from AC in Poland, 1st half of 2012 – 1st half of 2017.**



When we look at the two components of the "Leaving AC" indicator: adoptions and returns to birth family, we can see that the former remained relatively stable, whereas the latter increased steadily by just under 1% between 2012 and 2017. Both component indicators are calculated in the same way as the overall "Leaving AC" indicator, that is:

$$adoptions\ from\ AC\ = \frac{no.of\ children\ under\ 18\ adopted\ from\ AC\ (last\ 3\ years)}{no.of\ in\text{–}district\ children\ under\ 18\ in\ AC\ (last\ 3\ years)}$$

$$returns\ to\ birth\ family\ from\ AC\ = \frac{no.\ of\ children\ under\ 18\ returning\ to\ birth\ family\ (last\ 3\ years)}{no.of\ in\text{–}district\ children\ under\ 18\ in\ AC\ (last\ 3\ years)}$$

There are visible differences in outcomes for children from family foster care and institutional care. The adoption rate for family foster care ranged from 1.1% to 1.59% in the analysed period, with un upward trend that stopped in the second half of 2016, whereas for institutional care it oscillated between 1.66% and 2.35%, with a downward trend beginning from 2013. Most probably, the observed trends can be attributed to the statutory restriction on placing young children (under 7), i.e., children who are most likely to be adopted, in residential facilities, which has been in force since 2015. The lower percentage of adoptions from family foster care may be related to the fact that 65% of all foster families are kinship families (grandparents or siblings), or more distant relatives constituting a proportion of non-professional foster families. The adoption process is rarely initiated for children placed with kinship and related carers, given the child's attachment to their long-term caregivers, which should not be disrupted. This principle applies to all types of family foster care.

This hypothesis is confirmed by Table 1, *Length of stay in different types of alternative care, 1st half of 2017*, illustrating how long children remained in different types of placements. It shows that 70% of children in kinship foster families and 69% children in non-professional foster families have stayed there for at least 3 years. Most probably, they will stay with their close or more distant relatives until they move to independent living. Furthermore, 82% of foster children placed in specialist foster families stay there for more than 3 years. This may suggest that when children with disabilities are placed in alternative care, they are going to stay there until ageing out of care.

The percentage of long-term stays in specialised-therapeutic residential facilities is lower than for specialist foster families, but this is likely to result from the fact that a large number of such facilities have been created only recently. The question is: What are the future prospects for adult care leavers with diagnosed disabilities, some of whom will never be able to live a fully independent life?

***Table1*. Length of stay in different types of alternative care, 1st half of 2017.**

Type of AC	under 3 months	over 3 months to 6 months	under 6 months (cat. 1 and 2 in total)	over 6 months to 12 months	over 1 year to 2 years	over 2 years to 3 years	over 3 years
KFF	2%	3%	5%	5%	10%	9%	70%
NPFF	3%	3%	6%	6%	10%	9%	69%
PFF (average for all types)	10%	8%	18%	11%	12%	8%	50%
Emergency family	26%	21%	47%	24%	18%	6%	5%
Specialist PFF	3%	1%	5%	4%	5%	5%	82%
MCFF	6%	5%	11%	8%	12%	13%	57%
RF (average for all types)	8%	7%	15%	10%	17%	13%	44%
Socialising RF	6%	6%	12%	10%	19%	14%	45%
Intervention RF	39%	25%	64%	15%	13%	4%	4%
Specialised-therapeutic RF	4%	6%	10%	9%	18%	14%	50%
Family-type RF	4%	6%	9%	6%	10%	11%	63%

The indicator „Returns to birth family from AC" in Poland reached 3.5% in the last period under review, which means that in the 1st half of 2017 1,908 children under 18 returned to

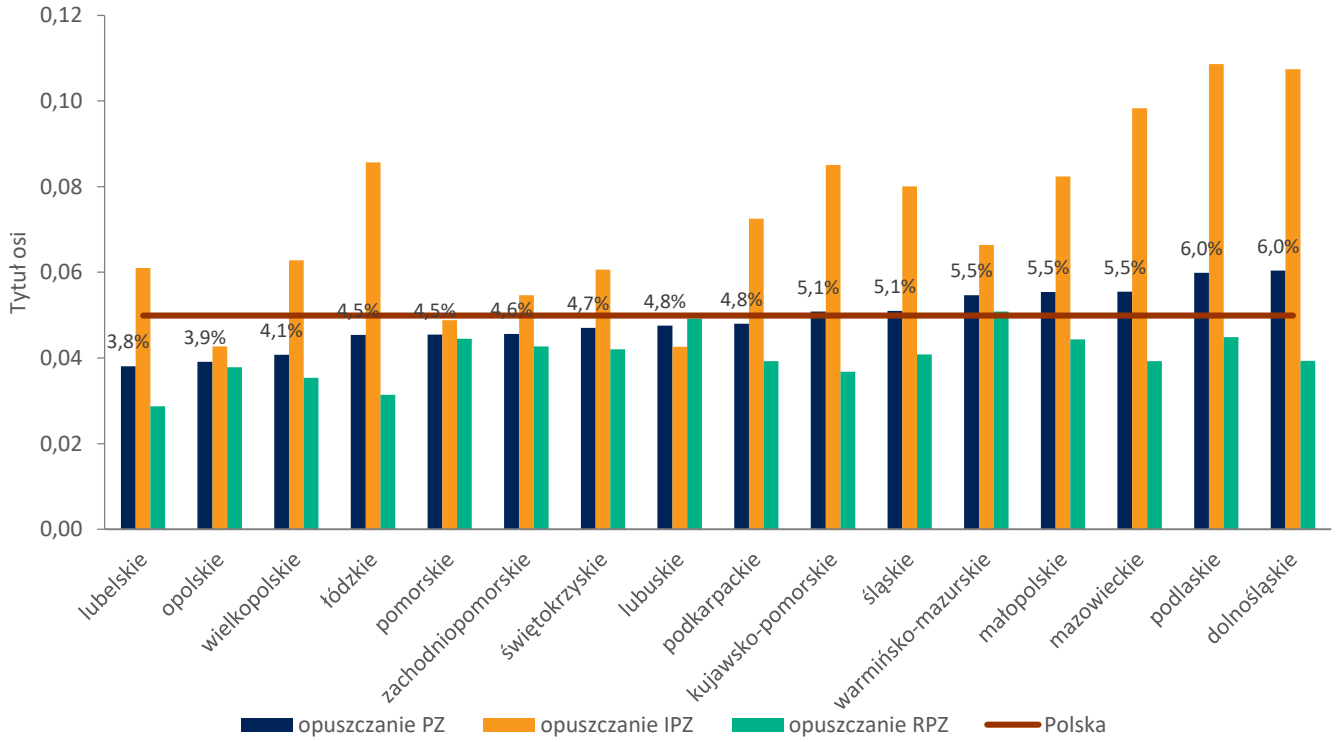
their birth families. From 2012 it ranged from 2.58% to 3.5% showing an upward trend both for family foster care and for institutional care. In the 1st half of 2017 the average value for family foster care was 2.52%, and for institutional care – 6.27%. The causes of this disproportion are most probably the same as for adoptions.

To work efficiently, the family support and alternative care system requires cooperation of social service units at all local government levels: District Family Support Centres, Social Welfare Centres, and adoption centres, as well as the family court. Without such cooperation the child's return to the birth family or finding an adoptive family is rather unlikely.

In towns and cities with district rights (urban districts) such cooperation is facilitated by the fact that the functions of the Organiser of Family Foster Care and the institution responsible for working with birth families are usually performed by the Municipal Social Welfare Centre or the Municipal Family Support Centre, which makes it easier to form multidisciplinary teams, coordinate cooperation among all individuals and institutions involved, analyse financial flows and set bigger budgets. As a result, towns and cities with district rights are, on average, more effective, when it comes to leaving alternative care. In this group of districts, the leaving AC indicator in the 1st half of 2017 was 6.17%, the adoption indicator: 1.97%, and the returns to birth family indicator: 4.19%. All three values were above the country's average.

What does the situation look like at the voivodship level? The highest values of the leaving AC indicator were found in the following voivodships: Podlaskie, Dolnośląskie, Mazowieckie, and Małopolskie, whereas the lowest values were reported for Lubelskie, Opolskie, and Wielkopolskie. In some voivodships there is a large disparity between leaving family foster care and institutional care. The scores were two times higher for institutional care in the following voivodships: Dolnośląskie, Podlaskie, Mazowieckie, Łódzkie, and Kujawsko-Pomorskie (Figure 30. *Leaving AC/IC/FFC in Poland, 1st half of 2017.*).

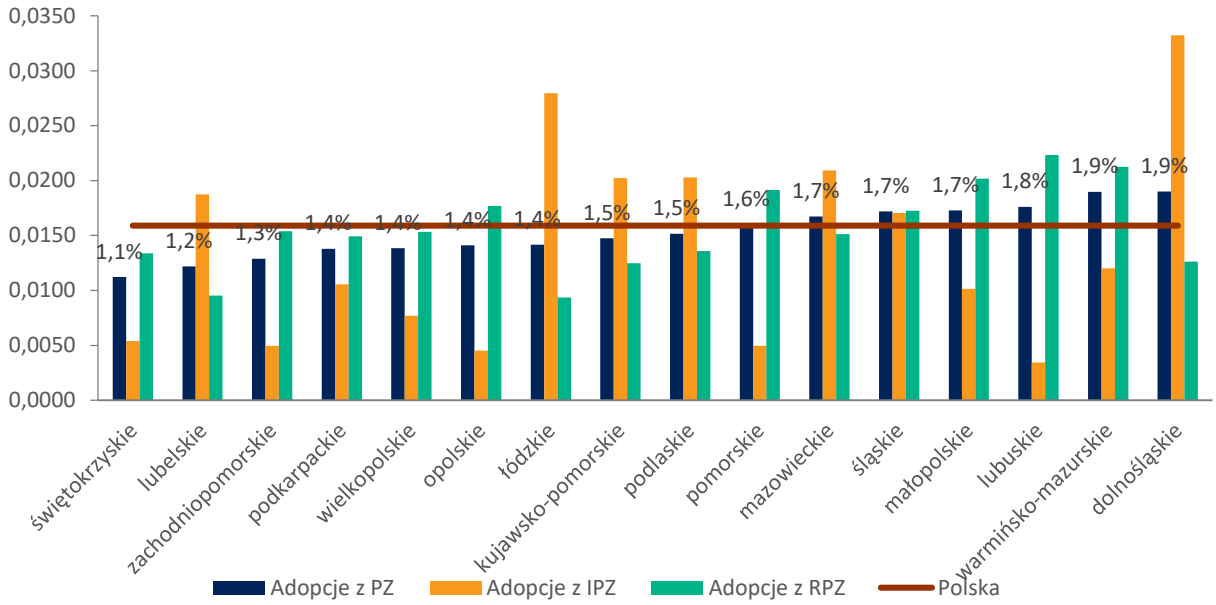
***Figure 30*. Leaving AC/IC/FFC in Poland, 1st half of 2017.**



During the period under review the biggest progress, approximately 2 percentage points, in this respect was made by the following voivodships: Podlaskie, Podkarpackie, Kujawsko-Pomorskie, and Warmińsko-Mazurskie. It was largely achieved through increased effectiveness of returning children to their birth families.

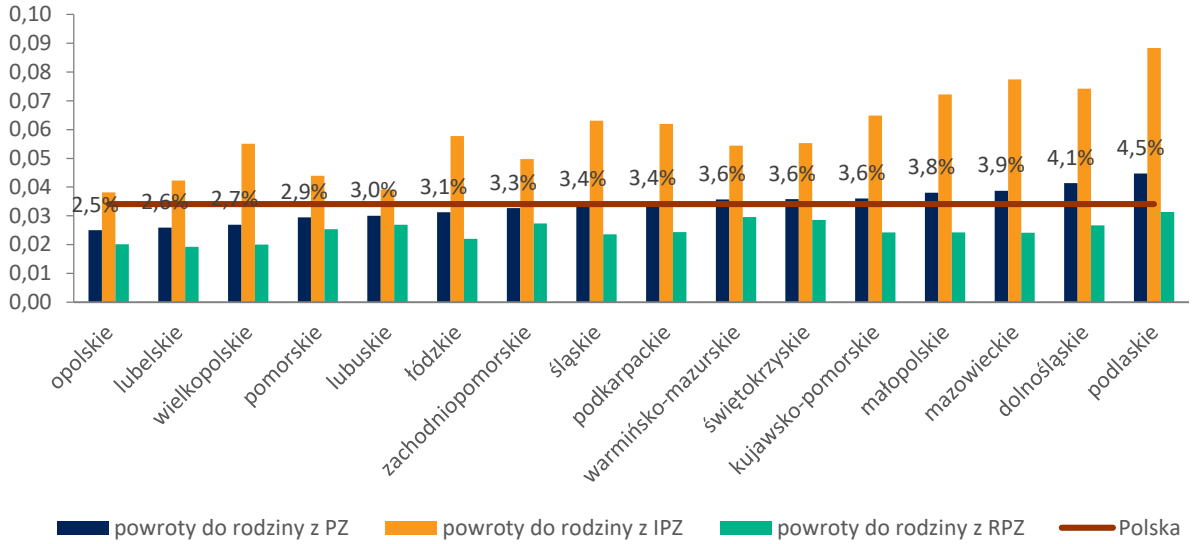
In the first half of 2017 the "Adoptions from AC" indicator was the highest, above the national average, in the following voivodships: Dolnośląskie, Warmińsko-Mazurskie. Lubuskie, and Śląskie, and the lowest in Świętokrzyskie and Lubelskie (Figure 31. *Adoptions from AC/IC/FFC in Poland, 1st half of 2017.*). No relationship was found between the number of adoption centres in the voivodship or the number of children in AC, and the adoptions indicator.

***Figure 31.* Adoptions from AC/IC/FFC in Poland, 1st half of 2017.**



In the first half of 2017 the "Returns to birth family from AC" indicator reached the highest values, above the national average, in the following voivodships: Podlaskie, Dolnośląskie, Mazowieckie, and Małopolskie, and was the lowest in Opolskie and Lubelskie (Figure 32. *Returns to birth family from AC/IC/FFC in Poland, 1st half of 2017.*). Similarly to the country level, children were more likely to return to their birth parents from residential facilities than from foster families, presumably for the reasons mentioned above.

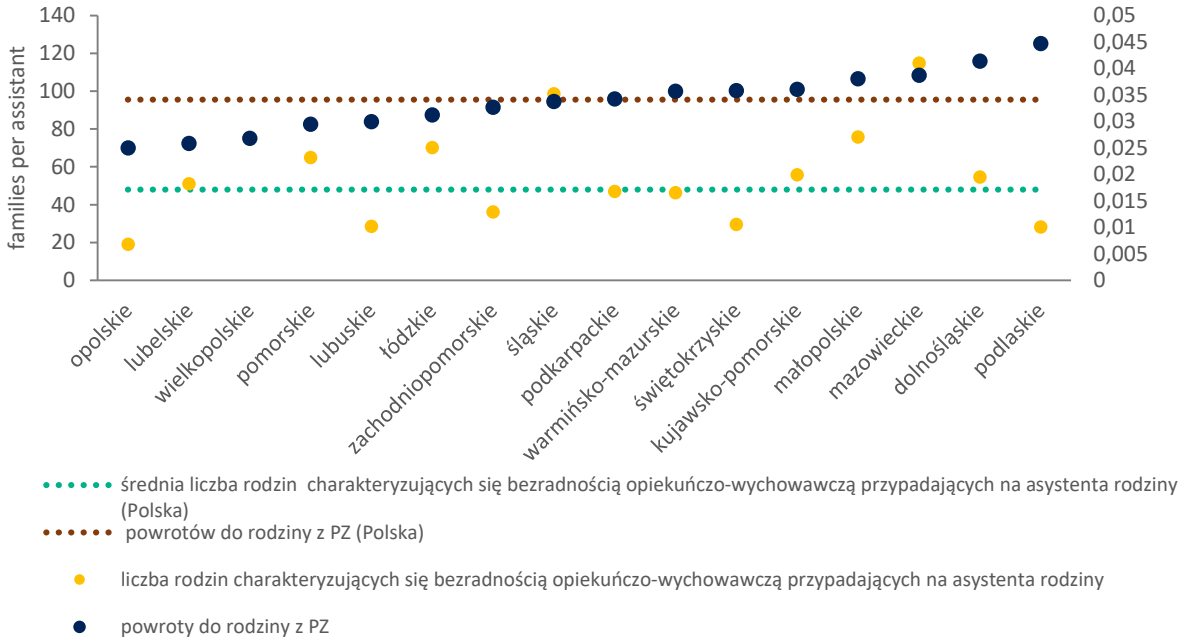
Figure 32. **Returns to birth family from AC/IC/FFC in Poland, 1st half of 2017.**



A child's reunification with the birth family is impossible unless the family changes its old ways of functioning. Support in this process should be provided primarily, but not only, by family assistants. Other sources of support include family courts, court-appointed family guardians, and well-prepared foster parents and residential carers. Let us have a look at how the number of family assistants influences the rate of children's returns to the birth family (Figure 33. *Returns to birth family versus no. of families characterised by caregiving helplessness per family assistant in Poland, 1st half of 2017.*). The average ratio of families showing caregiving helplessness to family assistants, countrywide, is 48. However, no fixed relationship was found between a large number of assistants working with troubled families and increased rates of children's returns to their birth families. It is a multi-factor process that requires considering a large number of variables, mainly qualitative ones.

***Figure 33*. Returns to birth family versus no. of families characterised by caregiving helplessness per family assistant in Poland, 1st half of 2017.**

UWAGA tłumaczki



[Uwaga tłumaczki: Na wykresie w Excelu brakuje pełnych sformułowań z legendy tego wykresu. Tłumaczenie poniżej:]

Average no. of families characterised by caregiving helplessness per family assistant (Poland)

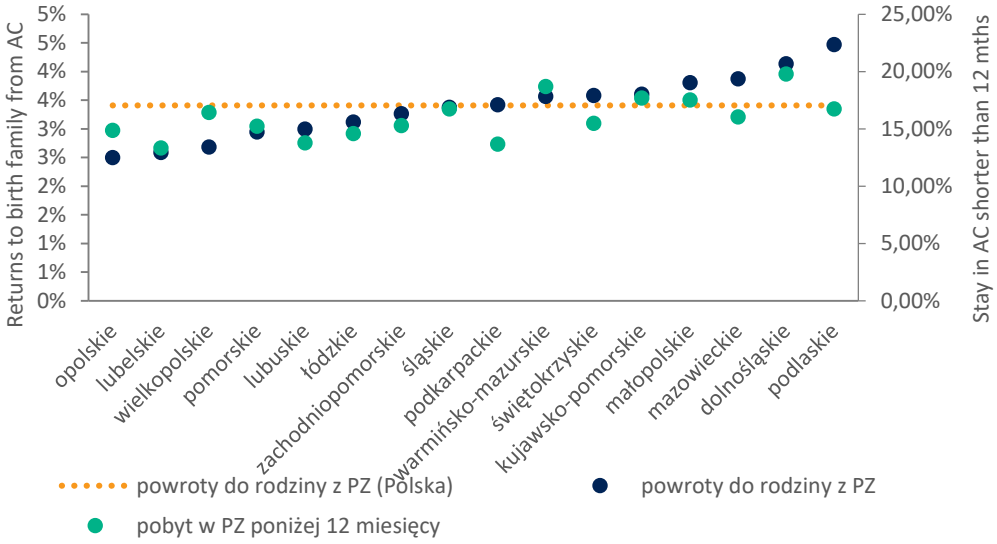
Returns to birth family from AC (Poland)

No. of families characterised by caregiving helplessness per family assistant

Returns to birth family from AC

At the same time, as illustrated by Figure 34, work with the birth family toward reunification should begin as soon as possible, because the shorter children stay in alternative care, the higher the percentage of returns to birth families, at the voivodship level.

Figure 34. **Returns to birth family from AC versus percentage of children staying in AC shorter than 12 months, 1st half of 2017.**



INCOMPLETE TRANSITIONS TO INDEPENDENT LIVING

One of the main goals of the alternative care system, when a child cannot return to their birth family, is their successful transition to independence, measured by the child's ability to start living on their own and by their healthy functioning in professional and social life. The guaranteed public support for care leavers moving to independent living includes financial help: allowances for continuing education, transition to independent living, and settling in, as well as support in obtaining appropriate accommodation and employment.

When it comes to housing and accommodation support, the CAWI survey conducted within the project (for more details about the survey see chapter 5.2 CAWI survey on a national sample) shows that districts usually offer care leavers temporary sheltered accommodation in flats belonging to the district (42%) or the commune (18%), or – in much rarer cases – housing allowances or rent supplements (14%). Additionally, care leavers moving to independence have priority access to council housing if the commune council has adopted such a provision and if council housing is available.

Data reported to MFLaSP helps to track the percentages of care leavers who left various forms of care and started living on their own. The data highlights a difference between young people who grew up in family foster care and those in institutional care. On average, 74% of young people leaving family foster care set up their own independent households; the same is true for 50% institutional care leavers.

When a young person ageing out of care returns to their birth family after earlier failed efforts toward reunification (when the child was still in alternative care), it should be seen as a situation of high risk for the young person's full independence and future coping. This may be related to the fact that the young person moves back to a highly dysfunctional environment, which does not support their effective transition to independence. To illustrate the scale of this phenomenon, an indicator was introduced called "Incomplete transitions to independent living".

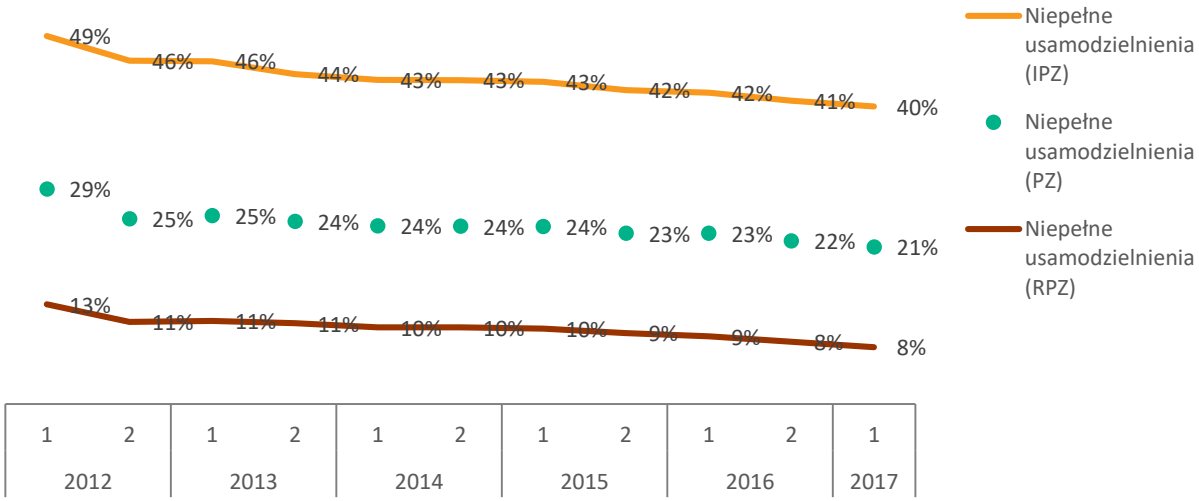
The indicator – calculated as the moving 3-year average ratio of care leavers moving back to their birth families to the total numbers of young people ageing out of care – between 2012

and 2017 ranged between 29% and 21%, showing a downward trend (Figure 35). The index is calculated according to the following formula:

$$\text{incomplete transitions to independent living} = \frac{\text{no. of care leavers moving back to birth family (past 3 years)}}{\text{no. of young people ageing out of care}}$$

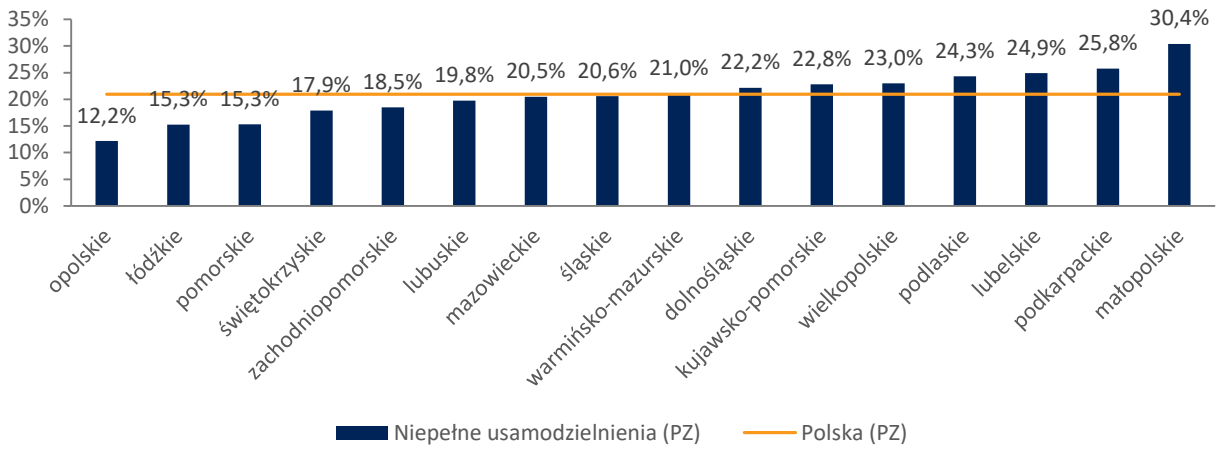
The decline is probably related to the opportunity to continue education in alternative care after coming of age, which as introduced at the beginning of the period under review. The available data shows a significant difference between young people leaving institutional and foster family care. In both groups the index has gradually decreased since the introduction of the new law. At the same time, however, during a period of 36 months (2nd half of 2014 – 1st half of 2017) as much as 40% of young people ageing out of institutional care returned to their birth families, whereas among young people ageing out of foster family care it was only 8% (Figure 35). Data highlights the need to work more intensely with young people in transition to independence, especially those leaving residential facilities.

***Figure 35*. Incomplete transitions to independent living in Poland, 1st half of 2102 – 1st half of 2017.**



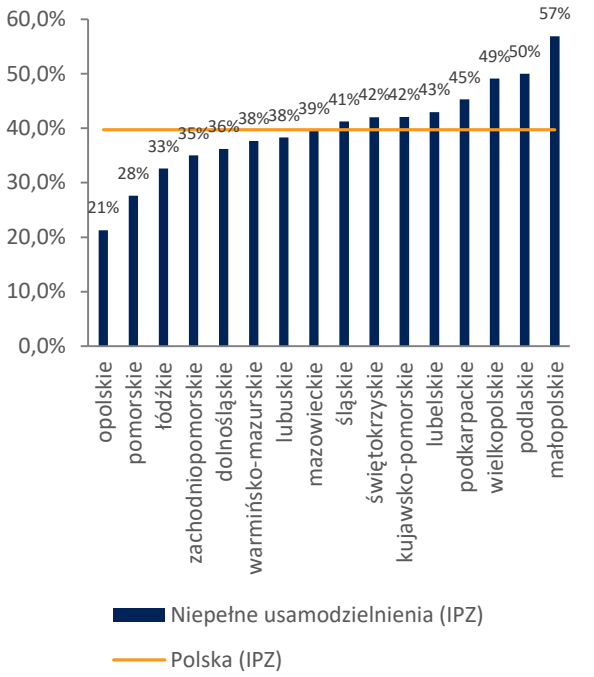
In 6 voivodships the "Incomplete transitions to independent living" figure is higher than the national average. These are: Małopolskie, Podkarpackie, Lubelskie, Podlaskie, Wielkopolskie, Kujawsko- Pomorskie, and Dolnośląskie. The lowest, i.e. the best, scores were achieved in the following voivodships: Opolskie, Łódzkie, and Pomorskie (Figure 36), where fewer than average young people ageing out of care move back to their birth families.

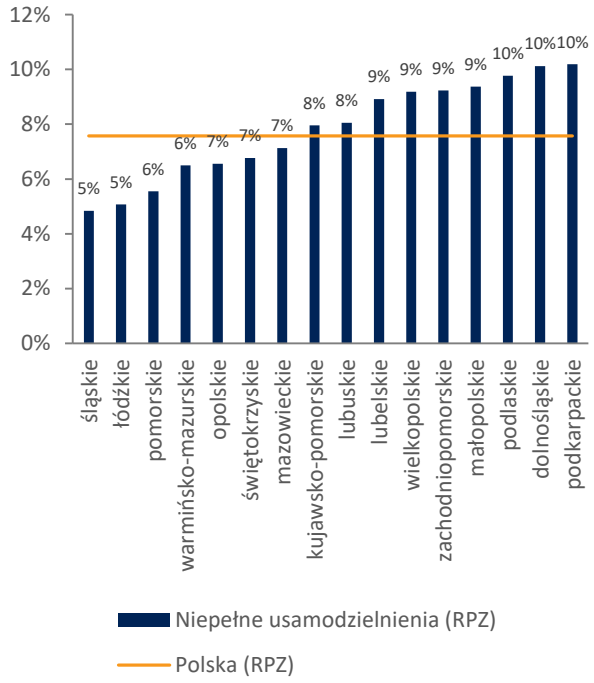
***Figure 36*. Incomplete transitions to independent living by voivodship, 1st half of 2017.**



The highest success rates in young people's transition to independence from residential facilities were found in Opolskie and Pomorskie Voivodships, and the lowest – in Małopolskie, Podlaskie, and Wielkopolskie (Figure 37). For young people moving to independence from foster families (including multi-child foster families), districts in the following voivodships were the most successful: Śląskie, Łódzkie, and Pomorskie, whereas Podkarpackie, Dolnośląskie and Podlaskie fared worst (Figure 37).

***Figure 37*. Incomplete transitions to independent living from IC and FFC by province, 1st half of 2017.**





The support system for young people moving to independence, especially those leaving residential facilities, who are often left without adult support or help (as the leaving care worker's role is often fictitious), should be expanded, not only with financial help, but also with psychological and pedagogical support for young people moving to adulthood, e.g. support groups or practical workshops.

CONTINUING EDUCATION

To be able to successfully move to independent living, a child growing up in alternative care needs to get appropriate education, matching the child's abilities and predispositions, that will

allow them to find a job and earn their living in the future. The Act of 2012 on Family Support and Alternative Care System offered looked-after children the opportunity to stay in alternative care until the age of 25, if they continue education. This means that the child's foster parents or residential facility continue to receive funding. Alternatively, the young person may formally begin the transition to independence process and leave alternative care. When they continue education outside alternative care they are entitled to the continuing education allowance until the age of 25.

Has this new solution led to increased percentages of young people in care continuing education beyond the age of 18 for any of the two types of alternative care? To answer the question, we will use the "Continuing education (AC)" index, calculated as the moving 3-year average ratio of young adults staying in care to continue education and care leavers in the process of moving to independence who receive the continuing education allowance, to in-district children ages 7–17 in alternative care. The following formula is used:

$$continuing\ education\ (AC) = \frac{no.of\ children\ over\ 18\ staying\ in\ AC\ to\ continue\ education\ or\ receiving\ continuing\ education\ allowance\ outside\ A\ (3-year\ moving\ average)}{no.of\ in-district\ children\ ages\ 7-17\ in\ AC\ (3-year\ moving\ average)}$$

The index consists of two component indicators: "Education in care (AC)" and "Education outside care (AC)".

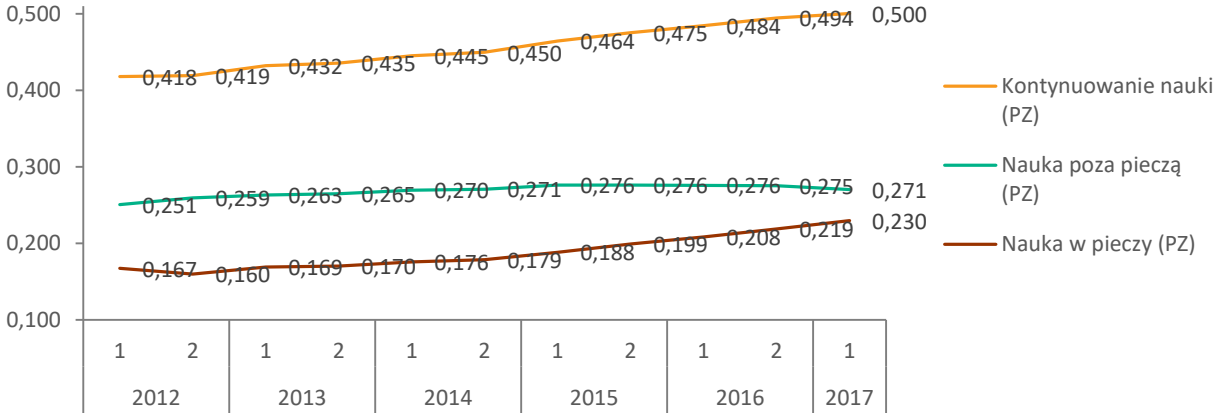
$$education\ in\ care\ (AC) = \frac{no.of\ children\ over\ 18\ staying\ in\ AC\ to\ continue\ education\ (3-year\ moving\ average)}{no.of\ in-district\ children\ ages\ 7-17\ in\ AC\ (3-year\ moving\ average)}$$

$$education\ outside\ care\ (AC) = \frac{no.of\ children\ over\ 18\ receiving\ continuing\ education\ allowance\ outside\ AC\ (3-year\ moving\ average)}{no.of\ in-district\ children\ ages\ 7-17\ in\ AC\ (3-year\ moving\ average)}$$

For each of the 3 indicators, we may look at potential differences between children in foster family and institutional care.

The "Continuing education (AC)" index has steadily grown since 2012 (0.418) to reach 0.50 in the 1st half of 2017. It is a positive trend suggesting that a growing proportion of young people in alternative care invest in their education. This is true for young people in both institutional and family foster care. In the former group (IC), it was an increase from 0.394 in the 1st half of 2012 to 0.462 in the 1st half of 2017, and in the latter (FFC) – from 0.426 to 0.514. Both continuing education in care and continuing education outside care have been rising, although the former shows a larger increase (Figure 38).

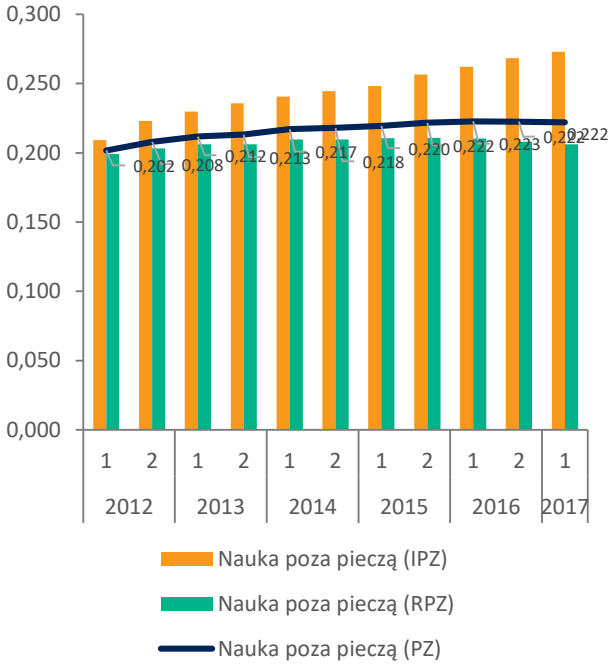
Figure 38. **Continuing education (altogether), in care and outside care, 1st half of 2017.**

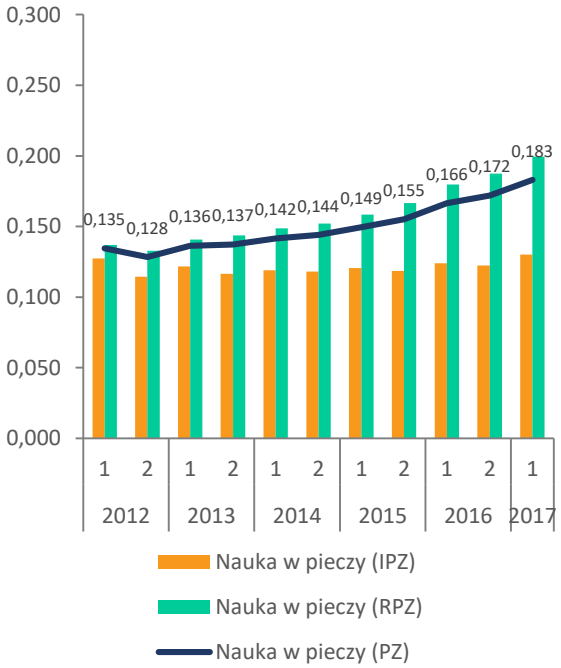


There were differences between young people who grew up in family foster care and institutional care. Young people from residential facilities were more likely to continue education after leaving the facility (an increase from 0.245 to 0.313), with a disproportionately smaller increase in staying at the facility to continue education (from 0.134 to 0.149). It was different for young people in family foster care. In this group the "Education outside care" indicator was growing until the 1st half of 2015 and later began to show a downward tendency (ranging from 0.253 to 0.270). At the same time, however, there was a substantial increase in the proportion of young people who stayed in their foster families to continue education (an increase from 0.174 to 0.258) (Figure 39).

These findings suggest that the new opportunities offered to young people in care have mostly been used by those growing up in family foster care. It is worth taking a closer look at young people in residential facilities to obtain more information about obstacles in their way to continue education in adulthood.

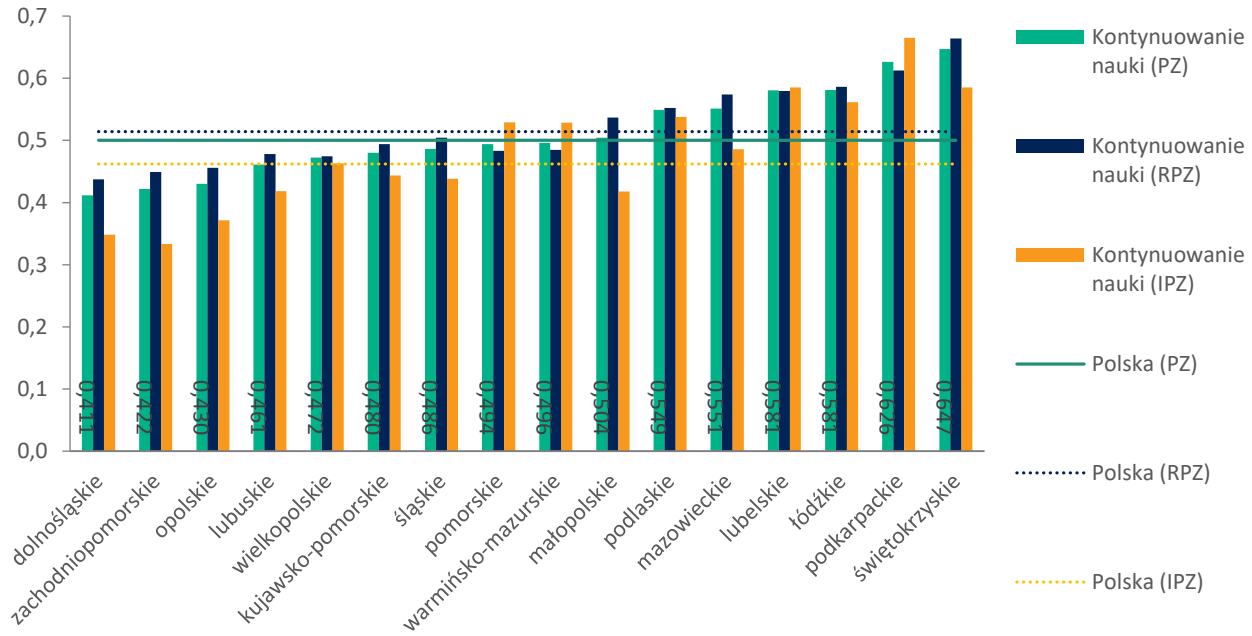
Figure 39. **Education in care and outside care in AC/IC/FCC, 1st half of 2017**





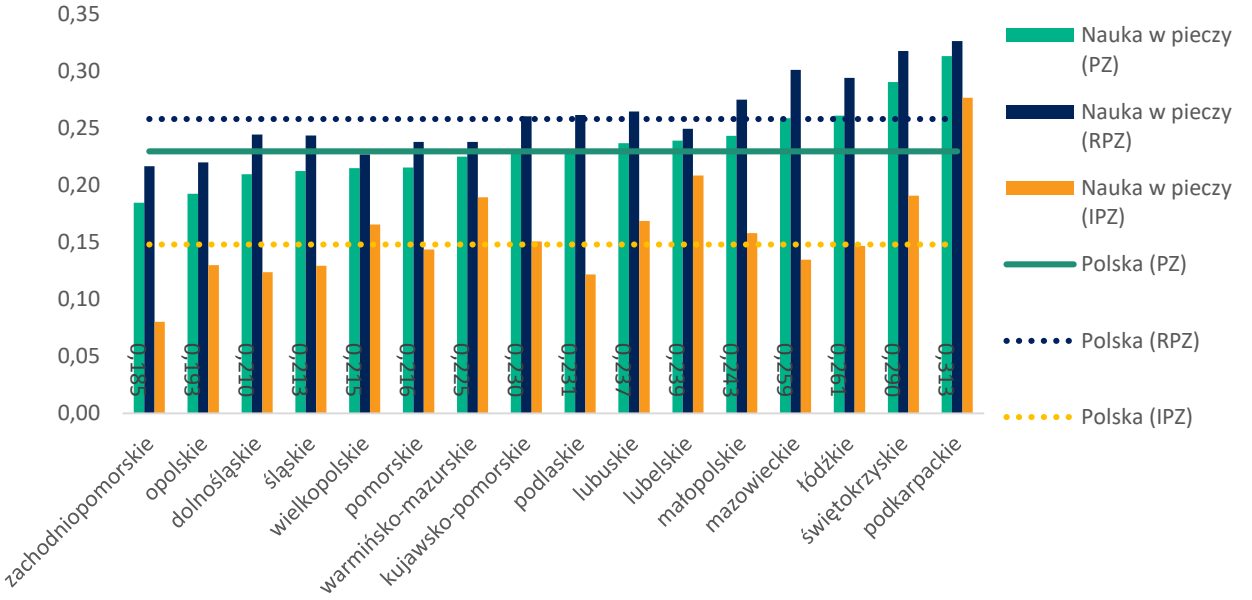
Are there any differences at the voivodship level in continuing education by young people in alternative care? In the 1st half of 2017 higher than average proportions of young people in this group continued education (in and outside care) in the following voivodships: Małopolskie, Podlaskie, Mazowieckie, Lubelskie, Łódzkie, Podkarpackie, and Świętokrzyskie. The lowest scoring voivodships included: Dolnośląskie, Zachodniopomorskie, and Opolskie. Importantly, in 5 voivodships the "Continuing education" index was higher for young people in institutional care that in family foster care (**Błąd! Nieprawidłowy odsyłacz do zakładki: wskazuje na nią samą.**) (For an explanation of how to interpret the finding, see 5.3. AC Quality Index: Analysis of component indications).

Figure 40. **Continuing education in AC/IC/FFC, 1st half of 2017.**



Data collected at the voivodship level is a good illustration of the national trend, i.e. that young people in foster families are more likely than their peers in residential facilities to use the opportunity to continue education in care. The best "Education in care (AC)" scores, above the country's average, were achieved by the following voivodships: Podkarpackie, Świętokrzyskie, Łódzkie, Mazowieckie, and Małopolskie, whereas the lowest values were found in Zachodniopomorskie and Opolskie (Figure 41).

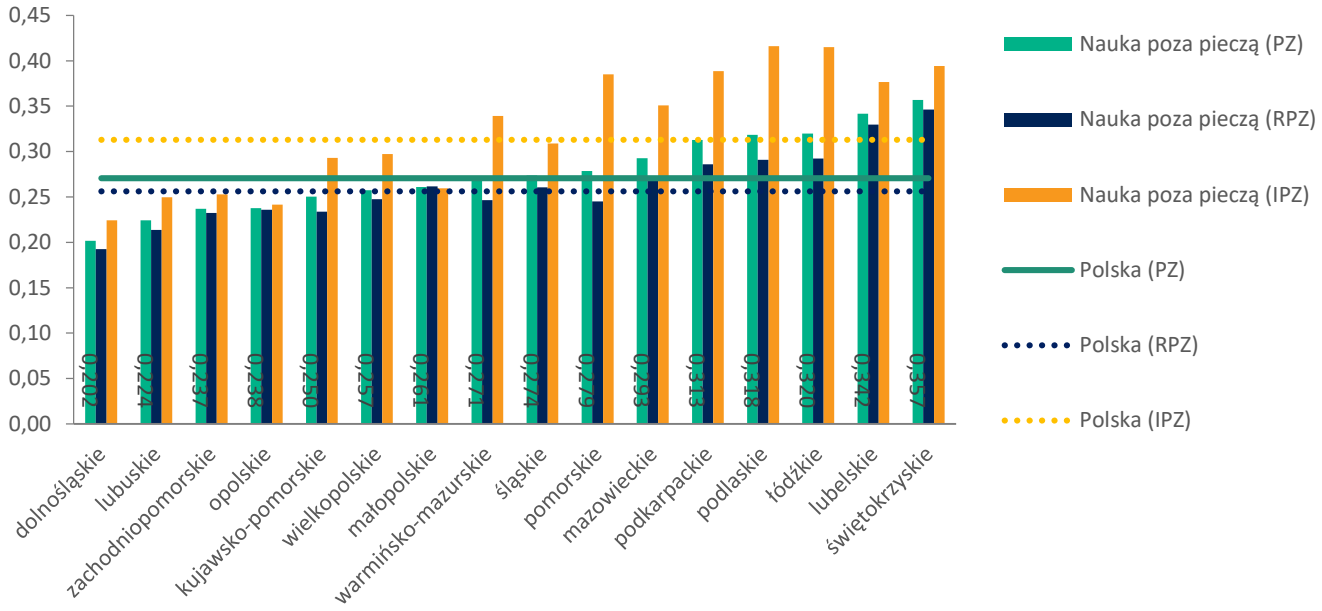
Figure 41. **Education in care (AC/IC/FFC), 1st half of 2017**



The figure below shows that the opportunity to continue education outside care, after starting the transition to independence process, and to receive the continuing education allowance, is more often used by young adults who grew up in institutional care, compared to family foster care. This tendency was found in all voivodships except for Małopolskie. The

"Education outside care (AC)" index was above the country's average for the following voivodships: Świętokrzyskie, Lubelskie, Łódzkie, Podlaskie, Podkarpackie, Mazowieckie, and Pomorskie, whereas the lowest values were found in Dolnośląskie and Lubuskie (Figure 42).

***Figure 42*. Education outside care, 1st half of 2017.**



The question is how these differences in ways of continuing education and the accompanying circumstances may influence the future lives of young people moving to independence from family foster care and institutional care. It is worth analysing the reasons why young people living in residential facilities decide not to stay in the facility to continue education, but rather leave and start living on their own.

3.5 SUMMARY

Looking at the characteristics of the five voivodships (Pomorskie, Wielkopolskie, Lubuskie, Zachodniopomorskie, and Świętokrzyskie), which had the highest values of the AC Deinstitutionalisation Index – the indicator consolidating the qualitative and quantitative aspects of AC – in the 1st half of 2017, we may notice certain relationships. Their leading positions are the outcome of their high standing in the degree of deinstitutionalisation and the AC Quality Index – in both cases 4 of them are among the top five. It should be noted, however, that the greatest progress since 2012 has not necessarily been made by these five voivodships.

Districts in the following voivodships have seen the biggest increases (since 2012) in the degree of deinstitutionalisation, i.e. the ratio of children in family foster care to all children in alternative care: Podlaskie, Podkarpackie, Opolskie, Lubelskie, and Kujawsko-Pomorskie. At the same time, districts in the last four voivodships still had the lowest scores in the general index: AC Deinstitutionalisation Index. What is more, three out of the five leaders in deinstitutionalisation saw a decline in the proportion of children placed in family foster care among all children in alternative care. This was true for Pomorskie, Lubuskie, and Świętokrzyskie.

Thus, we may observe slow convergence of attainment levels: the less deinstitutionalised voivodships are gradually catching up with the leaders and the leaders often stand still, at least in some ways. This probably results from the fact that the leaders' position was already strong when the new regulations were introduced with the Act of 2012. It is not the whole truth, however, considering that while the quantitative aspect of alterative care organised by the leaders has not changed significantly, the quality of care has clearly improved, especially in Świętokrzyskie, Pomorskie, and Wielkopolskie Voivodships. Thus, it seems safe to conclude that the local government units (taken together at the voivodship level) that have the lowest DeI Index scores and, consequently, have the longest way to go, as the first step try to improve the quantitative aspect of care and only later invest in its quality, although they are certainly successful also in quality improvement as the AC Quality Index has increased for all voivodships.

One voivodship worth an in-depth analysis is Podlaskie, which is not in the top five in terms of the DeI Index, but, as shown by Figure 16, scores above the average in both the quantitative and the qualitative aspects of alternative care. The voivodship's districts have done a huge amount of work since the beginning of the reform process, which is reflected by the largest increase in the Deinstitutionalisation Index value between 2012 and 2017, both in terms of the number of children placed in family foster care, and in terms of the conditions created for caregivers and children in care. This work can serve as an example for districts in other voivodships.

What were the reasons behind the leap in alternative care quality in Poland from 0,34 to 0,48 in the period under review? Four factors were of the highest importance, accounting for 80% of the change. All four were closely related to the legislative change. As previously mentioned, the Act on Family Support and Alternative Care System imposed several requirements on local governments, concerning issues including the conditions in alternative care, continuing education, or the coordinator's role. The factor having the largest effect on the increase in the AC Quality Index was the 18 percentage point decline in the density of in-district children in IC. The second most important factor was the indicator that actually measured the number of foster families per coordinator (coordinators' salaries*). The third most important factor was continuing education. The indicator measuring the proportion of young children in IC was only the fourth important variable, although ensuring FFC placements for children under 7 is also required by the Act (with a couple of exceptions). Efforts toward providing foster family care for infants and young children should become a priority for local governments, as having a permanent and responsive caregiver is necessary for young children's harmonious development.

One incentive to establish family foster care settings, including emergency families or multi-child foster families prepared to accept also the youngest children, would be appropriate compensation for professional foster parents, matching their effort and skills. The "Foster parents' compensation per child", measured as the average expenditure on professional foster parents' compensations – per child – did not show a stable upward tendency in the period under review. Most professional foster carers perform their work for the minimum pay determined by the Act, even though the amount can be raised by the district council, as was the case in Krakow. Foster carers' compensation is not just an incentive for potential candidates, but also a way of appreciating the uneasy work performed by the existing foster families.

Alternative care is a service for children who cannot grow up in their birth families. Its ultimate goal is to achieve permanency for the child, either through reunification with the birth parents – if their functioning has improved and is no longer a threat to the child – or through adoption. In both cases success requires cooperation of many services at the level of the commune (e.g. family assistant), district (foster parents, coordinators, family court), and voivodship (adoption centres). Data on the average length of stay in alterative care (presented

earlier in this section) shows that it is by no means temporary. However, some children manage to leave care through adoption or return to their birth family. Since 2012 the "Leaving AC" index has increased by 1 percentage point, to the level of 5%; the adoption rate has not changed significantly, remaining at 1.5%, whereas the "Returns to birth family from AC" index has grown by nearly 1 percentage point, reaching 3.5%. Given the low success rates, these increases should be seen as significant progress, especially considering the fact that a child's return to the birth family results from many factors and requires cooperation of a large number of services. Given the low percentage of children leaving care, it is necessary to intensify prevention efforts to support the existing families, e.g. by increasing the number of family assistants, broadening specialist counselling services, or creating more day care centres, so that children do not have to be removed from their birth families.

Most children remain in alternative care until they come of age (18) or even longer, until the age of 25, if they continue education. The proportion of young people continuing education in care or outside care has gradually increased since 2012, which is a positive trend. However, more attention should be paid to diversified quality of their education, which does not always improve these young people's opportunities on the labour market. The opportunity to stay in care to continue education is more likely to be used by young people in family foster care, whereas their peers growing up in residential facilities are more likely to continue education after formally leaving care. Interestingly, no significant correlation has been found between continuing education and failure of the transition to independence process, defined as the young adult's return to the birth family (see the "Incomplete transitions to independent living" index). Although the index has been steadily decreasing, from 25% at the beginning of the reform process to 21% in the 1st half of 2017, 40% of young people ageing out of residential facilities return to their birth families, which usually have not changed much since the child was taken away and thus do not provide the right environment for entering adulthood. Special attention should be devoted to young people moving to independent living, especially those leaving residential facilities and professional foster families. We should think about other forms of support that could be offered to them to help them see other options than returning to their dysfunctional birth families. Such support could include increased availability of sheltered or council flats, professional traineeship programmes, or support groups for young people in a similar situation.

The presented data reflects the progress that has been made in alternative care in Poland, but at the same time shows how much work needs to be done to make the system more effective. Are there any factors helpful in going through the process? One of the objectives of the study was to identify factors that have an effect on the pace of the deinstitutionalisation processes within districts. To this end, more than 60 different variables were analysed, grouped into several categories. The results of this analysis were quite surprising. As illustrated in Table 2, which shows sample values for selected representatives of the categories, correlations between the analysed variables and the Deinstitutionalisation Index turned out to be very low. The same results were obtained for relationships between the socio-economic context variables and the main components of the DeI Index: the AC Quality and the DeI Degree. The effects of the broadly understood context turned out to be very small or non-existent.

Table 2. List of variables influencing the degree of deinstitutionalisation, 1st half of 2017.

CATEGORY	Name of context indicator	DeI Index	AC Quality	DeI Degree
	DeI Index	1.00		
Deinstitutionalisation	AC Quality	0.79	1.00	
	DeI Degree	0.84	0.36	1.00

Social and cultural limitations	Schooling: secondary schools	-0.02	0.06	-0.09
	Male mortality 45-55	-0.06	-0.04	-0.06
	Crimes per 1000	-0.19	-0.09	-0.20
	Intensity of AC	-0.30	-0.30	-0.22
3rd sector potential	Foundations per 1000	-0.01	0.10	-0.09
Socio-econ. context: local government budget	Per capita income, CIT	-0.03	-0.01	-0.02
	Per capita income, PIT	-0.07	-0.08	-0.02
	Unemployment	-0.04	-0.06	-0.05
Socio-econ. context: labour market	People employed in large industrial plants	-0.07	0.04	-0.12
	Average salary	-0.11	-0.02	-0.13
Demographic context	Population density	-0.15	-0.01	-0.21
	Urbanisation	-0.21	-0.05	-0.25
	Urban area	-0.13	0.02	-0.22
Socio-econ. context: general	Long-term unemployment	-0.03	-0.06	-0.04
	Long-term poverty	0.01	-0.02	0.02
	Percentage of social welfare clients	0.07	0.01	0.10
Tradition	Recovered Territories	-0.14	-0.12	-0.11
	Divorces per 1000	-0.19	-0.10	-0.18
	Marriages per 1000	0,25	0,19	0,23

The only variable that had a noticeable effect on the above mentioned indicators was the "Intensity of AC". Even this effect, however, was far from deterministic: differences in the intensity of AC accounted for just 9% of the DeI Index variance. Thus, even though voivodships with the highest intensity of AC, which makes their situation relatively more difficult, are not among the leaders, 3 out of top 5 voivodships show AC Intensity levels above the national average, which implies that this factor is not decisive.

This may suggest that successful deinstitutionalisation of alternative care relies on something difficult to measure, i.e. local social policy makers' awareness of deinstitutionalisation and arguments for it, and their perseverance in pursuing the vision.

4. CONCLUSIONS FROM THE STUDY AND RECOMMENDATIONS ON AC SYSTEM

Agnieszka Kwaśniewska-Sadkowska, Joanna Luberadzka-Gruca, Edyta Wojtasińska, Beata Kulig, Maciej Bitner

4.1 RESEARCH METHODS AND PROCEDURES

The qualitative research conducted in each district included document analysis, individual interviews, and focus groups. Moreover, the presentation of the tool was accompanied by a discussion attended by persons related to the broadly understood alternative care field.

The 50 districts that took part in the qualitative research and were later presented with the tool, were selected using purposive sampling. The primary selection criterion was regional diversity of the sample, i.e. the selected districts represented all Polish voivodships and all district types: rural districts, towns with district rights, and cities with district rights. In the vast majority of the selected districts the role of the Family Foster Care Organiser (FFCO) was performed by District Family Support Centres; in some cases it was fulfilled by other district organisational units or NGOs. The districts in the sample were carefully selected to reflect the proportions present in the whole set of Polish districts[16]. They were qualified for the pre-determined sample of 50 districts by the organisations implementing the project in cooperation with the Ministry of Family, Labour, and Social Policy.

The document analysis included 3-year District Alternative Care Development Programmes (DACDPs), which define each district's goals and tasks in developing alternative care, reports from activities defined in 3-year DACDPs, district strategies for solving social problems seeing alternative care in a broader perspective of challenges faced by the district authorities, as well as other district programmes and strategies, e.g. programmes of cooperation with NGOs or strategies for district development. In order to analyse the 3-year DACDPs, a standardised flowchart (or process) was developed and applied to each district's programme.

As the next step, focus group interviews[17] and individual in-depth interviews[18] were conducted. The former were conducted in groups of foster parents, with the group size ranging from under 10 to 12. The groups were carefully selected to include representatives of all types of foster families (kinship, multi-child, non-professional, and professional, including specialist and emergency families) and managers or carers in family-type residential facilities. In total, there were 300 focus group members representing all types of foster families and family-type residential facilities.

Individual in-depth interviews were conducted with representatives of District Family Support Centres, usually their directors. When the role of the Organiser of Family Foster Care was not performed by the local DFSC, but rather by an NGO or another organisational unit of the

[16] According to the Council of Ministers' Report on the implementation in 2016 of the Act of 9 June 2011 on Family Support and Alternative Care System (Journal of Laws 2017, item 697 as amended) the tasks of the Organiser of Family Foster Care are performed primarily by District Family Support Centres (350), followed by other district organisational units (29), and only 3 other entities (i.e. NGOs) hired by the district.

[17] A focus group interview is a discussion in a deliberately selected group of people (usually 6 to 12), led by a moderator. The discussion focuses around a specific subject (or a number of subjects). Focus groups are used in social research and evaluations. They help to understand respondents' opinions, behaviours, and preferences, and to elicit information about people's perceptions of the discussed phenomena or their possible reactions to specific actions.

[18] Individual in-depth interview (IDI) is a face-to-face interview, usually with just one respondent. IDIs help to obtain in-depth knowledge about the phenomenon studied, including the discovery of the emotional and motivational patterns of respondents' behaviour toward the phenomenon.

district, the manager or director of the entity was also interviewed. Separate IDI scripts were prepared for interviewing representatives of the district authorities or the district council (13 individuals). In-depth interviews were also conducted, albeit on a smaller scale, in communes, with directors or managers of Social Welfare Centres and their assistants (44 respondents, altogether), as well as a few representatives of other entities, e.g. local NGOs, working for alternative care.

As the last step, conclusions from the qualitative research and from the analysis carried out using the tool, served as the starting point for a moderated discussion, which focused on identifying the factors that influenced the deinstitutionalisation process in the district, preparing its plan, and developing recommendations. The discussion took place during a meeting organised in the district in order to present the tool for assessing progress on deinstitutionalisation. The meeting was attended by representatives of the district authorities, members of the district council, employees of the DFSC and OFFC, foster parents, representatives of residential facilities, NGOs associating foster parents or working for children and families, as well as representatives of institutions at the commune level, mostly employees of Social Welfare Centres and representatives of the justice system: family court judges and court-appointed family guardians.

Together with quantitative data, data collected using the above presented methods served as the basis for a report prepared for the district authorities to outline the directions of change toward deinstitutionalisation of the local alternative care system, so that the system could rely on local resources. *However, findings from the research have value going far beyond the problems of a single district. Their critical analysis and interpretation enable the formulation of conclusions about the desired directions of development for the whole alternative care system in Poland.* One should bear in mind that these conclusions come from qualitative research: some of them may be based on unrepresentative individual cases or respondents' erroneous observations. That is not to say, however, that this information can be disregarded, as much care was taken to include only opinions that were consistent with information from other respondents – in the same and other districts – and with the knowledge of experts who took part in the analysis and interpretation of the study results.

The conclusions and recommendations from the study were divided into five sections. Section one concerns systemic challenges. This term refers to issues that have an impact on the whole alternative care system in Poland and, at the same time, go beyond problems related directly to foster parenting. Section two looks at the problem of the insufficient number of places available in family foster care. Section three discusses other barriers to the development of family foster care, apart from the previously discussed insufficient number of foster families. Section four presents conclusions from the study of local conditions influencing the process of deinstitutionalisation. Finally, section five presents the respondents' general reflections on deinstitutionalisation, which deserve wider attention.

4.2 SYSTEMIC CHALLENGES

IMPROVING COMMUNE–DISTRICT COOPERATION

One important issue impairing the alternative care system's work is insufficient cooperation among institutions at the commune and district levels. The respondents pointed to problems both with interactions between the Alternative Care Organiser and commune-level Social Welfare Centres, and with cooperation between local government bodies responsible for AC

and other public institutions working at the local level, such as schools or kindergartens. A separate and equally important issue is cooperation with courts, which will be discussed in the next section.

The analysis of the information gathered suggests that cooperation in fulfilling the commune's and district's tasks is more efficient in urban districts (towns and cities with district rights), where the same authority or institution is responsible for supporting families and for alternative care, and where the awareness of alternative care costs often generates additional motivation to improve and enhance the family support system. It is true, but only when the division of tasks and responsibilities within units does not hinder cooperation both among key decision makers, and between assistants / social workers and coordinators / family support workers, as was the case in one of the districts.

> When it comes to our cooperation with social workers (...), it occurs at two levels: the commune and the district. (...) To start working with a family, our family assistants (as described by the Family Support Act) receive information from a social worker that the family needs support (...). Each such report is carefully read and consulted, the social worker has a meeting with his or her coordinator (...), our coordinator then talks to the assistant who is going to work with the family. From the very beginning, we try to arrange such meetings (...) and develop a collaborative plan. We have managed to change, perhaps by 70 to 80%, the relationship between the social worker and the assistant. Today, when a family is taken over by an assistant, the social worker no longer forgets them. (...) Social workers take part in teams, in each multidisciplinary team, which is not only formed for periodic assessments, but also called in when something is wrong or when the work does not seem on the right track.
>
> - Urban district

> Of course, we employ family assistants who provide support for social workers. We have done this since the introduction of the Act; before that, we didn't use that form of employment. (...) It works well and today, after the few years, there have been a dozen or more families who have worked with assistants with positive outcomes, i.e., the situation improved enough for the children to be able to stay in the family (...) This year 11 family plans have been successfully completed.
>
> - Urban district

In rural districts where the tasks of alternative care and family support are divided between the district and the commune, it seems crucial to build and maintain good relationships among institutions and individuals. In some districts, representatives of social welfare centres, the court, DFSCs/MSWCs, the FFC Organiser, residential facilities and foster parents, and other important participants in the process, did not even know each other at the time of the study, let alone systematic meetings or coordinated activities. We were less likely to hear about good practices facilitating effective cooperation between the commune and the district, that could be promoted in other districts.

> When it comes to cooperation in our district, our coordinators often visit social welfare centres, e.g. when they go to visit a foster family, they would stop by the social welfare centre and talk directly to the family's case worker".
>
> - Urban district

> I cannot complain about cooperation with social welfare centres (SWCs). Some of them are open and I have good cooperation with most of them. (...) We send them official letters, lots of documents: we ask the SWC to provide an assistant for the family, three months later we ask for an opinion if the child can return to the family. (...) Their assistants or social workers come to visit us. This is in their best interest, for financial reasons.
>
> - Rural district

There were districts that aspired to the role of leaders or mentors in their relationship with communes, to help them develop services such as day support centres. In such cases, the districts complained about communes' lack of openness and cooperative approach. The rigid division of competences between the district and the commune (defined by law) seems to impair the functioning of the whole system. Perhaps the problem could be solved through creating a package of services offered by the commune and the district, which would allow local governments to offer a wider range of services and, at the same time, make them more accessible to all families, including children. Such a package could include all available resources, including those provided by local NGOs, allowing families to use a wide range of individualised and easily accessible services[19].

Our respondents in many rural districts reported the problem of insufficient numbers of assistants within communes and, in some cases, their inadequate qualifications for the work, which often led to discontinuing work with the birth family after the child was placed in alternative care. Although the need to strengthen the family assistant's position was not mentioned by respondents interviewed in communes, it should be noted here that the National Association of Family Assistants has called for several changes in this respect. It needs to be added, however, that there are large differences among local governments, which was clearly visible in our respondents' opinions.

> Success, or family reunification, depends on the personality of the parent, but also on who is working with the parent. You have to show great respect for the person. (...) Otherwise everything becomes mechanical, the court tells them to have some treatment so they enrol, the court tells them to start alcohol treatment so they start it, but they think to themselves: What for? I'm happy the way I am and no one is going to change me. SWC workers are particularly important. I have different experiences, sometimes negative. People are reluctant to turn to SWC workers (...), but if you treat those parents with respect and dignity, looking for their strengths, then change becomes possible.
>
> – urban district

It seems that commune authorities' awareness that they are co-financing children's stay in alternative care does not necessarily translate into decisions promoting the child's return to the birth parents. We did not hear about communes' conscious participation – as co-funders of children's stay in alternative care – in making decisions about which type of care (foster or institutional) the child is going to be placed in or in recruiting candidates for foster parents. It did happen, however, that when the commune was willing to look for prospective foster parents, not only to reduce the cost of placing the child in care, but also because of the awareness that growing up in a family is a better solution for the child, there were tensions between the district and the commune around the division of competence and responsibilities.

On the other hand, some communes decided at the highest level of authority that, as a principle, children should not be removed from their birth families, regardless of the family circumstances and, in some cases, of the child's extremely difficult situation. As a consequence, even though the final decision about placing the child in care belongs to the court, social services did not apply to the court for removal into care and the child stayed at home until a critical emergency situation occurred and immediate removal was necessary. Whereas efforts to keep the child in the family are always noteworthy and deserve support,

[19] The package of services concept is described in more detail in: Kłos A., Lipke S., Musielski T., Pauli J., and Sosnowski M., „Pakiet usług pomocy i integracji społecznej dla osób pozostających bez pracy". This idea is probably possible to be implemented also in the area of supporting families and the alternative care system.

leaving the child in a threatening situation is not only unreasonable, but also aggravates the crisis that may become much more difficult to overcome for the family, which in turn may lead to the court's decision to terminate parental rights and refer the child for adoption.

> Communes are not really interested, they assume this should be done by the district, by the District Family Support Centre. They only do what they have to do, that is provide the funding. (...) Communes have their competences and they believe everyone should mind their own business.
>
> - rural district

> When a child is removed, both the commune and the court often think the crisis is over, because the child is no longer in the family, so the assistant is taken away.
>
> - rural district

> We managed to return the child to the birth family. There was support before and during placement and the child could return home. But these are rare, isolated cases.
>
> - rural district

The problem of cooperating with education institutions, primarily the school, emerged repeatedly in the interviews. The most frequently mentioned problems included insufficient places in kindergartens and teachers' inadequate training for working with children in out-of-home care.

One well-tried solution, used by many of the districts participating in the study, involves locally organised seminars, conferences, and training for education professionals. Information collected within the project suggests that during such sessions teachers should have opportunities to broaden their knowledge also about such specialist subjects as the functioning of children affected by trauma, FASD or attachment difficulties. Importantly, some foster parents are willing to personally engage in developing closer cooperation with the school.

> We offered to organise meetings at school every two weeks. We talk about difficult situations and we conduct classes for teachers. Now they want these meetings and call us to ask for them.
>
> – parent in a multi-child foster family

The experience of focus group members shows that teachers and educators who broaden their knowledge and, consequently, understand the problems of children they work with, are a valuable source of support for children and for their families.

BETTER COOPERATION WITH FAMILY COURT

Decisions about returning children from alternative care to the birth family constitute an important aspect of working with families. The decisive role in this process is played by the family court, which, however, does not make the decision in isolation. Cooperation (or lack of cooperation) with other partners within the alternative care system is often of key importance. Our respondents repeatedly emphasised that such decisions should always be

made cooperatively by the district and commune services, and the court. When they are made, continued intensive support should be provided as a principle, including support by the family assistant, until the family's situation becomes stable. This aspect of working with families seems to remain challenging for the child and family support system.

> After the child's return, if the family wants to stay in touch, we are there, but if not, no one goes in. (...) Sometimes the child goes back to care and in some cases we knew from the very beginning that it wouldn't work, that it was too early, but sometimes the parents are so persuasive in the court. (...) I don't understand why the court does not listen to our opinions.
>
> - urban district

> We have already developed some ways of working with judges and court-appointed family guardians. It depends on the matter, but, for example, we have this lady in the court (...) who can fix everything for us. We call her and she is able to change the court's decision if it is legitimate or if there is a mistake in the decision, (...) but who knows what will happen if she resigns.
>
> - rural district

Individual interviews suggest it is important to devote special attention to children who have returned to their birth parents from alternative care. It is recommended to allow them to go back to the same placement if, for any reason, they cannot stay at home permanently.

> When a child returns to the family, the family is monitored and supported, for example by the family assistant and the social worker. If the child has to go back to alternative care, they return to the same placement.
>
> - urban district

Thus, the question arises whether it is possible at all to fulfil communes' and districts' tasks in this area without close cooperation among all the institutions and their employees. When conducting the study we often heard about difficult cooperation, lack of mutual understanding, and the court's failure to listen to and consider the opinions of workers who know the (birth or foster) family. There are no clear or systematic solutions to the problem.

> Sometimes we have to wait really long for the court's decision. Sometimes we don't agree with the court's decision, because in our opinion the situation is so difficult that giving adults, parents or caregivers, a chance creates a real threat to the child. (...) Sometimes the court places a child without consulting the Organiser. (...) It largely depends on the judge, on the person responsible for the case.
>
> - rural district

> For example, on Thursday we receive a protection order for 5 siblings. We don't want to remove them abruptly, so we visit the birth parents and set the date of taking the children to the emergency family, say for Monday, 3 p.m., to make it convenient for the parents, so that they can prepare the children, to make sure it all happens quietly, in a good atmosphere, if you can say so. And then on Friday we get a call from the birth parent. She says a voluntary court-appointed guardian, who is also an employee of the Social Welfare Centre, came and threatened with forced removal if they don't bring the kids to the emergency home by 3 p.m. on Saturday. She intimidates the mother and there is weeping and wailing and gnashing of teeth. And we can do nothing about it!
>
> - rural district

In one of the districts there were reports that the family court placed all in-district children in the most expensive residential facility, even though in the court case documents the district suggested other care settings, including family foster care. Drawing on the experience from the project, it seems that a solution could be proposed that would improve the courts' practice without changing the law. In some districts the court order was restricted to the decision about limiting the birth parents' parental rights and removing the child from the family, while the choice of placement was left to the discretion of the district. As an exception, this principle does not apply to custody cases in which candidates for foster parents are the applicant participants in the proceedings.

During the study we repeatedly heard the opinion that when placing a child in care, the duration of court cases about limiting or terminating the birth parents' rights is very important. Foster parents interviewed within the study were upset by lengthy court procedures and the lack of concrete decisions serving the best interests of the child.

In emergency situations the child is placed in care immediately, but our respondents gave examples of cases, in which the court needed a few years to make the final decision, which resulted in the child's prolonged stay in emergency families. Some respondents described situations when the court's order placing a child "in care", without specifying the type of care, left the child and the family fostering the child without the right to due benefits or nonmaterial support. Based on the cases reviewed, it is worth considering amendments to the Code of Civil Procedure to introduce a fixed time limit for making the final judgment in cases at first instance.

Another problem identified by foster parents participating in the study is related to the fact that it is their task to execute decisions about placing children in care. As a result, children associate them with the experience of being taken away from home and birth parents treat them as enemies, which hinders or even prevents further work with the family and building healthy relationships in the best interest of the child. It seems that the situation could be remedied by amending the provisions of the Code of Civil Procedure so that the responsibility for executing forced removal and taking the child to the alternative care placement is fully placed on court-appointed family guardians, and the person entitled to care for the child (i.e., the foster carer) is exempted from the obligation to be present during such removal (Article 598[9] of CCP).

Foster parents' voices during focus group interviews suggest that even though they provide everyday care for the children and, as a result, have quite accurate knowledge about their experiences and psychophysical condition, family courts are often not interested in their opinions about the child's situation.

> The judge returns the kids to their birth mother, even though I write to the court that she is unable to care for them, that they have already returned to me. I have these girls now who have been placed with a foster family for the third time, and still the judge was wondering whether to give them back. The girls don't even want to return home.
>
> – professional foster family

Foster parents participating in the focus groups reported that sometimes they were not even invited to take part in court proceedings, let alone being requested to prepare opinions for the court – even on such important matters as the child's contact with the birth parents and its effect on the child's emotional wellbeing.

> Take a newborn who gets stuck in my emergency family. The baby was born in April and the mother gave up her rights in hospital, the court set the hearing for September, mum doesn't appear, the next hearing is set for December, mum doesn't appear again, the next hearing is set for January and her rights are finally terminated. Where's the child's wellbeing in all this? The baby is now attached to me, I'm like mum to him. When I report the problem to DFSC, they throw up their hands, they write to the court, but nothing happens.
>
> – professional foster family acting as an emergency family

According to the respondents, another important issue is extending foster parent's rights to make important decisions, such as giving consent to medical treatment or procedure, applying for the court's permission to reject inheritance on behalf of the child, applying for the certificate of disability, applying for a passport or ID card.

> The biggest problem is that we foster those children but cannot make any decisions about their treatment. That's the worst thing. If the child is entrusted to our care, we should be able to provide the right treatment for them. (...) Instead, I have to find the mother, she doesn't want to go, so I give her 200 zlotys so that she agrees to go and sign the consent. That's the worst problem of all.
>
> – professional foster family

It should be noted, however, that there were also foster parents who had positive experiences with family courts.

> We encountered a judge whom we will praise and for whom we will pray for the rest of our lives. You hardly ever find someone like him. He would talk to children. He invited us to his office and talked to us. He asked us: "Get transformed, the child wants to be with you." He talked to us for 30 minutes after the hearing. If you need anything, ask me, he said.
>
> – professional foster family

Experiences from the project show that the atmosphere of mutual understanding and cooperation is fostered by locally organised meetings, conferences, and training for the participants in the system, attended by representatives of the court. Efforts that help to build partnership and cooperation, have a positive effect by encouraging the court to listen to the views and opinions of the child's actual caregivers, representatives of the Family Foster Care Organiser, family assistants, and, above all, the child. In virtually all districts where the respondents reported good partnership and mutual understanding, it was achieved through long-standing, consistent efforts.

STRENGTHENING THE ROLE OF NON-STATE ACTORS

The study suggests that the alternative care system could benefit from enhancing the role of non-state actors and partners, such as foster parents. The reality is that non-state actors not only are not actively involved in the development of the care system, but also are sometimes excluded from the process.

More specifically, foster parents are rarely actively involved in the development of the District Alternative Care Development Programme. Despite the binding legislation, such as the Act on

Public Benefit and Volunteer Work, most 3-year District AC Development Programmes are not consulted either with the alternative care community or with NGOs.

Many respondents said they had potential and willingness to be more active in the development of the document, including assessment and action plan. Thus, foster parents should be invited to work on the Programme, provided with information about the district's difficulties and achievements in this area, and consulted in problematic situations. Two of the districts selected for the study had Foster Parents' Boards that were actively engaged in the development of the document.

Moreover, the respondents emphasised the need to take part, as full and equal participants, in meetings of the team responsible for periodic assessment of the child's situation and their own work. In some districts, the lack of transparency in documentation concerning foster parents and children placed in their care was also mentioned as a problem.

The respondents expressed very different opinions about their relationships with the FCC Organiser.

> We can count on their support, especially our coordinator always tries to help and is on our side.
>
> – professional foster family

> When we come to DFSC, we feel like clients, not partners. They think it would be best if we even gave up the allowance. When we ask for help, we hear: "Well, you knew from the very beginning what kind of children you were taking".
>
> – professional foster family

Focus group participants believed it was important to systematically assess the situation of alternative care. Their suggestions included organising meetings – within the process of developing the annual report for the District Council – with representatives of the family foster care community and other participants in the system, such as representatives of the commune authorities, the court, or education facilities. Importantly, many foster parents participating in the study, especially those with many years of experience in fulfilling this role, declare their willingness to be more active and take more responsibility for the process of developing the alternative care system.

During individual and group interviews, and surveys that accompanied the presentation of the tool in districts, we had an opportunity to listen to the opinions of NGOs – from small local organisations to local branches of larger national ones. Quite many of them expressed the opinion that their potential was not sufficiently used. Apart from participating (as co-authors or consultants) in the development of documents such as strategies or district and commune programmes, they believed they could fulfil some of the tasks of the FFC Organiser or other tasks related to child and family support. Thus, it seems that amending the Act by allowing the district to outsource (pursuant to Article 190) some of the tasks of the Family Foster Care Organiser, such as conducting training and issuing training certificates, to NGO, as well as signing contracts with professional foster families (including multi-child foster families), may contribute to broadening the local range of available services and have a positive effect on deinstitutionalisation.

Among the districts participating in the study there were towns and cities where the tasks of the FFC Organiser and family assistant were transferred to a separate entity or NGO and concentrated in its hands. According to our respondents, it is often very beneficial.

> What we did in 2013, by the mayor's order, i.e. outsourcing the task to an NGO that developed family foster care in the district, and all this on the Municipal Social Welfare Centre's initiative, was really amazing, I think.
>
> - urban district

> We have excellent cooperation with the Association fulfilling the role of the FCC Organiser. I strongly recommend outsourcing tasks to NGOs, they have different resources, they are really good at it, very successful. People using these services are very happy. We still have a lot to do, the amount of work has not diminished, but it works really well. A lot is happening, whereas we, as district civil servants, wouldn't be able to do as much.
>
> - urban district

Families participating in meetings in those districts appreciate good cooperation and being treated as equal partners. Additionally, separation of the funding and supervision task from support makes them feel secure and contributes to better fulfilment of their role.

> We have full access to support, any time, virtually 24 hours a day. All decisions are made cooperatively, nothing happens without mutual agreement.
>
> – professional foster family acting as an emergency family

On the other hand, our field study showed that despite the 2015 amendment that introduced a provision to Article 76 of the Act prohibiting residential facilities to perform the role of the Organiser of Family Foster Care, such cases still occurred (although occasionally). The analysis of focus group interviews suggests that deinstitutionalisation may be substantially hindered in such places. Moreover, the respondents believed that under such circumstances parents could hardly expect to be treated as equal partners, and children in institutional care were favoured over those in family foster care.

Residential facilities performing the FFC Organiser's role are probably a result of a possible interpretation of changes introduced in 2016 to Article 93, which enabled units of institutional care to be merged. It is recommended to specify the provision by excluding entities formed pursuant to Article 93, item 2b or 3a, i.e. administrative centres, from the group of potential Organisers of Family Foster Care. This would prevent conflict of interest between residential facilities and the development of family foster care.

IMPROVED TRANSTION TO INDEPENDENCE

In many districts there were no coordinated efforts to support young care leavers' transition to independence. Thus, even more attention should be paid to good practices that were revealed by the qualitative studies: rent supplements, traineeship programmes or support provided by mentors who complement the role of the leaving care worker, supporting young peoples in the process of moving to independent living. Efforts that deserve a closer look include programmes of the Gdańsk Foundation for Social Innovation: First Fitting (a paid traineeship programme), the Gdańsk Grant Programme "Mentor", or a safe rental programme based on a system of supported flats, and many others. Examples of interesting solutions can be also found in other districts.

Young people living in foster families are more motivated to change their situation, to continue education. They know they will complete secondary or vocational education. The girls did great at school, they got scholarships for excellent students. It all depends on how the family supports them.

- urban district

We help them in the process, complete documents, prepare the kids for that, (...) many of those kids use our help. The programme includes sheltered flats. Perhaps we'll have them. (...) We write letters of recommendation (to support their applications for council flats).

– rural district

Kids leaving institutional care have nothing, absolutely nothing (...), and in a (foster) family it's different, you always feel the atmosphere, like at home, we make sure our children have something when they leave home. (...) They have bonds, the family they grew up in. (...) Kids who leave a residential facility feel very lonely. Those leaving a foster family can always contact the family, they have a place to return to.

- urban district

There is a huge difference in self-reliance and preparation for adult life between children from residential facilities and those leaving foster families. I could see it in sheltered flats for young people from facilities. They don't know how to switch on the washing machine, how to manage their budget. They have deficits, when it comes to living on their own. There is one model facility that prepares them well. I think other facilities could do the same, as there are just 14 children in each of them. Others use catering, the kids cannot do the washing and are completely unprepared. They were instructed to start doing this. The sheltered flats are messy, the kids are not house-trained.

- urban district

Both in focus groups and in individual interviews the respondents highlighted the problem of young people who come of age (turn 18) and either decide to move into independent living or are forced to do it, because their foster family decides to stop fostering them. Sometimes it is a bad decision, affected by emotions. The law does not offer a solution that would make it possible to reconsider the decision, or a form of "flexible transition to independence" – both from institutional care and from family foster care. Introducing less rigorous provisions would provide an opportunity to reverse decisions that may have been made hastily.

Children think: "I'll manage" or they just don't want to go to school.

– rural district

Many respondents who look after children with disabilities – regardless of the type of family foster care – pointed to the urgent need to regulate the problem of disabled young people moving into adulthood from family foster care. In their opinion, the present lack of effective legal solutions and practical support in the process discourages foster families from accepting children with disabilities. This is reflected by the small number of specialist foster families. Foster parents report that after many years of caring for children with disabilities, they do not want to place them in nursing homes (which is re-institutionalisation), but in many districts it is the only available solution. Suggested solutions to the problem, which emerged during the study, included introducing a mechanism that would allow disabled young people to stay in their existing foster family, which would then function as a "family nursing home". Another possibility is to create sheltered flats in the environment familiar to the disabled young person, where they feel comfortable, which would ensure natural support from familiar people.

EFFECTIVE TRANSFORMATION OF RESIDENTIAL FACILITIES

Reducing the size of residential facilities or their elimination constitute one of the key aspects of deinstitutionalisation. Our research shows there many obstacles hindering the process, from insufficient motivation to comply with the provisions of the Act, to difficulty in finding foster family placements for children that need specialist care, to hasty decisions about creating new residential facilities. Sometimes the spirit of the Act is explicitly violated, which was also highlighted by the study.

The analysis of data from the tool shows that only 147 districts (less than 40%) do not place children under 7 in institutional care. Certainly, some districts in the sample have not yet managed to solve the problem of placing the youngest children in institutional care, but there were also occasional cases of "young children's homes" – special residential facilities for infants and young children.

> Well, everybody knows that children, especially at this early stage, need so much affection, so it would be better if such homes didn't exist. I was there, because sometimes we give them some clothes and other things for the children. You just feel like crying, when you see those little babies. For sure, they would function better and become different persons in the future, if they didn't grow up in such homes from the very beginning.
>
> - urban district

> We do our best to close this facility for young children down by next year.
>
> - urban district

One cause of delay in introducing the changes outlined in the Act seems to be the fact that the exceptions provided for by the lawmakers are too frequently applied. This leads to discrimination of young children who have siblings and, because of that, are placed in institutional care, pursuant to the provisions of the Act. Cases described by the respondents and the analysis of the situation in the districts included in the sample, suggest that when at least one sibling is younger than 10, all of them should be placed with a foster family or in a family-type residential facility.

During the focus group and individual interviews the problem of children who need special care, including children with medical conditions and disabilities, was repeatedly mentioned. The research concerned the district level, whereas some children are placed in residential facilities run by the voivodship authorities, including, in particular, regional care and therapy facilities. There is a disparity between planned deinstitutionalisation at the district and voivodship levels, in terms of the standards of care provided. District residential facilities are expected to meet the 14 children per facility standard by the end of 2020, whereas regional care and therapy facilities may have up to 45 children in their care with the Voivodship Governor's permission. Representatives of regional facilities were among the respondents in the study. Based on all collected data and its analysis, we recommend introducing changes that would highlight the primacy of family foster care over institutional care, also for children who require special care. A foster family placement should be consistently sought for every child, including children who need special care. If a child has to be protected and there are no vacant places in family foster care, so the child is placed in institutional care, this solution should always be regarded as temporary and the child's stay at the facility should be as short as possible. The respondents in our field studies talked about helplessness experienced by managers of residential facilities when they have to find a permanent placement for a child

who grows older and requires more attention. In many cases a Social Welfare Home (a nursing home run by the social services) becomes the only available option.

Only one of the districts in the sample had an intervention pre-adoption centre (one of 3 such centres active at the end of 2016). Given the findings from our studies and foster parents' self-reported willingness to accept the youngest children, it seems that the primacy of family foster care over institutional care should apply particularly to children under 12 months of age. Consequently, placing an infant in a pre-adoption centre should only be permitted when no foster family placement is available.

There were districts in the sample where several residential facilities operated in one building, e.g. on different floors. Such practices are not just attempts to evade the binding law, but also explicit rejection of its spirit. Visits and interviews with district authorities suggest that the future of those buildings may vary depending on the district's needs and capabilities, but it is important to remember that they should never contribute to institutionalisation, e.g. by hosting residential institutions for disabled or elderly people. By putting them up for sale (when it is possible, of course), the authorities can obtain funding for real property needed for family-type residential facilities, multi-child foster families, or professional foster families. It is also possible to look for legal solutions that would involve transferring those buildings to a property developer in exchange for a certain number of flats in a newly built housing estate for transformed residential facilities or for young adults leaving foster care. Examples from some of the districts in the sample show that cooperation between the commune and the district can be of key importance here. It is particularly important when there are significant wealth disparities between the commune and the district. Children placed in care are still residents of the commune they come from, but at the same time, the whole district community becomes responsible for them. Some of the districts in the sample had no problem with finding new uses for buildings vacated by large residential facilities.

> As for the buildings, I think we would manage. There are many NGOs that would be willing to take them over and even to maintain them. We could offer them to private kindergartens and nurseries. We're now beginning a project called "Nanny" and we struggle with the shortage of places for those kids.
>
> - urban district

Some of the districts do not plan any transformations of institutional care facilities, despite the binding law. Others have not had such a facility so far, but decide to open a new one. It is difficult to argue with the respondents' voices that children should not be placed far away from their familiar environment, to prevent their further traumatisation. However, this problem should not be addressed by creating new residential facilities, because in the long term such decisions will hinder further progress of deinstitutionalisation. Perhaps an external evaluation of previous efforts, accompanied by an effectiveness study and workshops focused on looking for other possible solutions to the problem, would be helpful in preventing local authorities from making such decisions.

> (…) it is an evolving process, initially we planned to build 2 or even 3 new facilities, the plots were already allocated… but then there were the elections and the new authorities decided it would be a waste of the old building. There were no ideas about how it could be used, so the authorities decided we would transform the old facility: separate entrances and things like that…, but when they calculated the cost, the decision was made we would build a new one. Just one, for the time being.
>
> - rural district

> Sixty children from out district are in out-of-district facilities. So creating residential facilities within our district would allow those children to be closer to their families, I mean, children over 10. (...) We also want to have infrastructure with emergency places. (...) It will be close, then.
>
> – rural district

> The situation has changed, we can't decide to close the facility down or transform it, now this place has some potential and can be used in different ways. We haven't got this idea, it's too early, I think.
>
> – rural district

Districts' experiences suggest that when reducing the number of staff in institutional care, the authorities should think about finding new roles for valuable residential staff members.

> We employed one of them as a coordinator. There is also a couple (former residential staff member) who have completed the training for foster parents and are now going to take children from a residential facility.
>
> - urban district

When analysing districts' experiences, one should not forget about those residential facility employees who became the agents of change in the process of deinstitutionalisation. This applies particularly to transforming larger facilities into smaller ones. When such changes improve the situation of children placed in alternative care, they should be seen as part of the deinstitutionalisation process and a good starting point for further steps, such as transforming small facilities into multi-child foster families.

4.3 INCREASING NUMBER OF PLACES IN FAMILY FOSTER CARE

LOOKING FOR NEW CANDIDATES FOR FOSTER PARENTS

One necessary prerequisite for attaining the deinstitutionalisation objectives is increasing the number of families who could foster children currently placed in institutional care. However, nearly all the districts participating in the study reported problems with finding candidates for foster parents. Moreover, even when such candidates can be found, some of them withdraw after the preparatory training, which may suggest that a wrong group of candidates have been recruited. Both problems highlight the important role of campaigns promoting foster parenting.

Among the districts in the sample, those successful in finding candidates, often use targeted promotion activities (aimed at specific groups), less expensive than standard social advertising. A few innovative ideas emerged in the study, which seem worth trying.

We worked on it throughout the year. We used to develop such projects, travelling around in the summer, visiting people in communes. Our car and our workers were present at local events. You have to reach out to people. At that time (before 2012) we found many families. We should do it again – go to harvest festivals and other local events, just be there and encourage people, answer their questions.

- rural district

In the past, we had big campaigns. Now we do some promotion every year, twice a year: some information in the media, some posters. We reach parish priests who announce from the pulpit that the District Family Support Centre is recruiting foster parents. Then we get some questions from people who are interested. We manage to organise one foster parent training a year. Additionally, we organise family picnics with the participation of foster parents. We've promoted foster parenting at an open event. We've arranged conversations and discussions during some handiwork, like baking and decorating cakes or paper cutting.

– rural district

There are also some noteworthy examples of looking for foster families for children with medical conditions or disabilities, for teenage mothers, and for older children. Our research suggests that this type of campaign requires a clearly defined target group, a well-thought-out message, and carefully identified ways of reaching the audience. According to the respondents, this approach is usually much more effective than a general campaign with different versions of the slogan: "Become a foster parent". When looking for candidates for foster parents, it is also worth considering what forms of professional foster parenting could be available to retired people, e.g. members of uniformed services (who retire at relatively young ages) or people who decide to retire at the age of 60. The respondents' experience shows that people in those groups can become candidates for emergency families or specialist professional families for teenage mothers or older children. Such specialised foster families should be provided with additional support from therapists and psychologists, especially at the beginning, to help them respond to problems they may be faced with.

Let us refer here to a list of methods most frequently used by districts to promote foster parenting (Figure 43), found by the CAWI survey. It is also worth having a look at some examples of original activities used by some districts to recruit candidates for foster parents:

- a series of FFC coordinators' meetings with secondary school students, information displayed on screens at Chronic Medical Care Homes,
- information provided at a meeting of the team responsible for the implementation of the District Strategy for Solving Social Problems,
- a cinema ad played before movies,
- a meeting with second-year students of social work.

(...) We had leaflets, and local NGOs were engaged in those activities. It was really noticeable. I remember, we have screens in the public transport system, and the information was displayed there. (...) Also, the NGOs that had won competitions, recorded videos that were played on social networking sites, on the city hall website, etc. There were many activities, many organisations involved, there were press conference. There is a Facebook profile. But first of all, it was the local media. There were even some ads on public transport tickets. There was a lot of promotion of foster parenting, many different activities; calendars, poster, promotion in educational facilities. A lot was being done.

- urban district

We have special campaigns and we put information on our website, on the district's website, on the notice board, we send it to social welfare centres, to other institutions, we distribute posters, publish ads in the local paper, write letters to social welfare centres, (...) it is virtually costless.

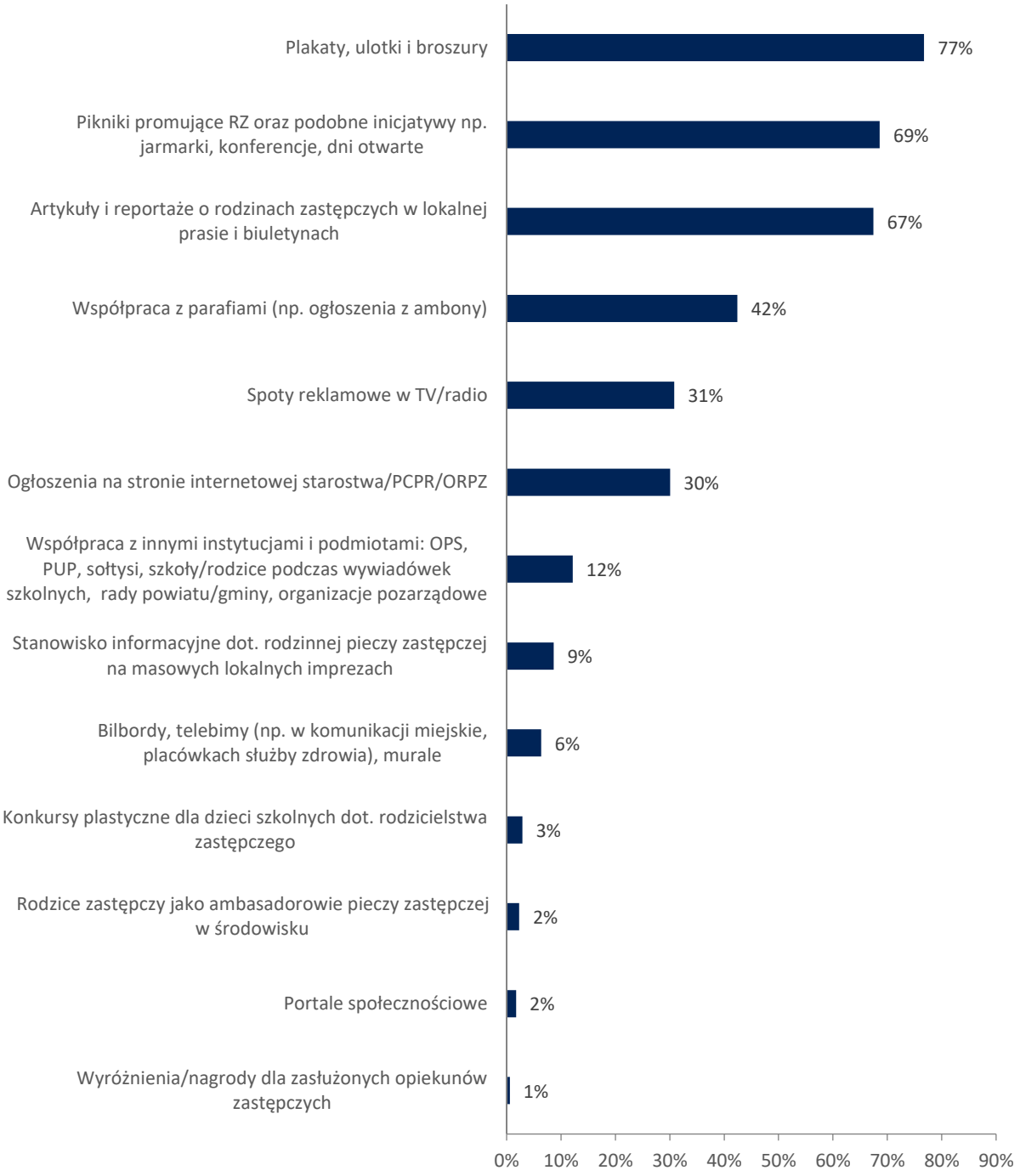
- rural district

Going back to commune–district cooperation, which was discussed at the beginning of the previous section, it should be mentioned that 12% of the respondents in the CAWI survey

(see Figure 43) listed cooperation with other institutions, including commune-level Social Welfare Centres, village administrators, and members of the commune council, among methods of promoting foster parenting[20]. The CAWI responses concerning ways of looking for candidates for foster parents in cooperation with the commune, included things such as: "Briefings/meetings (with village administrators, employees of education facilities, social welfare centres, and the Employment Agency)", "Information sent to villages and communes", "Letters to commune heads and town mayors, asking them for help in distributing materials to promote foster parenting", "Cooperating with other institutions (such as Commune Social Welfare Centres, Municipal Social Welfare Centres, adoption agencies, and schools)", "Distributing leaflets and posters among commune offices, libraries, cultural centres, sports centres, etc.)".

[20] Due to a wide range of responses in this category, it is difficult to determine the percentage of commune-level entities among all those listed by the respondents.

Figure 43. Percentages of districts using different methods of promoting foster parenting.



Source: CAWI survey. The question about foster parenting promotion was answered by 172 districts.

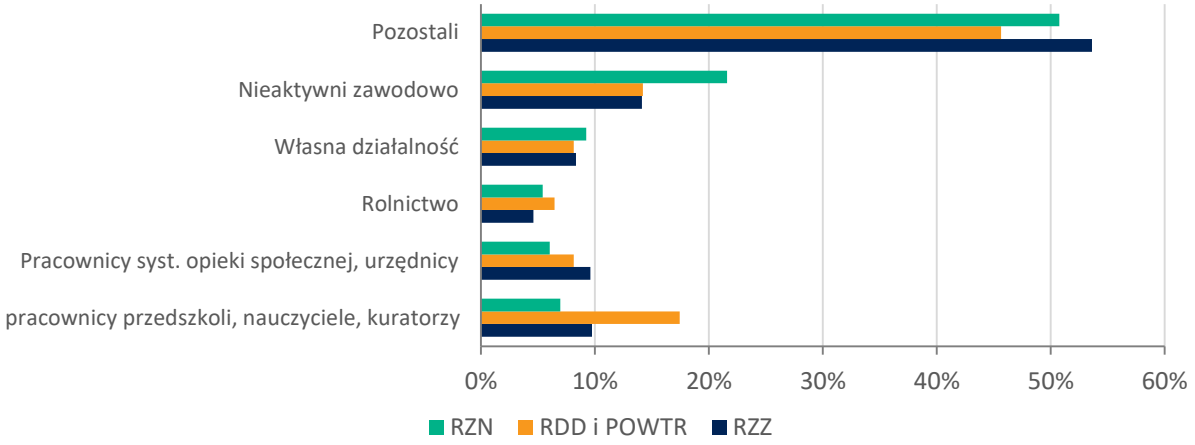
Note: The first 4 responses were provided in the questionnaire; the remaining methods were added by the respondents. As a result, their percentage values can be underestimated and should be treated as the lower limit. For example, promotion activities via the district authorities' website are probably used by the vast majority of district.

The CAWI survey and the qualitative research suggest that many of the activities undertaken by local governments to find the right candidates for foster parents are quite ineffective (e.g., leaflets, posters, announcements, churches, websites).

During individual and group interviews, the respondents repeatedly expressed the opinion that those activities should be coordinated at the voivodship and country level, and emphasised the need for a strong national image-building campaign that would promote the

ethos of foster parenting. That is not to say, however, that the activity of the local media is not valuable. The respondents in focus groups and individual interviews emphasised it was worth promoting well-functioning foster families in the local media and highlighting their contributions to solving the district's key social problems. Press articles, feature stories, and inviting foster parents to local celebrations and events may raise the group's prestige in the community. Some respondents reported they had taken part in such forms of foster parenting promotion by giving interviews or inviting journalists to their homes.

Figure 44. Foster parents' current (NPFF) or recent (PFF, MCFF, and FTRF) occupation.



Source: CAWI survey. The question about foster parents' occupation was answered by 158 districts.

Responses to the CAWI survey (Figure 44) show that 13% of non-professional foster parents and 21% of those who perform this role professionally (professional foster families, multi-child foster families, and family-type residential facilities) have already worked within the broadly understood child and family support system (as carers, social workers, court-appointed guardians, teachers, and office workers). According to the authors of the study, this points to this professional group as a potential source of candidates for foster parents, even though during workshops conducted within the project many participants said their awareness of how difficult it was to look after children placed in alternative care would discourage them from becoming foster parents.

Both focus group participants and some of the individually interviewed respondents believe that in order to meet the challenge of enlarging the pool of foster families, better support has to be provided for the existing families. Some of the respondents taking part in individual interviews emphasised that foster parenting is best promoted by satisfied and effectively supported foster parents.

BETTER USE OF EXISTING FAMILIES' POTENTIAL

The difficulty in finding new candidates for foster parents should motivate district authorities to make a better use of the existing families' potential. Our research shows it is not always properly exploited. Some foster families interviewed within the study reported they had vacant places and could take more children. Moreover, data analysis showed unexplained

cases of placing very young children in institutional care despite vacant places in the existing foster families (this happened in all voivodships).

Foster families participating in the study expressed their willingness to accept very young children, at least until their situation becomes stable and they can return to their birth parents or move to an adoptive family. This willingness was expressed not only in the study, but also during team meetings, in conversations with coordinators, and in letters sent to the District Family Support Centre or to the family court. Disturbingly, in response to their declarations, some families received signals that such activity was not welcome.

> I was looking for children on my own, seeking information within the foster parent community all over Poland. The Organiser let me know such initiative was not welcome.
>
> – non-kinship foster family

> A friend of mine enrolled for the training, was qualified, declared his readiness and is waiting to take a child, but hasn't received any proposals yet.
>
> – foster parent in a multi-child foster family

Housing conditions are another barrier to effective use of the existing foster families' potential. Participants in focus groups gave examples of specific families who are willing to take in children and have passed through the qualification process, but lack appropriate housing to fully realize their potential. The participants' responses raise doubts about the practice of investing in institutional care infrastructure while in the same district there are good candidates for running a multi-child foster family or a family-type residential facility, who are unable to perform this role, because they lack appropriate housing. It is worth promoting good practices present in some of the districts in the sample, where the local government found a way to provide housing for, say, professional emergency families or multi-child foster families, treating the property as tied accommodation while the family is fostering children.

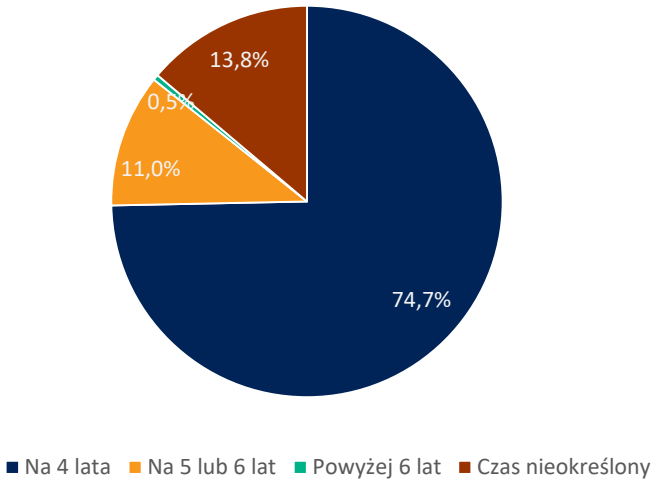
Another serious and commonly reported problem is the lack of inter-district agreements on placing children in out-of-district foster families. The problem was reported not only by focus group participants, as mentioned earlier in the Report, but also in individual interviews. This leads to situations when there are foster families with vacant places, and children for whom no foster placement can be found. Based on the respondents' opinions and the existing legislation, it seems that the problem could be solved by authorising the district governor (or the staroste) to enter into contracts with professional foster families or multi-child foster families in another district without an inter-district agreement. However, taking into account the respondents' voices at the district and commune levels, this regulation should be hedged with the condition that the district authorities should perform the roles of the Family Foster Care Organiser and Alternative Care Coordinator toward the out-of-district professional foster family. The lawmakers could also consider expanding the Voivodship Governor's responsibility to include keeping a record of all vacant places in family foster care within the voivodship, which would make it easier to place children in foster families.

4.4 OVERCOMING BARRIERS TO FFC DEVELOPMENT

INCREASED STABILITY OF EMPLOYMENT

According to the respondents, foster parents' employment stability is of key importance in the process of providing care for children. The qualitative research conducted within the project shows that people who run family-type residential facilities based on a regular employment agreement, have a much stronger sense of job security and continuity, which is often translated into the quality of care they provide for children. There were districts in the sample which, understanding the essential role of stability, signed employment agreements with their foster families, using some legal gaps or looking for non-standard solutions. In most cases, however, districts choose civil law contracts for the shortest possible time (Figure 45).

Figure 45. Proportional structure of districts by the duration contracts signed with professional foster parents.



Source: CAWI survey.

Many respondents called for creating the possibility to sign employment agreements with foster families, including indefinite-term agreements. There seems to be no rational reason to limit districts' right to choose the form of foster parents' employment. In the districts which declared willingness to employ foster parents based on regular employment agreements, the respondents emphasised that the form of employment should be decided on by the district authorities. Focus group participants reported paradoxical situations when a foster parent was hired based on a civil law contract, while a support person had an employment agreement. These issues deserve attention when working on long-planned systemic changes in the Labour Code to make it compatible with the contemporary labour market, which values both flexibility and security (flexicurity).

Respondents in some districts expressed their opinions about "alternate civil law contracts". To fulfil the predetermined annual limit of professional foster families, the district authorities sign contracts with new professional families and, at the same time, terminate or fail to extend some of the existing contracts. It is a problematic situation, especially when a very well-functioning foster family (as evaluated by the Organiser of Family Foster Care) has a contract that is about to expire. The district refuses to sign another contract, even though the number of foster children remains the same, so the family continues to meet the criteria for performing the role of a professional foster family or multi-child foster family. The problem was not common in the sample, but given its potential long-term consequences for children, it should be monitored at the country level.

Most focus group participants who represented non-kinship foster care, raised the issue of the annual limits of professional foster families, included in the District Alternative Care Development Programme. In particular, they mentioned Article 56 of the Act that allows for signing contracts with foster families within the limit of foster families for the given calendar year, defined in a three-year district programme concerning the development of alternative care. The analysis of the research findings suggests that, in practice, this provision is frequently used to evade the obligation to sign a contract for performing the function of a professional foster family, when the family meets all the required criteria. In the majority of District Alternative Care Development Programmes those limits were very low, which was inconsistent with high demand for professional families, e.g., emergency families, highlighted in the district programmes and repeatedly mentioned by our respondents.

CREATING PROFESSIONAL DEVELOPMENT PATH

Many districts in the sample appreciate experienced foster parents and use their knowledge in the process of training candidates and in looking for new solutions in the area of family foster care. However, many foster parents interviewed within the project were concerned about their future.

Among the main barriers, they listed the lack of a clear path of professional development, which is also related to the above mentioned problems with employment stability and continuity, and to the low level of foster parents' compensations. This was especially true for the districts where foster parents are paid the minimum amount determined by the Act.

In some cases, however, the financial restrictions imposed by the local government pose a serious obstacle to appreciating foster parents' professional growth. The analyses carried out within the project show that in the majority of districts the current level of monthly pay, set by the lawmakers and earned by most foster parents, is lower than the statutory minimum wage (2100 PLN gross in 2018). Some districts in the sample raised foster parents' pay after the introduction of the Ordinance of the Council of Ministers of 12 September 2017 on the minimum monthly wage and the minimum hourly rate in 2018, but the majority of those that adhered to the amount specified in the Act on Family Support and Alternative Care System, maintained the level of 2000 PLN gross (2600 PLN gross for a professional foster family performing the emergency family function). Analysing the findings from the project, it seems important to note that the same ordinance of the Council of Ministers set the minimum hourly rate in a civil law contract at 13.70 PLN. If a foster parent works 10 to 12 hours a day, 7 days a week, the monthly pay should be 3800 PLN gross. However, by setting the minimum pay for foster parents hired under civil law contracts, the Act excluded foster parents' work from the scope of the Ordinance.

Given the current trends in the labour market, especially the high demand for labour and the fast wage growth, it is important to pay attention to numerous voices of professional foster parents who pointed to a need to align their pay with the local labour market conditions.

Our studies suggest that foster families recognise the unique nature of their work and, at the same time, see their disproportionately low salaries, as compared to the local labour market, as demotivating and having a negative impact on their work satisfaction.

> If I continuously improve my qualifications and I'm ready to take part in every training (and I've got it in my contract), then the pay should also grow, together with my years of service. I have 30 years of experience and it means nothing.
>
> – professional foster parent

Many of the respondents were concerned about their future and the risk of being unable to support themselves when they are retired, due to insufficient pension payments. These

concerns are not so much related to their current income, but rather to the fact that until 2016 no pension contributions were paid under the civil law contracts signed with foster parents. Foster parents interviewed within the project suggested solutions such as introducing special supplements to foster parents' pensions or linking the retirement account balance (in the Polish Social Insurance Institution, ZUS) to the number of children raised by the parent, including foster children placed in their family.

Moreover, the focus group interview shows that low pay constitutes a barrier to the recruitment of new foster parents. The respondents reported that some of those who are initially interested in becoming professional foster parents, withdraw after receiving information about the proposed terms of employment.

> Pursuing my dreams, I changed my employment agreement to... well, to nothing, basically. I work hard and do my best, and I have a civil law contract, which does not even give me a minimum sense of security.
>
> – professional foster parent

Listening carefully to the respondents' voices, such as the one quoted above, we should realise it will probably become increasingly difficult to find candidates for working a dozen or more hours a day, 7 days a week, all year round, for about 2000 PLN gross per month. The present study suggests that districts are still reluctant to use the opportunity to raise foster parents' pay by the district council's resolution. However, some districts in the sample have made this decision, which has resulted in an increased number of candidates for professional foster parents.

Most focus group participants emphasised that apart from appropriate compensation, it is important to create a transparent system of foster parents' professional development, including the principles of linking pay increases to accumulated experience, improving skills, and the number of foster children in their care.

IMPROVED WORKING CONDITIONS

Stability of employment and higher compensation are not the only issues mentioned by foster parents, when asked about barriers to the development of family foster care. What is equally important is broadly understood improvement of foster parents' working conditions, which also applies to non-kinship foster parents who are not paid for the work. Many respondents emphasised the need to support foster parents in organising contact with birth parents. In their opinion, cooperation with birth parents is one of the biggest challenges in foster parents' work. It appears there is no one best solution that would work in every single case. Even within the same foster family flexible solutions have to be sought in response to specific needs. Repeatedly, however, where foster families are supported in this task – for example, by helping them to select the right setting for such contact, mediating in difficult situations, taking into account the child's condition and their changing needs related to such contact – there is significantly more openness and cooperativeness between foster and birth families.

Our respondents repeatedly emphasised that it was very important to improve the functioning of assistance families. In some districts, families perform this task as an "exchange of favours", which often leads to work overload and, ultimately, to giving up this form of support. In the districts that managed to create volunteer services, everyday support offered by volunteers turns out very effective: organising meetings for children, practical help in organising summer and winter camps for children. Moreover, almost all focus group participants emphasised the importance of high quality training, matching the family's

individual needs, for the effective performance of the foster parent role. Our respondents highlighted that the time invested in training should result in real improvement of their skills.

Another issue raised by the foster parents participating in the study was a potential conflict of interest when psychological assessment of foster parents' or candidates' motivation to perform this role is made by an employee of a district organisational unit. Specific examples provided by the respondents suggest that foster parents' or candidates' emotional condition and health should be assessed in a completely impartial and independent way to make the assessment unbiased and consistent with children's best interests. The provisions of the Act about outsourcing public tasks to third-sector organisations could be applied here.

Respondents representing professional foster families emphasised the need to realise their right to holidays and rest. Findings from the study suggest considering the possibility of placing children in short-term care of persons close to the foster family (as respite carers) during foster parents' sickness or holidays. Both focus group participants and some respondents in individual interviews stressed that given foster parents' 24/7 work, one of the most important tasks of the FFC Organiser is to prevent burnout, in particular to enable foster parents to exercise their right to holidays and rest (both short and longer term).

Some professional foster parents raised the problem of having to obtain the district governor's or mayor's permission to take on secondary employment. Analysis of the respondents' opinions suggests that a provision should be introduced permitting a foster parent to take on secondary employment (with working hours limited under general regulations), if the foster parent can prove that additional work will not affect the quality of care provided for children. Our respondents reported that the current regulation is often applied literally to every single additional contract, including a 30-minute conference presentation.

Respondents representing FFC Organisers raised the issue of the weak professional position of coordinators. They reported – in individual interviews and district surveys – that coordinators are not entitled to some of social workers' benefits, such as reimbursement for travel by private cars or access to company cars. There are no clearly described principles of reimbursement for personal cell phone use, and not all Organisers provide work phones. Sharing good practices among districts would be beneficial here. Introducing provisions to regulate expense reimbursement for coordinators might be also worth considering.

BETTER ACCESS TO SPECIALISTS

The problem of insufficient professional support was mentioned repeatedly during focus group interviews. More than 80% of the foster parents participating in the study reported difficulty accessing specialist medical, therapeutic, and rehabilitation services.

> There are not enough specialists to take children to for consultations, so we have to travel nearly 200 kilometres.
>
> – professional foster family

> Long waiting times are the worst thing. I tell them we need an urgent consultation and they reply the first possible date is at the end of the year. So we wait for months to have the child examined and diagnosed.
>
> – emergency family

> If we find the required specialist is unavailable in our area, we hire one paying with money from the DFSC. We had such a case when a sex therapist was needed. (...) Or we may refer the child to a specialist in another district, because we don't have, say, a child psychiatrist. Then we pay for the travel. Or if there is an urgent need and the waiting time is long, we pay for a private consultation.
>
> – rural district

A review of potential solutions to the problem, proposed by the participants, highlights the importance of ensuring quick access to specialists, both for children placed in care and for their foster parents. Currently, long waiting times for diagnosis, treatment, rehabilitation, and therapy have a significant negative impact on the effectiveness of care provided by foster families. Poor availability of specialists, given the urgent need to diagnose children and organise treatment, rehabilitation, or therapy, was one of the most serious problems reported by those participating in the qualitative research.

The respondents called for seeking solutions that would offer children in alternative care preferential access to medical services, such as "vouchers" entitling them to shorter waiting times. Some districts define special terms of support by resolutions of the District Council, including, for example, priority access to the district's resources, such as the psychological and pedagogical counselling centre. As an example of another noteworthy practice, District Family Support Centres can hire medical specialists – e.g., a child psychiatrist or neurologist – on an hourly basis, when needed.

According to the respondents, specialist services, including therapeutic support, should be also available to foster parents themselves. As a principle, a foster family should be regarded as one integral organism, in which no one can remain "invisible". In practice, that means it is necessary to attend to the needs of each family member, including the foster parents' biological children, as the foster children's immediate environment. Many respondents expressed the opinion that ignoring their biological children by the FFC Organiser undermines the idea of the family model as the guiding principle in foster parents' role.

> No one ever takes our [biological] children into account. When there are events, meetings, or gift baskets, they just don't exist. Once my foster children said: „If A. is not invited, we're not going, either".
>
> – foster parent running a family-type residential facility.

PREVENTING PROFESSIONAL BURNOUT

One should also remember that, as highlighted by our studies, the families that have already been formed, should be as stable and enduring as possible to provide care for their foster children for many years, especially that every change of placement not only causes severe emotional damage in the child, but also generates measurable financial cost. Moreover, over time families accumulate valuable experience, which makes them able to provide more comprehensive and diversified help for children in their care. It is often experienced foster parents who start running family-type residential facilities, multi-child foster families, or specialist foster families. Thus, a general conclusion from the studies is that foster parents (including kinship families) who have been recruited and trained should be regarded as an investment. From this perspective, it is important to develop a well-functioning support system to prevent burnout and be able to identify and address problems as early as possible.

It seems that although all the districts in the sample offer support for all types of family foster care, it is sometimes insufficient and, most importantly, provided too late. This conclusion is based on examples of foster families that broke down, together with the respondents' reflections on possible ways to prevent such situations. One obvious solution is to enable districts to exchange good practices that help them prevent foster families from being terminated.

When asked about ways to prevent burnout, the respondents pointed to efforts to integrate the foster parent community, for example by creating self-help and support groups. When

looking for new ideas, it is worth considering the existing good practices. For example, many districts have a tradition of organising holiday camps for foster families that combine training with recreation and integration. Experience sharing and having an opportunity to learn about different solutions to families' everyday problems are one of the most effective forms of support.

> We organise integration camps for foster families, and last year we also had a sociotherapeutic camp. We conduct training for foster parents, in many different areas. We've had two away workshops for entire families; we work with parents and, simultaneously, another group works with children. It is quite expensive to organise, so the last time was three years ago.
>
> – rural district

> We have a counselling centre, where families can seek help and the child is provided with professional support. We also have a psychologist and an educational counsellor. (...) We have classes for children. (...) While parents take part in parenting classes, we simultaneously organise workshops for children. By observing children we can identify what will be most needed for each child.
>
> - urban district

The individual interviews show that in some districts children in residential facilities may use a wide range of free-of-charge sports and educational classes, recreational activities, short or longer trips and holiday camps. Children in foster families have to pay for those services, if they want to use them, or their foster parents may apply for support and the FFC Organiser decides whether the foster child may use the services on the same terms as children in residential facilities.

4.5 CONCLUSIONS FROM ANALYSIS OF LOCAL CONTEXT OF DEINSTITUTIONALISATION

The presented study included an analysis of the environment of the institutional care system in 50 districts to identify the threats and opportunities for deinstitutionalisation. There are several main conclusions from the analysis.

1. Deinstitutionalisation is not related to the labour market situation.

Deinstitutionalisation has not been found to progress faster or slower depending on the rate of unemployment. Thus, low unemployment rate on its own is not a limitation, although it often co-occurs with a high average wage, which decreases the relative attractiveness of foster parenting, given the mismatch between foster parents' compensation and the local labour market. Similarly, high unemployment rate is not an opportunity for the development of foster parenting. Great caution is required when offering the professional foster parent job to unemployed people, given the unique nature of this work, in which the professional development path should be inextricably linked with fulfilling the mission of helping children. Also, special care should be taken with regard to the model presented to children growing up in foster families. Although there are some justified exceptions from the rule, a typical family should work to earn their living. It is not a desired situation for a child to grow up in a family living off social welfare (as the only source of income).

When it comes to people who have lost their jobs in recent years and who are particularly well prepared (and pre-selected) for performing the foster parent role, special attention should be paid to teachers. It is worth offering them the opportunity to engage in working with children and young people as professional foster parents.

2. It is worth looking for family foster care placements outside the district.

It is a good idea to expand the search for potential human resources beyond the district, to cover the whole voivodship, as several districts' experience shows it is possible to recruit out-of-district candidates who are ready to relocate or live close enough and in an easy to reach location, which will make cooperation with the district authorities and future contact with the child's birth parents fully possible. Special attention should be devoted to districts where the degree of deinstitutionalisation is higher than 80% (there are 70 of them). In those districts, where only one out of five children, for whom kinship foster families could not be found, lives in institutional care, it might be potentially easier to find families willing to foster a child. In some cases, institutionalised children cannot be placed in family foster care not because there are no families ready to foster them, but for other reasons, such as older children's reluctance to leave the facility or the necessity to provide specialist care.

3. Transformations within institutional care may have a positive influence on the development of other social policy aspects.

Transformations within institutional care should take into account the overall social policy at the commune and district levels. On the one hand, other social services should be seen as complementary, as they contribute to reducing the inflow of children into care, which (as confirmed by empirical findings) facilitates deinstitutionalisation, and they increase the number of children who return to their birth families. On the other hand, the substitutional aspect of the process is worth emphasising: employees of institutional care, which is going to lose in significance, can find employment in other social services. In this context, special attention should be paid to family assistants who work to prevent children from being placed in alternative care. Data concerning the number of assistants shows that in many places there are too few of them, relative to the needs. When assessing the risks of deinstitutionalisation and examining potential ways to compensate for those risks, some other career possibilities – apart from the family assistant role – should be considered for current employees of the institutional care system, such as children's and youth clubs, support centres, specialist counselling centres, day-support centres, and crisis intervention centres.

A new and increasingly popular initiative in the Polish law is supported housing for persons with mild intellectual disability or minor mental health problems. Such living arrangements may not yet exist in the district, but are likely to be created in the future, and former institutional care employees could turn out to be good supported housing workers. Former employees of residential care institutions may continue their chosen career path by taking on the role of professional foster parents or running a multi-child foster family. This, however, would require a major change in their professional functioning – from a regular job to a 24/7 work schedule, which should be also approved by their families.

4. Upon their close-down, residential facilities could provide infrastructure for other social policy institutions.

It is therefore recommended to use the buildings left by transformed residential facilities for other forms of support to those in need, pursuant to other laws, such as the Act of 27 August 1997 on Vocational and Social Rehabilitation and Employment of Persons with Disabilities, or the Act of 4 February 2011 on Care for Children under the Age of 3. Districts may use the buildings for organising the following services (or hand them over to communes for the same purposes): day nurseries (funds allocated for this purpose within the "Maluch [Toddler] Plus" programme are worth considering here), kindergartens, community self-help centres, day care centres, single mothers' homes, and sheltered housing. It was also noted that in most districts in the sample there were no clubs or centres for elderly people. Those could be easily organised in former residential facility buildings, adapted for this purpose using (for example) funds from the "Senior Plus" programme.

4.6 REFLECTIONS ON DEINSTITUTIONALISATION

Summing up the whole research process, it should be noted that, according to the researchers, the vast majority of people within system are aware of the need for and importance of deinstitutionalisation. In some cases, the slow pace of change seems to result from self-governments' financial limitations or insufficient interest in the process on the part of the authorities. However, in their reflections on an ideal future, many directors and managers of FFC Organisers expressed the need to fulfil a vision that fits very well within the idea of deinstitutionalisation.

> Full protection of families in crisis, that is, employing family assistants on a full-time basis and in a sufficient number (...). Constant number of assistants and permanency instead of high employee turnover. And, of course, quality supervision, i.e. regular support, which is written down in the Act and should be provided. Also, some legal regulations concerning support families to make it really work, that is, a motivating system for those families, so we could prepare them and so they provide real support. This would also help the family assistant and the social worker, I mean, close cooperation. When it comes to day-support facilities, we would also need regulations for them to be established and work pursuant to the Family Support Act, so they can meet the requirements. Moreover, we need a specialist day-support facility closely cooperating with the Municipal Social Welfare Centre.
>
> - urban district

> I mean, we would like family foster care to be a kind of network, with good mutual relationships, something like that (...), and I wish family foster care became more popular, because it's not really the case now. (...) The government policy should develop toward changing the view on a family, especially foster family, to depart from the current perception of foster families.
>
> – rural district

> An ideal situation would be specialist foster families, emergency families, at least 5 of them, a few multi-child foster families, a lot of professional foster families, and a „bank" of families prepared to perform the role, trained, that could immediately take care of a child in an emergency situation... and on the part of the Organiser, a place we've been waiting for, a safe place for everyone, for foster parents, but especially for children, especially the children who now meet in quite uncomfortable conditions. A place providing privacy (...).
>
> - urban district

> First of all, eliminating institutionalisation, creating these family homes (...). When there is an institution, there is all this administration and organisation... I guess everybody would prefer places without all this administration, more like family. And they shouldn't be overcrowded, so that the children feel quite different. You know, when there're 25 kids in a facility, they only see other kids, always in a group, they have nothing else, no escape. So, the important direction of change for the town would be a reduced number of children and no more new residential facilities.
>
> - urban district

> Starting from the commune: communes do their best not to remove children in the first place, alternative care is only for those who cannot return to their birth family. I would create better conditions for supporting foster families, beginning from our infrastructure. The FFC Organiser should have a building with appropriate space for meetings with the parents and a playroom for children. And there should be a person in the playroom who would look after the children when their parents are being served. And I'd like to have more staff, these are my dreams. To make the families feel at home, when they come to see us, to make them feel needed and appreciated, not just come to get their money; to make them feel we bow down to them because of what they do. And I'd like the children to feel happy and safe.
>
> – rural district

> My dream is to have enough candidates for foster parents, families ready to take on the role. I wish there were fewer children per family and I would like foster parents to have higher salaries and more professional support, such as supervision, workshops, or psychological counselling.
>
> - urban district

> I would like the children to return home, whenever it is possible. To have fewer placements in residential institutions and foster families. To improve our work with birth families, so that children do not have to experience the trauma. And if it doesn't work, I would like those children to be placed in friendly family settings. I'm thinking about developing multi-child foster families. More candidates, more training, more competent people who really love children.
>
> – rural district

Most districts we talked to within the project were already favourably disposed toward deinstitutionalisation or it was relatively easy to inspire them to support this idea. Voices against further reduction of institutional care prevailed in only 7 out of 50 districts in the sample. It is a good reason to be optimistic about the future – if the current attitude of the lawmakers and central administration remains unchanged, we can expect fruitful cooperation with districts in overcoming the difficulties revealed by the research process.

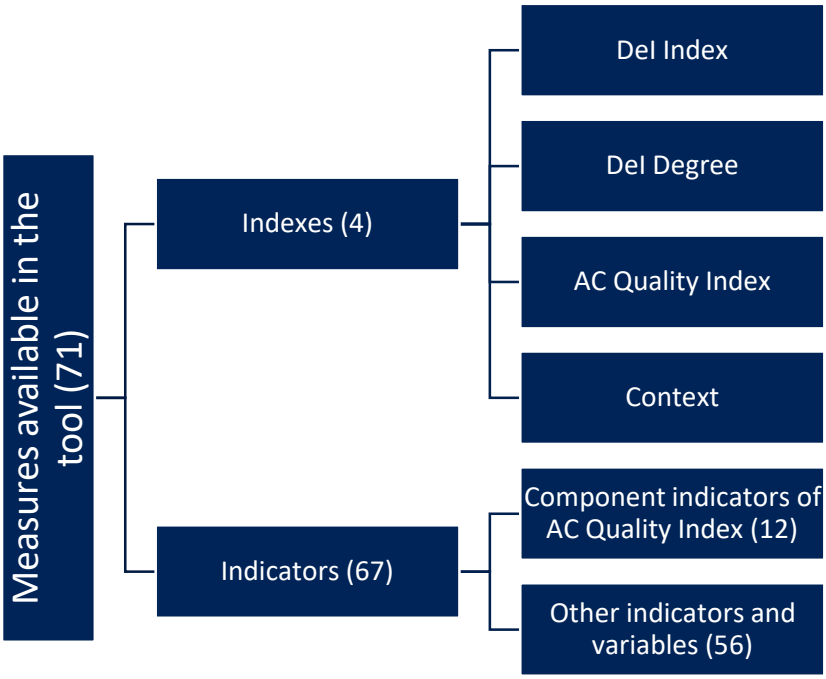
5. APPENDIX 1: DETAILS OF ANALYTICAL CONCEPT

Maciej Bitner

5.1 INTRODUCTION TO THE CONCEPT OF INDICATORS

The tool describes the AC reality as it is reflected in the MFLaSP and GUS (Central Statistical Office) statistics. To learn as much as possible from the available data, we needed indicators translating dry figures into interpretable measures. Ultimately, the tool includes 71 such measures. Their classification is presented in Diagram 1.

Diagram 1 Classification of measures available in the tool.



Source: Own data.

The main summary measures – the DeI Index and its three components – will be discussed further in this section. The next chapter will be devoted to the 12 component indicators of the AC Quality Index. The last section will discuss, albeit in less detail, all the other indicators and variables available in the tool.

5.2 INDEX STRUCTURE

One of the goals when designing the tool was to condense the problem of deinstitutionalisation down to just one figure or measure. Although this approach is necessarily based on a series of simplifications, a single figure has one obvious advantage: it makes it possible to measure progress on deinstitutionalisation and make inter-district comparisons. This measure is referred to as the **Deinstitutionalization Index** (in short: DeI Index).

$$DeI\ Index = DeI\ Degree \times AC\ Quality\ Index + DeI\ Context$$

As follows from the above formula, central to this index is an indicator called the degree of deinstitutionalisation (or DeI Degree), i.e. the percentage of looked after children living in family foster care. The DeI Index is designed to adjust the DeI Degree by taking into account several additional factors that contribute to the overall quality of care.

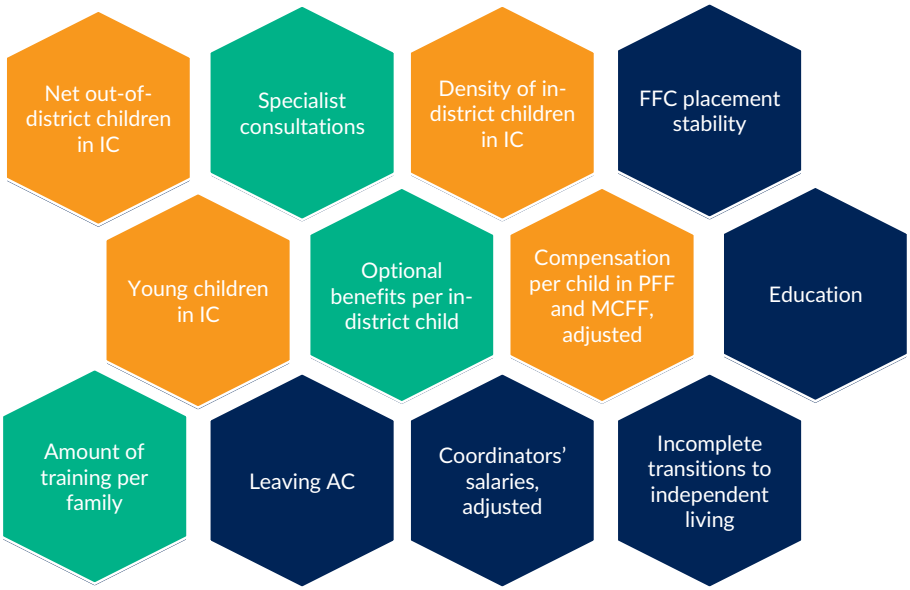
The degree of deinstitutionalisation reflects the percentage of children living in family foster care, with two reservations. First, for our purposes, family foster care includes family-type residential facilities. Second, children living in kinship foster families are excluded from the numerator and denominator of the DeI Degree formula. The latter requires justification. Our idea here was not that kinship families were not an important element of the alternative care system, but rather that the Organiser of Family Foster Care has little influence on whether a child removed from their birth family will be looked after by their siblings or grandparents. In other words, the fact that close relatives may take the child into their home, is rarely an achievement of DFSC or MSWC workers. Therefore, the DeI Degree should be interpreted as the district's family foster care potential created by the district's authorities and institutions. It is calculated according to the following formula, where each M followed by a number reflects a column in the one-off report, beginning from the district name (M1; see *Glossary 1*):

$$\text{DeI Degree} = \frac{\text{M9} + \text{M8} - \text{M10}}{\text{M7} + \text{M9} - \text{M10} + \text{M11} + \text{M12}}$$

The **Alternative Care Quality Index** (in short: AC Quality Index) consists of 12 component indicators (

Diagram *2*), which provide a complete picture (as much as possible, given the collected data) of the various dimensions of alternative care. Detailed formulas for calculating each indicator, together with a discussion of why those and not any others have been adopted, are presented in the next subsection. The product of the DeI Degree and the AC Quality reflects the level of development of family foster care in the district and support provided for foster parents and children in their care (usually in-district children).

Diagram 2. List of component indicators of AC Quality Index. Orange: weight 3, dark blue: weight 2, green: weight 1.



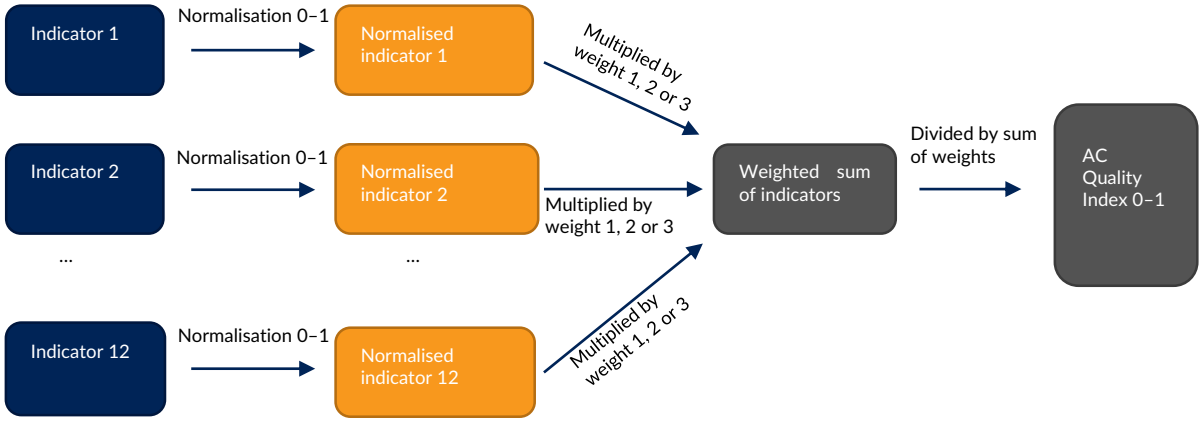
The product of AC Quality and DeI Degree is then adjusted by adding the **context of deinstitutionalisation**. The goal of this adjustment is to relativise the evaluation results to each district's actual capabilities. Appreciating the efforts of the districts that have implemented the deinstitutionalisation process for years, we have to take into account the complexity and multitude of problems that contribute to differences among districts. It was noticed that some districts found it easier than others to implement changes in the alternative care system toward increasing the proportion of family foster care. The only statistically significant reason for why it happens, is a high number of children in alternative care per capita: a large number of children means a high demand for foster families. This value – calculated individually for each district – usually lies within the range from -0,1 to +0,15 and is calculated separately for each half year, based on the intensity of alternative care, according to the following formula:

$$Context = (AC\ intensity - Average\ AC\ intensity\ PL\ ) * 0{,}0089$$

In contrast, the degree of deinstitutionalisation ranges between 0% and 100%[21], just like the AC Quality Index. While the DeI Degree naturally falls within the 0–1 range as a percentage indicator, AC Quality is brought into the range by normalisation. Explaining the details of the process requires providing more information about how the quality index is constructed.

[21] 0% and 100% are theoretical values meaning no children in family foster care (excluding KFFs) and institutional care, respectively. The first of the two values has not been achieved by any of the districts (the lowest value in the first half of 2017 was 20% in family foster care), whereas the maximum value has been achieved by 6 districts: Konin, Lesko, Leszno, Pułtusk, Staszów, and Włoszczowa.

Diagram 3. AC Quality Index construction methodology.



Source: Own data.

Diagram 3 presents the steps in the AC Quality Index construction. As the first step, all indicators are normalised to the 0–1 range. It means selecting 2 bound values for each indicator, corresponding to the best (1) and the worst (0) values of the indicator. Then, indicator values for each district are proportionally brought into the 0–1 range. The process is best explained using an example.

For the indicator called "Young children in IC", measuring the proportion of children under 7 in institutional care, the best value is 0. Thus, for all districts which do not have young children in institutional care, the normalised index value is automatically 1. The worst possible value, in theory, would be 100%, but choosing this norm bound would not be very useful, as the actual worst value is 79% and the district that has obtained it, would have the normalised index value of 0.21, i.e., much too high relative to other districts. However, the actual worst value is not a good candidate for the norm bound, either. First, it may result from a data error (unreliable reporting) or other isolated anomalies. Setting a norm based on such unreliable values would be a serious methodological mistake. Second, an extreme value – even if accurate – is not a good measure of the progress made by other districts, because from this extreme perspective all the other districts may often seem equally good. In other words, inter-district differences in the aspect that we want to compare to assess districts' relative progress, become obliterated, and the absolute distance from the extreme values does not really matter (unless the extreme values are the most desired ones, like 0% in our example). Therefore, the norm bound is usually set at the 80th or 90th percentile of the indicator value distribution. Detailed characteristics of the norms adopted are discussed in the next section.

Thus, the normalised value of an indicator for which the lowest possible values are desired (a destimulant), such as "Young children in IC", is calculated using the following formula:

$$Normalised\ ind\ (destimulant) = 1 - \frac{unnormalised\ ind\ - best\ norm}{worst\ norm\ - best\ norm}$$

For an indicator whose increasing values are desired (a stimulant), such as „Foster parents' compensation per child", the normalised indicator value is calculated as follows:

$$Normalised\ ind\ (stimulant) = \frac{unnormalised\ ind - worst\ norm}{best\ norm - worst\ norm}$$

As the next step, once we have the 12 indicators normalised to the 0–1 range, we calculate their weighted average. Thus, the AC Quality Index is simply the weighted average of the normalised indicators (weights can be found in

Diagram *2*). The weighted average is calculated by multiplying each indicator value by its weight, set individually by experts in alternative care, adding the weighted indicator values together, and then dividing the total of the values by the total of the weights. It is important to note that the norms are fixed for the 1st half of 2017. Consequently, both the AC Quality Index and the DeI Index are going to increase as districts continue to implement the desired changes in the alternative care system. Thus, the indexes are a measure of progress relative to the baseline period, i.e. the 1st half of 2017.

Glossary 1. Explanations to the tables of the general and one-off MFLaSP reports concerning AC.

Symbol	Explanation
A5 – A17	Expenditures in Polish zlotys (PLN) on allowances for: **A5** – KFF, **A8** – NPFF, **A11** – PFF, **A14** – MCFF, **A17** – support families
A24	Expenditures in PLN on the fostering allowance for a child placed in PFF
A27	Expenditures in PLN on the fostering allowance for a child placed in MCFF
A65 – A77	Expenditures in PLN on a one-off allowance to cover the necessary cost related to the needs of a newly placed child: **A65** – KFF, **A68** – NPFF, **A71** – PFF, **A74** – MCFF, **A77** – support families
A80 – A92	Expenditures in PLN on a one-off or periodic allowance related to fortuitous events or other events having an impact on the quality of care, for: **A80** – KFF, **A83** –NPFF, **A86** – PFF, **A89** – MCFF, **A92** – support families
A95 – A107	Expenditures on the holiday allowance for: **A95** – KFF, **A98** – NPFF, **A101** – PFF, **A104** – MCFF, **A107** – support families
A113 – A119	Expenditures in PLN on home maintenance for: **A113** – KFF, **A116** – PFF, **A119** - MCFF
A131	Expenditures in PLN on the house repair allowance for PFF
A149	Expenditures in PLN on covering the cost of house repair or relocation for MCFF
A164	Expenditures in PLN on covering other necessary and unpredictable costs related to caregiving and functioning of MCFF
A243 – A252	Number of continuing education allowances for: **A243** – KFF, **A246** – NPFF, **A249** – PFF, **A252** – MCFF
B3	Number of compensation payments for PFF
B5	Expenditures in PLN on compensations for PFF
B18	Number of compensation payments for persons running MCFF
B20	Expenditures in PLN on compensations for persons running MCFF
B26	Expenditures in PLN on compensations for contractors and employees of MCFF
B35	Expenditures in PLN on compensations for contractors and employees of PFF or NPFF
C6	Expenditures in PLN on RF
C26	Expenditures in PLN on FTRF
C73	Number of continuing education allowances

D3 – E11	Number of: **D3** – KFF, **D15** – NPFF, **D30** – PFF, **D48** – emergency foster families, **D66** – PFFS, **D84** – MCFF, **E3** – RF, **E11** - FTRF
E21	Number of places in FTRF
E35	Number of persons employed in RF as carers
G245 – G251	Number of children of teenage mothers in: **G245** – KFF, **G246** –NPFF, **G247** – PFF, **G250** – MCFF, **G251** – RF
I8 – I12	Number of children under 18 who returned to their birth families, for: **I8** – KFF, **I9**–NPFF, **I10** – PFF, **I11** – MCFF, **I12** – IC
I18 – I22	Number of children under 18 who were placed in IC, for: **I18** – KFF, **I19**–NPFF, **I20** – PFF, **I21** – MCFF, **I22** – IC
I23 – I27	Number of children under 18 who were adopted, for: **I23** – KFF, **I24**–NPFF, **I25** – PFF, **I26** – MCFF, **I27** – IC
I38 - I42	Number of young people over 18 who left care in the reporting period, for: **I38** – KFF, **I39**–NPFF, **I40** – PFF, **I41** – MCFF, **I42** – IC
I43 – I47	Number of young people over 18 who returned to their birth families, for: **I43** – KFF, **I44**–NPFF, **I45** – PFF, **I46** – MCFF, **I47** – IC
J7	Number of family foster care coordinators
J10	Expenditures in PLN on compensations (with benefits) for FFC coordinators
J14	Number of FF/MCFF working with FFC coordinators
J16	Number of consultations provided within specialist counselling
L5	Number of candidates for NPFF trained
L6	Expenditures in PLN on training for candidates for NPFF
L7	Number of candidates for PFF trained
L8	Expenditures in PLN on training for candidates for PFF
L13	Number of persons performing the FF function, who have been trained
L14	Expenditures in PLN on training for FF
L15	Number of persons running MCFF, who have been trained
L16	Expenditures in PLN on training for MCFF
L17	Number of FTRF directors, who have been trained
L18	Expenditures in PLN on training for FTRF
M3 – M6	Total number of children placed within the district in: **M3** – RF, **M4** – FTRF, **M5** – FF and MCFF, **M6** - KFF
M7 – M12	In-district children (placed within and outside the district) in: **M7** – RF, **M8** – FTRF, **M9** – FF and MCFF, **M10** – KFF, **M11** – intervention pre-adoption centres, **M12** – regional residential facilities
M13 – M15	In-district children placed within the district in: **M13** – RF, **M14** – FTRF, **M15** – FF and MCFF
M21 – M26	In-district children (placed within and outside the district) under 12 months of age in: **M21** – RF, **M22** – FTRF, **M23** – FF and MCFF, **M24** – KFF, **M25**-intervention pre-adoption centres, **M26** – regional residential facilities
M35 – M40	In-district children (placed within and outside the district) aged 1–3 in: **M35** – RF, **M36** – FTRF, **M37** – FF and MCFF, **M38** – KFF, **M39** – intervention pre-adoption centres, **M40** – regional residential facilities

M49 – M54	In-district children (placed within and outside the district) aged 4–6 in: **M49** – RF, **M50** – FTRF, **M51** – FF and MCFF, **M52** – KFF, **M53** – intervention pre-adoption centres, **M54** – regional residential facilities
M63 – M68	In-district children (placed within and outside the district) aged 7–13 in: **M63** – RF, **M64** – FTRF, **M65** – FF and MCFF, **M68** – regional residential facilities
M73	Total number of children aged 14–17 placed within the district in RF
M77 – M82	In-district children (placed within and outside the district) aged 14–17 in: **M77** – RF, **M78** – FTRF, **M79** – FF and MCFF, **M82** – regional therapeutic residential facilities
M91 – M93	In-district children (placed within and outside the district) aged 18–24 in: **M91** – RF, **M92** – FTRF, **M93** – FF and MCFF

5.3 AC QUALITY INDEX: ANALYSIS OF COMPONENT INDICATORS

Each component indicator of the AC Quality Index will be discussed in a separate paragraph. The indicators are divided into three groups according to their weight – from the highest to the lowest one. For each indicator the country average for the 1st half of 2017 and the norms will be given. The upper norm bound is the best value (guaranteeing 1 after normalisation), above which the district is not given additional points. The lower norm bound is the value corresponding to 0 after normalisation. If the upper norm bound is higher than the lower norm bound, increasing indicator values are desired; if it is lower, minimum indicator values are desired. Apart from the numerical values, each indicator is presented together with information about why it has been selected for the analysis, how it is calculated, and why it is calculated this way and not any other.

Note: The following convention was adopted for referring to the tables of the MFLaSP report when providing formulas for the indicators (see *Glossary 1*):

- The letter in the formula corresponds to the same letter in the table; two-sheet tables are merged into a single one, and the letter M indicates the one-off report "Number of children in alternative care: In-district and out-of-district children".
- The number in the formula corresponds to the column number in the table, where the first column is the district name, the second one is the MFLaSP number, and the third one includes the data.
- As an example, F4 means children placed in AC and staying there for up to 3 months, and G251 corresponds to the number of teenage mothers in RFs.
- The additional symbols _s2 or _s6 mean the sum (total) for the past 2 or 6 reporting periods.

COMPONENT INDICATORS WITH LARGEST WEIGHT

Indicator name: **Adjusted cost of foster parents' compensation per child**

Country average: 777 PLN

Lower norm bound: 556 PLN

Upper norm bound: 1317 PLN

Formula:

$$\frac{(\mathrm{B5\_s2} + \mathrm{B20\_s2}) * (\mathrm{SAL}/100)^{-0,5}}{\mathrm{A24\_s2} + \mathrm{A27\_s2}}$$

Explanation: B5 and B20 are the district's expenditures on foster parents' compensation in PFFs and MCFFs, respectively; SAL is the average salary in the district relative to the country average (dividing the last number by 100 is necessary to obtain a percentage value); A24 and A27 are the numbers of payments of the fostering allowance in PFFs and MCFFs.

Discussion: This indicator is designed to measure the average foster parents' compensation in the district. The issue of professional foster parents' compensation is very important for the development of this form of employment. The report does not explicitly provide information about the average foster parent compensation, so we had to estimate the value. The MFLaSP report provides the total expenditures on foster parents' compensations and the number of payments. Unfortunately, at the country level, this amount does not match the number of foster families, because when a professional foster family or a multi-child foster family looks after children from different districts, the number of compensation payments recorded in the statistics is higher, because each district pays for its own children (as a result, a family with 3 foster children, each from a different district, will be recorded three times). This calculation method underestimates the average professional foster parent compensation in districts which have foster children from other districts. Instead, we may try to estimate compensation not per family, but rather per child in a foster family. This amount will be comparable among districts and insensitive to whether children are placed in "multi-district" families or not. However, this approach creates two problems. First, foster parents' compensation per child depends on the children to families ratio, i.e., the average number of children in a professional foster family or a multi-child foster family. Second, the statistics do not provide information about the number of in-district children in professional foster families. Nevertheless, these two issues are less serious that the previously mentioned problem of the lack of a simple link between the number of payments and the number of families, and they can be resolved, at least to some extent.

First, the fact that the indicator depends on the average number of children in a family, has some advantages, resulting in higher average compensation in districts where, all other things being equal, there are fewer children in foster families. That is right – the more children, the more work which should be better compensated. It may be questionable whether two children require twice as much work as one child, but the amount of work is certainly larger, so compensation should be higher, too. Second, the number of in-district children in PFFs and MCFFs can be estimated based on the number of allowance payments per child, which, on average, is equal to the number of children, on a monthly basis. Finally, for comparative purposes, the tool includes a traditionally calculated compensation indicator: the total amount divided by the number of payments, which can be interesting for some districts.

The compensation per child* indicator, similarly to coordinators' salaries (described below) and the cost of compensation per family (in fact, per payment), which is also included in the tool, occur in two versions: with or without asterisks. The asterisk means the value has been adjusted with the root of the deviation of the average salary in the district from the country average, to make the results more reliable. The decision to adjust compensation values follows from the need to account for differences in prices (no price indexes are available at the district level, and higher salaries are usually related to higher prices) – the purchasing power of the same 2000 zlotys is different in Warsaw and in a poor rural district (where it is significantly higher). However, difference in salaries are smaller than differences in prices. If they were exactly the same, regions with higher salaries would not really be richer than others, but they are. That is why the root is additionally extracted from the quotient of the average country salary and the average district salary. For example, when salaries in a district are 150% of the country's average salary, foster parents' compensation is divided by 122%, so it is reduced by about 18%.

Indicator name: **Young in-district children in IC**

Country average: 14.4%

Lower norm bound: 20%

Upper norm bound: 0%

Formula:

$$\frac{\mathrm{M21} - \mathrm{M22} + \mathrm{M25} + \mathrm{M26} + \mathrm{M35} - \mathrm{M36} + \mathrm{M39} + \mathrm{M40} + \mathrm{M49} - \mathrm{M50} + \mathrm{M53} + \mathrm{M54}}{\mathrm{M21} + \mathrm{M23} + \mathrm{M25} + \mathrm{M26} + \mathrm{M35} + \mathrm{M37} + \mathrm{M39} + \mathrm{M40} + \mathrm{M49} + \mathrm{M51} + \mathrm{M53} + \mathrm{M54}}$$

Explanation: The numerator includes values reflecting the number of children in IC in three age ranges: under 12 months, 1–3 years, and 4–6 years. In each range we add children from RFs (M21 for the first range), subtract FTRFs (M22) and add intervention pre-adoption centres and regional therapeutic residential facilities (M25 and M26, respectively). In the denominator we add up all the children in the given age range in AC, so we do not subtract FTRFs from RFs, and we add children in FFC (M23 for the first age range).

Discussion: This indicator measures the degree to which each district has fulfilled the requirement imposed by the Act that children under 7 years of age should be placed in family foster care. Formally, it is acceptable to place young children in IC, when certain additional conditions are satisfied, e.g., when the child is placed in a residential facility together with their teenage mother. Most districts in Poland comply with the legal provisions and do not place children under 7 in institutional care, which proves that satisfying the requirements imposed by the lawmakers is possible. The exceptional circumstances under which placing young children in residential facilities is allowed by the Act, should not be used as an excuse for ignoring the guidelines based on research conducted all over the world, showing that institutional care is particularly harmful to young children. When it comes to teenage mothers, the right place for them to learn how to look after their children, would be a specialist professional foster family, identified by the Act as competent to perform this role.

Indicator name: **Density of in-district children in IC**

Country average: 18.95

Lower norm bound: 28.4

Upper norm bound: 10

Formula:

$$\frac{(\mathrm{M13} - \mathrm{M14}) * \mathrm{ID2} + ((\mathrm{M7} - \mathrm{M8} + \mathrm{M11} + \mathrm{M12}) - (\mathrm{M13} - \mathrm{M14})) * \mathrm{ID2PL}}{(\mathrm{M7} - \mathrm{M8} + \mathrm{M11} + \mathrm{M12})}$$

Where:

$$\mathrm{ID2} = \frac{\mathrm{M3} - \mathrm{M4}}{\mathrm{E3} - \mathrm{E11}}$$

Explanation: This indicator is a weighted average of density in the district (ID2) and in Poland (ID2PL). The weights are: the number of in-district children in residential facilities within the district (weight for ID2) and the number of in-district children in residential facilities outside the district (weight for ID2PL). M13-M14 correspond to the number of in-district children in RFs, excluding FTRFs, within the district, and M7-M8 – to the number of in-district children in RFs, excluding FTRFs. The number of in-district children is complemented with children living in residential facilities run by the voivodship authorities, M11 and M12. The density indicator itself, calculated for the district, is the quotient of the number of children within the district in IC, excluding FTRFs, and the number of facilities within the district (E3), excluding family-type facilities (E11).

Discussion: This indicator measures the degree to which residential facilities (excluding FTRFs) fulfil the current standard of care and living, i.e. the housing conditions provided for in-district children in IC. When it comes to in-district children living in residential facilities within the district, these conditions are calculated as the ratio of children in IC to residential facilities, whereas for in-district children placed in facilities outside the district, the national values have been adopted (the average number of 18.95 children per facility), as the statistics do not provide information about which district each child has been placed in. This differentiation is necessary, because the assessment cannot be limited to children placed within the district. Many districts have small residential facilities, but send their children to larger out-of-district facilities, a practice that should be noted down. Some of the districts do not have any facilities, although they have not completed the deinstitutionalisation process, and they place children in out-of-district facilities as a regular practice. Those districts should not obtain the maximum score in the discussed category, as the maximum value is reserved for districts which either send children to very small facilities within the district or do not place any children in IC.

Indicator name: **Net out-of-district children in IC**

Country average: 9.18

Lower norm bound: 36

Upper norm bound: 0

Formula:

(M3 - M4) - (M13 - M14) - max((M5 - M6 + M4) -(M8 + M9 - M10),0)

Explanation: This indicator measures the difference between the inflow of out-of-district children into IC and FFC. The first element of the difference, (M3 - M4) - (M13 - M14), is a difference on its own: the first component is children in RFs, excluding FTRFs, within the district, and the second component in-district children in RFs, excluding FTRFs, within the district. The second element in the formula is preceded by the MAX function, which changes negative values to zero, followed by an expression in brackets in all the other cases. The expression in brackets is the difference between the number of children in FFC, excluding KFFs and including FTRFs, within the district (M5 – M6 +M4), and the number on in-district children in those care settings within the district.

Discussion: Running residential facilities exclusively or mainly for out-of-district children may often contribute to perpetuating the important role of institutional care in the neighbouring districts, which are not motivated to organise better conditions of care for children, as they can easily send their children to another district. This indicator was included in the tool with an intention to denounce situations when one district provides institutional care services for other districts, and to promote the practice of offering FFC placements for out-of-district children. By increasing its pool of places in FFC beyond the needs of in-district children, a district contributes directly to deinstitutionalisation at the country level and supports other districts that have more difficulty recruiting foster parents.

COMPONENT INDICATORS WITH MEDIUM WEIGHT

Indicator name: **Cost of coordinators' salaries***

Country average: 749 PLN

Lower norm bound: 305 PLN

Upper norm bound: 1469 zł

Formula:

$$\frac{\mathrm{J10\_s2} \ * \ (\mathrm{SAL}/100)^{-0,5}}{\sqrt{(\mathrm{M5\_s2} \ - \ \mathrm{M89\_s2}) * (\mathrm{D3\_s2} \ + \ \mathrm{D15\_s2} \ + \ \mathrm{D30\_s2} \ + \ \mathrm{D48\_s2} \ + \ \mathrm{D66\_s2} \ + \ \mathrm{D84\_s2})}}$$

Explanation: The numerator represents the total of coordinators' salary payments for the past two reporting periods, adjusted with the average salary in the district. The denominator is the product of the number of children and the number of FFC units potentially supervised by a coordinator. The number of children includes all children in FFC, excluding FTRFs, within the district, except for young adults in foster care, who do not need that much attention from the coordinator and are supported by leaving care workers. The number of families includes KFFs, NPFFs, PFFs (excluding specialist and emergency families), emergency families, specialist PFFs, and MCFFs (in this order).

Discussion: The actual purpose of analysing coordinators' salaries was to estimate the number of coordinators. Since they often work part time, the number of coordinators provided in the MFLaSP report (J7) does not really reflect the actual hours of working for families. As such, it does not provide information about the number of full-time coordinator jobs within districts. Additionally, it may be assumed that higher hourly wage rates help to recruit candidates with higher levels of competence, and contribute to employee retention, which is essential for the fulfilment of coordinators' tasks. However, the number of coordinators (or, in this case, their salary) should be related to the potential volume of their work, which depends, on the one hand, on the number of families in their care, and on the other hand, on the number of children who may need some kind of help. It is represented by the denominator in the formula, which is the root of the number of children multiplied by the number of families. The root in the denominator should be interpreted as the result of reducing the following expression:

$$\frac{salary^*}{no.\ of\ families} * \sqrt{\frac{no.\ of\ families}{no.\ of\ children}} = \frac{salary^*}{\sqrt{no.\ of\ families * no.\ of\ children}}$$

The expression on the left shows that the indicator is actually the quotient of salary and the number of families (pay per family), adjusted for the number of children per family, with the adjustment being proportional not to the quotient itself, but to its root. For example, if the average number of children per family is four instead of two, the coordinator is not assumed to have twice as much work (4/2), but rather 1.39 times more ($\frac{\sqrt{4}}{\sqrt{2}}$).

Indicator name: **FFC placement stability**

Country average: 0.50 %

Lower norm bound: 1.18 %

Upper norm bound: 0

Formula:

$$\frac{\mathrm{I18\_s6}}{\mathrm{M6\_s6}}$$

Explanation: This indicator is the quotient of the number of transfers from FFC to IC during the past 3 years and the number of children in FFC in the same period.

Discussion: The indicator was included in the analysis with the intention to assess the stability of kinship foster families, which require special support. Sometimes children are first placed with their grandparents or siblings, and are later moved to residential facilities due to problems arising in the kinship placement. Such situations are disadvantageous for children and reflect the support system's inefficiency and possible mistakes. The latter may involve placing a child with foster parents who are unprepared for the role or do not guarantee due

performance of their tasks, insufficient training, or the lack of support for foster families when problems arise.

The placement stability indicator does not cover other types of family foster care, because the available data confuses them with transfers to IC from emergency families. For that reason, the present analysis is limited to transfers from kinship foster families, which cannot be confused with transfers from emergency families, because kinship families, by definition, never perform the emergency fostering function.

Indicator name: **Leaving AC**

Country average: 0.05

Lower norm bound: 0

Upper norm bound: 0.0665

Formula:

$$\frac{\mathrm{I8\_s6} + \mathrm{I9\_s6} + \mathrm{I10\_s6} + \mathrm{I11\_s6} + \mathrm{I12\_s6} + \mathrm{I23\_s6} + \mathrm{I24\_s6} + \mathrm{I25\_s6} + \mathrm{I26\_s6} + \mathrm{I27\_s6}}{(\mathrm{M7\_s6} + \mathrm{M9\_s6} + \mathrm{M11\_s6} + \mathrm{M12\_s6}) - (\mathrm{M91\_s6} + \mathrm{M93\_s6})}$$

Explanation: The numerator is the total of outflows from AC in the past 3 years, i.e., the total of returns to the birth family, 8-12, and adoptions, 23-27. The symbols in the numerator, beginning from I8 or I23, correspond to KFFs, NPFFs, PFFs, MCFFs, and RFs together with FTRFs. The denominator represents the three-year total of in-district children in AC (IC including FTRFs, FFC, and facilities run by the voivodship authorities), minus the total of young people over 18 who can only leave AC through transition to independent living.

Discussion: Alternative care is potentially, at least in principle, a temporary form of care. Social workers' and family assistants' work with the birth family may allow the child to return home, which is, in principle, a positive outcome. Children, whose birth parents' rights have been terminated, have a chance for adoption, although in Poland this is mainly true for the youngest children with no major health problems. Therefore, leaving care by children under 18 is considered a desired outcome (a step toward the ideal of a perfectly functioning system), so it is rewarded in the AC Quality Index, even though the FFC Organiser's direct influence on the decision about returning a child to the birth parents or about adoption is quite limited. Thus, to a large degree, the indicator measures the effectiveness of communes' and adoption centres' efforts, and is a measure of multidisciplinary work.

Indicator name: **Incomplete transitions to independent living (AC)**

Country average: 0.21

Lower norm bound: 0.365

Upper norm bound: 0.05

Formula:

$$\frac{\mathrm{I43\_s6} + \mathrm{I44\_s6} + \mathrm{I45\_s6} + \mathrm{I46\_s6} + \mathrm{I47\_s6}}{\mathrm{I38\_s6} + \mathrm{I39\_s6} + \mathrm{I40\_s6} + \mathrm{I41\_s6} + \mathrm{I42\_s6}}$$

Explanation: This indicator relates the total of young people (adult care leavers) returning to their birth families to the overall number of young people who have aged out of care during the past 3 years. The elements in the formula correspond to transitions to independent living from KFFs, NPFFs, PFFs, MCFFs, and RFs including FTRFs.

Discussion: Incomplete transitions to independent living, which should not be confused with leaving AC under the age of 18, are, in principle, a negative outcome. While children's

reunification with the birth family as a result of its improved functioning is a desired situation, young people's returns after ageing out of care usually do not mean the family's situation has improved and do not give young care leavers a real chance for independence and stability. In most cases, returning to the birth family after ageing out of care results from the fact that the young care leaver is unable to solve their basic livelihood issues – where to live and how to earn their living – so the only option is to return to the environment that may increase the risk of problems and does not promote the young person's further development, a conclusion justified by the fact that the child had to be removed from the family in the first place. Thus, incomplete transition to independent living is, in a way, in contradiction with the alternative care system. Children are not taken away from their parents, often against the wishes of the whole family, just to return to them only because they have come of age and have no other place where they could start their adult life. However, the index structure allows a margin of error in the above judgment. Therefore, it is assumed that, on average, one out of twenty incomplete transitions to independent living may be justified by a positive change in the birth family's functioning, which did not occur in previous years (for example, when a family member being the perpetrator of abuse, permanently leaves).

Indicator name: **Continuing education (AC)**

Country average: 0.50

Lower norm bound: 0.29

Upper norm bound: 0.59

Formula:

$$\frac{\mathrm{M91\_s6} + \mathrm{M93\_s6} + (\mathrm{A243\_s6} + \mathrm{A246\_s6} + \mathrm{A249\_s6} + \mathrm{A252\_s6} + \mathrm{C73\_s6})/6}{\mathrm{M63\_s6} + \mathrm{M65\_s6} + \mathrm{M68\_s6} + \mathrm{M77\_s6} + \mathrm{M79\_s6} + \mathrm{M82\_s6}}$$

Explanation: The indicator compares the number of young people continuing education in AC or receiving the allowance for continuing education outside AC, with the overall number of children aged 7–17 in AC. The number of young people continuing education in AC is the total of in-district children in IC, including FTRFs, and in FFC, because all young people remaining in care after turning 18 have to continue education. The number of young people continuing education outside AC is the total number of payments of the continuing education allowance (divided by 6, because the allowance is paid monthly, rather than every six months) for each type of AC (respectively): KFF, NPFF, PFF, MCFF, and IC including FTRF. The number of children in the denominator is the total number of in-district children in IC, including FTRF, and FFC in the same age categories, including children in regional care and therapy facilities (but excluding children in intervention pre-adoption centres, as their number within this age range is systematically zero).

Discussion: Continuing education beyond the age of 18 is generally recommended for all those who want to successfully navigate today's labour market. This is true not only for college or university studies, but also for other forms of education, including vocational courses, defined by the lawmakers. Additionally, many children in care have gaps and delays in education, which sometimes make it impossible for them to complete middle school education by the age of 18. From the perspective of what is intended to be measured by this indicator, i.e. preparation for the future career, the continuing education category should also include internships and traineeship programmes. According to the Act, vocational courses and on-the-job training may be regarded as continuing education, but it is difficult to say how often it is actually the case, because no data is gathered about where children continue education.

When it comes to the denominator in the formula, it is supposed to reflect the number of children who could continue education beyond the age of 18. Unfortunately, available reports do not provide information about the number and ages of children who left alternative care in

the previous years, which would be needed for calculating the percentage of those continuing education within each cohort. Instead, it was assumed that the number of children who had come of age in AC in the past 7 years corresponded to the number of children aged 7–17, who live in AC at the moment. This approach is based on the assumption that the number of children in AC is relatively stable, which is not absolutely true, as the number of children in AC has been systematically decreasing for several years. Moreover, the pace of this decline is different for institutional and foster family care, with the former decreasing slightly faster than the latter. Additionally, these two types of care differ in terms of the age structure of looked after children: there are more older children in institutional care. Despite these limitations, however, it is still possible to compare average continuing education figures between districts, because all the above mentioned problems occur across districts, and to a similar extent.

However, this indicator does not tell us how many more children continue education in FFC, compared to IC, as institutional care would be privileged in the equation due to the lower value of the denominator (small percentage of children aged 7-13) and the strongly narrowing (downward) age pyramid. The playing field would be more levelled is we estimated the number of children, who could potentially continue education, in the 14–17 age group, but it is only possible for aggregate data, since for any single district the number of children in this age category could turn out unproportionally high or low – for random reasons – in relation to young people continuing education. Notably, the "Why Del" section of the tool includes an indicator measuring the percentage of children continuing education in IC and FFC, which has the number of children aged 14-17 in the denominator, scaled up (multiplied by 7/4) to enable a percentage interpretation of the indicator by making a comparison with the number of young people aged 18-24, i.e. 7 consecutive years.

COMPONENT INDICATORS WITH SMALLEST WEIGHT

Indicator name: **Optional benefits per in-district child**

Country average: 247 PLN

Lower norm bound: 0

Upper norm bound: 417 PLN

Formula:

$$\frac{(\mathrm{A65\_s2} + \mathrm{A68\_s2} + \mathrm{A71\_s2} + \mathrm{A74\_s2} + \mathrm{A77\_s2} + \mathrm{A80\_s2} + \mathrm{A83\_s2} + \mathrm{A86\_s2} + \mathrm{A89\_s2} + \mathrm{A92\_s2} + \mathrm{A95\_s2} + \\ + \mathrm{A98\_s2} + \mathrm{A101\_s2} + \mathrm{A104\_s2} + \mathrm{A107\_s2} + \mathrm{A113\_s2} + \mathrm{A116\_s2} + \mathrm{A119\_s2} + \mathrm{A131\_s2} + \mathrm{A149\_s2} + \mathrm{A164\_s2})}{\mathrm{M9\_s2}}$$

Explanation: Although this formula includes the largest number of variables among all the indicators in the tool, its construction is very simple: it relates the total number of optional benefit payments (i.e., benefits not arising from the Act) during the past year to the number of in-district children in FFC. In the MFLaSP report, the benefits are grouped into 5 categories, additionally divided into 5 types of placements: KFF, NLFF, PFF, MCFF, and support families. The five categories are:

- one-off allowance to cover the necessary cost related to the needs of a newly placed child,
- one-off or periodic allowance related to fortuitous events or other events having an impact on the quality of care,
- holiday allowance,
- home maintenance benefit,
- house repair allowance.

For example, A65 is the 1st category benefit for KFFs, and A164 is the last category benefit for support families.

Discussion: Optional benefits are an important instrument for satisfying important needs of the child and supporting the foster parents. The child's housing conditions and where (if at all) they go on holiday, have a significant effect on their wellbeing and self-esteem, which, in turn, contribute directly to successful transition to independence, as high self-esteem tends to translate to more responsible and bolder life decisions. The construction of the indicator, in itself, does not provoke any discussion. However, it should be explained that the two-period moving total, used in the numerator and denominator, serves to eliminate seasonal differences related to increased holiday allowance payments in the summer.

Indicator name: **Training per family**

Country average: 0.10

Lower norm bound: 0

Upper norm bound: 0.367

Formula:

$$\frac{\mathrm{L13\_s6} + \mathrm{L15\_s6} + \mathrm{L17\_s6}}{(\mathrm{D3\_s6} + \mathrm{D15\_s6} + \mathrm{D30\_s6} + \mathrm{D48\_s6} + \mathrm{D66\_s6} + \mathrm{D84\_s6} + \mathrm{E11\_s6}}$$

Explanation: This indicator compares the number of families trained during the past 3 years (total foster families, i.e. KFF+NPFF+PFF, MDFF, and FTRF) to the overall number of foster families in the district in the same period. The values in the denominator are, respectively: KFF, NPFF, PFF excluding specialist and emergency families, specialist PFF, MCFF, and FTRF.

Discussion: Training is important for improving foster parents' skills and preventing burnout. Practical knowledge conveyed by the trainers helps parents to overcome parenting difficulties and address issues involving both their children and themselves. That is why supporting parents by offering free-of-charge training is an important components of every mature family foster care system. The training indicator could have been placed in the „medium weight" category, but its contribution to the AC Quality Index was limited due to missing data. Information about training is limited to training funded by the district authorities and paid for as "training", and not, for example, as one of the services provided by a pedagogic counsellor employed by the district and conducting training for foster parents. To increase stability over time, both the numerator and the denominator include six-period totals, which is additionally legitimised by the fact that there might be 6-month or even 12-month periods when training is not urgently needed due to intense training activity a year of half a year earlier, when training on the given topic may have been provided for a large group of families.

Indicator name: **Specialist consultations**

Country average: 1.12

Lower norm bound: 0

Upper norm bound: 2.28

Formula:

$$\frac{\mathrm{J16}}{\mathrm{M5}}$$

Explanation: This indicator compares the number of consultations provided by specialists to the overall number of children in FFC excluding FTRFs within the district.

Discussion: Children in AC may have problems that require professional intervention, e.g., psychological, educational, or legal counselling. Offering foster parents access to free of charge specialist services and encouraging them to actively use this form of support, will help address problems before it is too late. A high number of specialist consultations per child within the district (as consultations are used primarily by children within the district, rather than by in-district children) reflects active use of this form of support. One problem in the construction of the indicator is the lack of a clear definition of a “specialist consultation” (or “specialist counselling). Its low weight in the AC Quality Index results from the ambiguity about counselling in district reports.

5.4 OTHER INDICATORS AVAILABLE IN THE TOOL

Table 3. Indicators in „Institutions and Transfers" section

Name in the tool	Descriptive name	Formula
Density of in-district children in IC	Number of in-district children in IC per facility	For more details see **Błąd! Nie można odnaleźć źródła odwołania.**
Carers in IC	Number of carers per child in IC within the district	$\frac{\text{E35}}{\text{M3} - \text{M4}}$
FFC placement stability	Number of transfers from KFFs to IC against the number of in-district children in KFFs	For more details see **Błąd! Nie można odnaleźć źródła odwołania.**
Young in-district children in IC	Number of in-district children under 7 in IC against the number of in-district children under 7 in AC	For more details see **Błąd! Nie można odnaleźć źródła odwołania.**
Net out-of-district children in IC	Number of out-of-district children placed in IC within the district reduced by the number of out-of-district children placed in FF within the district	For more details see **Błąd! Nie można odnaleźć źródła odwołania.**
Out-of-district children in IC	Number of out-of-district children placed in IC within the district	$(\text{M3} - \text{M4}) - (\text{M13} - \text{M14})$
Out-of-district children in FFC	Net FFC places offered by the district for out-of-district children	$\max((\text{M5} - \text{M6} + \text{M4}) - (\text{M8} + \text{M9} - \text{M10}),0)$
IC→IC transfers	Transfers from one RF to another RF against the number of in-district children in AC in the past 3 years	$\frac{\text{I22\_s6}}{\text{M3\_s6} + \text{M5\_s6}}$
FFC→IC transfers	Transfers from FFC to IC facilities against the number of in-district children in AC in the past 3 years	$\frac{\text{I18\_s6} + \text{I19\_s6} + \text{I20\_s6} + \text{I21\_s6}}{\text{M3\_s6} + \text{M5\_s6}}$

Source: Own data.

Table 4. Indicators in "Coordinators and Training" section

Name in the tool	Descriptive name	Formula
Coordinating	Percentage of families supervised by coordinators	$min(\frac{\mathrm{J14}}{\mathrm{D3 + D15 + D30 + D48 + D66 + D84)}, 1)$
Cost of coordinators' salaries*	Cost of coordinator salary (adjusted for inter-district differences in salaries) against the root of the product of the no. of families and the no. of children under 18 in FFC (excluding FTRFs) within the district	For more details see **Błąd! Nie można odnaleźć źródła odwołania.**
Number of families per coordinator	Number of coordinated families per coordinator	$\frac{\mathrm{J14}}{\mathrm{J7}}$
Training per family	Average amount of training per family in the past 3 years	$\frac{\mathrm{L13\_s6 + L15\_s6 + L17\_s6}}{\mathrm{D3\_s6 + D15\_s6 + D30\_s6 + D48\_s6 + D66\_s6 + D84\_s6 + E11\_s6}}$
Cost of coordinators' salaries	Coordinator salary (per person)	$\frac{\mathrm{J10\_s2}}{6 * \mathrm{J7\_s2}}$
Unit cost of FF training	Cost of FF training against the number of families trained	$\frac{\mathrm{L14 + L16 + L18}}{\mathrm{L13 + L15 + L17}}$
Cost of parent training	Cost of foster parent training (including persons running MCFFs and FTRFs) against the number of children in families and FTRFs within the district	$\frac{\mathrm{L14 + L16 + L18)}}{\mathrm{M4 + M5 - M6}}$
Unit cost of candidate training	Unit cost of training of candidates for professional and non-professional foster families	$\frac{\mathrm{L6 + L8}}{\mathrm{L5 + L7}}$
Specialist consultations	Number of specialist consultations provided for children within the district against the number of children in FFC (excluding FTRFs) within the district	For more details see **Błąd! Nie można odnaleźć źródła odwołania.**

Source: Own data.

Table 5. Indicators in "Cost of Care" section

Name in the tool	Descriptive name	Formula
Optional benefits per in-district child	Optional benefits per in-district child	For more details see **Błąd! Nie można odnaleźć źródła odwołania.**
Cost per in-district child excluding KFFs (AC)	Unit cost of child care, excluding children placed in kinship foster families, incurred by the commune and the district, altogether [AC]	$\frac{(C6_{s2} + A8_{s2} + A11_{s2} + A14_{s2} + A17_{s2} + + B5\_s2 + B20\_s2 + B26\_s2 + B35\_s2)/6}{M7\_s2 + M9\_s2 - M10\_s2 + M11\_s2 + M12\_s2}$
Cost per in-district child excluding KFFs (IC)	Unit cost of child care, excluding children placed in kinship foster families, incurred by the commune and the district, altogether [IC]	$\frac{(C6\_s2 - C26\_s2)/6}{M7\_s2 - M8\_s2 + M11\_s2 + M12\_s2}$
Cost per in-district child excluding KFFs (FFC)	Unit cost of child care, excluding children placed in kinship foster families, incurred by the commune and the district, altogether [FFC]	$\frac{(C26\_s2 + A8\_s2 + A11\_s2 + A14\_s2 + A17\_s2 + + B5\_s2 + B20\_s2 + B26\_s2 + B35\_s2)/6}{M9\_s2 + M8\_s2 - M10\_s2}$
Cost of foster parents' compensation	Compensation of foster parents looking after in-district children in PFFs and MCFFs (unadjusted)	$\frac{B5\_s2 + B20\_s2}{B3\_s2 + B18\_s2}$
Cost of foster parents' compensation*	Compensation of foster parents looking after in-district children in PFFs and MCFFs (adjusted)	$\frac{(B5\_s2 + B20\_s2) * WYN/100^{-0,5}}{B3\_s2 + B18\_s2}$
Cost of foster parents' compensation per child	Compensation of foster parents looking after in-district children in PFFs and MCFFs per in-district child (more precisely: against the number of child care allowances in PFFs and MCFFs)	$\frac{B5\_s2 + B20\_s2}{A24\_s2 + A27\_s2}$
Cost of foster parents' compensation per child*	Compensation of foster parents looking after in-district children in PFFs and MCFFs per in-district child (more precisely: against the number of child care allowances in PFFs and MCFFs), adjusted with the root of the district's average salary	For more details see **Błąd! Nie można odnaleźć źródła odwołania.**

Source: Own data.

Table 6. Indicators in "Challenges" section

Name in the tool	Descriptive name	Formula
AC Intensity	Number of children under 18 in AC against the total number of children in this age group within the district	$\frac{(M7 + M9 + M11 + M12) - (M91 + M93)}{\text{Pre} - \text{working age population}}$
Teenage mothers in IC	Proportion of teenage mothers in AC within the district	$\frac{G245 + G246 + G247 + G250 + G251}{M3 + M5}$
Incomplete transitions to independent living (AC)	Proportion of young people who returned to birth family after leaving AC, among young people over 18 leaving AC (3-year moving average)	For more details see **Błąd! Nie można odnaleźć źródła odwołania.**
Incomplete transitions to independent living (IC)	Proportion of young people who returned to birth family after leaving IC, among young people over 18 leaving IC (3-year moving average)	$\frac{I47\_s6}{I42\_s6}$
Incomplete transitions to independent living (FFC)	Proportion of young people who returned to birth family after leaving FFC, among young people over 18 leaving FFC (3-year moving average)	$\frac{I43\_s6 + I44\_s6 + I45\_s6 + I46\_s6}{I38\_s6 + I39\_s6 + I40\_s6 + I41\_s6}$

Source: Own data.

Table 7. Indicators in "Outflow from Care" section

Name in the tool	Descriptive name	Formula
Leaving AC	Number of children leaving AC against the number of in-district children under 18 in AC (3-year moving average)	For more details see **Błąd! Nie można odnaleźć źródła odwołania.**
Returns to birth family from AC	Returns to birth family against the number of in-district children under 18 in AC (3-year moving average)	$\frac{I8\_s6 + I9\_s6 + I10\_s6 + I11\_s6 + I12\_s6)}{(M7\_s6 + M9\_s6 + M11\_s6 + M12\_s6) - (M91\_s6 + M93\_s6)}$
Adoptions from AC	Adoptions from AC against the number of in-district children under 18 in AC (3-year moving average)	$\frac{I23\_s6 + I24\_s6 + I25\_s6 + I26\_s6 + I27\_s6)}{(M7\_s6 + M9\_s6 + M11\_s6 + M12\_s6) - (M91\_s6 + M93\_s6)}$
Leaving IC	Number of children leaving IC against the number of in-district children under 18 in IC (3-year moving average)	$\frac{I12\_s6 + I27\_s6}{(M7\_s6 + M11\_s6 + M12\_s6) - (M91\_s6)}$
Returns to birth family from IC	Returns to birth family against the number of in-district children under 18 in IC (3-year moving average)	$\frac{I12\_s6)}{(M7\_s6 + M11\_s6 + M12\_s6) - (M91\_s6)}$
Adoptions from IC	Adoptions from IC against the number of in-district children under 18 in IC (3-year moving average)	$\frac{I27\_s6}{(M7\_s6 + M11\_s6 + M12\_s6) - (M91\_s6))}$
Leaving FFC	Number of children leaving FFC against the number of in-district children under 18 in FFC (3-year moving average)	$\frac{I8\_s6 + I9\_s6 + I10\_s6 + I11\_s6 + I23\_s6 + I24\_s6 + I25\_s6 + I26\_s6}{M9\_s6 - M93\_s6}$
Returns to birth family from FFC	Returns to birth family against the number of in-district children under 18 in FFC (3-year moving average)	$\frac{I8\_s6 + I9\_s6 + I10\_s6 + I11\_s6)}{M9\_s6 - M93\_s6}$
Adoptions from FFC	Adoptions from FFC against the number of in-district children under 18 in FFC (3-year moving average)	$\frac{I23\_s6 + I24\_s6 + I25\_s6 + I26\_s6}{M9\_s6 - M93\_s6}$

Source: Own data.

Table 8. Indicators in "Continuing Education" section

Name in the tool	Descriptive name	Formula
Continuing education (AC)	Number of in-district children over 18 staying in AC to continue education or receiving allowance for continuing education outside AC against the number of children in AC above 6 and under 18 (3-year moving average)	For more details see **Błąd! Nie można odnaleźć źródła odwołania.**
Continuing education (IC)	Number of in-district children over 18 staying in IC to continue education or receiving allowance for continuing education outside IC against the number of children in IC above 6 and under 18 (3-year moving average)	$\frac{M91\_s6 - M92\_s6 + C73\_s6/6}{M63\_s6 - M64\_s6 + M68\_s6 + M77\_s6 - M78\_s6 + M82\_}$
Continuing education (FFC)	Number of in-district children over 18 staying in FFC to continue education or receiving allowance for continuing education outside FFC against the number of children in FFC above 6 and under 18 (3-year moving average)	$\frac{(M92\_s6 + M93\_s6 + +(A243\_s6 + A246\_s6 + A249\_s6 + A252\_s6)/6)}{M64\_s6 + M65\_s6 + M78\_s6 + M79\_s6}$
Education in care (AC)	Number of in-district children over 18 staying in AC to continue education	$\frac{M91\_s6 + M93\_s6}{M63\_s6 + M65\_s6 + M68\_s6 + M77\_s6 + M79\_s6 + M8}$
Education in care (IC)	Number of in-district children over 18 staying in IC to continue education	$\frac{M91\_s6 - M92\_s6}{M63\_s6 - M64\_s6 + M68\_s6 + M77\_s6 - M78\_s6 + M82\_}$
Education in care (FFC)	Number of in-district children over 18 staying in FFC to continue education	$\frac{M92\_s6 + M93\_s6}{M64\_s6 + M65\_s6 + M78\_s6 + M79\_s6}$
Education outside care (AC)	Number of in-district children over 18 receiving allowance for continuing education outside AC	$\frac{(A243\_s6 + A246\_s6 + A249\_s6 + A252\_s6 + C73\_s6}{M63\_s6 + M65\_s6 + M68\_s6 + M77\_s6 + M79\_s6 + M8}$
Education outside care (IC)	Number of in-district children over 18 receiving allowance for continuing education outside IC	$\frac{C73\_s6/6}{M63\_s6 - M64\_s6 + M68\_s6 + M77\_s6 - M78\_s6 + M82\_}$
Education outside care (FFC)	Number of in-district children over 18 receiving allowance for continuing education outside FFC	$\frac{(A243\_s6 + A246\_s6 + A249\_s6 + A252\_s6)/6}{M64\_s6 + M65\_s6 + M78\_s6 + M79\_s6}$

Source: Own data.

Table 9. Indicators in sections: "Number of Children" (left) and „Other" (right)

Name in the tool	Formula	Name in the tool	Formula
Number of in-district children in AC	M7 + M9 + M11+M12	Number of NPFFs within district	D15
Number of children in AC within district	M3+ M5	Number of PFFs within district	D30+D48+D66
Number of in-district children in AC outside district	M7 + M9 + M11+M12- M13- M15	Number of MCFFs within district	D84
Number of in-district children in IC	M7 – M8+ M11+M12	Number of FTRFs within district	E11
Number of children in IC within district	M3 – M4	Number of RFs other than FTRFs within district	E3-E11
Number of in-district children in IC outside district	M7 – M8+ M11+M12- (M13- M14)	Percentage of foster parents above 50 years of age	$\frac{\text{AGE,}'51-60',' 61-70',' 71 \text{ and more}'}{\text{AGE\_all}}$
Number of in-district children in FFC	M8 + M9	Number of young in-district children in IC	$\text{M21} - \text{M22} + \text{M25} + \text{M26} + \text{M35} - \text{M36} + \text{M39} + \text{M40} + \text{M49} - \text{M50} + + \text{M53} + \text{M54}$
Number of children in FFC within district	M5 + M4	Number of places in RFs within district	E13-E21
Number of in-district children in IC outside district	M9 – M15	Annual expenditures on AC within district	$C6_{s2} + A8_{s2} + A11_{s2} + A5_{s2} + + A14_{s2} + A17_{s2} + B5_{s2} + + B20\_s2 + B26\_s2 + B35\_s2$

Source: Own data

6. APPENDIX 2: CAWI METHODOLOGY

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RESEARCH METHOD

The study was conducted using the CAWI (Computer-Assisted Web Interview) methodology, i.e. an online survey for collecting qualitative data. This method was chosen because of a number of important advantages:

a) It enables control over the quality of responses (by blocking attempts to enter incorrect information).
b) It prevents respondents from skipping questions.
c) It is flexible (offering possibilities to create more sophisticated questions than traditional pen and paper surveys, and to modify the questionnaire, if needed).
d) It offers immediate access to the collected data and enables its quick analysis.

The main risk of online surveys – the lack of full control over who has finally completed the questionnaire – was substantially reduced by the institutional nature of the target group.

STUDY SUBJECT

The target subject of the study was the complete sample of 380 institutions performing the role of the Organiser of Family Foster Care (mostly District Family Support Centres or Municipal Social Welfare Centres / Municipal Family Support Centres) all over Poland. Preferably, each entity should be represented by employees with the broadest knowledge about the subject area of the survey. Therefore, information about the study was first sent to the director or manager of each institution performing the role of the District Family Support Centre, asking them to appoint employees to answer the questions of the survey. Emails inviting to the study and including a personalised link to the questionnaire were sent to the main email addresses of institutions performing the role of the District Family Support Centre. Additionally, copies of the email were sent to individuals who had been in contact with the partners of the project within prior cooperation in the same subject area. The goal was to maximise the number of people knowing about the study and to minimise the risk that an institution may not take part in the survey because the invitation did not reach the main recipient (e.g. if the message to the main recipient was classified as spam). Data bases of recipients' contact details were provided for the research team by the MFLaSP.

The survey was conducted in two rounds:

Round 1: all institutions performing the District Family Support Centre tasks in Poland,

Round 2: institutions in districts selected for the autumn presentation of the tool, which did not answer all questions of the survey during Round 1.

The questionnaire used in Round 2 was slightly shorter than the original version, in order to reduce the burden of completing it for the DFSC. The decision was motivated by the desire to maximise the response rate and by conclusions from Round 1.

Altogether, responses were collected from 246 districts, i.e. almost two thirds of the target population. However, response rates for individual questions are lower, because about half of the questionnaires were not fully completed. For most questions, the response rate ranged between 130 and 170, i.e. they were answered by 35-45% of all districts.

STUDY OBJECT

The survey covered thematic areas identified through consultations among the project partners and MFLaSP. The final version of the survey was quite extensive, with 36 questions, many of which had several variants. Completing the survey required each institution performing the function of the District Family Support Centre, to appoint an employee to collect and aggregate specific data.

The survey focused around seven topics, covered by seven separate modules:

- Module I – 4 items – Characteristics of foster parents – the data collected within this module was used to create the profile of individuals most likely to become foster parents.
- Module II – 10 items – Characteristics of children – the questions were intended to provide supplementary information about children in AC, by expanding the data gathered through statistical forms.
- Module III – 4 items – Recruitment and training of foster parents – this module served to provide data about promotion of foster parenting and training procedures.
- Module IV – 5 items – Specialists – the items of this module served to assess the level of professional support available to existing foster parents in difficult situations.
- Module V – 3 items – Contracts with PFFs – data collected within this module were used to identify practices related to formal aspects of PFFs' and MCFFs' functioning.
- Module VI – 6 items – Care leavers, siblings, documents – information collected within this module concerned the implementation of procedures related to placing children in care and their transition to independent living.
- Module VII – 4 items – Resources – the last module provided information about additional forms of support for children in alternative care and their caregivers, available in each district.

The next section presents items or questions included in all seven modules of the survey.

LIST OF SURVEY ITEMS

Module I – Characteristics of foster parents

- Number of foster parents (as of 31 Dec 2016) – grouped by age.
- Number of foster parents (as of 31 Dec 2016) – grouped by profession.
- Number of foster parents (as of 31 Dec 2016) – grouped by marital status.
- Number of foster parents (as of 31 Dec 2016) – grouped by the number of birth or adopted children (including grown-up children).

Module II – Characteristics of children

- Among foster families other than KFFs (kinship foster families), how many children in care have foster parents who were familiar to them before they were placed with the family?

- Children in alternative care living outside their district of origin.
- Children in care, whose birth parents were also placed in alternative care.
- As of 31 December 2016, were there children in alternative care in your district, who were placed in Chronic Medical Care Homes or Social Welfare Homes[22], because of their health needs?
- Children in alternative care staying in nursing homes (Chronic Medical Care Homes and Social Welfare Homes), grouped by age (as of 31 Dec 2016).
- How many times did it happen in 2016 that a child, who had been previously placed in alternative care and later returned to their birth family (or adopted), was placed in alternative care again?
- How many children in alternative care ran away in 2016?
- How many children in alternative care committed a minor offence or a crime in 2016?
- Children with FAS – number at the end of 2016.
- Children with certificates of disability, grouped by age – number at the end of 2016.

Module III – Recruitment and training of foster parents

- What was the cost of foster parenting promotion in 2016?
- Methods of foster parenting promotion used in 2016.
- Number of individuals who began the recruitment process in 2016 and passed through the given stage of the process.
- Number of individuals who attended foster parent training outside their own district in 2016.

Module IV – Specialists

- Does your district employ a psychologist to support alternative care?
- How many such psychologists are employed by your district, calculated as full-time jobs?
- Do foster families within your district use specialist counselling?
- In what way foster families use specialist counselling?
- Number of consultations provided within specialist counselling offered by the district.

Module V – Contracts with PFFs

- Terminations of foster families between 2014 and 2016, grouped by reasons.
- For how long are contracts with professional foster families signed in your district?

Module VI – Care leavers, siblings, documents

- Among young people who left care in 2015 and 2016, how many have already found a job?
- Among young people who left care in 2015 and 2016, how many are registered at the District Employment Office as unemployed?
- Among children with disabilities, who aged out of care between 2012 and 2016, how many were placed in Social Welfare Homes (nursing homes)?
- How many of the children who came of age in 2015 and 2016, developed an individual plan for moving to independent living, and had it approved before turning 18?
- How many sibling groups were placed in alternative care in your district at the end of 2016?

[22] Chronic Medical Care Homes and Social Welfare Homes – two types of nursing homes for individuals at all ages, run by healthcare services and social services, respectively.

- How many times, in 2016, children's records referred to in Article 38, section 1 of the Act on Family Support and Alternative Care System, were successfully obtained and conveyed to their foster family or residential facility?

Module VII – Resources

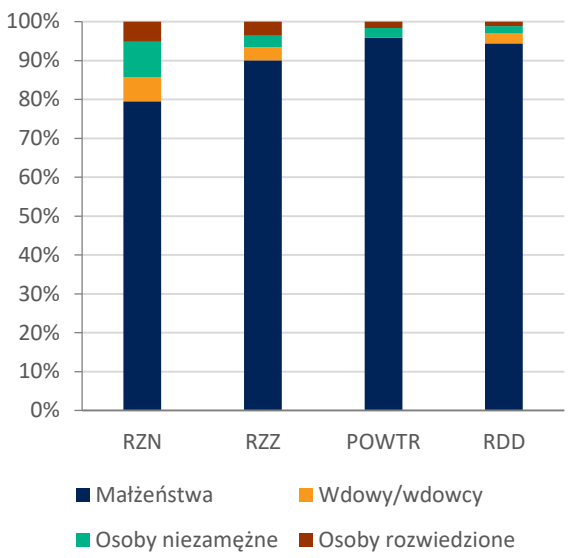
- Do children in alternative care in your district have access to any of the following forms of accommodation/housing support?
- How many young people who have moved to independent living or are in the process of moving to independence from alternative care, lived in flats (sheltered, transitional, etc.) administered by the district? How many such places exist in your district?
- How many coordinators, calculated as full-time jobs, were employed by your district at the end of 2016?

SELECTED RESULTS

The results of the CAWI survey were used in the main part of the report (e.g., Figure 43, Figure 44, and Figure 45) and in the "Why DeI" section of the IT tool for supporting deinstitutionalisation. In this section we will present selected responses to the remaining questions. Unfortunately, some responses are not worth mentioning here, for a number of reasons, such as the respondents' ignorance about some issues, misinterpretation of questions, low response rates, too much latitude allowed with respect to values to be provided by the respondents, asking about data available in official reports, and unclear or inappropriate wording of questions.

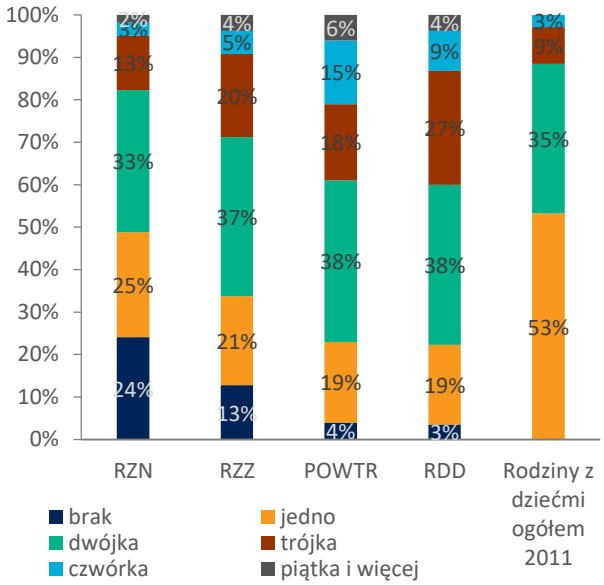
Apart from the previously mentioned findings, responses concerning foster parents (Figure 46 and Figure 47) had the greatest value in the study. This information is not surprising and confirms common sense expectations. The vast majority of foster parents are people living in stable relationships and having birth children. This profile is common among kinship foster families and predominant among professional foster families. Persons running FTRFs and MCFFs stand out from the other types. While a typical family with children in Poland, according to the census of 2011, had one, two or, in rare cases, three children, foster parents running large foster homes typically had two, three, or, quite frequently, four birth children. Considerable experience with birth children seems to be an important factor facilitating the decision to become a foster parent, especially for large forms of foster care settings, such as FTRFs or MCFFs.

Figure 46. Structure of various foster parent groups in Poland, by marital status.



Source: CAWI survey. Responses to the question about foster parents' marital status in the district, provided by 158 respondents.

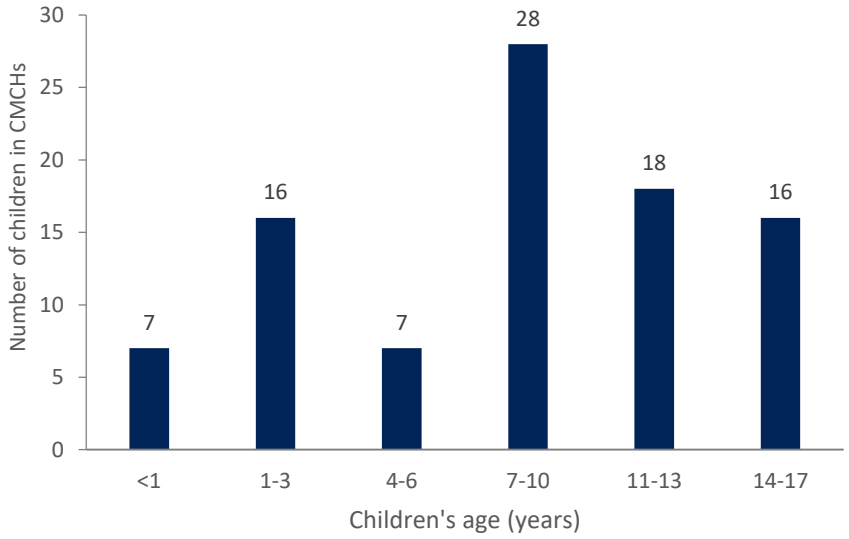
Figure 47. Structure of various foster parent groups in Poland, by no. of birth children.



Source: CAWI survey. Responses to the question about the number of foster parents' birth children in the district, provided by 156 respondents. Data concerning the number of children (under 24) in Polish families come from the 2011 National Census.

One more finding from the CAWI survey that deserves to be presented here, is the estimated number of children in alternative care living in Chronic Medical Care Homes (nursing homes run by the health care services). Although, at the country scale, they are not a large group (about 90 children), their situation is worth reflecting on, as they may benefit most from family foster care (relative to other groups). For them it is often, literally, a matter of life and death: a specialist foster family could provide them with care and nurturing which would improve their health enough for them to be able to function in the society. Although for the majority of those children, there is little hope for independent living in the future, at least they can avoid spending their whole life in institutions (children over 18 are typically moved from Chronic Medical Care Homes to Social Welfare Homes – nursing homes run by social services).

Figure 48. Estimated number of children in alternative care living in Chronic Medical Care Homes (CMCHs).



Source: CAWI survey. Responses to the question about the number of children in CMCHs were provided by 173 respondents. The number obtained in the sample was 40. It was later scaled up proportionally to the total number of children in AC in Poland, to obtain a figure representative for the whole country.

7. APPENDIX 3 RECOMMENDATIONS CONCERNING THE TOOL

Maciej Bitner

The tool created within the project provides the picture of alternative care at the local, voivodship, and country level. Despite our efforts to make this picture as accurate as possible, it is still far from perfect, for a variety of reasons, and the evaluation of progress on deinstitutionalisation is certainly not fair enough. The problem is not limited to the inherent characteristic of all statistical analyses, which fail to capture individual differences, present an averaged picture of phenomena, and are often blind to their qualitative aspects. Even within the possibilities offered by statistics, the tool does not yet fulfil its role in the optimal way.

It is the case for two reasons. First, the collected data is often not fully representative for the phenomena it is supposed to measure. Second, there are important areas of alternative care that are not represented by any existing statistics, even though it is quite easy to imagine how the necessary data could be collected. These two issues will be discussed in the present appendix.

7.1 PROBLEMS RELATED TO DATA RECORDING AND POSSIBLE DIRECTIONS OF CHANGE

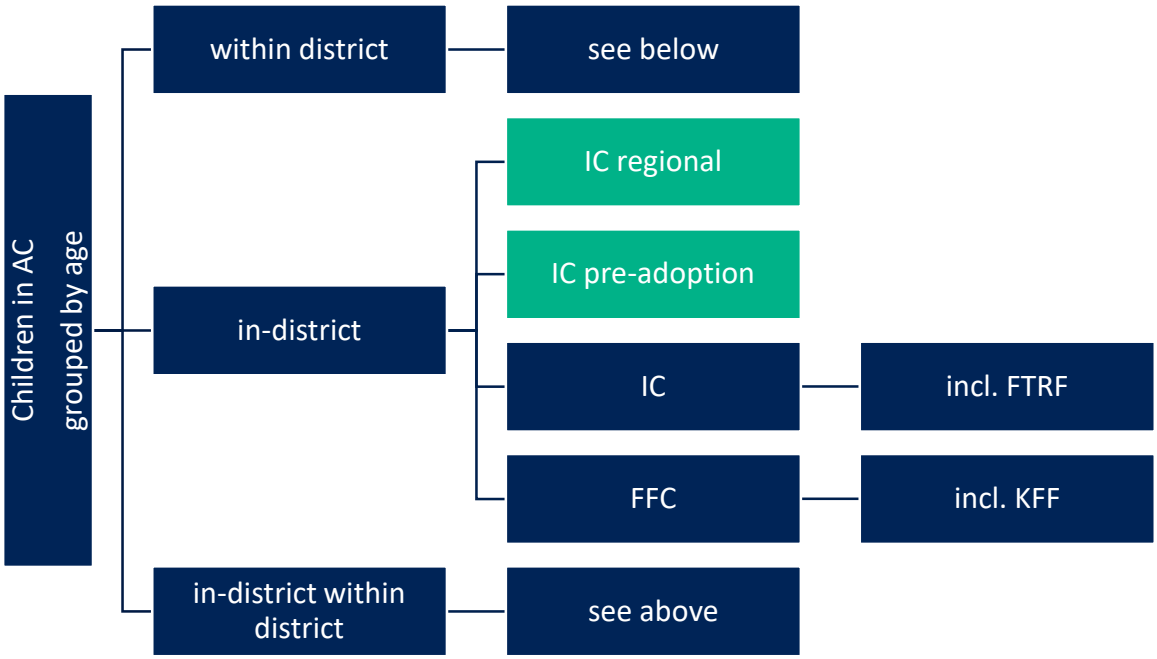
The problem of phenomena being inadequately represented by the collected data has three interrelated aspects. First, for many indicators no data is available before the second half of 2016. All the indicators based on the so called "one-off report" ("Number of children in alternative care: In-district and out-of-district children") for the period from the 1st half of 2012 to the 1st half of 2016, are just estimates or reconstructed historical data. Second, much of the data includes errors resulting from mistakes in districts' reports. Third, some misrepresentations result not so much from errors or mistakes, but rather from ambiguous definitions, unclear interpretations, or simply not knowing what information should be provided in different sections of the report. Although in theory these three cases – historical reconstruction, mistake, and ambiguity – seem conceptually different, in practice they are difficult to distinguish (also because they often overlap), so they will be discussed together in the next two subsections. The first one will discuss the procedure of reconstructing historical data and the associated data correction. The next subsection will present the main anomalies and imperfections of selected indicators, not always specifying whether they result from errors and mistakes, or from unclear definitions. The last subsection offers our recommendations about possible changes in the data collection process.

RECONSUTRUCTING AND CORRECTING HISTORICAL DATA

Information about inter-district transfers of children in AC has only been collected since the 2nd half of 2016, whereas the majority of indicators require data beginning from the 1st half of 2012. To enable comparisons of results from before and after the one-off report, it was necessary to reconstruct historical data about inter-district transfers. For technical reasons, we reconstructed the whole table (marked with the letter M, consistent with the regular government report that the one-off report will most likely be merged with in the near future). However, the selected variables discussed in this section of the appendix are particularly important.

As shown in Diagram 4, the one-off report, in fact, provides information about the number of children in four categories. Two of them are separate and complementary (IC and FFC), whereas the other two are subsets (subcategories) of the former ones (FTRF and KFF, respectively). **Each of the four categories includes six separate and complementary age groups and three location variants.** Altogether, there are 72 unique values. Additionally, the seventh age group has been introduced, i.e. the total of all six groups (another 12 values), and two more IC placement categories were added for in-district children: regional care and therapy centres and intervention pre-adoption centres. Thus, there are 98 unique values. Not all of them, however, are equally important for the current analyses. Information about the total number of in-district children, used for calculating the majority of indicators, including the degree of deinstitutionalisation (DeI Degree), is of the highest importance. Other significant figures include the total number of children within the district, as well as in-district children and children within the district in selected age groups, e.g. those important for calculating the percentage of young children in IC. In-district children within their district of origin are only important for showing inter-district transfers (the indicators measuring inflow to IC and FFC), and age groups within this category are not used for any of the indicators. As a consequence, estimates for this location variant were not very precise.

Diagram 4. Structure of one-off report "Number of children in alternative care: In-district and out-of-district children", grouping children in AC by their current place of stay and their commune of origin.



Source: Own data.

The most accurate estimates are those for children placed within the district, as it may be assumed that the numbers of children entered since 2012 in Table G of the regular report, concern this location variant. Before the introduction of the one-off report, there were concerns that some district might interpret the columns of Table G differently (e.g. as referring to in-district children). These however, were only minimally confirmed by the actual data. In the first one-off report (2H2016), which was filed after districts had already submitted their regular reports, only 62 districts entered different numbers of children within the district than those reported in Table G. Moreover, the differences were usually small and resulted mostly from

mistakes in the one-off report, rather than errors in Table G. In the next reporting period (1H2017) none of the districts made such errors. Some of them could have corrected Table G, not the one-off report, in any case, however, the error made in the previous years, on the national scale, did not exceed 1% of the overall number of children and was found in not more than a dozen or so districts. It was therefore safe to use values in Table G for calculating the historical data for Table M, in the section presenting both the total number of children within the districts, and separate age groups.

The next step, after using data from Table G, was to estimate the number of in-district children (within and outside the district) and in-district children within the district. The latter location variant, given its small weight in the overall analysis, was obtained separately for each placement category and age group as the smaller of the following two values: in-district children and children within the district. In 2017 in-district children in IC constituted, on average, 78% off all children in IC within the district, whereas the simple estimation method used for the years 2012-2016 generated the average value of 82% (for FFC the difference was larger – 84% versus 95%, respectively). The overestimated number of in-district children within the district means that inter-district transfers are underestimated. Therefore, transfer values before 2H2016 can only be interpreted as an estimated lower bound. When it comes to net balance of transfers, i.e., differences between in-district children and those placed within the district, the estimated historical data is clearer and tells us whether the district sent more (and how many more) children to other districts than it accepted from outside (or the other way round), but exact numbers of children sent away and accepted remain unknown.

The above discussion suggests that the main problem with reconstructing historical data from the one-off report for 2012-2016 comes down to estimating the numbers of children in each placement category and age group. When it comes to the overall number of children, the estimates are quite accurate, but figures for age groups are more erroneous. The following methods were used to estimate the overall number of in-district children:

- **In-district children in IC (excluding FTRFs)**. The number of in-district children was calculated based on the total cost of IC, excluding FTRFs, and the unit cost of IC per in-district child in 2H2016-1H2017. Assuming this cost has not changed relative to costs incurred by other districts, this figure should correspond to the number of children supported by the district (the value was adjusted for each year, so that the total of in-district children was equal to the known total number of children within all Polish districts).
- **In-district children in FTRFs.** The number of in-district children was estimated similarly to children in IC excluding FTRFs, using the total cost of FTRFs and the unit cost of FTRF per in-district child in 2H2016-1H2017. If in the period, for which we know the real cost of FTRFs per in-district child, no children stayed in FTRFs, but they did in the historical period (before 2H2016), which was known from the costs incurred by the district, the country's average unit cost was used for the estimation.
- **In-district children in FFC**. It was noticed that the number of in-district children in each placement category within FFC in 2H2016-1H2017 was proportional to the number of fostering allowances (table A in the basic report). The number of children is equal, on average at the country scale and over years, to the number of fostering allowances divided by 6. Although in some years considerable deviations from this estimate were found in individual districts, for unknown reasons, for the vast majority of districts very accurate estimates are obtained using this method.
- **In-district children in regional and pre-adoption facilities**. It was assumed that the number of children before 1H2017 was the same as in the last reporting period. Given the small

overall number of children in this type of facilities (264 countrywide), the estimate, though not very accurate, does not have a significant effect on any other indicator.

The accuracy of the adopted methods of reconstructing the historical number of in-district children, depends largely on the accuracy of data concerning the number of allowances and the costs. Consequently, it was necessary to adjust the above data using algorithms for identifying all kinds of systematic errors. This adjustment applied mainly to costs, because of the largest number of errors. The correction process included several steps, which deserve a more detailed discussion, as they illustrate typical errors in the reports.

1. Some districts reported in-district children in IC in the last two reporting periods, although they did not report any associated costs or their reported costs were symbolic (under 10 PLN). Those districts were attributed the total cost per child in IC equal to the country average, i.e. about 27,000 PLN for six months. The estimated values are presented in Table 11.
2. It was assumed that there was no „re-institutionalisation", i.e. that no district that had been fully deinstitutionalised, placed its children to residential facilities in 2H2016-1H2017. Therefore, whenever symbolic IC costs were reported (under 10 PLN) by a district, which had in-district children in IC in a period when detailed data was already available, the cost from later periods was used instead. The estimated values are presented in Table 12.
3. One of the districts (Chojnice, the Polish name in the table below: *chojnicki*) reported systematically, in a number of periods, including 2H2016-1H2017, no costs in IC, even though it received partial cost reimbursements from communes. This suggests that the district had unreported in-district children in IC. Accordingly, a number of children were attributed to the district based on the average commune cost, which is statistically 5.38 times smaller than the district cost. This case encouraged us to examine the relationship between the costs incurred by the district and those paid by the commune. In theory, the latter should not exceed 50%, but they did in a dozen or so districts. This may result from the fact that some communes pay with a delay, for a few periods at the same time. The only district where we decided to adjust the historical data in the same way as for Chojnice, was the district of Polkowice (the Polish name in the table: *polkowicki*), where the commune costs were higher than district costs year by year, and the reported cost per child was too low, which seemed to suggest that the accurate cost information was reflected by the costs incurred by the commune. The estimated values – only for Polkowice, as the Chojnice district corrected it data in the meantime – are presented in Table 13.
4. The above IC cost adjustments lead to a natural consequence of adding children to the figures reported by districts, based on adjusted costs. For 1H2017 and 2H2016, we assume that if a district reports no children, and the adjusted costs for each year are higher than zero, then the number of children in IC is the total costs incurred divided by the average cost per child in IC, i.e. 26,737 PLN. The estimated values are presented in Table 14.
5. The same principle as 1 for IC, was applied for FTRFs. The districts which had in-district children in FTRFs in the last two reporting periods, but did not report any costs, were attributed the cost of 17,654 PLN per child. The estimated values are shown in Table 15.
6. A similar, though slightly different, principle as 2 for IC, was applied for FTRFs. It is possible that a district that had in-district children in FTRFs in the last two reporting periods, had not had any children in FTRFs before. However, when reports show that a district did not have children in FTRFs in a given year, although it had children in FTRFs in

the preceding and the following years, seems to suggest a reporting error, rather than short-term resignation from this form of care. Gaps in FTRF costs filled according to the principle of using the average costs for the preceding and following periods, are presented in Table 16.

7. Similarly to principle 4 for IC, children were added to FTRFs when costs were incurred, but the one-off report showed „zero". Estimates based on the average FTRF cost mentioned in point 5 are shown in Table 17.

Apart from the above mentioned principles, several individual corrections were made when obvious mistakes were noticed or (more frequently) when such adjustments followed from communication with districts. The following values were corrected:

- The number of in-district children and children within district for the following districts: Aleksandrów, Drawsko, and Koszalin (*aleksandrowski*, *drawski*, *koszaliński*) in 1H2017.
- The cost of IC in Nowy Sącz and the Police and Wolsztyn districts (*policki* and *wolsztyński*) in 1H2017 and 2H2016, and the Bartoszyce district (*bartoszycki*) in 1H2017. The same was done for Poznań for 2H2015-1H2017.
- The total of compensation payments in the Siedlce district (*siedlecki*) in 2H2016.
- The number of children receiving allowances for continuing education in the district of Wodzisław (*wodzisławski*) in 1H2012.
- The number of fostering allowance payments in NPFFs in Świnoujście in 1H2015.
- The number of fostering allowance payments in the districts of Włoszczowa (*włoszczowski*) and Ropczyce-Sędziszów (*ropczycko-sędziszowski*) in 1H2017 and 2H2016, and in the district of Słupsk (*słupski*) in 1H2014.
- The number of fostering allowance payments for MCFFs in the district of Puck (*pucki*) in 1H2014.

The corrected historical reconstruction of the overall number of in-district children in each placement category enabled the last step in reconstructing the historical data, i.e. estimating the number of children in each age group. When it comes to children in foster families (in KFFs, and in NPFFs, PFFs, and MCFFs, altogether), where the value was consistently higher than zero and almost always two-digit, it was safe to assume that the age structure of children within the district and in-district children was the same. For IC (and, by analogy, for FTRFs, though it was less significant), this assumption would have been too simplistic, so 4 different cases were identified:

1. For districts that had at least 10 children in residential facilities within the district in 1H2017, the earlier age structure of in-district children should reflect the structure within the district for the given year.
2. For districts that had no children in residential facilities within the district before 1H2017, the national age structure should be used for those years before 2H2016, when they only had in-district children outside the district.
3. For districts that had fewer than 10 children in residential facilities within the district in 1H2017, the estimated historical age structure of in-district children reflects the age structure of in-district children in 1H2017.
4. For districts that did not have in-district children in residential facilities in 1H2017, but did have them in the preceding years, the national age structure for those years should be used.

When making the above mentioned estimates, our priority was to attribute the number of young children in IC to each district as accurately as possible, but also with due care, and to ensure the

continuity of observations. It was assumed that, typically, if a district has young children in IC, they are placed within the district. At the same time, no young children in IC were attributed to districts, if neither the historical age structure of children within the district, nor the current age structure suggested there had ever been such children in the district.

MAJOR PROBLEMS WITH REPORTING

The data reconstruction and correction described above, led to several important conclusions about problems with reporting. Those conclusions enrich the discussion started when presenting the details of the analytical concept and continued in the following subsection, by revealing more points where the statistics do not provide an accurate picture of the reality across districts. The main problems are discussed below.

- **Districts repeatedly enter wrong values**, such as an extra zero, an accidentally duplicated digit, or a number entered in the wrong space. This may result in significantly distorted individual or aggregate data. Such errors are possible to detect, but finding them requires time-consuming examination.
- Sometimes **districts leave some spaces out** by entering "0" or a random digit. This leads to gaps that are not always easy to fill, especially when "0" is a perfectly acceptable value.
- Errors in costs are of different nature. We encountered two main types of errors that significantly affect cost estimates both in districts and at the country level. Most probably, the costs of IC are overestimated by 200 PLN (this is, approximately, the difference in the estimated cost of IC between the statistical data and the results of the CAWI survey). First, **districts which have socialisation and intervention facilities, sometimes report their costs twice**: as socialisation facilities and, separately, as intervention facilities. This was the case in Poznań. Second, **districts that have out-of-district children in their residential facilities, may report the cost of those children's stay**, even though, in theory, they should only report the costs of in-district children, as the only ones they actually incur. However, as an example, the district of Police reported the overall cost of its residential facility plus the cost of in-district children placed outside the district.
- Districts often do not enter children in their one-off report, even though they pay the costs of caring for those children. Moreover, many districts that were visited within the project, during project meetings provided different figures than those included in their reports. The differences resulted from data being entered in the wrong spaces in the report or from confused definitions of in-district children, children within the district, and in-district children within the district. For some reason, the **additional report turns out problematic**: it is estimated that 1 out of 3 or 4 districts fills them out more or less erroneously.
- It is unclear what is meant by "specialist counselling" (or "specialist consultations"). **The question about specialist counselling is understood in many different ways**. Some districts report only appointments with a psychiatrist or therapist, organised by the district, whereas others regard each conversation with a pedagogic counsellor employed at the District Family Support Centre, as a specialist consultation. The tendency to report such meetings or conversations and specialist counselling may be expected to grow with the implementation of the tool, when districts realise how this statistic contributes to the quality of AC.
- **The percentage of families supported by coordinators sometimes exceeds 100% and is highly variable.** Two reasons were identified, although there seems to be more possible causes. First, when a coordinator quits their job, the families that were previously

coordinated by the person, are entered in the statistics twice: as families coordinated by the former coordinator and as families supported by a new one. Second, districts may employ too many coordinators, to be able to fully use the funds allocated for this purpose. As a result, there is more than one coordinator per family. There were 14 such cases in 1H2017, with the highest percentage of families supported by coordinators, 160%, found in the district of Szamotuły. Such values cannot be found in the tool, because the method of calculating this indicator does not allow for values higher than 100%, but problems with data still remain. As a consequence, the percentage of coordinated families is probably overestimated. High variability is a separate problem. There were districts with period-to-period differences of several dozen percentage points. There were growth and decline trends that actually did not exist, according to information provided by the District Family Support Centre, as the number of families supported by coordinators has remained stable for many years.

- The value of the "Density of in-district children in IC" for individual districts is sometimes distorted due to the fact, that some self-government units report different floors of the same building as separate residential facilities, whereas others, which have a set of facilities in different locations, report them as one facility, adding up all children in their care, which automatically increases the value of the density indicator. The latter case is well illustrated by the district of Będzin, where "Density of children in IC" reaches the value of 110, just because the district's Dominik Savio Children's Home in Sarnów, which consists of the main ("parent") facility and 4 branch facilities, is reported as one facility.

RECOMMENDED CHANGES IN DATA COLLECTION METHODS

In response to the identified problems, we offer several recommendations to improve the quality of data. The recommendations presented here are limited to data, which is already being collected, albeit in imperfect ways. New data collection will be discussed in recommendations offered in the next subsection. The recommendations presented below are independent and not necessarily complementary to each other, and the discussed problems may be solved in other ways. The proposed solutions have been ordered downward, from the most general ones:

1. It would be better to collect individual than aggregate data. Data aggregation at the district level leads to errors, as it is an additional responsibility for districts, one they are not always able to fulfil. Obtaining or having information is not the same as being able to process it efficiently. Collecting individual data would also have the benefit of retaining much more information useful in studying AC.
2. Districts should send anonymised data concerning children in AC to a central registry. For each child information would be available about where they stay and in which district, when they were born, which school form they are in, why they were placed in care, etc. This approach to AC statistics would have two major advantages, apart from preventing errors. First, it would be easier for districts, as it would require providing information already processed by districts for their own purposes. Second, all key information about the child would be stored in one place, and could be provided for the right service at the right time, which would improve the quality of the child and family support services' work. Importantly, however, each child should be followed regardless of whether they are placed in alternative care or an institution outside the AC system, in order to be able to monitor the child's situation, when they are referred to, say, a health care facility and disappear from the statistics of the Ministry of Family, Labour, and Social Policy.

Extending and integrating available data to cover information from communes and other systems, such as social welfare or education, could provide a more complete picture of how the child and family support system really works.

3. A similar anonymised register should be created for residential facilities and foster families (or FFC units). Individual data about salaries, compensations, costs, allowances, etc., would exhaust, in practice (together with data in point 2), all the information collected so far, making it easy for further processing and useful for much more advanced analyses aimed at improving the quality of care.
4. Regardless of how data will be gathered in the future or how it is collected today, it is necessary to introduce data validation rules, not only to prevent entering incorrect values, such as negative compensation/salary amounts, but also, more importantly, to show districts, after the report is completed, which of its parts raise doubt. The use of a "softer" method may produce better outcomes, and do it more easily, than applying strict rules, which allow true values to be entered and, simultaneously, prevent obvious mistakes, which may sometimes (paradoxically) be impossible to reconcile. The question asking the person who is entering data, to confirm it again in doubtful cases, could use (depending on the variable) the country average or the value provided by the district in the previous year, as points of reference.
5. Districts should have an easily available way to correct the reported data. Once all districts are provided with the tool and realise the common mistakes in their reports, they will probably want to correct them. The tool should offer information on how to do it. This could involve correcting the basic report and/or the one-off report, which the district could request by email and receive (only with its own data) in the exact form, in which the data leave the MFLaSP to be entered in the tool. The corrections made by each district would require a brief explanation providing grounds for why the changes are necessary. The new data could be easily entered to replace the old ones in the dataset file, and then transferred to the tool.
6. Some confusing items in the one-off report should be modified. First, even though the categories of in-district children, in-district children within the district, and children within the district, seem obvious on their own, they may be easily confused when seen together, because the inclusion relationships among the categories are not immediately clear. It would be much simpler to use mutually exclusive categories that would be later added up. Thus, the question would remain about in-district children within the district, but it should be followed by questions about out-of-district children within the district, and in-district children outside the district. Second, FTRFs and KFFs should be excluded, so that the categories add up naturally. The current question about RFs including FTRFs may lead to FTRFs being entered only in the second column, if the person completing the report makes a clear distinction between family-type and socialisation facilities.
7. Specialist counselling should be clearly defined and obvious principles need to be set about when it may be entered in the report. This information should be provided in the data collection form and/or in the instruction on how to fill it out.
8. Districts which reported more than 100% of coordinated families and those with highly variable values of this indicator, should be carefully examined. It would be sufficient to ask a number of selected districts for explanations, and use their responses to understand the causes of the excessive instability of the indicator.
9. In Table G, "Children in Alternative Care" (Part 2), districts report teenage mothers, but it is not clear from the data, how many children and at what ages should be deducted from the number of the youngest children, e.g. in IC. Data concerning teenage mothers and their children (including their age) should be reported separately.

10. The way of reporting the number of residential facilities should be changed so that several branch facilities with different locations are not reported as one facility, and so that different floors of the same building are not reported as separate facilities.

7.2 FURTHER DEVELOPMENT OF THE TOOL

To make the evaluation of progress on deinstitutionalisation and, more generally, of the quality of alternative care, more complete, the tool should not only gather accurate data, but also extend the scope of data collected. That is not to say that reporting should be extended. Rather, the questions that districts are already asked, should be asked in a better way. The resulting refinement of the existing indicators should precede the extension of the tool by adding new ones. It is only be presenting the collected data in the right way, that the tool may gain enough credibility to become a point of reference in decision making. Adding more indicators will not add to its credibility, if they continue to be based on incorrect (see the previous subsection) or incomplete data.

POTENTIAL FOR REFINING EXISTING INDICATORS

All the indicators included in the AC Quality Index capture a fragment of the AC system in Poland. However, some of them, by nature, provide a blurry picture, so even if 100% of the data entered by districts is accurate and correct, it will not make a significant difference. The list of such problematic indicators and missing variables is presented below:

- **Compensations**. The indicator was intended to show how much, on average, districts pay their foster parents. Such data, however, is not collected. Instead, we have information that does not tell us much. The report should ask explicitly about the average monthly compensation in foster families within the district, and about the highest and lowest monthly compensation. Interviews conducted in 50 districts suggest that District Family Support Centres already have the figures.
- **Optional benefits**. Some districts do not pay optional benefits (allowances) or pay only token amounts (at the district scale), because they have external funds (external to the District Family Support Centre, though they may still be district funds), which are spent on the same things: children's holidays and home repairs/renovations, or they provide such benefits "in kind", for example in cooperation with Caritas (a Catholic charity organisation), which offers its holiday centre for children in care. Additional public funds transferred to children in care in different ways than through DFSC (e.g., from the Marshall's Office, City Council, etc.) should also be included in the report. Guidelines should also be developed to standardise the valuation of benefits "in kind" across districts.
- **Coordinators**. The existing indicators concerning FFC coordinators were intended to determine, how many foster families are cared for by properly trained workers, who have sufficient time to perform this role. In a typical situation, this description should refer to an FFC coordinator. However, social workers who are not coordinators, may also perform this role, and a small number of coordinators does not necessarily suggest poor support. To obtain a more complete picture, questions should be asked about all social workers or coordinators whose main task is to support foster families. Moreover, when a family is supported by a social worker or family case worker, information should be collected about the number of families per worker, because in some districts there are substantial difference between the number of foster families (including multi-child foster families)

looked after by coordinators and those supported by other workers of the FFC Organiser of DFSC, e.g., 15 vs. 45.

- **Training**. Information about training for foster parents is incomplete. According to the statistics, 55 districts have not conducted any training for the past 3 years, and 24 districts have not provided any training since January 2012. This group includes districts that are completely or almost completely deinstitutionalised, so it is highly unlikely that they have not provided any training for the past 6 years. As follows from the discussions with districts during the study, training is conducted, but districts do not pay for it, or at least not with funds allocated exclusively for this purpose. Training is paid for by the Voivodship Marshall or a foundation, or the district employs workers whose responsibilities include training. None of these cases is reflected in the existing data. When the possibility is provided to valuate and report funds for training provided by third parties, a uniform, clear principle should be adopted on how to report and valuate such training.
- **Transfers from FFC to IC**. Information about transfers from FFC to IC, provided in districts' reports, does not differentiate between transfers from emergency families to residential facilities, and situations, when a child was placed in FFC, but the placement broke down. In order to expand the transfer indicator by covering all foster families, not just KFFs, it would be necessary to gather information about transfers from emergency families to IC.
- Moreover, data is missing about the **number of in-district children in PFFs, NPFFs, and MCFFs**, so whenever this information is needed, estimated values have to be used. Although asking districts about children in foster families, with KFFs as a separate category, provides minimum information necessary to calculate the DeI Index, a number of indicators could be better defined or more accurately calculated if those figures were known.
- When it comes to the analysis of the **costs of FFC and IC**, it may be criticised as incomplete, because it does not include costs of the Organiser's support/supervision activity (e.g. specialists who are permanently employed and provide different forms of psychological support) and administration. Such general costs may differ depending on the type of care, because some of the Organiser's activities may be targeted only at IC or FFC. An econometric estimation made for the purposes of the project, shows that the monthly administrative cost per child, incurred by the District Family Support Centre (Municipal Social Welfare Centres were excluded from the study due to a different cost structure), is about 100 PLN higher for family foster care than for institutional care. This is not a substantial difference, but the estimate may be flawed, and the actual values certainly vary across districts.

POTENTIAL FOR DEVELOPING NEW INDICATORS

In general, indicators measuring children's outcomes are underrepresented in the tool. Research work has produced several indicators addressing the problem, and many others that may potentially shed some new light on the quality of alternative care in Poland and the challenges facing Polish districts. This work has generated a list of indicators to be potentially used in further development of the tool, presented in Table 10.

Table 10. List of indicators to be used in the future.

Indicator name	Descriptive name

EU grants	Gaining additional EU funds for AC expenditures
Intergenerational transmission of AC	Proportion of children in AC with at least one parent in AC – currently or in the past
Children with FAS	Proportion of children with FASD in AC
Children with disabilities	Proportion of children with disabilities in AC
Placement procedures	Average number of procedures completed (see below) against overall number of procedures (8)
Placement procedures 1	Proportion of children placed with information about their legal situation
Placement procedures 2	Proportion of children placed with information about their family situation
Placement procedures 3	Proportion of children placed with copy of birth certificate
Placement procedures 4	Proportion of children placed with documentation of court decision about placement in AC
Placement procedures 5	Proportion of children placed with healthcare documentation
Placement procedures 6	Proportion of children placed with school documentation
Placement procedures 7	Proportion of children placed with documented psychophysical assessment
Placement procedures 8	Proportion of children placed with written family support plan
Children in Chronic Medical Care Homes	Proportion of children living in Chronic Medical Care Homes
Primary school final exam [AC]	Average score in primary school final exam in AC
Primary school final exam [IC]	Average score in primary school final exam in IC
Primary school final exam [FFC]	Average score in primary school final exam in FFC
Middle school final exam [AC]	Average score in middle school final exam in AC
Middle school final exam [IC]	Average score in middle school final exam in IC
Middle school final exam [FFC]	Average score in middle school final exam in FFC
Secondary school final exam - attempts [AC]	Percentage of young people in AC who took secondary school final exam, against all children under 18
Secondary school final exam - attempts [IC]	Percentage of young people in IC who took secondary school final exam, against all children under 18
Secondary school final exam - attempts [FFC]	Percentage of young people in FFC who took secondary school final exam, against all children under 18
Secondary school final exam – success rate [AC]	Education: Number of young people who passed secondary school final exam, against all children under 18 [AC]

Secondary school final exam – success rate [IC]	Education: Number of young people who passed secondary school final exam, against all children under 18 [IC]
Secondary school final exam – success rate [FFC]	Education: Number of young people who passed secondary school final exam, against all children under 18 [FFC]
Runaways [AC]	Number of children who ran away from AC, against all children in AC aged 14-24
Runaways [IC]	Number of children who ran away from IC, against all children in IC aged 14-24
Runaways [FFC]	Number of children who ran away from FFC, against all children in FFC aged 14-24
Minor offences [AC]	Number of minor offences committed by children in AC, against all children in AC aged 14-24
Minor offences [IC]	Number of minor offences committed by children in IC, against all children in IC aged 14-24
Minor offences [FFC]	Number of minor offences committed by children in FFC, against all children in FFC aged 14-24
Crimes [AC]	Number of crimes committed by children in AC, against all children in AC aged 14-24
Crimes [IC]	Number of crimes committed by children in IC, against all children in IC aged 14-24
Crimes [FFC]	Number of crimes committed by children in FFC, against all children in FFC aged 14-24
Transition to independence effectiveness [AC]	Proportion of children in AC who completed their transition to independence plan among care leavers over 18
Transition to independence effectiveness [IC]	Proportion of children in IC who completed their transition to independence plan among care leavers over 18
Transition to independence effectiveness [FFC]	Proportion of children in FFC who completed their transition to independence plan among care leavers over 18
Social Welfare Homes [AC]	Number of children in AC moved to Social Welfare Homes after turning 18, against all children in AC
Social Welfare Homes [IC]	Number of children in IC moved to Social Welfare Homes after turning 18, against all children in IC
Social Welfare Homes [FFC]	Number of children in FFC moved to Social Welfare Homes after turning 18, against all children in FFC
Housing support	Weighted average of Flats and Housing Allowances indicators (allowances calculated per flat)
Flats	Number of places in flats offered to care leavers, against all children in AC

Housing allowances	Housing allowances for care leavers, against all children in AC
Employment [AC]	Number of care leavers who found job within 12 months from leaving AC, against all AC leavers in preceding year
Employment [IC]	Number of care leavers who found job within 12 months from leaving IC, against all IC leavers in preceding year
Employment [FFC]	Number of care leavers who found job within 12 months from leaving FFC, against all FFC leavers in preceding year

The following list offers reasons for using the indicators included in the table above:

- EU grants show how much money has been successfully raised by the district for the development of AC. This information can be useful for other districts.
- Intergenerational transmission of AC, FAS, and children with disabilities will provide more information about problems experienced by children in AC.
- Placement procedures measure the information flow within the alternative care system. The procedures, though obligatory in theory, are often neglected in practice, and the tool could assess their fulfilment.
- Children in Chronic Medical Care Homes and children moved to Social Welfare Homes after leaving care are a red flag suggesting potential inefficiency of the care system.
- The primary and middle school final exams (or their counterparts in the future), and the number of young people taking the secondary school final exam, are important signals reflecting how well children in AC do in school.
- Crimes and minor offences are potential signals of insufficient support, both for children and for their caregivers.
- The effectiveness of transition to independence, employment, and housing support are indicators measuring the efforts and outcomes of the process of moving to independent living.

RECOMMENDATIONS FOR EXTENDING DATA

The two previous subsections provide a natural basis for recommendations for extending the data collected by the tool. Similarly to the recommendations on data collection methods, offered earlier in the report, these recommendations will be presented in points, beginning from the most general ones.

1. The existing reporting is very extensive, so data should be collected in ways that will not generate additional work for districts. **It would be best to use data that is already collected by districts, and in the form it is presently collected**. Districts keep records of children, foster families, and residential facilities. If statistical data was gathered in the same way – through aggregating individual information provided by districts – adding information about, say, the child's academic achievement or employment after leaving care, would not be a problem.
2. Children, families, and facilities' files for statistical purposes should be created in cooperation with districts, so that the **files may also serve districts' own purposes.** Data used on a daily basis is less prone to error, as it is naturally and regularly reviewed.
3. Reports should be extended to cover the cost of foster parents' compensation per PFF and MCFF.

4. Reports should also include information about optional benefits paid to children in care from public funds other than funds at the District Family Support Centre's disposal.
5. Information should be collected about the number of employees other than coordinators, calculated as full-time jobs and/or salaries, whose main task is to support foster families (i.e. whose work is equivalent to that of coordinators).
6. Information should be gathered about all foster parent training conducted within the district and publically funded. This category should include cost equivalents to training provided by DFSC employees as part of their job.
7. Data should be gathered about transfers from emergency families to IC.
8. The one-off report should include information about the number of children in NPFFs, PFFs, and MCFFs, at least altogether, if not grouped by age.
9. To provide a more complete and more accurate picture of alternative care, the one-off report should distinguish intervention facilities (including intervention places in socialisation facilities) and foster families performing the function of emergency families.
10. For non-public residential facilities (IC), funds obtained by their operators for their functioning should be included in the average cost of care, because otherwise the real cost of care in the facility will be underestimated.
11. To obtain a complete picture of how deinstitutionalisation influences public finance, it is worth collecting data on how the Organiser's general costs are distributed between the two types of care. However, the process of gathering such information should be standardised and well thought out, with a special emphasis on respecting the time and skills of persons responsible for completing the report.

7.3 TABLES PRESENTING DATA CORRECTIONS

Table 11. Added costs in IC.

District name[23]	Year	Half year	Added costs in IC
bolesławiecki	2016	2	1 229 902
brodnicki	2016	2	1 058 087
radziejowski	2016	2	366 536
gorzowski	2016	2	461 433
there sulęciński	2016	2	695 162
łódzki wschodni	2016	2	240 633
oświęcimski	2016	2	2 362 885
suski	2016	2	158 170
łosicki	2016	2	767 806
płocki	2016	2	454 495
przysuski	2016	2	106 948
brzeski (opolskie)	2016	2	2 593 489
sejneński	2016	2	53 474
m. Gliwice	2016	2	1 978 538
tarnogórski	2016	2	989 269
kępiński	2016	2	133 685

[23] District names in Tables 11–17 are left in Polish (translator's note).

leszczyński	2016	2	26 737
górowski	2017	1	294 107
oleśnicki	2017	1	1 283 376
ząbkowicki	2017	1	969 159
radziejowski	2017	1	374 376
gorzowski	2017	1	461 433
łódzki wschodni	2017	1	187 159
oświęcimski	2017	1	2 091 992
przysuski	2017	1	106 948
grodziski (wielkopolskie)	2017	1	449 509
kępiński	2017	1	133 685

Source: Own estimates.

Table 12. Costs in IC completed backward, assuming no "re-institutionalisation".

District name	Year	Half year	Costs in IC completed backward
górowski	2012	1	230 620
lwówecki	2012	1	213 640
golubsko-dobrzyński	2012	1	175 847
inowrocławski	2012	1	5 069 277
mogileński	2012	1	24 542
nakielski	2012	1	293 088
radziejowski	2012	1	368 884
żniński	2012	1	1 138 847
biłgorajski	2012	1	1 511 919
parczewski	2012	1	231 105
gorzowski	2012	1	447 633
sulęciński	2012	1	186 645
łęczycki	2012	1	541 833
łowicki	2012	1	460 636
łódzki wschodni	2012	1	342 148
opoczyński	2012	1	416 920
pajęczański	2012	1	95 308
radomszczański	2012	1	977 552
tomaszowski (łódzkie)	2012	1	701 608
wieruszowski	2012	1	254 032
nowotarski	2012	1	495 424
suski	2012	1	129 651
białobrzeski	2012	1	245 261
grójecki	2012	1	598 825
kozienicki	2012	1	817 527
makowski	2012	1	40 269
nowodworski (mazowieckie)	2012	1	346 984
ostrołęcki	2012	1	557 949
ostrowski (mazowieckie)	2012	1	262 713
płocki	2012	1	194 482
przasnyski	2012	1	322 881
szydłowiecki	2012	1	166 529
warszawski zachodni	2012	1	875 725
żuromiński	2012	1	160 005
brzeski (opolskie)	2012	1	2 280 085
krapkowicki	2012	1	331 311
bieszczadzki	2012	1	131 667
brzozowski	2012	1	421 047
jarosławski	2012	1	837 339
łańcucki	2012	1	577 459

mielecki	2012	1	284 177
augustowski	2012	1	292 304
bielski (podlaskie)	2012	1	330 471
grajewski	2012	1	253 673
kolneński	2012	1	122 189
sejneński	2012	1	53 474
sokólski	2012	1	565 402
wysokomazowiecki	2012	1	22 400
chojnicki	2012	1	464 034
pucki	2012	1	513 402
starogardzki	2012	1	468 387
bieruńsko-lędziński	2012	1	426 962
myszkowski	2012	1	304 112
m. Świętochłowice	2012	1	887 973
tarnogórski	2012	1	655 936
m. Żory	2012	1	77 006
kielecki	2012	1	980 262
pińczowski	2012	1	146 439
iławski	2012	1	729 676
piski	2012	1	299 861
węgorzewski	2012	1	218 915
gnieźnieński	2012	1	1 525 426
grodziski (wielkopolskie)	2012	1	171 738
kępiński	2012	1	16 843
koniński	2012	1	14 873
kościański	2012	1	29 531
krotoszyński	2012	1	47 124
leszczyński	2012	1	60 799
międzychodzki	2012	1	250 766
nowotomyski	2012	1	155 047
ostrzeszowski	2012	1	240 180
śremski	2012	1	78 511
choszczeński	2012	1	9 994
wałecki	2012	1	1 603 518
bolesławiecki	2012	2	463 272
górowski	2012	2	230 620
lwówecki	2012	2	213 640
polkowicki	2012	2	937 812
wołowski	2012	2	757 569
nakielski	2012	2	500 196
radziejowski	2012	2	521 874
żniński	2012	2	1 115 846

biłgorajski	2012	2	1 490 694
gorzowski	2012	2	467 591
m. Zielona Góra	2012	2	2 002 177
brzeziński	2012	2	140 903
łęczycki	2012	2	541 833
łowicki	2012	2	460 636
łódzki wschodni	2012	2	342 148
opoczyński	2012	2	451 714
radomszczański	2012	2	977 552
tomaszowski (łódzkie)	2012	2	701 608
wieruszowski	2012	2	276 935
suski	2012	2	177 714
wielicki	2012	2	537 857
białobrzeski	2012	2	245 261
łosicki	2012	2	28 242
makowski	2012	2	40 269
nowodworski (mazowieckie)	2012	2	659 544
ostrołęcki	2012	2	711 227
ostrowski (mazowieckie)	2012	2	260 165
płocki	2012	2	161 352
przasnyski	2012	2	322 881
przysuski	2012	2	18 164
sierpecki	2012	2	415 949
sokołowski	2012	2	258 135
szydłowiecki	2012	2	183 243
warszawski zachodni	2012	2	874 148
zwoleński	2012	2	267 221
żuromiński	2012	2	160 005
żyrardowski	2012	2	1 050 663
brzeski (opolskie)	2012	2	2 280 085
krapkowicki	2012	2	331 311
bieszczadzki	2012	2	131 667
brzozowski	2012	2	427 011
łańcucki	2012	2	594 589
mielecki	2012	2	284 177
augustowski	2012	2	326 743
bielski (podlaskie)	2012	2	236 952
sejneński	2012	2	53 474
chojnicki	2012	2	466 963
starogardzki	2012	2	403 184
bieruńsko-lędziński	2012	2	426 962
myszkowski	2012	2	308 612

m. Żory	2012	2	77 006
kielecki	2012	2	986 774
konecki	2012	2	525 546
iławski	2012	2	729 676
nidzicki	2012	2	351 635
piski	2012	2	299 861
węgorzewski	2012	2	218 915
gnieźnieński	2012	2	1 525 426
grodziski (wielkopolskie)	2012	2	171 738
koniński	2012	2	39 611
kościański	2012	2	29 531
krotoszyński	2012	2	47 124
leszczyński	2012	2	60 799
nowotomyski	2012	2	155 047
ostrzeszowski	2012	2	240 180
choszczeński	2012	2	9 994
górowski	2013	1	230 620
zgorzelecki	2013	1	2 181 645
radziejowski	2013	1	353 283
gorzowski	2013	1	458 211
łęczycki	2013	1	661 583
łódzki wschodni	2013	1	342 148
wieruszowski	2013	1	263 009
suski	2013	1	126 444
tarnowski	2013	1	1 297 983
płocki	2013	1	212 618
łańcucki	2013	1	590 917
augustowski	2013	1	293 006
sejneński	2013	1	53 474
chojnicki	2013	1	440 423
kielecki	2013	1	1 073 585
piski	2013	1	299 861
grodziski (wielkopolskie)	2013	1	345 944
kościański	2013	1	29 531
krotoszyński	2013	1	47 124
leszczyński	2013	1	60 799
choszczeński	2013	1	9 994
milicki	2013	2	58 476
wrocławski	2013	2	847 012
zgorzelecki	2013	2	2 123 831
radziejowski	2013	2	334 637
gorzowski	2013	2	433 907

łęczycki	2013	2	649 608
łódzki wschodni	2013	2	342 148
wieruszowski	2013	2	269 375
suski	2013	2	159 552
przysuski	2013	2	106 948
łańcucki	2013	2	601 321
sejneński	2013	2	53 474
chojnicki	2013	2	420 803
lubliniecki	2013	2	767 720
m. Piekary Śląskie	2013	2	1 418 231
kielecki	2013	2	1 616 498
pińczowski	2013	2	203 682
piski	2013	2	299 861
gnieźnieński	2013	2	1 525 426
grodziski (wielkopolskie)	2013	2	171 738
kościański	2013	2	29 531
leszczyński	2013	2	60 799
wałecki	2013	2	1 113 889
milicki	2014	1	58 476
zgorzelecki	2014	1	2 177 248
radziejowski	2014	1	348 712
toruński	2014	1	965 878
gorzowski	2014	1	433 907
suski	2014	1	139 818
łosicki	2014	1	413 628
płocki	2014	1	424 203
przysuski	2014	1	106 948
łańcucki	2014	1	590 913
sejneński	2014	1	53 474
chojnicki	2014	1	420 803
myszkowski	2014	1	121 370
kielecki	2014	1	1 290 193
piski	2014	1	299 861
grodziski (wielkopolskie)	2014	1	396 868
koniński	2014	1	955
kościański	2014	1	29 531
leszczyński	2014	1	60 799
milicki	2014	2	58 476
trzebnicki	2014	2	601 529
wałbrzyski	2014	2	1 669 096
radziejowski	2014	2	375 829
toruński	2014	2	965 878

opolski (lubelskie)	2014	2	68 834
gorzowski	2014	2	461 433
łęczycki	2014	2	907 181
łódzki wschodni	2014	2	231 666
suski	2014	2	148 158
łosicki	2014	2	643 463
płocki	2014	2	459 001
przysuski	2014	2	106 948
brzeski (opolskie)	2014	2	2 593 489
łańcucki	2014	2	501 274
strzyżowski	2014	2	110 834
łomżyński	2014	2	230 418
sejneński	2014	2	53 474
chojnicki	2014	2	420 803
kielecki	2014	2	1 104 429
piski	2014	2	299 861
czarnkowsko-trzcianecki	2014	2	521 495
grodziski (wielkopolskie)	2014	2	399 892
koniński	2014	2	955
kościański	2014	2	29 531
leszczyński	2014	2	60 799
milicki	2015	1	58 476
radziejowski	2015	1	339 792
toruński	2015	1	965 878
gorzowski	2015	1	469 075
brzeziński	2015	1	173 655
łęczycki	2015	1	908 781
łódzki wschodni	2015	1	231 666
opoczyński	2015	1	429 288
suski	2015	1	177 594
łosicki	2015	1	599 437
płocki	2015	1	443 942
przysuski	2015	1	106 948
brzeski (opolskie)	2015	1	2 593 489
sejneński	2015	1	53 474
chojnicki	2015	1	420 803
grodziski (wielkopolskie)	2015	1	380 347
koniński	2015	1	955
szamotulski	2015	1	2 860 463
górowski	2015	2	93 848
milicki	2015	2	58 476
radziejowski	2015	2	375 422

toruński	2015	2	965 878
gorzowski	2015	2	475 233
łęczycki	2015	2	895 391
opoczyński	2015	2	438 577
suski	2015	2	155 069
łosicki	2015	2	709 761
płocki	2015	2	439 591
przysuski	2015	2	106 948
brzeski (opolskie)	2015	2	2 593 489
sejneński	2015	2	53 474
chojnicki	2015	2	420 803
grodziski (wielkopolskie)	2015	2	376 752
leszczyński	2015	2	26 737
m. Poznań	2015	2	10 411 375
szamotulski	2015	2	2 860 463
milicki	2016	1	58 476
radziejowski	2016	1	357 130
toruński	2016	1	965 878
gorzowski	2016	1	475 233
sulęciński	2016	1	695 162
sieradzki	2016	1	2 721 938
suski	2016	1	137 522
łosicki	2016	1	775 023
płocki	2016	1	436 688
przysuski	2016	1	106 948
brzeski (opolskie)	2016	1	2 593 489
sejneński	2016	1	53 474
chojnicki	2016	1	420 803
sztumski	2016	1	544 362
grodziski (wielkopolskie)	2016	1	372 412
koniński	2016	1	2 684
leszczyński	2016	1	26 737
średzki (wielkopolskie)	2016	1	861 413
śremski	2016	1	396 313
bolesławiecki	2016	2	1 229 902
brodnicki	2016	2	1 058 087
radziejowski	2016	2	366 536
gorzowski	2016	2	461 433
sulęciński	2016	2	695 162
łódzki wschodni	2016	2	240 633
oświęcimski	2016	2	2 362 885
suski	2016	2	158 170

łosicki	2016	2	767 806
płocki	2016	2	454 495
przysuski	2016	2	106 948
brzeski (opolskie)	2016	2	2 593 489
sejneński	2016	2	53 474
chojnicki	2016	2	420 803
m. Gliwice	2016	2	1 978 538
tarnogórski	2016	2	989 269
kępiński	2016	2	133 685
koniński	2016	2	2 684
leszczyński	2016	2	26 737
śremski	2016	2	346 902
górowski	2017	1	294 107
oleśnicki	2017	1	1 283 376
ząbkowicki	2017	1	969 159
radziejowski	2017	1	374 376
gorzowski	2017	1	461 433
łódzki wschodni	2017	1	187 159
oświęcimski	2017	1	2 091 992
przysuski	2017	1	106 948
grodziski (wielkopolskie)	2017	1	449 509
kępiński	2017	1	133 685

Source: Own estimates.

Table 13. Cost adjustments based on disproportions between commune reimbursements and district costs.

District name	Year	Half year	Adjusted costs in IC
polkowicki	2014	2	963284
polkowicki	2015	1	1183455
polkowicki	2015	2	1400898
polkowicki	2016	1	1312392
polkowicki	2016	2	1149878

Source: Own estimates.

Table 14. In-district children in IC added in last two reporting periods based on costs incurred.

District name	Year	Half year	No. of in-district children in IC added based on costs incurred
opolski (lubelskie)	2016	2	5
grójecki	2016	2	43
ostrołęcki	2016	2	12
bieszczadzki	2016	2	3
łomżyński	2016	2	10
chojnicki	2016	2	16
m. Żory	2016	2	7
śremski	2016	2	14
wolsztyński	2016	2	28
gryfiński	2016	2	81

Source: Own estimates.

Table 15. Costs of FTRFs added based on no. of children in last two reporting periods.

District name	Year	Half year	Added costs of FTRFs
lubański	2016	2	35308
polkowicki	2016	2	17654
świecki	2016	2	35308
międzyrzecki	2016	2	17654
łęczycki	2016	2	88270
tarnowski	2016	2	105924
ciechanowski	2016	2	141232
miński	2016	2	52962
pruszkowski	2016	2	35308
sochaczewski	2016	2	35308
leski	2016	2	88270
m. Suwałki	2016	2	17654
kościerski	2016	2	17654
ostrowiecki	2016	2	17654
skarżyski	2016	2	70616
działdowski	2016	2	17654
jarociński	2016	2	52962
gryfiński	2016	2	776776
policki	2016	2	35308
kamiennogórski	2017	1	17654
lubański	2017	1	35308
międzyrzecki	2017	1	17654
zielonogórski	2017	1	35308
łęczycki	2017	1	88270
ciechanowski	2017	1	141232
miński	2017	1	52962
leski	2017	1	88270
m. Suwałki	2017	1	17654
m. Siemianowice Śląskie	2017	1	52962
skarżyski	2017	1	123578
działdowski	2017	1	17654
policki	2017	1	35308

Source: Own estimates.

Table 16. Gaps filled in FTRF costs.

District name	Year	Half year	Gaps filled in FTRF costs
krośnieński (podkarpackie)	2013	1	189026.8
m. Legnica	2013	2	105619.5
m. Szczecin	2014	2	546087
ząbkowicki	2015	1	115660
mławski	2015	1	110350
piaseczyński	2015	2	48145
m. Poznań	2015	2	693072,8

Source: Own estimates.

Table 17. In-district children in FTRFs added based on costs incurred.

District name	Year	Half year	Added in-district children in FTRFs
górowski	2016	2	6
oleśnicki	2016	2	2
średzki (dolnośląskie)	2016	2	2
chełmski	2016	2	3
m. Zamość	2016	2	6
m. Tarnów	2016	2	1
mławski	2016	2	4
żyrardowski	2016	2	3
niżański	2016	2	1
rzeszowski	2016	2	3
starogardzki	2016	2	10
m. Sosnowiec	2016	2	11
m. Żory	2016	2	1
słupecki	2016	2	2
polkowicki	2017	1	2
chełmski	2017	1	3
żyrardowski	2017	1	2
grodziski (wielkopolskie)	2017	1	10

Source: Own estimates.

8. FIGURES

9. TABLES

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11. PROJECT IMPLEMENTERS

The project „Development and implementation of a research tool for reviewing the process of deinstitutionalisation of alternative care in Polish districts" has been carried out by:

WiseEuropa

– An independent think-tank specialising in strategic consulting, economic and institutional analyses, and forecasting public policy impact on the economy. It combines professional analyses with experience gained in the public and private sectors.

www.wise-europa.eu

Przyjaciółka Foundation

– The Foundation's activities focus on helping children, especially those in out-of-home care, but also on supporting families. It provides help for children who struggle with adversity in their lives, such as disability, loneliness, poverty, or rejection.

www.fundacja.przyjaciolka.pl

Polish Foster Care Coalition

– A group of practitioners from all over Poland, whose mission is to promote children's right to grow up in a family. The organisation takes an active part in the public debate about the child and the family, and works toward eliminating barriers in the development of family foster care in Poland.

www.koalicja.org