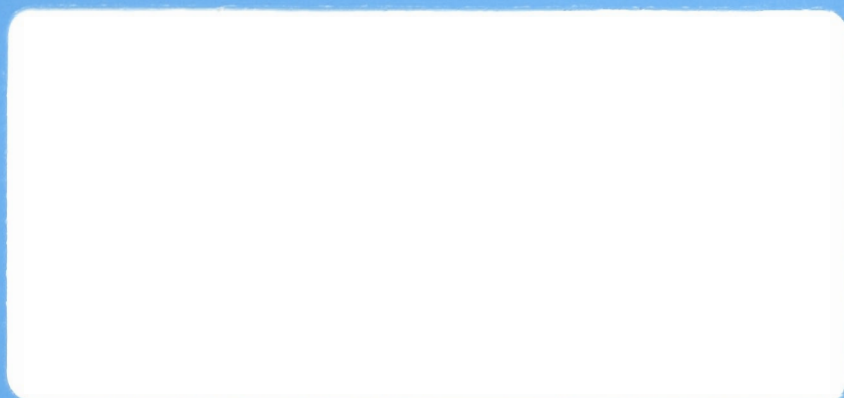




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CHILDREN IN DIFFICULT CIRCUMSTANCES
IN POLAND

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EXECUTIVE SUMMARY

This paper offers an analysis of the hardships and the threats to children during the transition in Poland. Because all the various poverty lines used to distinguish the poor from the nonpoor point to the same conclusion, that under-15-year-olds represent the population group most at risk of poverty, the paper also presents a picture of the most significant negative social effects of the transition process.

During the transition, economic activity among the population foundered. Mass unemployment appeared. Unemployment seriously affected families. The share of families with only one economically active member increased. Despite the curb in the growth of unemployment, which even decreased over 1994-5, unemployment in general seems to have declined more quickly than did the unemployment among households with children.

Overall household incomes fell rapidly. Between 1989 and 1990 alone, they dropped by over 30 percent. Subsequent years witnessed no further appreciable decline in incomes, but no rise either.

Families with children bore the brunt of the drop in employment-related incomes. These families were especially affected by unemployment and low wages, and the children in these families suffered from the economic hardship. Young poor people with children emerged as a new class within the economically active population. Households with children were much more susceptible to poverty than were other sorts of households. Children were poor twice as often as adults and three times as often as the elderly.

The polarization among families grew. While the wealthiest families had few financial problems, the poorest were frequently unable to meet even their most basic needs. Generally, the larger the family, the more the hardship. Single-parent families and families relying on unearned incomes also suffered relatively more than did other families. These families faced particular burdens in covering the costs of education and health care. Per capita food consumption was typically below average in large families.

The hardships being experienced by families with children and shortcomings in social policy had a serious impact on the health and physical development of children. Children in poor families tended to be undernourished. Although food was accounting for a significant portion of the budgets of these families, the quantity and quality of the food being consumed were below standard.

Meanwhile, parents had to earn extra money in order to make ends meet, and many were not able to look after their children adequately. Children who were not being cared for properly became vulnerable to demoralization, and they sometimes got into trouble with the law. Children from dysfunctional families in which one or both parents had problems with alcohol were especially vulnerable.

The rise in the number of dysfunctional families led to an increase in "social orphanhood". Neglected and untended children found their way into childcare facilities, foster homes or adoption.

The challenge represented by the development needs of children and young people has not been met with sufficient understanding and adequate political response. This is especially difficult when children and young people do not have the power, the experience or even the eloquence to demand that their basic needs be satisfied.

Article 1 of the Convention on the Rights of the Child states that a "child" is "every human being below the age of 18" (UNICEF 1990, page 45). Polish law is convergent with the Convention to the extent that an individual is considered a child from the moment of birth up to the age of 18, when he (or she) acquires full political and legal rights. (An exception is the fact that males must have reached the age of 21 in order to marry.)

Sociologists, psychologists and teachers have pointed out the shortcomings of a definition of "child" based on age. The period between birth and 18 years of age includes various mental and physical phases. The transition from one phase to another has not been precisely defined. For example, in Poland "adolescence" tends to begin earlier today, while the upper age limit for the "young adult" phase has gone up to 24 or 25 due to prolonged material dependence on parents during the time spent in school and career training.

Moreover, many social and legal situations demand the application of special criteria. For instance, in Poland, individuals between 13 and 18 possess a unique legal status to the degree that they need the approval of a guardian if they wish to exercise their legal rights or obligations. The Labour Code recognizes other kinds of age criteria. A person is employable at age 15. The code forbids the employment of persons under 15 (unless they have finished elementary school earlier, in which case, upon approval of their guardians, they can be employed at 14 for the purpose of vocational training). The upper compulsory school age limit is 17. The upper age limit for eligibility for social benefits (for example, for the survivor pension) is 25, except in the case of the family allowance, for which the upper age limit is 20.

I. DEMOGRAPHIC OVERVIEW OF THE CHILD AND YOUTH POPULATION

In Poland in 1994 there were almost 15 million 0-to-24-year-olds, who thus represented 38.6 percent of the total population (Table 1). The population share of this age group had shown a slightly downward trend since 1985, falling by 1 percentage point over ten years. This was due to a drop in the size of the 0-to-6 age group as a result of fewer childbirths. The school-age population (7-to-15 and 16-to-18) grew as a result of a baby-boom in the 1980s.

A microcensus carried out by the Central Statistical Office in May 1995 found that around 11.8 million 0-to-24-year-olds were "parent dependent"; this represented almost all children and 30.5 percent of the total population (GUS 1996a). This population group included 7.1 million people (60 percent of the total group) in urban areas and 4.7 million

people (40 percent of the total group) in rural areas. Rural families tended to be larger (2.1 children) than city families (1.7 children).

Table 1: THE POPULATION BY AGE
(In Millions, Rounded, 1985-95)

	1985		1989	1990	1991		1992	1993	1994		1995	
	Number	% of Total			Number	% of Total			Number	% of Total	Number	% of Total
Total	37.34	--	38.04	38.18	38.31	--	38.42	38.50	38.58	--	38.60	--
0-24	14.77	39.6	14.87	14.90	14.93	38.0	14.93	14.83	14.90	38.6	14.76	38.2
0-15	10.08	30.0	10.21	10.15	10.05	26.2	9.89	9.76	9.58	24.8	9.32	24.1
0-2	2.06	5.5	1.73	1.67	1.63	4.2	1.58	1.53	1.47	3.8	1.38	3.5
3-6	2.69	7.2	2.67	2.56	2.45	6.4	2.34	2.26	2.20	5.7	2.13	5.5
7-15	5.33	14.3	5.82	5.92	5.97	15.6	5.97	5.97	5.91	15.3	5.81	15.0
16-18	1.49	4.0	1.68	1.74	1.79	4.7	1.86	1.80	1.92	5.0	1.93	5.0
19-24	3.20	8.6	2.98	3.02	3.09	8.1	3.17	3.27	3.40	8.8	3.51	9.1
25-59	17.36	--	17.57	17.56	17.56	--	17.56	17.60	17.63	--	17.6	--
≥ 60	5.21	14.0	5.60	5.73	5.82	15.2	5.91	5.98	6.05	15.7	6.12	15.8

Source: Based on GUS (1992a), (1995a), (1996b).

Most 0-to-18-year-olds (10.3 million, or 87 percent of the age group) were living in families possessing both parents. There were 1.4 million children (11.7 percent of all children) being raised by single mothers, while 128,000 (1.1 percent) were being raised by single fathers. Since 1988 the share of children being raised by single mothers had grown by one percentage point.

In 1994, about 113,000 children (1 percent of all 0-to-18-year-olds) were in the care of institutions or foster families (Table 2). This was largely the result of the placement in "substitute" environments of children who had lost their parents or been otherwise deprived of parental care. Most of the children being taken care of in this way were so-called "social orphans" (see later). Malfunctioning families were the chief cause of social orphanhood.

If their development rendered it necessary, older children were put under the constant institutional protection of special education centres or social welfare homes for mentally handicapped children. Socially maladjusted juveniles and juveniles in trouble with the law could be placed in reformatories or youth training centres.

Infants arriving in childcare institutions shortly after birth were typically the unwanted results of juvenile pregnancies. The number of births to females 17 and under grew in absolute and relative terms during the transition (Table 3). These births were

frequently due to the changes taking place in attitudes toward sex. Coupled with ignorance of sexual matters, this often led to unexpected pregnancies and unwanted infants.

Table 2: 0-TO-18-YEAR-OLDS IN FOSTER FAMILIES AND IN INSTITUTIONAL CARE
(In 1,000s And In Percentages Of The Total Age Group, 1989, 1994 And 1995)

		In 000s (at year end)	In % of Age Group
Children's homes ^a	1989	19.9	0.2
	1994	17.7	0.2
	1995	18.7	0.2
Foster families	1989	38.3	0.3
	1994	43.9	0.4
	1995	46.1	0.4
Special education centres	1989	35.2	0.3
	1994	37.7	0.3
	1995	33.1	0.3
Homes for mentally handicapped ^b	1989	10.0	0.08
	1994	9.5	0.08
	1995	9.5	0.08
Reformatories	1989	1.4	0.01
	1994	1.3	0.01
	1995	1.4	0.01
Youth training centres	1989	4.6	0.04
	1994	2.7	0.02
	1995	2.8	0.02
Total	1989	109.4	0.9
	1994	112.8	1.0
	1995	111.6	1.0

Source: GUS (1990a), (1990b), (1995a), (1995b), (1996b).

^a For 1994, including infant care homes, family homes and childcare villages (see later).

^b Social welfare homes for mentally handicapped children.

The number of out-of-wedlock births and the share of such births among all births went up as well. The share of these births among all births was higher than the corresponding share of births to 15-to-17-year-olds (Table 4).

Statistics suggest that the rise in births to juveniles was linked to changes in abortion laws. Between 1956 and 1993 abortions were allowed for medical reasons and for certain

"social" reasons, such as the difficult circumstances of a pregnant woman. Abortions were performed free of charge in hospitals or for fees in private clinics.

Table 3: BIRTHS TO FEMALES AGED 15 TO 17
(In Totals And Percentages, 1985-94)

	1985	1989	1990	1991	1992	1993	1994
<i>Totals</i>							
Total births	677,576	562,530	545,817	545,954	513,616	492,925	481,285
Births to females aged 15-17	7,269	7,435	7,996	8,670	8,277	8,023	7,531
To females aged 15	453	503	515	586	576	527	527
To females aged 16	1,710	1,701	1,901	2,042	2,002	1,932	1,816
To females aged 17	5,106	5,231	5,580	6,042	5,699	5,564	5,188
<i>Share of All Births (%)</i>							
Births to females aged 15-17	1.0	1.3	1.5	1.6	1.6	1.6	1.6
To females aged 15	0.07	0.08	0.09	0.1	0.1	0.1	0.1
To females aged 16	0.2	0.3	0.3	0.4	0.4	0.4	0.4
To females aged 17	0.7	0.9	1.0	1.1	1.1	1.1	1.1

Source: GUS (1986a), (1990b), (1995b).

The number of abortions has been declining steadily since the mid-1960s (Table 5). The more accelerated drop after 1990 was due to stricter rules for abortion that were introduced under pressure from Catholic groups. These rules required additional formalities, and the medical circumstances under which abortions could be carried out became more restricted. A new law on family planning, foetus protection and abortion was adopted in 1993. The law prohibited abortions on demand for women living in difficult circumstances, such as homeless women or women with low incomes. Medically warranted abortions were allowed in cases in which the life of the mother was threatened by the pregnancy or if the foetus was found to suffer from serious incurable disorders. Abortions were also permitted if the pregnancy was the result of crimes such as rape or incest.

Table 4: OUT-OF-WEDLOCK BIRTHS
(In 1,000s And In Percentages, 1980-94)

	1980	1985	1989	1990	1991	1992	1993	1994
Total births (000s)	692.8	677.6	562.5	545.8	546.0	513.6	492.9	481.3
Out-of-wedlock births (000s)	32.8	33.9	32.8	34.0	36.0	36.9	40.6	43.2
Index (1980=100)	100.0	103.3	100.0	103.6	109.7	112.5	123.8	131.7
Share of all births (%)	4.7	5.0	5.8	6.2	6.6	7.2	8.2	9.0

Source: GUS (1981), (1986a), (1995b).

Table 5: REGISTERED ABORTIONS
(In 1,000s, 1955-94)

	In Hospitals			Total	Ratio to Live Births (%)
	Medical Reasons	Social Reasons	In Clinics		
1955	1.4	--	--	105.0	--
1960	4.0	146.4	--	150.4	22.5
1965	3.2	131.0	33.8	168.6	--
1970	1.7	107.3	39.2	148.2	27.1
1975	1.6	79.3	57.7	138.6	--
1980	1.8	70.2	66.0	138.0	19.9
1985	2.0	66.7	66.8	135.5	20.0
1989	1.1	36.5	44.5	82.1	14.6
1990	1.5	24.4	33.4	59.4	0.9
1991	1.5	11.9	17.2	30.9	5.7
1992	1.3	3.9	6.4	11.6	2.3
1993*	0.6	0.06	0.5	1.2	0.25
1994*	0.8	--	--	0.8	0.16

Source: Government Census Commission (1995).

* Data refer to the period between March of the year shown and March of the following year.

Single mothers and pregnant women could take refuge in special hostels where they and their children were allowed to remain for up to one year (Table 6). The operation of these hostels was governed by social assistance measures adopted in 1990 and 1993. These measures also led to an expansion in the number of the hostels.

Table 6: HOSTELS FOR SINGLE MOTHERS
(Totals, 1990-5)

	1990	1991	1992	1993	1994	1995
Hostels for single mothers	--	8	22	14	18	19
Single mothers in hostels	6	207	242	308	439	518

Source: GUS (1995a), (1996b).

II. FAMILIES AND CHILDREN DURING THE TRANSITION

Changes in Living Conditions among Families

The crisis of the early transition that was especially felt between 1989 and 1992 brought deterioration in the living conditions of a large number of families in Poland. The upward trend of 1993-5 was not sufficient to bring about any substantial change in living standards.

1. *The labour situation.* The transition saw a steady drop in the share of the employed among all economically active people aged 15 or over (including the unemployed) from 65.3 percent in 1989 to 59 percent in 1995 (GUS 1995c). Mass unemployment appeared, particularly in regions dominated by state-owned farms and decaying industrial monopolies. The growth in unemployment was halted in 1994. In December 1994 there were still about 2.8 million unemployed, for an unemployment rate of 16 percent. By October 1995 the number was down 8.6 percent to around 2.6 million, for a 14.7 percent unemployment rate.

Unemployment seriously affected families. The share of families with only one economically active member rose. At least one parent was registered as unemployed in over 15 percent of families with dependants up to age 24 (Table 7).

Table 7: FAMILIES WITH 0-TO-24-YEAR-OLDS ACCORDING TO PARENTAL ECONOMIC ACTIVITY
(In 1,000s And Percentages, 1993-5)

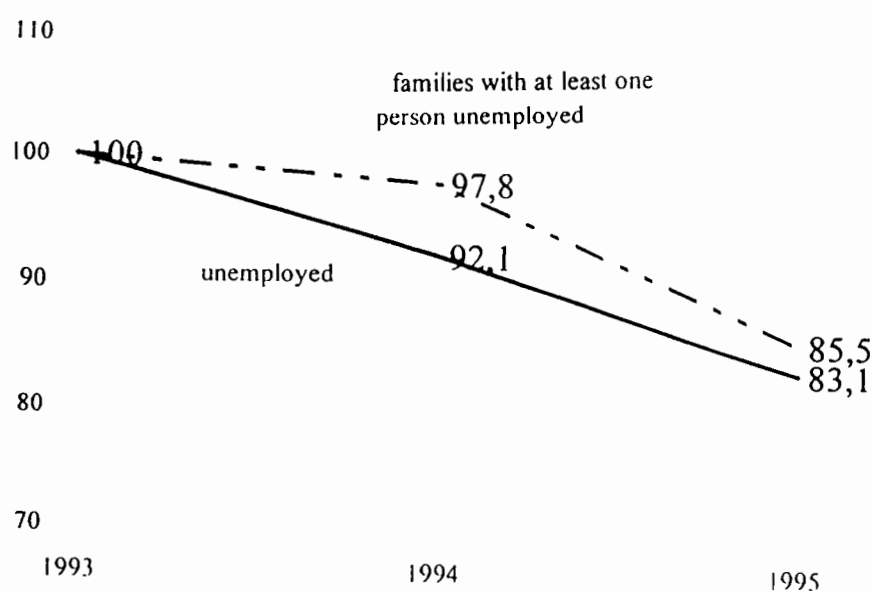
	1993		1994		1995	
	000s	%	000s	%	000s	%
All families	6,515	100.0	6,617	100.0	6,626	100.0
Married couples with children	5,652	86.7	5,775	87.3	5,746	86.7
Both parents working	3,108	47.7	3,175	48.0	3,236	48.8
One working, one unemployed	801	12.3	791	11.9	671	10.1
One working, one vocationally passive*	1,274	19.5	1,357	20.5	1,389	21.0
Both unemployed	140	2.1	113	1.7	103	1.5
One unemployed, one vocationally passive*	155	2.4	165	2.8	150	2.3
Single mothers with children	804	12.3	770	11.6	802	12.1
Mother working	501	7.7	495	7.5	502	7.6
Mother unemployed	111	1.7	112	1.7	107	1.6
Mother vocationally passive*	192	2.9	163	2.5	193	2.9
Single fathers with children	60	0.9	72	1.1	78	1.2
Father working	42	0.6	46	0.7	50	0.7

Source: GUS (1993a), (1994a), (1995d).

* Indicates an individual who is not classed among the employed or the unemployed.

Despite the curb in the growth of unemployment, which even decreased over 1994-5 as a result of some economic recovery, unemployment in general seems to have declined more quickly than did the unemployment among households with children (Figure 1).

Figure 1: THE UNEMPLOYED AND FAMILIES WITH AT LEAST ONE UNEMPLOYED MEMBER
(Index With 1993=100, 1994-5)



Source: GUS (1993a), (1994a), (1995d).

2. *Family incomes.* Earned incomes lost some ground as the chief means of the livelihood of families (Table 8). The number of families living from old-age pensions and other pension benefits, such as disability pensions, increased, as did the number of families living principally from unemployment and social assistance benefits. Overall household incomes fell rapidly. Between 1989 and 1990 alone, they dropped by over 30 percent. Subsequent years witnessed no further appreciable decline in incomes, but no rise either. Thus, in 1994 earned incomes and incomes from social benefits were still about 20 percent lower than they had been in 1989 (Tables 9 and 10).

Cuts in real wages were the principal reason for the deterioration in household incomes. Real wages dropped by over 28 percent between 1989 and 1993 and continued to

Table 8: CHANGES IN PER CAPITA HOUSEHOLD INCOME
(In Percentages Of Total Disposable Income, 1989 And 1994)

	Employees		Farmworkers		Farmers		Pensioners		Self-employed		People Living on Unearned Income	
	1989	1994	1989	1994	1989	1994	1989*	1994	1989	1994	1989	1994
Earned incomes	82.1	77.6	46.0	47.1	1.2	1.4	10.9	8.5	--	11.3	--	22.0
Public sector	--	55.5	--	30.9	--	0.2	--	5.1	--	8.4	--	2.6
Private sector	--	22.1	--	16.2	--	1.2	--	3.4	--	2.9	--	19.4
Self-employment	--	0.7	--	0.5	--	0.4	--	0.4	--	73.1	--	0.2
Farming	2.7	1.6	41.0	26.7	89.6	72.7	7.7	3.7	--	1.5	--	3.7
Social benefits	14.1	13.7	12.3	21.4	8.2	21.7	79.9	82.5	--	9.9	--	47.8
Family and childcare allowances	8.3	3.1	5.1	3.3	0.5	2.0	2.8	1.8	--	2.3	--	6.7
Old-age and disability pensions	5.2	7.2	6.4	15.0	7.5	17.2	75.5	77.1	--	5.4	--	3.8
Unemployment benefits	--	1.9	--	1.6	--	1.3	--	1.6	--	1.2	--	23.6
Other income	1.1	6.4	0.7	4.3	1.0	3.8	1.5	4.9	--	4.1	--	26.3
Capital and property ownership	--	0.4	--	0.2	--	--	--	0.5	--	0.4	--	6.2
Private donations (gifts)	--	4.6	--	2.5	--	2.3	--	3.2	--	3.1	--	16.4
Real estate and other real property sales	--	0.1	--	0.1	--	0.6	--	0.4	--	0.2	--	0.1

Source: Based on data furnished by the Central Statistical Office.

* Including households relying on unearned income.

fall until 1994. Farm incomes plummeted. Social benefits such as old-age and disability pensions did not suffer nearly so badly. Families with children bore the brunt of the drop in employment-related incomes. These families were especially affected by unemployment and

Table 9: THE DYNAMICS OF HOUSEHOLD INCOME AND CONSUMPTION
(In Averages And As An Index, 1989-92)

	Average	Index (previous year=100)			
		Employees	Employee-Farmers	Farmers	Pensioners
Real Incomes					
1989	108.4	108.0	110.7	111.7	92.5
1990	71.4	74.1	72.4	63.9	84.0
1991	100.6	101.3	93.2	85.9	111.9
1992	98.7	101.9	99.9	102.5	92.7
1992/1988	76.9	82.7	74.6	62.9	80.6
Real Expenditures (consumption)					
1989	102.6	100.6	106.5	114.1	88.8
1990	77.3	80.0	79.4	72.5	84.3
1991	104.2	104.9	96.5	89.6	111.0
1992	97.2	97.9	97.4	98.2	95.6
1992/1988	80.4	82.6	79.6	72.8	79.4

Source: Based on data supplied by the Central Statistical Office.

Table 10: INDEX OF HOUSEHOLD INCOMES AND EXPENDITURES, 1994
(1993=100)

	Average	Employees	Employee-Farmers	Farmers	Self-employed	Pensioners	"Other"
Real income	100.6	100.4	102.1	99.8	103.7	99.4	99.5
Real expenditure	96.9	97.0	99.8	93.6	100.1	95.6	93.7

Source: Based on data of the Central Statistical Office.

low wages, and the children suffered from the economic hardship. Young poor people with children emerged as a new class within the economically active population.

3. *Household consumption.* The decline in real incomes, together with the greater availability of consumer goods and services, as well as differentiated price increases, generated changes in household spending patterns. Recurrent expenditure items such as rent, electricity, gas, heating and transportation become a heavier burden (Table 11). Families with school-aged children suffered the additional strain of having to pay for education even in public schools.

Table 11: SELECTED RECURRENT MONTHLY PER CAPITA HOUSEHOLD EXPENDITURE ITEMS
(In Percentage Shares Of Total Monthly Per Capita Household Expenditures, 1989-94)

	1989	1990	1991	1992	1993	1994
Food	47.9	50.6	44.7	42.4	41.5	39.9
Clothing and shoes	15.9	10.3	9.7	7.6	6.9	7.1
Rent, including cold water	1.1	1.8	2.7	3.4	3.0	2.9
Electricity and heating	2.3	4.3	7.1	9.3	10.3	10.7
Health care and hygiene	2.5	3.1	4.1	5.1	6.5	6.6
Education	0.5	0.7	1.1	1.2	1.4	1.6
Public transportation	1.1	1.7	2.0	2.2	2.3	2.3

Source: Data provided by the Central Statistical Office.

4. *Housing conditions.* A significant segment of all families in the country live in dwelling units with one or more other families. There were 670,000 such dwelling units in 1995, accounting for approximately 1.37 million families (GUS 1995b). Some of these dwelling units were shared by unrelated families. In 1995, 2.7 million (or 21.8 percent) of the country's 12.5

million dwelling units were shared units, up from 2.4 million such units (or 19.6 percent) in 1988. Over 440,000 dwellings units (or 3.5 percent of all dwellings units) were shared by three or more separate, unrelated families and single individuals, compared to 409,000 such units (or 3.4 percent) in 1988.

Over 10 million people (almost 27 percent of the total population) live in overcrowded flats or in substandard housing lacking modern conveniences. Families must frequently live in flats too small for their needs; 48.5 percent of the population inhabit flats in which two or more individuals occupy one room, and one of every five Poles (19 percent) must be satisfied with approximately 10 square metres of dwelling space (GUS 1995b). In 1993 almost one of every four children was deprived of adequate space for learning and playing at home (GUS 1993b). One of every six children must go without his (or her) own bed. Children in large families are the least well off. Every second child in families with four or more children does not have adequate space available for learning and playing within the home (Table 12).

Table 12: HOUSEHOLDS ACCORDING TO DWELLING STANDARDS AND NUMBER OF CHILDREN
(In Percentages, 1993)

Households in which children have	Number of Children				All Households
	1	2	3	4 or more	
Space for learning and playing	88.5	69.1	55.2	36.3	72.2
Space for sleeping	95.0	85.3	71.0	47.3	84.3
A room to themselves*	71.8	45.1	47.0	27.3	54.2

Source: GUS (1993b).

* Regardless of the number of children using the room.

There are few signs of improvement in the housing problems being experienced by families. Indeed, because of cuts in subsidies for housing construction, fewer flats are being completed each year. The introduction of market prices for the sale of housing in place of officially fixed prices has led to soaring construction costs, and the purchase prices for flats have grown beyond the reach of families with average incomes.

5. *Social services.* The limitations on the Government budget and the changes in social sector spending (such as the preference evident for old-age and disability benefits) that were apparent during the transition resulted in a steady reduction in the Government funds available for social services like education, health care, recreation and cultural activities. Local

self-governing authorities, which were gradually assuming the responsibility for these services, did little to take up the slack with their own funds, and some social services were cut back.

More or less officially set fees were introduced for most social services. This meant that families had to spend more on schooling and health care and that poorer families were having difficulty in taking advantage of the services. Recreation and cultural activities disappeared from family budgets, together with some medical outlays and childcare costs (Table 13). The number of people consulting physicians dropped between 1989 and 1994, though the general health of the population was worsening. Thirty percent of those who were going without medical counselling stated that lack of money was the reason (GUS 1995e).

Table 13: NURSERY AND KINDERGARTEN ATTENDANCE
(1989-95)

		1989	1990	1991	1992	1993	1994	1995
		<i>Totals</i>						
Nurseries	000s	150.6	137.5	111.2	87.0	73.8	70.2	69.3
	Per 1,000 in age group	44	42	31	26	23	22	23
Kindergartens	000s	921.0	856.6	750.2	789.0	768.0	780.0	773.2
	Per 1,000 in age group	340	328	299	332	334	348	356
		<i>Index (1989=100)</i>						
Nurseries	000s	--	91.3	73.8	57.8	49.0	46.6	46.0
	Per 1,000 in age group	--	95.4	70.4	59.1	53.5	50.0	52.3
Kindergartens	000s	--	93.0	81.4	85.7	83.4	84.7	84.0
	Per 1,000 in age group	--	96.5	87.9	97.6	98.2	102.3	104.8

Source: GUS (1995a).

The introduction of a set tuition for a basic curriculum in public schools meant that families had to pay additional fees for extracurricular activities. This tended to limit the access of children and young people to these activities (Table 14). The poor infrastructure for recreation and sports, as well as the high fees and the lack of interest, meant that only 13 to 15 percent of children and young people were involved in sporting activities. Only around 172,900 individuals under 18 participated in sports in 1994, 30 percent fewer than the 250,000 in 1988.

Table 14: EXTRACURRICULAR ACTIVITIES IN PRIMARY AND SECONDARY SCHOOLS
(In Number Of Participants And As An Index, 1990-4)

	Not School Sponsored				School Sponsored	
	Common Interest Groups	Technical Clubs	Artistic Clubs	"Other"	Sports Clubs	Touring Clubs
	<i>Totals*</i>					
1990/1	840,059	124,916	558,798	298,720	859,529	215,887
1992/3	290,079	66,371	249,336	165,215	423,330	78,148
1993/4	220,261	65,857	214,018	128,083	410,250	72,127
	<i>Index (1990/1=100)</i>					
1992/3	34.5	53.1	44.6	55.3	49.2	36.7
1993/4	26.2	52.7	38.3	42.9	47.7	33.4

Source: GUS (1994b).

* Data are not available for 1991/2.

Differences in Incomes and Living Conditions

The transition witnessed widening gaps in the incomes and living standards of families. In 1994 families in the highest income decile enjoyed seven times as much income as did families in the lowest income decile. The difference in 1989 had only been a factor of five. The Gini coefficient was 0.21 in 1989, 0.25 in 1991, 0.26 in 1992, 0.27 in 1993, and 0.30 in 1994 (UNICEF 1995).

Differences emerged in the level and structure of family consumption. Families in the highest income decile were spending three to five times more on education, personal hygiene, health care, transportation and clothing than were families in the lowest income decile. There were also gaps in food consumption, especially in terms of nutrition; more well off families tended to consume more nutritious foods.

The polarization among families grew. While the wealthiest families had few financial problems, the poorest were frequently unable to meet even their most basic needs. Generally, the larger the family, the more the hardship. Single-parent families and families relying on unearned incomes also suffered relatively more than did other families (Tables 15-17). These families faced particular burdens in covering the costs of education and health care. Per capita food consumption was typically below average in large families.

Table 15: THE INCOMES OF SELECTED TYPES OF HOUSEHOLDS, 1995

	Couples			Single- parent Households	Households Relying on Unearned Income
	w/No Children	w/1-2 Children	w/≥3 Children		
<i>Index (average household=100)</i>					
Average household disposable income	144.2	103.4	63.1	89.2	51.9
Share of earned wages in income	36.1	82.6	77.8	52.1	22.0 ^a
Share of social benefits in income	60.2 ^b	11.8	15.8	30.0	54.4
<i>What is the Financial Situation of Your Family? (% of survey responses)</i>					
Bad or very bad	18.6	15.8	38.4	58.5	73.5
Good or very good	16.7	25.2	9.9	4.1	6.7

Source: Based on unpublished data supplied by the Central Statistical Office.

^a Family members other than the head-of-household may contribute some earned income.

^b Many of these households consist of individuals relying on old-age or disability benefits.

Table 16: INDEX OF THE EXPENDITURES OF SELECTED TYPES OF HOUSEHOLDS, 1995
(The Expenditures Of The Average Household=100)

	Couples			Single- parent Households	Households Relying on Unearned Income
	w/No Children	w/1-2 Children	w/≥3 Children		
Food	140.2	97.1	74.6	96.8	72.0
Clothing and shoes	109.9	88.1	74.6	103.6	51.6
Housing maintenance	164.7	102.1	55.6	107.3	53.9
Rent	156.4	115.2	55.5	141.9	82.0
Heating, electricity and gas	173.1	94.2	56.5	104.4	56.4
Health care	215.2	83.9	45.9	74.7	39.4
Education	6.5	162.7	127.8	208.6	81.9
Cultural activities	135.6	121.4	58.7	122.9	54.5
Sports, tourism and recreation	90.9	167.1	63.9	169.3	38.5
Transportation and communication	140.7	126.4	62.0	70.0	35.3

Source: Based on unpublished data provided by the Central Statistical Office.

Table 17: INDEX OF CONSUMPTION IN SELECTED TYPES OF HOUSEHOLDS, 1995
(The Consumption Of The Average Household=100)

	Couples			Single- parent Households	Households Relying on Unearned Income
	w/No Children	w/1-2 Children	w/≥3 Children		
Meat and meat products	140.0	93.4	75.2	85.0	72.7
Milk and dairy products	133.8	78.5	90.7	84.5	80.7
Fruit and fruit products	147.0	102.2	73.2	100.8	63.5

Source: Based on unpublished data provided by the Central Statistical Office.

Child Poverty

The growth in poverty among children relative to other population groups was typical of the transition in Poland and elsewhere (UNICEF 1995, ILSS 1996, World Bank 1995). All the various poverty lines used to distinguish the poor from the nonpoor point to the same conclusion: under-15-year-olds represented the population group most at risk of poverty (Table 18). Depending on the poverty line employed, the number of "poor" under-15-year-olds varied from 0.9 million (based on the subsistence minimum), to 2 million (relying on the minimum old-age pension) and 4.7 million (measured by the "social" minimum). Children in poor families tended to be undernourished. Although food was accounting for a significant portion of the budgets of these families, the quantity and quality of the food being consumed were below standard.

Table 18: POVERTY AMONG UNDER-15-YEAR-OLDS, ADULTS AND THE ELDERLY
(In Percentages Of The Total Population Group, 1989-94)

Poverty line applied	Year	Under-15-year-olds	Adults	≥60-year-olds
Low-income line ^a	1989	30.6	19.0	26.8
	1990	55.3	35.0	35.3
	1991	55.0	33.9	25.3
	1992	52.6	32.2	20.4
60% of the low-income line	1989	8.4	4.7	5.2
	1990	16.8	8.0	4.0
	1991	14.4	7.5	2.4
	1992	19.9	9.2	3.4
Minimum old-age pension ^b	1993	20.3	--	7.6
Subsistence minimum	1994	9.1	5.9	3.4

Sources: UNICEF (1995), World Bank (1995), ILSS (1996).

^a Equal to 40 percent of the average wage in 1989 (see UNICEF 1995).

^b Equal to 35 percent of the average current wage (see World Bank 1995).

In particular, schoolchildren were suffering from poverty. The cost of education was an excessive burden within the budgets of poor families, which were forced to reduce their spending on recreation, education and cultural activities well below the level recommended through the "social" minimum for the satisfaction of the basic needs of children for

development and social integration (ILSS 1996). Likewise, large families were increasingly threatened by poverty, and the gap between the expenditure level of these families and minimum subsistence standards was growing (Table 19).

Table 19: POVERTY RATES AMONG CHILDLESS COUPLES AND COUPLES WITH CHILDREN*
(According To Selected Poverty Lines, In Percentages Of The Population Group, 1993-4)

	Childless Couples	Couples (according to number of children)				Total
		1	2	3	≥4	
<i>Social Minimum</i>						
1994	35.6	41.8	56.4	73.0	85.7	59.1
<i>Subsistence Minimum</i>						
1994	1.2	2.1	4.0	8.4	20.4	4.5
Households relying on earned incomes	0.1	1.1	2.7	6.7	19.6	3.3
Households relying on unearned incomes	16.1	17.3	28.9	35.1	48.5	23.4
<i>Relative Poverty Line</i>						
1993	3.3	5.1	8.7	17.4	35.1	--
1994	3.7	5.2	9.4	18.9	37.9	10.1
<i>Minimum Old-age Pension</i>						
1993	3.4	6.1	11.7	22.9	42.6	10.5
<i>Subjective Poverty Line</i>						
1993	36.0	32.5	37.3	52.3	58.5	42.6
1994	28.2	27.9	35.8	51.5	60.0	39.3

Sources: ILSS (1996), World Bank (1995), data of the Central Statistical Office.

* The "poverty rates" have been calculated in relation to households. "Total" refers to all households, not simply the types of households shown in the table. The "relative poverty line" is pegged at 50 percent of the expenditures of the average household.

Regional and Subregional Differences

Regional differences in industrialization, urban development, environmental conditions and the coverage of social sector infrastructure deepened during the transition. On the one hand, the pace of development in some provinces, especially those near urban centres such as Warsaw, Gdansk, Cracow and Poznan, was rather rapid, and the inhabitants of these provinces generally had more opportunity to improve their incomes and raise the level of their consumption. On the other hand, regions in which monopolistic industries or state-owned agricultural enterprises had been concentrated suffered the most, in some cases experiencing unemployment at twice the average rate. The economies of provinces in the Northeast and the Southeast remained stagnant or lost ground.

Unfortunately, the poorer provinces tended also to be the ones with relatively more residents 0 to 19 years of age. Young people from these areas began to seek work abroad in a steady wave of economic emigration. They worked either seasonally on a legal basis (under bilateral agreements between Poland and other countries), or illegally through the black market. Polish migrant workers took to travelling to and from their work abroad to spend several months (unemployed) at home with their families. However, their efforts contributed little to economic activity in Poland. The children of migrant workers were often left untended for months or were cared for by relatives or friends. Frequently the youngsters managed not only the households, but also small farms (Graniewska, Balcerzak-Paradowska and Głogosz 1994, Rajkiewicz 1996, Okólski 1996).

III. THE INSTITUTIONAL RESPONSE TO NEGLECT AND ABANDONMENT

Child neglect and abandonment may sometimes be due to unavoidable occurrences, like the disappearance of parents.

In 1994 there were 6,200 orphans in Poland, representing 0.05 percent of the 0-to-18 population. "Social" orphans are more numerous. In 1994 there were about 154,000 social orphans in Poland. These children had been neglected or abandoned because of breakdowns in their families. Their situation is especially hard since their parents are living, but fail to offer care or affection of any sort.

Though there have been occasional cases of child abandonment shortly after the birth of the child (mostly by very young mothers) and though the occurrence of such cases rose in the early 1990s as a result of anti-abortion laws, such cases are still relatively uncommon.

The most frequent specific cause of social orphanhood is the illness or alcoholism of the parents. Other causes include financial troubles, unemployment, the lack of resourcefulness of a father, and parental immaturity.

It is usually quite difficult to gauge the proportion of families that function poorly, since in most cases serious family problems are not discussed with outsiders and never reach the attention of institutions. Family conflict and intrafamily violence are prime examples of phenomena which cannot be expressed accurately in figures. Many times, only when for some reason the need for external assistance arises can they be recorded.

Children completely or partially deprived of parental care, as well as children cared for in a strikingly inappropriate way, can be legally and institutionally protected by the state. Over 96 percent of the children under legal and institutional protection are social orphans, while the rest are "natural" orphans. The principal types of state protection under Polish law are court supervision over children, the placement of children in child welfare institutions, care by "substitute" or foster families, and adoption.

Children under Court Supervision

The courts have acquired considerable obligations with regard to the protection and supervision of orphans, children whose parents are unknown or not fully responsible legally, and children whose parents have been temporarily or permanently deprived of their parental rights. Parental rights may be restricted, suspended or denied completely by "guardianship" courts. The number of parental care-suspension cases increased from 23,500 in 1993 to 24,900 in 1994, after falling from 23,100 in 1989 to 22,400 in 1991 and 22,300 in 1992. The guardianship courts also determine the type of supervision under which the children who have been brought before them are to be placed. About 5,000 children are put under the protection of the courts each year, though the total number of children under court supervision declined steadily during the transition (Table 20). Guardianship courts regard the

Table 20: CHILDREN UNDER STATE PROTECTION ACCORDING TO TYPE OF CARE
(In Totals And Percentages Of The Age Group, 1989-95)

	Age		1989	1990	1991	1992	1993	1994	1995
Court supervision	0 to 17	Total	178,600	174,500	166,400	163,000	160,800	159,800	162,134
		% age group	1.6	1.5	1.5	1.5	1.5	1.4	1.4
Emergency childcare centres	3 to 18	Total	11,500	13,800	11,200	10,400	10,800	11,800	13,000
		% age group	0.1	0.2	0.1	0.1	0.1	0.1	0.1
Infant care homes*	0 to 2	Total	4,300	4,400	4,400	4,200	4,100	--	--
		% age group	0.2	0.3	0.3	0.3	0.3	--	--
Children's homes*	3 to 18	Total	15,600	15,400	15,400	15,100	15,400	17,500	17,800
		% age group	0.1	0.2	0.1	0.1	0.2	0.2	0.2
Family homes	0 to 18	Total	--	977	916	829	779	793	804
Childcare villages	0 to 18	Total	--	--	--	142	157	172	188
Substitute or foster families	0 to 18	Total	38,300	37,200	37,600	38,700	40,800	43,900	46,101
		% age group	0.3	0.4	0.3	0.3	0.4	0.4	0.4

Sources: GUS (1990a), (1990b), (1991a), (1991b), (1992a), (1993c), (1994b), (1994c), (1995a), (1995b), (1996b), research conducted by the authors.

* The infant care homes became part of children's homes in 1994.

return of children to a family environment as their main goal. Childcare centres can be of assistance in this, but substitute or foster families are considered a more ideal solution.

Child Welfare Institutions

1. *Natural orphans, "social" orphans and childcare institutions.* Natural orphans and "social" orphans make up 1.5 percent of the 0-to-18 population. If a child's parents die, state-sponsored care through the guardianship courts generally leads to the identification of a substitute or foster family (frequently relatives), adoption by relatives or others, or the placement of the child in a children's home until the child reaches adulthood. On average, around 6,000 children become natural orphans each year.

Parental alcoholism, physical abuse, the imprisonment of parents, parents who rely on theft or other criminal activity to support their households, and severe parental negligence leading to bad behaviour at school are examples of the sorts of parental abuse and neglect which can cause "social" orphanhood. If parents fail to fulfil their duties, guardianship courts may limit, suspend or take away parental rights. The children of parents whose parental rights have been restricted or suspended may be placed temporarily in 24-hour emergency childcare centres or permanently in substitute or foster families, children's homes, family homes, childcare villages, centres for handicapped children or reformatories. About 40 percent of all "social" orphans were being cared for in institutions or substitute family environments in 1994, the other 60 percent remaining with their natural families, but under the supervision of guardianship courts (Table 21). "Social" orphans represent the majority of children in long-term childcare centres (Table 22).

Table 21: NATURAL ORPHANS AND "SOCIAL" ORPHANS
(In Totals And In Percentages Of The Population Segment, 1989-95)

	1989	1990	1991	1992	1993	1994	1995
<i>Natural Orphans</i>							
Under court supervision (total)	5,800	5,800	5,800	5,900	6,200	6,200	6,100
In children's homes (% of total)	77.9	70.0	75.2	73.8	71.0	77.2	79.0
<i>Social Orphans</i>							
Under court supervision (total)	172,800	168,700	160,700	157,000	154,500	153,600	156,000
In foster families or childcare institutions (% of total)	37.0	38.0	39.0	40.0	41.0	42.0	43.0

Source: GUS (1990a), (1993c), (1995a), (1996b).

Table 22: NATURAL ORPHANS IN CHILDCARE CENTRES AND FOSTER FAMILIES*
(In Percentages Of All Children In The Relevant Institutions, 1989 And 1991-5)

	1989	1991	1992	1993	1994	1995
Emergency childcare centres	12.6	4.3	--	--	4.6	19.7
Children's homes	29.0	28.2	--	--	27.4	24.8
Family homes	--	--	46.0	46.1	45.5	49.6
Childcare villages	--	--	23.9	24.8	26.2	22.9
Substitute or foster families	--	--	--	--	--	15.0

Sources: GUS (1990a), (1992a), (1995a), (1996a), data of the Ministry of Education.

* Includes children who have lost only one parent. The remaining children in these institutions were "social" orphans, except in the emergency childcare centres, where, besides the natural and "social" orphans, some of the children were abandoned, lost or awaiting the resolution of their legal status.

Lost, abandoned and neglected children may also temporarily find their way into emergency childcare centres. Children may stay in these centres for up to three months while awaiting the resolution of their family status or their legal status. Thereafter, they are either returned to their families, or sent to children's homes or substitute or foster families.

2. *Family homes and childcare villages.* A "family home" is created through an employment agreement between an education supervisor and a married woman who has obtained the approval of an adoption and childcare centre. By signing the agreement, the woman undertakes to assume responsibility for the care of at least six children in a private home (more in special cases, but never more than 12 children per family home). A second such "guardian" may be employed in homes with more than six children. Each child in a family home has been placed there by an "education supervisor" following a court decision after a hearing about the child. The education supervisors are public officials responsible for implementing government education policy at the local level. The family homes are financed through Government funds set aside for childcare that are distributed and managed by the education supervisors. The Government thus covers the costs of raising the children in these homes. The number of family homes and of the children in them declined during the transition (see Table 20, page 17).

Childcare villages are run by single women. The women, who have no other occupation, act as guardians over several children who are living together as brothers and sisters. The villages actually consist of several family homes located close together. There are

currently three childcare villages in the country: in Bilgoraj, in Krasnik and near Bielsko-Biala. The number of children in these villages grew during the transition (see Table 20, page 17).

3. *Children's homes.* Children are placed in children's homes on the basis of a decision by a guardianship court, a case report by a special children and youth institution (a child psychology centre, a special treatment centre or an emergency childcare centre) and approval by an education supervisor. The separation of siblings is not permitted, and under-3-year-olds must be placed only in homes recommended by the education supervisor. Following placement, contacts between the child and its parents are facilitated in order to ease the child's eventual return to its natural family. If this proves impossible, a substitute or foster family is sought with the assistance of an adoption and childcare centre. Placement in children's homes until the child reaches adulthood is considered a last resort.

In the 1994-5 school year, 15,700 of the 16,698 children in children's homes had been placed there by the courts (GUS 1995f). During the year, 4,716 children left the homes, 2,937 returning to their own families or going to substitute or foster families, while 851 became the responsibility of social welfare centres (institutions for the care of disabled or chronically ill young people), and 885 became self-supporting. On average every fifth child in the children's homes eventually returns to his or her own family or is accepted into a new family. Several hundred children end up each year in children's homes or substitute families as a result of a court order following the divorce of the parents (Table 23).

Until the end of 1992 infant care homes run by the Ministry of Health and Social Assistance existed for under-3-year-olds. Older children were placed in the children's homes,

Table 23: PLACEMENTS IN CHILDCARE CENTRES AND FOSTER FAMILIES IN DIVORCE CASES*
(Total Number Of Children, 1989-94)

	Children Placed in Childcare Centres	Children Placed in Foster Families
1989	219	365
1990	126	333
1991	150	150
1992	150	215
1993	82	156
1994	119	141

Source: GUS (1990b), (1993b), (1995b).

* "Childcare centres" here refer to family homes, children's homes and childcare villages.

most of which were managed by the Ministry of Education, while a few were the responsibility of communities. This procedure meant that upon reaching the age of 3 a child in an infant care home had to be put into a different institution. In practice, this frequently led to the separation of siblings. Moreover, the infant care homes were typically rather crowded, while the children's homes generally had unoccupied beds. This issue was resolved beginning in 1993, when the infant care homes were also put under the authority of the Ministry of Education. In 1994 the distinction between the two types of childcare institutions was eliminated. In children's homes today, there is no formal division by age. Instead, children are put into groups of 12 to 16 individuals of various ages. Under-3-year-olds requiring special attention are kept in separate groups of no more than six individuals. Each infant has his or her own tutor from the day of admission up to the age of 3.

Minors who have become mothers and who have no parents or guardians may also be accepted in children's homes, which, when necessary, can be equipped to provide suitable pregnancy, delivery and postnatal care.

All residents in children's homes receive clothing, shoes and other personal articles, along with a monthly allowance amounting to 1.25 percent of the average wage. Residents who have become self-supporting may receive basic household goods and bedclothes up to a value of 300 percent of the average wage; they are permitted to remain in the homes for up to one year while they search for regular accommodations. Parents or others who are obliged to pay child support for residents of children's homes are charged 25 to 30 percent of the average monthly wage for the services furnished by the homes.

During the period immediately following the war the Child Friendship Society managed most children's homes. The Society is still Government financed today, but it now helps supervise children in dysfunctional families. All children's homes are currently managed through the Office for the Supervision of Education in the Ministry of Education and are financed mainly through the Government budget, but also through parental fees and sponsorship, both private and institutional, as well as through initiatives such as collection campaigns run by the Polish Red Cross, the SOS Foundation (a social organization created through the Ministry of Labour and Social Policy), public television stations and others.

The Policies behind the Placement of Children in Substitute Families

In recent legislation concerning social and natural orphans, childcare alternatives resembling

natural family environments are increasingly gaining approval and funding. Efforts are being made to place children, especially under-3-year-olds, in "substitute" or foster families rather than in public institutions. Children are placed in substitute families upon the decision of guardianship courts or upon the agreement of parents. In practice, once a guardianship court has taken the decision, an education supervisor seeks out a proper family environment. Frequently, the family selected is related to the child (often grandparents, uncles, aunts, or older siblings). The courts and the supervisors are obliged to consult with each other during this process. By law, the selection must be based on the following priorities.

- Whenever possible the substitute family should be related to the child or selected by the child's parents.
- Siblings should be placed in the same family.
- There should be a fitting age difference between the heads of the new families and the child.
- The married couple or single person providing the substitute home for the child must be Polish by citizenship, permanently reside in the country, acquire full parental and guardianship rights, offer a suitable home and earn an adequate, steady income.

Substitute families usually take care of from one to three children. The education supervisors are responsible for monitoring the substitute families, and the children remain under the jurisdiction of the courts.

Parents must pay the equivalent of 40 percent of the average monthly wage for the support of each of their children who are placed in substitute families. The Government offers substitute families many types of assistance, including the following.

- The right to receive family and childcare allowances, as well as a special allowance for orphans. In December 1996 the value of the family allowance was 25.20 zlotys per child.
- Employed women who have taken custody of children, who have been assigned custody over children by the courts, or who are bringing up children in substitute families have the right to take the childcare leave.
- The right to monthly financial assistance amounting to 40 percent of the average monthly wage and paid until the child reaches adulthood. The benefit equals 100 percent of the average monthly wage in the case of disabled children or children under 2 years of age whose status has not yet been determined. Children in substitute families are also eligible for certain additional lump-sum and periodical benefits.

- Personal income tax laws treat adopted and natural children on an equal footing. The tax benefits linked to the attendance of children in private schooling, school transportation, medication, and care and rehabilitation for the disabled are the same for natural and adopted children. The income from the regular financial assistance offered to substitute families is not subject to taxation.

Adoption

A child may be adopted if his or her parents are unable to claim guardianship because they are no longer alive, because their whereabouts are unknown, because they have been deprived of their full legal rights, or because their parental rights have been temporarily or permanently revoked.

According to the Family and Guardianship Code, the adoption procedure must assure the well-being and the rights of the child, must be confidential and must be supervised by the state. Cases of adoption are heard before family courts.

Relatives and guardians, including the parents in "substitute" families, are considered appropriate adoptive parents. The passage of new laws in mid-1995 rendered the adoption of Polish children by foreigners more difficult. Foreigners may now adopt a Polish child only if they are able to guarantee a suitable substitute family environment, if they are related to the child, or if they have already adopted the child's siblings. The new regulations are aimed at maintaining more control over foreign adoptions and at limiting their number.

The new regulations also cover cases in which one of two adoptive parents dies, as well as the requirements regarding the consent of the natural parents and of the adopted children. Parental consent laws have been liberalized in that only one parent need give consent for an adoption if all the remaining conditions have been met. Furthermore, the courts are now obliged to take the child's views into consideration during adoption hearings even if the child is under 13. The consent of the child is required if the child is 13 or older.

The number of cases of adoption has been sliding downward in the 1990s (Table 24). This may be at least partly due to the lengthy court formalities linked with such cases. The guardianship courts place about 1,000 children in adoptive families each year. No cases of adoption-oriented child trafficking have been noted in Poland, although the media reported cases in which babies were sent overseas in 1994-5 in exchange for money without the consent of the parents or the courts.

Table 24: ADOPTION CASES IN THE COURTS
(Totals, 1989-95)

1989	1990	1991	1992	1993	1994	1995
4,289	4,249	3,827	3,468	3,281	3,069	3,054

Source: GUS (1990a), (1993c), (1995a), (1996b).

IV. RISK FACTORS IN CHILD DEVELOPMENT

Poor Health

The condition and conduct of mothers during pregnancy are early deciding factors in the health of the infant at birth. Maternity care is therefore an important part of the protection of children.

In the 1950s a special network of clinics was established to offer care for expectant mothers. Although many women are being treated in these clinics and despite a number of positive trends in female health during pregnancy, the improvement in maternal and child health has not been as great as hoped. Maternal and infant mortality rates are definitely declining, but they are still far behind those in other European countries (Table 25). Most infant deaths are caused by premature birth, birth "defects" and infections. This points to the poor health of mothers and the disappointing state of prenatal and neonatal health care.

In 1990-3 about one-third of the 18-and-under population belonged to groups at risk in terms of health (Table 26). A trend toward improvement was emerging among most age

Table 25: CHANGING TRENDS IN THE HEALTH STATUS OF BABIES AND PREGNANT WOMEN*
(1985 And 1989-94)

	1985	1989	1990	1991	1992	1993	1994
Prenatal and perinatal maternal mortality	75	60	70	71	51	51	53
Maternal mortality rate linked to birth complications	--	20.0	15.2	14.7	11.3	12.0	--
Rate of low birthweight	7.6	7.6	8.1	8.0	7.9	7.9	7.2
Infant mortality rate	22.0	--	19.3	18.2	17.3	16.1	15.1

Source: GUS (1989a), (1990b), (1995b).

* "Prenatal and perinatal maternal mortality" is measured in total number of cases. "Maternal mortality rate linked to birth complications" is per 100,000 live births. "Rate of low birthweight" is per 100 live births. The "infant mortality rate" is per 1,000 live births.

Table 26: CHILDREN AND YOUNG PEOPLE AT RISK IN TERMS OF HEALTH, BY AGE
(In Percentages Of The Children And Young People Examined, 1990 And 1993)

Age:	6		10		14		18	
	1990	1993	1990	1993	1990	1993	1990	1993
Total individuals examined	641,390	333,115	606,605	294,739	561,687	298,756	243,174	96,633
Individuals in groups at risk	31.2	28.4	35.7	38.5	32.4	29.8	31.6	29.1
Physical development disorders	4.9	3.5	5.5	4.9	5.5	4.4	3.9	3.1
Mental disorders	0.9	0.8	1.3	1.0	2.2	1.0	2.2	1.2
Growth disorders/diseases	6.9	6.5	11.7	9.7	12.7	9.8	14.7	12.6
Hearing/speech disorders	7.6	1.8	3.1	1.2	2.3	0.7	0.9	0.7
Respiratory disorders	1.0	1.4	0.9	1.2	0.7	0.9	0.6	0.9
Circulation/rheumatic disorders	1.1	1.0	1.0	1.0	1.0	1.0	1.2	1.3
Urological disorders	1.2	1.3	0.9	1.0	0.4	0.4	0.4	0.4
Motion disorders	12.4	11.5	16.6	15.8	13.0	12.5	10.2	9.2

Source: GUS (1995a).

groups, and the proportion of children at risk was becoming somewhat smaller. The most frequent disabilities were motion disorders, hearing and speech disorders, and growth and physical development disorders.

Statistics on hospital care show quite a different picture of child health (Table 27). One might suspect that, because the number of young hospital patients was mounting, the general level of health among children was declining. However, the figures may also reflect enhanced accessibility to hospital care and a growing number of people seeking treatment.

Table 27: CHILDREN AND YOUNG PEOPLE IN HOSPITAL, BY AGE
(In Totals And Per 100,000 In The Age Group, 1984-94)

	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
<1 Total	199,970	200,910	193,070	187,000	179,770	166,580	168,820	176,250	178,070	172,110	171,620
Per 100,000*	28,366	29,504	30,110	30,665	30,455	29,426	30,802	30,802	34,345	34,698	35,659
1-4 Total	173,560	178,930	187,510	181,910	175,440	166,240	166,600	164,660	176,320	178,340	181,020
Per 100,000	6,394	6,539	6,839	6,711	6,693	6,622	6,938	7,149	7,898	8,225	8,625
5-14 Total	343,710	354,290	361,070	366,690	372,950	366,340	391,950	399,200	411,720	433,830	449,190
Per 100,000	5,807	5,831	5,812	5,791	5,784	5,580	5,919	6,026	6,249	6,645	6,978
15-19 Total	143,330	138,510	139,270	144,150	144,170	143,850	154,640	158,020	159,810	165,840	175,090
Per 100,000	5,696	5,520	5,505	5,585	5,435	5,234	5,428	5,360	5,269	5,344	5,528

Source: Data furnished by the Medical Statistics Office of the State Institute for Hygiene

* For under-1-year-olds, per 100,000 live births; for all others, per 100,000 individuals in the age group.

Respiratory disorders were the most common reason for hospital treatments among under-14-year-olds. Among 0-to-1-year-olds the most frequent causes were birth defects and

neonatal illness. Increasing numbers of 1-to-4-year-olds were being hospitalized with contagious diseases, respiratory disorders and urological and reproductive-system disorders, while more and more 5-to-14-year-olds were being treated for nervous ailments. Gender-influenced differences appeared among the 15-to-19 age group. Young females were frequently being cared for in hospitals owing to problems during pregnancy or for childbirth. Young males entered hospital more often for injury or poisoning.

Sixty percent of the child population suffer from serious malnutrition. About 10 percent are permanently undernourished, while 24 percent are undernourished occasionally. Eleven percent of the boys and 19 percent of the girls frequently come to school without having had breakfast at home. Twenty-six percent of the boys and 22 percent of the girls eat no meals at school. Ten percent of all under-15-year-olds eat little or no fish, milk or milk products, or cooked meat or meat products (GUS 1995g). One in ten families is frequently without enough money to buy food.

According to medical specialists, almost 60 percent of all children and young people are "physically underactive", while 10-12 percent are "not very active". Physical education classes in schools do not sufficiently encourage young people to take up physical challenges.

Thirty-eight percent of all 11-to-15-year-olds have tried smoking at least once. By the age of 15, 65 percent of boys and 50 percent of girls have had numerous experiences with smoking. Among 15-year-olds, 8 percent of boys and 3 percent of girls smoke daily, while 4 percent of boys and 2 percent of girls smoke at least once a week.

Between 5 percent and 15 percent of children and young people suffer from psychological problems or social maladjustment. Over 250 individuals between 5 and 19 commit suicide or die from self-inflicted wounds each year. There are an estimated seven times as many suicide attempts as successful suicides among the young.

A 1995 study undertaken by the State Institute for Hygiene found that the major factors influencing the health of young people were as follows.

- Family poverty, accompanied by inadequate housing and malnutrition or undernourishment.
- Inappropriate family lifestyles, the poor example of parents, lack of healthy habits, drinking and smoking. Families made little effort to promote good health among children and young people.
- Stressful family environments, frequently damaged by financial problems, including those caused by unemployment.

- Insufficient health care. In 1992 the responsibility for the health care of schoolchildren was shifted from school physicians to district clinics. As a result, about 25 percent of schoolchildren stopped seeing doctors altogether.
- Limited access to recreational and sports activities as a means to foster sound physical development. There were fewer facilities, and the costs were high.
- Environmental pollution.

Physical Disabilities and Mental Handicaps

In 1988, 78,600 families were supporting 151,200 disabled 0-to-24-year-olds. This accounted for 2.4 percent of all families with dependants 0 to 24 years of age. Most of these families included two parents living together.

The disabilities of children often represent difficulties for families. Care for a seriously crippled child frequently means that one parent — usually the mother — must give up work. The family must therefore depend on a single income, although medical treatments and the costs of rehabilitation and therapy raise expenses, as does food in cases where special diets are necessary. Moreover, parents with disabled children are more likely to experience significant stress.

The situation becomes worse when one or both of the parents are disabled as well. Research carried out among 123 families with at least one disabled adult found that disabilities are a negative influence on such families (Kawczyńska-Butrym 1994). In 72 percent of these families, the household living standard suffered because a disabled parent could not lead a full professional life. Child supervision is more difficult for a disabled adult, and in 63 percent of the families studied the disabled adults tended to have a negative effect on the health of other family members because of the increased stress within the families and because of the extra efforts required to care for the disabled adult.

The access of disabled children to organized education is restricted. This situation is now being addressed through the establishment of an integrated school system (kindergarten through secondary school) allowing these children to learn and grow with their peers. However, most disabled children still attend special schools (Table 28). The majority of children in these special schools are mentally handicapped to a mild degree and suffer from chronic illnesses, as well as from hearing or sight disorders. Their limited physical and mental abilities, coupled with the necessity of constant care, generally mean that these

children develop more slowly and that their life chances are relatively narrow (Kořaczek 1994).

Table 28: SPECIAL SCHOOLS FOR DISABLED CHILDREN*
(Total And Number Of Students By School Year, 1990-5)

	1990-1		1991-2		1992-3		1993-4		1994-5	
	Total	Students	Total	Students	Total	Students	Total	Students	Total	Students
Elementary schools	769	84.3	771	83.3	768	82.2	776	83.6	773	83.5
Special classes in elementary schools	1,379	17.4	1,367	16.8	1,402	16.4	1,297	14.8	958	11.7
Schools offering vocational training	4	0.1	4	0.1	13	0.2	17	0.5	17	0.5
Standard secondary schools	9	0.4	11	0.4	12	0.4	13	0.5	13	0.5
Comprehensive vocational schools	271	24.5	268	24.7	270	25.6	280	25.8	284	26.5
Secondary technical schools	15	0.9	15	0.9	16	0.9	17	0.9	17	1.1
Post-secondary schools	2	0.3	2	0.2	2	0.1	3	0.2	4	0.4

Source: GUS (1995a).

* "Total" shows the number of schools in the category, while "students" shows the number of students in 1,000s.

The Lack of Social Benefits for Families with Children

Changes in the childcare system were introduced during the transition. Thirty-four percent of 0-to-2-year-olds and 37 percent of 3-to-6-year-olds were being taken care of by nonworking mothers who were not on parental leave and who frequently were unemployed. Thirty-eight percent of 0-to-2-year-olds and 37 percent of 3-to-6-year-olds were being cared for by relatives (GUS 1994d).

The parental leave is available to eligible women for 36 months, from the ages of 1 to 4 of the child. Eligibility for the parental allowance depends on per capita family income, but the allowance cannot exceed 25 percent of the average monthly wage. Because of economic difficulties and the fear of losing jobs, more and more women were returning to work at the end of their maternity leaves rather than taking the parental leave. Twenty percent of 0-to-3-year-olds were cared for by mothers who were on parental leave and receiving the parental allowance. Only 7 percent in this age group were being cared for by mothers who were ineligible for the allowance.

One in three mothers and 40 percent of fathers were able to find time to undertake recreational activities with their children only on Sundays, while one in five fathers and 14 percent of mothers claimed to have no time at all (CBOS 1994). The main reason parents had so little time for their children was economic. They had to earn extra money to support their

families. Moreover, many parents also had to perform more family chores, since the solutions offered through public social services and the family service sector were becoming much less attractive. Thus, the number of children in nurseries went down by 53 percent, and the number of kindergarten-goers by 15 percent between 1989 and 1994 (see Table 13, page 11). This was due to several factors. First, the size of the 0-to-6 age group was declining (see Table 1, page 2). Second, many mothers were unemployed and were taking care of their children themselves (Table 29). Third, there were fewer nurseries and kindergartens. Finally,

Table 29: DIFFERENT TYPES OF CARE FOR 0-TO-15-YEAR-OLDS, BY AGE GROUP
(In Percentages Of All Children Of Working Women, 1988-94)

	Year	<3	3-6	7-9	10-15	Total
Nursery	1988	3.7	1.9	--	--	2.3
	1992	1.7	1.6	--	--	1.4
	1994	1.6	0.5	--	--	6.3
Kindergarten	1988	0.7	26.5	2.6	--	12.5
	1992	--	16.6	--	--	7.5
	1994	--	20.5	4.3	--	5.6
Mother on unpaid childcare leave	1988	33.6	15.9	9.9	4.4	21.9
	1992	18.3	15.3	9.5	7.2	15.4
	1994	7.2	2.9	0.8	0.5	1.9
Mother on childcare leave and allowance	1988	10.3	5.1	3.4	2.6	6.9
	1992	30.1	12.8	7.8	11.4	18.6
	1994	19.9	6.0	2.0	1.1	4.9
Mother unemployed	1988	25.6	26.0	35.4	36.0	27.3
	1992	19.3	22.9	31.5	29.5	22.9
	1994	34.5	37.3	36.1	33.5	35.0
Parent working on a private farm	1988	13.4	12.3	14.0	14.0	13.0
	1992	13.9	13.5	11.5	9.1	13.3
	1994	18.1	18.0	20.9	18.1	18.6
Parent working outside a private farm	1988	8.5	13.3	13.6	15.8	11.5
	1992	7.9	11.5	14.9	21.6	10.9
	1994	--	--	--	--	21.6
Care by relatives	1988	23.0	22.0	17.0	18.4	27.6
	1992	29.7	27.2	25.7	14.8	32.0
	1994	38.4	36.6	33.6	26.9	--
No adult supervision for at least two hours a day	1988	--	--	--	--	0.5
	1992	--	0.4	2.4	1.2	10.1
	1994	0.2	2.4	9.0	17.6	--

Source: Based on data of the Central Statistical Office.

rising fees were making many parents reluctant to put their children in nurseries and especially kindergartens. Children from poorer families therefore tended to become less well represented in kindergartens, though kindergartens could have provided them with more nourishing meals and with another environment for the development of social skills.

Falling Enrolment Rates

School attendance among 7-to-14-year-olds dropped off a little between the mid-1980s and the mid-1990s (Table 30). One reason for this, especially among poorer social groups, was the lack of parental supervision over children because parents were spending more time searching for additional sources of income. Meanwhile, during the same period school attendance was rising among 15-to-24-year-olds, as more children were continuing on in the education system (Table 31).

Because of a baby-boom at the end of the 1960s, there was a larger number of secondary-school leavers striving for a college education. Thus, the number of university students shot up from 403,800 in 1990-1 to 682,200 in 1994-5. Close to 25 percent of all secondary vocational-school graduates and 65 percent of all "standard" secondary-school graduates go on to higher education (see the note to Table 31). The desire for better job opportunities and the more strict requirements of employers with regard to professional skills meant that more young people were turning toward secondary schooling and higher education. This was encouraged by the emergence of special professional schools offering instruction in marketable areas such as business management and languages.

Table 30: NET ENROLMENT RATES IN 28 EDUCATIONAL INSTITUTIONS
(In Percentages Of The Age Group, By School Year, 1985-6 And 1990-6)

	7-14	15-18	19-24
1985-6	99.9	78.5	11.9
1990-1	97.7	79.9	15.1
1991-2	97.5	80.2	15.4
1992-3	97.2	81.0	16.3
1993-4	97.4	81.0	17.4
1994-5	97.3	85.9	27.9
1995-6	97.3	86.9	30.3

Source: GUS (1994b), (1996b).

Table 31: PRIMARY-SCHOOL LEAVERS PROCEEDING ON IN THE EDUCATION SYSTEM*
(In Percentages Of All Primary-School Graduates, By School Year, 1991-6)

	"Standard" Schools	Secondary Technical Schools	Basic Vocational Schools	Total
1991-2	26.1	25.1	43.0	94.2
1992-3	26.3	26.8	41.7	94.8
1993-4	28.0	28.3	39.5	95.8
1994-5	29.5	28.8	37.6	95.9
1995-6	30.5	30.0	36.1	96.6

Source: GUS (1994c), (1994e), (1996b).

* The table shows the share of primary-school leavers going on to "standard" schools (normal secondary schools preparing students for university), secondary technical schools (special vocational schools also preparing students for university), or basic vocational schools (trade schools which do not prepare students for university).

Child Labour

For children, official statistics cover only employment among 15-to-17-year-olds. Employment among this group rose from 3.1 percent in 1988 to 3.7 percent in 1995 (Table 32). More boys than girls in the 15-to-17 age group were working. Children in rural areas represented the largest group of employed children. In 1995 working rural children accounted for 87.5 percent of total employment among 15-to-17-year-olds. Children in rural areas who were working were typically helping out on family farms. About 230,000 urban youth were participating in training programmes offered through factories or were apprentices in small business enterprises.

The 1990s witnessed the emergence of a black market for the employment of under-15-year-olds, for which, however, there are no proper statistics. Most of these children were

Table 32: EMPLOYMENT AMONG YOUNG PEOPLE BETWEEN 15 AND 17 YEARS OF AGE*
(In Percentages Of The Age Group, 1988, 1994 And 1995)

	1988			August 1994			August 1995			November 1995		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Males	2.2	6.9	3.9	2.2	16.1	7.6	--	--	7.8	--	--	4.6
Females	1.2	4.2	2.3	1.0	9.3	4.1	--	--	23.8	--	--	2.7
Total	1.7	5.6	3.1	1.7	12.8	5.9	1.8	12.5	5.8	1.6	5.6	3.7

Source: GUS (1994c), (1994f), (1995c).

working part time and mainly during summer holidays.

A household survey carried out by the Central Statistical Office found that child labour was especially widespread among families headed by parents who were unemployed (GUS 1994g). This was the case in every eighth one-parent family and every twelfth two-parent family.

Lack of Confidence

The reasons for demoralization and crime among children and young people are complex. The main causes are troubled families, neglect and the inappropriate models of behaviour set by parents. Poor families find themselves unable to satisfy the needs of their children despite the growing abundance of consumer goods.

Children from poor environments are often isolated because they are rejected by their peers. Many families suffer stress due to parental unemployment or overwork. Increasing numbers of children are being left without adult supervision for several hours daily. In 1994, 9 percent of 7-to-9-year-olds and nearly 18 percent of 10-to-15-year-olds were being left alone for at least two hours each day (see Table 29, page 29). The lack of parental supervision is not being offset through leisure activities offered by cultural, educational, recreational or sports organizations. Unsupervised by adults and without anything to do, children are readily finding their way into unhealthy environments.

Alcoholism

The abuse of alcohol is a dangerous social vice in Poland. The average annual per capita consumption of alcohol is estimated at around 11 to 12 litres. Alcohol abuse produces problems in parent-child relationships and in the creation of other social and emotional ties. All too often children take up the poor drinking habits of their parents. The share of juvenile drinkers has risen in the 1990s. A recent study on a sample group of schoolchildren aged 11, 13 and 15 found that 78 percent had tried alcohol (Mother and Child Institute 1995). Most were occasional drinkers, but 16 percent of the boys admitted drinking at least once a week, while 29 percent had become intoxicated at least once. Early alcohol abuse is especially dangerous as it can inhibit the physiological and psychological development of the young.

Drug Addiction

Though a fairly recent phenomenon, addiction to drugs is spreading rapidly. Drugs are becoming more available as the smuggling of drugs into the country is increasing, but a desire among the young to imitate Western youth is also playing a part. Drug addiction is chiefly a problem among young people, though the breadth of the problem is difficult to gauge. Police files contain figures on registered addicts only. They show that the number of such addicts grew from 16,600 in 1993 to 17,400 in 1994. During the same period, the number of chronic addicts went up from 10,700 to 11,000. Around two-thirds of the addict population are from blue-collar families, and about 28 percent from white-collar families. Depending on the type of school, 10 to 17 percent of secondary-school students admit taking drugs. The most common reasons given for taking drugs are personal failures, poor living conditions and peer pressure.

Prostitution

Police estimates put the number of child prostitutes at about 600 girls and 200 boys, including gay prostitutes. Prostitutes aged 12 to 14 make up a large share of this group, and there are reports of more or less regular prostitution among girls still attending school. Fostered by easy travel laws, prostitution in border areas is a type which is new to the country. Police interviews with juveniles indicate that child prostitution frequently stems from family poverty and the slim prospects of employment, particularly among the older child prostitutes.

Violence in the Family

It is hard to judge the extent within families of mental and physical cruelty toward children because the victims of such acts rarely disclose them. Public officials respond only when the evidence is very clear. The number of persons convicted for acts of violence toward children and young people among their own families rose from 16,600 in 1990 to 27,100 in 1994 (GUS 1995a). Nervous tension and stress sometimes erupt into violence toward family members. Families have recently become more open in admitting the existence of such problems. Violence against children within families takes many forms, including physical violence, emotional cruelty, neglect and sexual abuse. A total of 140 children were hospitalized after

mistreatment in 1991, 12 of whom subsequently died as a result. In 1993, 190 mistreated children were hospitalized, of whom ten eventually died.

Juvenile Crime

Juvenile crime increased during the transition. Between 1990 and 1993, the number of delinquents sentenced by juvenile courts climbed from 14,300 to 17,300. In 1995, 68,349 juveniles committed a total of 82,551 crimes (Table 33). Relative to the situation in 1984, the

Table 33: JUVENILE CRIME AND JUVENILE OFFENDERS
(In Totals, In Percentages And As An Index, 1984-95)

Panel A	All Registered Crimes	Total	Punishable Acts Committed by Juveniles	
			Index (1984=100)	As % of All Crimes
1984	538,930	40,961	--	7.6
1985	544,261	52,238	127.3	9.6
1986	507,913	57,344	140.3	11.3
1987	508,533	69,051	168.6	13.6
1988	475,273	56,353	139.0	12.0
1989	547,589	53,425	130.4	9.7
1990	883,346	60,525	147.8	6.8
1991	866,095	62,834	153.4	7.2
1992	881,076	66,220	161.6	7.5
1993	852,507	72,152	176.1	8.5
1994	906,157	75,822	181.1	8.4
1995	974,941	82,551	201.5	8.5
Panel B	All Suspected Criminals	Total	Juvenile Offenders	
			Index (1984=100)	As % of All Suspected Criminals
1984	307,777	25,584	--	8.3
1985	310,888	29,424	115.0	9.5
1986	302,138	29,800	116.5	9.9
1987	285,409	35,335	138.1	12.4
1988	248,781	31,701	123.9	12.7
1989	220,283	35,593	139.1	16.1
1990	273,375	43,356	169.4	15.8
1991	305,031	41,296	161.4	13.5
1992	307,575	41,573	162.4	13.5
1993	299,499	43,039	168.2	14.3
1994	388,855	61,109	238.9	15.7
1995	423,896	68,349	267.2	16.1

Source: Data supplied by the Ministry of Internal Affairs.

number of juvenile criminals jumped by a factor of almost three, while the number of crimes they committed went up by a factor of slightly more than two.

Juveniles were also becoming involved more frequently in violent crimes like manslaughter, assault, rape and armed robbery (Table 34). Between 1984 and 1993, juvenile involvement increased in crimes like manslaughter (by 271 percent), assault (by 330 percent) and armed robbery (by 189 percent).

Table 34: SELECTED JUVENILE OFFENCES
(In Totals And As An Index With 1984=100, 1984-5 And 1987-95)

		1984	1985	1987	1988	1989	1990	1991	1992	1993	1994	1995
Manslaughter	Total	7	8	8	10	19	29	28	28	27	51	42
	Index	--	114.3	114.3	142.8	271.4	414.3	400.0	400.0	385.7	728.6	600.0
Battery	Total	526	534	660	657	574	698	936	1,073	1,355	--	--
	Index	--	101.5	125.5	124.9	109.1	132.7	177.9	204.0	257.6	--	--
Assault	Total	261	299	257	287	317	387	594	762	1,121	--	--
	Index	--	114.5	98.5	110.0	121.4	148.3	227.6	291.9	429.5	--	--
Rape	Total	219	181	210	148	140	110	145	101	153	--	--
	Index	--	82.6	95.9	67.6	63.9	50.2	66.2	46.1	69.9	--	--
Armed robbery	Total	889	1,013	1,046	785	946	1,292	1,424	1,858	2,569	4,420	5,146
	Index	--	113.9	117.7	88.3	106.4	145.3	160.2	209.0	289.0	497.2	578.8
Burglary	Total	10,975	12,716	15,437	13,108	14,782	18,266	16,313	16,488	16,606	23,510	24,775
	Index	--	115.9	140.6	119.4	134.7	166.4	148.6	150.2	151.3	214.2	225.7
Theft	Total	7,261	8,066	--	8,947	9,770	11,325	10,146	11,184	11,244	16,398	19,199
	Index	--	111.1	--	123.2	134.5	156.0	139.7	154.0	154.8	225.8	264.4

Source: Data furnished by the Ministry of Internal Affairs.

Young criminals usually form gangs, which tend to be well functioning, tight social groups. The members, sure of their impunity, are frequently brutal and aggressive toward their victims.

More girls are becoming involved in criminal activity, and juvenile criminals are getting younger. More crimes are being committed by under-13-year-olds. In 1994 there were 6,788 criminals under 13 (78 percent more than in 1993). These child offenders were responsible for 4,577 criminal acts (33 percent more than in 1993).

The most frequent court sentence in cases involving offenders under 18 is probation under the supervision of a court-delegated official or social probation officer (Tables 35 and 36). Placement in a reformatory institution is less frequent. "Resocialization" without incarceration is generally considered a better solution. Young offenders who are allowed to

Table 35: COURT DECISIONS CONCERNING JUVENILE OFFENDERS
(In Totals And Percentages, 1985 And 1990-4)

	1985		1990		1991		1992		1993		1994	
	Total	%*	Total	%*	Total	%*	Total	%*	Total	%*	Total	%*
Juveniles	9,545	--	10,200	--	12,050	--	12,200	--	12,900	--	15,650	--
Probation	4,547	47.6	4,522	44.3	5,045	41.9	4,581	37.5	5,312	41.2	6,526	41.7
Parental supervision	1,860	19.5	2,489	24.4	2,995	24.8	3,331	27.3	3,276	25.4	4,014	25.6
Resocialization	348	3.6	341	3.3	386	3.2	386	3.2	354	2.7	422	2.7
Youth education centres	156	1.6	179	1.7	215	1.8	245	2.0	200	1.5	238	1.5
Education supervisory centres	143	1.5	65	0.6	74	0.6	47	0.4	34	0.3	33	0.2
Pledges of good behaviour	648	6.8	722	7.1	854	7.1	1,010	8.3	866	6.7	1,043	6.7
Warning	917	9.6	1,421	13.9	1,916	15.9	2,236	17.5	2,414	18.7	3,014	19.2
Reformatory	1,531	16.0	1,107	10.8	1,287	10.7	1,242	10.2	1,168	9.0	1,167	7.4
Imprisonment	2	0.02	3	0.02	5	0.04	4	0.03	4	0.03	--	--

Source: GUS (1995a).

* The column may not add due to overlaps among the categories.

remain with their families may also be obliged to attend youth centres under the direction of education supervisors. Detention in a reformatory is the most severe penalty available for juvenile offenders. Moreover, the reformatories differ in terms of the extent to which the juveniles are closed off from the outside world. Some reformatories allow the juveniles to participate in activities in schools, as well as in educational, cultural and sports centres. Some reformatories aim to provide a family atmosphere within the walls and permit various sorts of home leave. Home leaves are less accessible in the stricter reformatories, in which more precautions must be taken against possible escape. These reformatories are populated by extremely antisocial and criminally aggressive juveniles. Within the walls of these institutions,

Table 36: JUVENILE DELINQUENTS SERVING SENTENCES
(In Totals, 1985 And 1990-5)

	1985	1990	1991	1992	1993	1994	1995
Supervision by probation officer	24,019	28,406	28,093	27,125	27,145	29,060	32,720
Supervision by parents	7,124	10,440	10,988	12,083	12,092	12,908	14,592
Reformatory	1,949	2,194	2,261	2,328	2,308	2,259	2,407
Resocialization institution	2,683	3,401	3,521	3,392	3,165	3,228	3,498
Youth education centres	911	1,996	2,015	2,070	2,027	2,074	2,171
Education supervisory centres	515	772	518	483	426	401	467

Source: GUS (1995a), (1996b).

incidents of the destruction of institutional property, assault on staff members and rebellion are frequent. According to data supplied by the Ministry of Internal Affairs, there were ten reformatory rebellions in 1991, four in 1992 and three in 1993.

A new system for the "resocialization" of young offenders was introduced in 1992. One of its aims is to replace institutional procedures with a variety of alternative methods, including the payment by offenders of compensation to their victims. The system has involved the transformation of reformatories into social adjustment centres.

V. THE DIFFICULT BEGINNING TO ADULT LIFE

The Tight Job Market

The employment rate among 18-to-24-year-olds fell from 42.5 percent in 1992 to 36.5 percent in 1995. One reason is the difficult labour market characterized by the availability of few jobs. However, it should not be forgotten that a large share of this age group continues on in the education system after finishing secondary school (Table 37).

Table 37: STUDENTS IN COLLEGES AND UNIVERSITIES
(Totals And Per 10,000 Population, 1985 And 1989-95)

As of 31 December	Total	Per 10,000 Population
1985	340,700	91.2
1989	378,400	75.4
1990	403,800	102.1
1991	428,200	110.5
1992	495,700	127.7
1993	584,000	150.4
1994	682,200	175.5
1995	794,600	204.3

Source: GUS (1986b), (1990a), (1995a), (1996b).

Young people living in rural areas have better employment prospects. In November 1995 the rural employment rate was 27.3 percent among the 18-to-19 age group and 57.9

percent among 20--to-24-year-olds. The corresponding figures in urban areas were only 13.8 percent and 44.5 percent (GUS 1995c). Rural youth are usually employed on private farms, frequently to help parents or other family members. Most young city-dwellers who are not enrolled in the education system and who have jobs are working for private businesses. In 1995 private businesses accounted for 89 percent of all working 18- and 19-year-olds and 71.4 percent of working 20-to-24-year-olds.

Accounting for one-third of the registered unemployed, young people represent the segment of the population that is most at risk of unemployment (Tables 38 and 39). The highest unemployment rate is found among 18-to-19-year-olds. Very large numbers of young people have entered the labour market in recent years.

Table 38: UNEMPLOYMENT AND THE YOUNG
(In Totals, In Percentages And As An Index With 6/1991=100, 1991-5)

		6/1991	6/1992	9/1993	6/1994	6/1995	12/1995
Total unemployed	Total	1,574,099	2,296,733	2,830,024	2,933,001	2,694,036	2,628,808
	Index	100	145.9	179.8	186.3	171.1	167.0
Unemployed 18-to-24-year olds	Total	525,622	763,483	1,020,908	1,029,799	992,965	909,003
	Index	100	145.2	104.2	195.9	188.9	172.9
Youth in total unemployed	%	33.4	33.2	36.1	35.1	36.9	34.6

Source: Based on the unemployment registers of the State Employment Office.

Between 1989 and 1994 less than 30 percent of all graduates began working immediately after finishing school. The chances of finding a job right after graduation became slimmer each year. Forty percent of all graduates went to work right away in 1989. By 1994 the figure was only 22 percent.

Table 39: THE UNEMPLOYMENT RATE
(In Percentages, 1993-5)

	11/1993	8/1994	8/1995	11/1995
Total	14.9	13.9	12.9	13.1
18- and 19-year-olds	49.1	52.9	47.8	48.4
20-to-24-year-olds	27.1	28.0	29.1	27.1

Source: GUS (1993d), (1994f), (1995c).

Job opportunities for school leavers depend on the type of school they have attended. College graduates have the best chances. The fewest opportunities are open to elementary-school graduates and graduates from standard secondary schools. Vocational-school graduates also face difficulty in finding work. This is mainly because the vocational-school curriculums are rather inappropriate to the needs of the post-transition job market. Young people also claim that seeking a job is difficult because they do not know how to prepare for a new profession by acquiring skills not learned at school. This suggests that vocational-school curriculums should be changed with a view to offering familiarity with a broad range of skills through interactive and motivational forms of instruction.

Finding work does not assure a steady career. Under-24-year-olds face more danger of losing their jobs than do older persons, though young people have the best employment chances. This means that the average time youth are unemployed is less (Table 40).

Table 40: UNEMPLOYED PEOPLE SEEKING WORK FOR MORE THAN 12 MONTHS
(In Percentages And In The Average Number Of Months, 1993-5)

		11/1993	8/1994	8/1995	11/1995
Total	% of group ^a	36.5	39.2	38.0	39.9
	Average months ^b	13	13.8	14.0	14.7
15-to-19-year-olds	% of group ^a	16.2	17.8	14.4	16.6
	Average months ^b	8	6.1	5.6	6.8
20-to-24-year-olds	% of group ^a	34.0	32.6	31.6	33.7
	Average months ^b	12	11.7	10.9	12.0

Source: GUS (1993d), (1994f), (1995c).

^a Those unemployed seeking work for more than 12 months among the total unemployed in the specific group. ^b Average job-seeking period among people in the age group measured in months.

The Housing Shortage

Young people had problems finding housing under the Communist Government. There were not enough flats to satisfy demand, and waiting periods lasted several years, even though Government assistance for housing construction and a procedure for supplying loans for housing provided limited relief for a lucky few.

The transition inaugurated a drastic decline in the quantity of available flats, especially relative to the potential demand. The number of flats completed per 1,000 population dropped from four in 1989 to two in 1994, and the number of new flats per 1,000 recently married couples fell from 587 to 366 over the same period. Thus, around 80 percent of young people who would have otherwise established their own households were obliged to continue living with their parents. Furthermore, high rents represented a barrier to the acquisition of housing. Young people who were unemployed or who were fresh on employment rolls could not afford to pay these rents, and parental assistance was limited by the difficult economic environment.

Unemployment and the housing shortage represented factors in the poor prospects for young people starting out on an independent life. The lack of good prospects made many young people put off marriage. The number of marriages has been going down since 1990, especially among persons aged 20 to 29, the most common marriage age (GUS 1996b).

VI. THE FAMILY, THE STATE AND THE PRIVATE SECTOR

The transition created many problems for families. These problems revolved around the deterioration in living conditions and the growing socioeconomic polarization among various segments of the population. Households with children were much more susceptible to poverty than were other sorts of households. Children were poor twice as often as adults and three times as often as the elderly.

The poverty among families did not diminish despite a considerable economic recovery from 1993 to 1995. Moreover, serious problems in childcare were emerging. Parents were busy struggling for economic survival and higher incomes and had little time for children, yet they could not afford to rely on the public sector or the service sector to furnish assistance in childcare. Among children, this all too often meant health problems and a tendency toward poor physical development.

Many families suffered because of excessive drinking, disease or parental immaturity and helplessness, all of which were usually accompanied by poverty. The families of from one-fourth to one-third of all children were subject to some dysfunction. Occasionally the courts had to intervene.

Individual family strategies for dealing with this situation differed. Some families sought to increase the scope of their employment activities, taking extra work, starting out in a business, changing to a primary job at higher pay, or going to work abroad. The benefits stemming from these activities were mainly economic. However, the influences on family life were frequently negative. There was little time for children; fatigue had an unwholesome effect on family environments, and employment abroad meant separation.

Many families attempted to enhance the opportunities available to their children. Improved education and a good start in life were among the principal goals families wished to achieve for them (GUS 1993e, CBOS 1994). Meeting the needs of their children, especially with regard to nutrition and education, at the expense of other, mostly adult-oriented areas of consumption, was a priority in a majority of families, including low-income families and families experiencing unemployment or severe poverty (Graniewska, Balcerzak-Paradowska and Głogosz 1994). However, these needs were not always being fulfilled to a satisfactory degree, and sometimes the standard of living of children fell below the level of the so-called "social minimum" (Golinowska 1996).

The attempts of families to assure the best conditions for child development led to the involvement of relatives, friends and neighbours in childcare, in the care for ailing family members and quite frequently in financial and other practical family matters. Self-help associations for parents and families began to emerge. These included organizations active in creating new educational facilities, associations for parents with disabled children and organizations for parents with mentally handicapped or socially maladjusted children. Nonetheless, people continued to depend heavily on public social assistance.

The Role of the Central Government

The responsibility of the Government to finance and otherwise implement family-oriented policies does not run contrary to the principles of decentralization and pluralism. While the central Government has delegated certain duties to local government entities, it has also developed legislative measures and institutions to assist families.

1. *Child-related social benefits.* Changes were introduced into the financial benefit system during the transition primarily in order to restrict these benefits to the poorest families. This reduced the number of benefit recipients (Table 41). The principle of pegging cash benefits,

Table 41: THE RECIPIENTS OF SELECTED SOCIAL BENEFITS
(In 1,000s And In Percentages, 1988-95)

		1988	1989	1990	1991	1992	1993	1994	1995
Families receiving family allowance	In 000s	5,241	5,243	5,364.5	5,371.7	5,383.2	5,152.6	5,037.7	3,899.7
	%*	66.4	66.4	67.9	68.0	68.2	65.2	63.8	49.4
Persons receiving childcare allowance	In 000s	192.7	197.0	281.7	391.2	362.1	303.2	254.0	218.3
	%**	48.5	41.5	79.3	122.5	133.1	124.6	77.9	--
Persons receiving childbirth allowance	In 000s	481.0	491.4	490.8	465.9	415.7	399.4	372.6	332.4
	%***	81.8	87.4	89.9	84.9	80.9	81.0	77.4	--
Persons benefiting from the alimony fund	In 000s	114.6	110.4	115.7	141.3	201.4	263.1	308.6	340.6
Persons receiving survivor pensions	In 000s	973.0	1,001	1,015	1,032	1,064	1,091	1,121	1,144

Sources: GUS (1990b), (1995b), ZUS (1992), (1994), (1995).

* As a percentage of all families with children. ** As a share of all births by women employed outside agriculture.

*** As a proportion of all births.

including childcare benefits, social assistance benefits, benefits for pregnant women and mothers and (as of 1 March 1995) family allowances, to per capita family income began to be applied along with the indexation of benefits, generally relative to the consumer price index. The particularly difficult situation of families with disabled children was addressed through the application of a disabled child benefit which was independent of income. Among the instruments employed to further family policy, cash benefits are extremely important. However, their value is not substantial (Table 42).

Responsibility for social security organization, management and financing for families in areas like health care, social assistance, education, cultural activities, sports and recreation

Table 42: FAMILY CASH BENEFITS
(In Percentages Of The Average Wage And Of GDP, 1988-95)

	Family Allowance & Disabled Child Benefits		Childcare Allowance		Childbirth Allowance		Alimony Fund		Survivor Pension	
	% Wage	% GDP	% Wage	% GDP	% Wage	% GDP	% Wage	% GDP	% Wage	% GDP
1988	14.0	1.9	19.1	0.10	11.5	0.01	6.2	0.02	35.7	1.07
1989	18.3	2.4	6.5	0.03	4.6	0.01	2.5	0.01	44.1	1.02
1990	12.8	1.5	14.6	0.10	10.5	0.1	2.0	0.00	50.2	1.08
1991	13.5	1.9	22.5	0.22	21.0	0.2	8.7	0.04	52.1	1.52
1992	13.2	1.8	21.7	0.20	20.9	0.01	13.5	0.08	49.5*	1.93
1993	10.8	1.4	23.0	0.18	24.1	0.02	14.1	0.1	49.9*	1.97
1994	8.5	1.0	22.8	0.15	19.5	0.02	13.6	0.12	58.7*	2.12
1995	14.4	--	20.1	--	12.5	--	10.9	--	61.4*	--

Source: GUS (1989b), (1990a), (1991a), (1992a), (1993c), (1994c), (1995a).

* Average gross wage.

was largely decentralized during the transition. Social services and in-kind benefits subsequently lost some of their significance since the transition coincided with an economic crisis which led to reductions in Government subsidies to local authorities and serious budget problems for local governments.

The limited financial resources, the rather low priority assigned to social issues, the relative autonomy of local authorities and the noncompulsory character of many social initiatives resulted in a wide range of very divergent solutions in the implementation of social services. Money troubles caused many rural communities and other local authorities to eliminate or privatize family social service institutions such as nurseries, kindergartens, cultural centres, sports facilities and some health care services. Service fees were introduced or raised for the newly privatized services. In other cases the maintenance or expansion of the coverage of public social services was financed by the application of fees for services which had previously been offered free of charge. The fees tended to render such services less accessible to children and young people from poorer households.

2. *Other Government financial assistance to families.* The taxing power is not used as an instrument of family policy. Indeed, there are only a handful of tax measures which are oriented toward families. These include the following.

- Special returns may be filed by parents.
- A system allowing a special tax calculation for the incomes of single parents with children up to 18. The calculation in effect reduces the tax burden for such people.
- Tax exemptions for certain types of child-related income such as family allowances, the disabled child allowance, and childcare and childbirth benefits.
- Basic tax deductions for expenses related to school transportation and for some fees for private schools.

In March 1994 the eligibility requirements for the unemployment benefit were adjusted to help households with children. The benefit is generally available during the first 12 months of a period of unemployment. However, in cases in which both parents in a family or a single individual supporting a child have been unemployed for more than 12 months, the benefit is available to them until they find regular employment, including employment on public works projects. Likewise, housing benefits for low-income families were introduced as part of Government housing policy.

Families, Children and Local Governments

Local government institutions established in communities in 1990 have become responsible for the implementation of most social policies at the local level. They identify, organize and manage appropriate local social sector initiatives covered through community resources and oversee tasks assigned them by the central Government and financed through the central Government budget.

The initiatives sponsored by local government institutions and focusing on family and child issues generally revolve around areas like social assistance, education and child-rearing. Thus, the 1990 Law on Social Assistance entrusted communities with the design and supervision of efforts to enable families to master difficult life situations they cannot resolve using their own resources, possibilities and rights. According to the law, community policy and institutions must assure assistance to families and individuals in cases of poverty, orphanhood, homelessness, pregnancy and birth, unemployment, physical disabilities, mental handicaps, chronic illness, serious difficulties in providing proper childcare (especially in large or single-parent families), alcoholism and drug addiction. These are the most frequent reasons families require social assistance (Table 43). Communities must also help people who

Table 43: SPECIAL SOCIAL SUPPORT GRANTED TO FAMILIES AND INDIVIDUALS, BY CAUSE*
(In 1,000s Of Families Or Individuals And In Percentages Of The Total Group, 1991-5)

Cause		1991		1992		1993		1994		1995	
		F	I	F	I	F	I	F	I	F	I
Unemployment**	In 000s	250	902	551	1,999	783	2,826	785.1	2,879.7	719.9	2,716.2
	% (a)	11.6	--	22.0	--	27.1	--	27.7	--	27.4	--
Low income***	In 000s	813	2,664	914	3,194	740	2,654	--	--	--	--
	≥ 4 children	In 000s	172	1,048	245	1,437	239	1,377	254.1	1,580.1	226.3
Single parenthood	% (b)	14.8	--	21.0	--	20.5	--	21.8	--	19.4	--
	In 000s	144	438	215	620	200	575	228.8	710.9	227.8	718.4
Chronic illness	% (c)	9.1	--	13.7	--	12.7	--	14.5	--	14.5	--
	In 000s	211	552	228	641	246	747	329.7	1,009.4	351.8	1,108.6
Unable to maintain a home	In 000s	127	446	156	571	174	627	262.1	989.7	251.2	959.2
Disability**	In 000s	201	549	245	734	246	699	259.2	779.3	257.7	793.5
	% (d)	5.4	--	6.6	--	6.6	--	6.9	--	6.9	--
Alcoholism	In 000s	66.8	258	94	367.7	106	370	122.9	452.9	122.2	443.6

Sources: GUS (1992a), (1993c), (1994c), (1995a), data of the Social Assistance Department, Ministry of Labour and Social Policy, and calculations of the authors.

* Only the most frequent causes are listed. F = families; I = individuals. ** Even if there is more than one individual in a family who is unemployed or disabled, the support because of "unemployment" or "disability" is only available for the household. *** "Low income" = income below the minimum pension. (a) In percentages of the total number of the unemployed. (b) In percentages of the total number of families with four or more children. (c) In percentages of all single-parent families. (d) In percentages of the total number of the disabled.

are newly released from prison to become reintegrated in society, as well as people who are suffering because of natural or environmental disasters.

By law, in providing this social assistance, communities must take into consideration its usefulness for strengthening the family as a social structure. Likewise, if the support is refused or restricted, this must not lead to a deterioration in the living conditions of dependent family members.

Communities furnish assistance in the form of social benefits upon application or ex officio. Information on the particular situation of an individual or family is gathered through research, including interviews, by social workers before any decisions are made.

Temporary cash benefits are the most common form of social assistance supplied to families. They are granted in cases in which, because of chronic illness, disability, unemployment, ineligibility for social security or other justifiable reasons, a family's income is insufficient to cover basic needs. They are likewise available to individuals.

Members of families with a per capita income which does not exceed the minimum old-age pension and individuals unfit for employment and deprived of other means of subsistence may be granted permanent cash benefits by community social welfare authorities. Communities may also furnish special support in cases in which medical bills, housing repair costs, heating bills, clothing costs, or the expenses arising from accidents or natural or environmental disasters cannot be met.

A fund to help private business ventures was created in 1993 to encourage individual initiative in overcoming the economic hardships related to the climb in unemployment starting in 1990. Depending on an applicant's and his or her family's financial standing (calculated on the basis of per capita income), assistance can be offered in the form of the leased equipment and tools needed to establish a workshop and, for example, enable disabled persons to work, or in the form of a one-time grant or no-interest loan.

Following the implementation of anti-abortion measures in 1994, community authorities became responsible for the provision of benefits and social assistance for poor pregnant women with children. Pregnant women in families with a per capita income below the value of the minimum old-age pension are eligible. The assistance takes the form of special allowances which are fixed to the average wage.

Also in 1994 housing benefits for people who are unable to pay their rent were added to the community-financed assistance schemes. These benefits were introduced to offset the rising costs related to housing. Likewise, members of homeless families may apply for

community assistance. This is important since the number of homeless mothers appears to be increasing. If these families are too poor to be able to eat regularly, communities must give them one warm meal per person each day. The needy must also be supplied with clothing and shoes appropriate to the season.

Because of the growing number of social assistance seekers and the scarcity of Government financial resources, community social work has changed in nature since the onset of the transition. Rather than merely distribute cash benefits, social workers now attempt to help families solve problems — including those linked to childraising — in ways which teach the families how to deal with difficult situations themselves. On the other hand, current social work schemes have not had much impact to date; families benefiting solely from social work programmes constitute only around 10 percent of all families helped through social assistance.

Families who are unable or cannot afford to care properly for family members may apply to local authorities for permission to place these family members in social welfare homes. If the per capita family income does not exceed the minimum old-age pension, the cost is covered through the community budget. Between 1994 and 1995, the number of these homes grew from 765 to 811, and the number of residents rose from around 75,300 to about 78,400. However, there were also 9,000 people on waiting lists for these homes.

Local governments also manage family-oriented initiatives in education, childcare and cultural activities. Since 1992 communities have been empowered to organize and finance nurseries and kindergartens. Similar responsibilities for elementary schools have been passed on to local governments in 1996. Previously, only communities which volunteered administered elementary schools.

The financial straits experienced by communities have rendered full coverage of the costs of nurseries and kindergartens difficult. The rules for the payment of fees by parents have therefore been altered, so that now, for example, all users pay uniform fees to cover the costs of food, whereas previously such fees were pegged to family income. Some communities have introduced fixed fees for nurseries and kindergartens. Besides food costs, parents must also pay for any extra classes included in the education programme, such as foreign-language classes or music classes. In many cases the coverage, profile, scope and accessibility of community cultural institutions such as clubs, culture centres, libraries and museums, as well as sports and recreation facilities, have likewise been changed.

Lacking funds, communities have made use of their right to determine the number and location of the institutions under their jurisdiction, and this has resulted in the elimination of many nurseries, kindergartens (especially in rural areas) and schools (due to the cost of transportation for the children), as well as individual school classes. Thus, for instance, the number of kindergartens dropped from almost 26,000 in 1992 to just over 21,000 in 1994 (GUS 1995a). Communities have also closed numerous libraries, culture centres and sports facilities, especially in rural areas. Less frequently, such institutions have been privatized (Gajewska 1994). It may be concluded that communities have so far failed to meet cultural and educational needs or improve the standards of the relevant institutions.

The broad powers which have been transferred to community authorities surpass the ability of these communities to finance the institutions and programmes. The shortage of funds for infrastructure and routine maintenance is forcing local governments to concentrate on these matters rather than on more important issues such as, for example, the need in the education system for properly trained teachers, teaching equipment, subject-oriented workshops, extra classes, courses for the development of skills, and recreation. Meanwhile, the cost to parents is growing, and coverage is shrinking.

Nonetheless, there are some positive elements in the efforts of communities to improve social services for families. Pressure by local governments has resulted in the availability of funds so that differences between rural and urban areas in the quality of the education offered can be offset. This has become possible because of increased subsidies for rural schools in community jurisdictions.

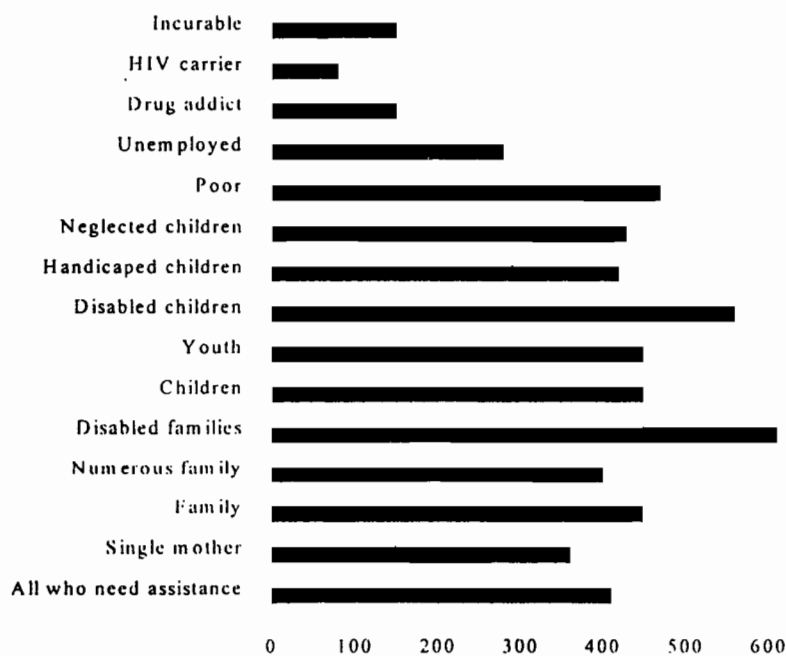
The Initiatives of NGOs

Nongovernmental organizations are important partners in the attempts of the central Government and local administrations to support families and children. In Poland, NGOs usually take the form of associations or foundations. About 4,000 are active in fulfilling social welfare functions involving assistance in the form of services, material aid and, much less frequently, financial aid for those individuals in need who do not qualify for public assistance. Considerably fewer NGOs offer help to families in areas like education, culture or health care (Figure 2).

It is difficult to gauge the total number of NGOs which are truly "nonprofit" or "nongovernmental" because the legally recognized organizations which are nominally in this

category are extremely diverse. For instance, some NGOs are created only to carry out single, short-term tasks, such as fundraising campaigns, and are subsequently dissolved, although they are not eliminated from official registers. Moreover, ministries only receive and report data on those NGOs involved in spheres of activity the ministries themselves support financially (BIOP 1995a, 1995b).

Figure 2: THE AREAS OF ACTIVITY OF NGOS*
(Totals, 1994)



Source: BIOP (1995b).

* The procedures for registering associations and foundations are rather informal, and the purposes and goals of various NGOs are not always clearly defined. Thus, the categories outlined in the figure are necessarily quite vague and are meant to provide only a very general idea.

Nonprofit organizations are also involved in furnishing assistance for sick and disabled children and their families through the establishment and management of medical and rehabilitation centres, the provision of nursing services and medical care, the supply of medicines and medical and rehabilitation equipment, and the organization of recreational activities. Many organizations concentrate on offering assistance for families with children who are afflicted with specific ailments or diseases, such as diabetes. Others help particular categories of families, such as large or single-parent families, or families in general, in which

case the type of support they furnish depends on the precise needs of the families and may include financial aid, various other sorts of social assistance, the costs of which the family covers based on its ability to pay, many types of counselling services and help in solving everyday problems, including, for instance, complicated bureaucratic procedures.

Organized assistance for drug addicts, persons suffering from other types of addiction and individuals with HIV is now undertaken almost entirely by NGOs, which are supported in their work in these areas through the Government social assistance budget, but which also employ considerable resources of their own in establishing medical clinics and social welfare centres for the addicted and the ill, of whom children and young people constitute a considerable share. NGOs are also active in helping the families of addicts through the provision of counselling and institutional and material assistance.

NGOs, particularly medical associations and organizations linked with the Catholic Church, are solely responsible for providing the care for the chronically and terminally ill whose families are unable to furnish it.

Nonprofit organizations are becoming increasingly involved in the supply of relief to poverty-stricken families. There were 200 such organizations in 1991, 233 in 1992, 388 in 1993 and 673 in 1994 (BIOP 1995b). The scope of the support varies, but it always includes the satisfaction of basic needs like accommodation, food and clothing.

Many nonprofit organizations sponsor recreational activities for children and young people. These activities are typically aimed at helping families which are income poor and unable to satisfy the needs of their children, as well as other types of families, such as families with disabled children and single-parent families, which cannot provide sufficient care for the children because the parents are working, because the available facilities are inadequate for the children, or because the mental and physical capabilities of the children keep them from participating in other forms of recreation.

Unfortunately, aside from initiatives to organize summer camps and to supply assistance to poor children (such as the purchase of schoolbooks and other school materials for children in the Bieszczady region), few of these sorts of activities are undertaken in rural areas (BIOP 1995b). On the other hand, increasingly more children can benefit from recreational outings. For example, the SOS Foundation helped support summer camps for 2,000 children in 1993 and 5,000 in 1995. However, these figures represent only around one-tenth of the demand.

NGOs have purchased culture and sports centres for the use of children and young people during their free time. Some of these facilities have been reconstructed through the efforts of associations, clubs and other groups supported by public funds in housing developments and communities. Foundations linked to some of the facilities furnish scholarships for particularly talented children and young people, offer assistance for the purchase of the equipment necessary to develop the special abilities of some children and provide opportunities for further training elsewhere (Ilczuk 1995).

Some nonprofit organizations charge more well off families fees and then use the proceeds to cover or partially cover the costs of their assistance to children from poorer families (BIOP 1995b).

An important recent development has been the increasing cooperation in these areas among nonprofit organizations, local authorities and the Government. Many social services, including those focused on children and young people from struggling families, are financed by communities or the Ministry of Labour and Social Policy. Community authorities use their social assistance budgets to support therapy and rehabilitation centres, as well as cultural centres sponsored by nonprofit organizations. The costs of recreation activities for children and young people on a nationwide scale during the summers are partially covered by the Ministry of Labour and Social Policy.

The Development of Private Education

During the transition there was a sharp rise in the number of private schools at various levels, but especially secondary schools, and the number of pupils attending them (Tables 44 and 45).

Private schools are sponsored by associations, foundations and other legal entities, as well as by private individuals. The financing comes mainly from parents. The fees vary, usually amounting to about 50 percent of the average wage. Families which send their children to private schools benefit from income tax deductions pegged to the costs of the schooling.

Private schools may also be financed through public funds. Private elementary schools may receive support from community budgets, while higher level private schools can obtain funds through the Government budget. The support covers the equivalent of 50 percent of the per student costs in public schools. Because of the public financial support given to them,

Table 44: THE GROWTH IN PRIVATE SCHOOLS
(In Totals And Percentages And As An Index, 1991-5)

		1991-2	1992-3	1993-4	1994-5
All elementary schools	Total	20,600	20,247	20,182	20,074
	Index (1991-2=100)	100	98.3	98.0	97.4
Private elementary schools	Total	165	242	283	296
	Index (1991-2=100)	100	146.7	171.5	179.4
	% all elementary schools	0.8	1.2	1.4	1.5
All standard secondary schools	Total	1,565	1,523	1,574	1,638
	Index (1991-2=100)	100	97.3	100.6	104.8
Private standard secondary schools	Total	158	218	245	275
	Index (1991-2=100)	100	138.0	155.1	174.1
	% all secondary grammar schools	10.1	14.3	15.6	16.8
All secondary vocational schools	Total	--	7,072	7,209	7,300
	Index (1992-3=100)	--	100	101.9	103.2
Private secondary vocational schools	Total	--	66	110	140
	Index (1992-3=100)	--	100	166.7	212.1
	% all secondary vocational schools	--	0.9	1.5	2.9
All postsecondary schools	Total	--	969	1,097	1,225
	Index (1992-3=100)	--	100	113.2	126.4
Private postsecondary schools	Total	--	78	207	341
	Index (1992-3=100)	--	100	265.4	437.2
	% all postsecondary schools	--	8.0	18.9	27.8
All colleges and universities	Total	117	124	140	160
	Index (1991-2=100)	100	106.0	119.7	136.8
Private colleges and universities	Total	12	20	38	58
	Index (1991-2=100)	100	166.7	316.7	483.3
	% all colleges and universities	10.3	16.1	27.1	36.3

Source: GUS (1993c), (1994c), (1995a).

the services of some private schools are not regarded as "market oriented". On the other hand, private schools without public-school status — those private schools which do not choose to rely on the curriculums and procedures established by the Ministry of Education — are free to set their fees to whatever the market will bear.

Fees have also gone up in public schools. The fees for parent associations have been raised, and extra fees are being introduced for classes not within the so-called "minimum curriculum programme" established by the Ministry of Education. Extra classes enrich regular schoolwork and are beneficial for the children, but the fees mean that poorer children are staying away.

Table 45: PUPILS AND STUDENTS IN PRIVATE SCHOOLS
(In Totals And Percentages And As An Index, 1991-5)

		1991-2	1992-3	1993-4	1994-5
All elementary schools	Total (000s)	5,323.1	5,312.6	5,278.4	5,195.6
	Index (1991-2=100)	100	99.8	99.2	97.6
Private elementary schools	Total (000s)	11.8	18.4	24.1	27.3
	Index (1991-2=100)	100	155.9	204.2	231.3
	% all elementary schools	0.2	0.3	0.5	0.5
All standard secondary schools	Total	532.0	533.0	574.1	502.5
	Index (1991-2=100)	100	100.2	107.9	94.4
Private standard secondary schools	Total	12.6	18.0	22.8	27.2
	Index (1991-2=100)	100	142.8	180.9	215.9
	% all standard secondary schools	2.4	3.4	4.0	5.4
All secondary vocational schools	Total (000s)	--	1,502.0	1,534.1	1,557.8
	Index (1992-3=100)	--	100	102.1	103.7
Private secondary vocational schools	Total (000s)	--	8.8	13.0	17.5
	Index (1992-3=100)	--	100	147.7	198.9
	% all secondary vocational schools	--	0.6	0.8	1.1
All postsecondary schools	Total (000s)	--	95.8	110.9	131.5
	Index (1992-3=100)	--	100	115.8	137.3
Private postsecondary schools	Total (000s)	--	6.0	20.3	52.4
	Index (1992-3=100)	--	100	338.3	873.3
	% all postsecondary schools	--	6.3	18.3	39.8
All colleges and universities	Total (000s)	428.2	495.7	584.0	682.2
	Index (1991-2=100)	100	115.8	136.4	159.3
Private colleges and universities	Total (000s)	13.6	19.8	34.5	55.8
	Index (1991-2=100)	100	145.6	253.7	410.3
	% all colleges and universities	3.2	4.0	5.9	8.2

Source: GUS (1993c), (1994c), (1995a).

Private Health Care for Children

Under socialism private health care services were available on a limited scale. These services were considerably expanded during the transition. Though the public health care system remained the most important provider, private services began to be offered by clinics, medical laboratories, hospitals for minor surgical interventions, emergency rooms and physical therapists (Table 46).

There is not much information available on private health care services for children. Some studies indicate that parents prefer the care of private doctors for sick children not least because private doctors are more readily accessible. Of course, families must pay extra for

these private services. On the other hand, though the statistical evidence is vague, it suggests that parents must often pay for treatments for their children in public health care centres through "financial subsidies", fees for special analyses and their timely completion and money paid under the table to doctors for their services. This practice is illegal and considered unethical, but it is rather common.

Table 46: PRIVATE HEALTH CARE CENTRES AND PRIVATE MEDICAL COUNSELLING
(In Totals, Thousands And Percentages, 1989-94)

		1989	1990	1991	1992	1993	1994
All health care centres	Total	6,682	6,584	6,306	6,037	5,995	6,210
Private health care centres	Total	--	--	36	86	183	422
	% all health care centres	--	--	0.6	1.4	3.0	6.8
Medical counselling	Total (000s)	279,144	271,756	267,246	248,467	246,407	247,868
Private medical counselling	Total (000s)	--	--	192	380	1,133	2,180
	% all medical counselling	--	--	0.07	0.15	0.45	0.87

Source: GUS (1995a).

The Environment for Change in Family Policy

The current system for the provision of social assistance to families and children has resulted from the retention of some structures from the previous system and the implementation of new structures more well adapted to the social, economic and political realities of the transition. Thus, because of pressure to maintain the gains achieved before the transition, the social benefit system has survived mainly unchanged. The few modifications have revolved around the priority to protect low-income families, which have suffered relatively more from the negative effects of transition policy.

The Government has withdrawn rapidly from other areas of the social sector, because it has been reluctant for political reasons to continue its protective functions and because it has felt the need to respond in this way to the opposition to a Government presence in all walks of social and economic life, but perhaps chiefly because of the strains on the Government budget. Local governments have found it difficult to take up the slack. Their own financial resources are limited, and they can no longer count on subsidies from central authorities. Meanwhile, the private sector, emerging less quickly and less energetically than hoped, has been unable to play a key role.

The deterioration of the social service system has had a negative impact on families with children. Services in areas like childcare, education, recreation and sports — all of which are relevant to the development of children and young people — have suffered the most.

Families in difficult circumstances are being helped by public organizations which are operating in line with a social assistance law which defines new organizational structures. This law recognizes the prime importance of counselling aimed at promoting the social skills of families. While counselling can play an important role in helping families solve their problems, no public institution offers families comprehensive, all-round support. Rather, counselling occurs in the institutions of specific ministries and is therefore focused on the individual areas of jurisdiction of these ministries.

Thus, for example, psychological and educational counselling is carried out under the auspices of the Ministry of Education, which runs a network of regional counselling centres. Growing numbers of children are participating in the counselling schemes (Table 47). According to Ministry of Education estimates, from 6 to 10 percent of children and young people require psychological and educational help.

Table 47: CHILDREN UNDER THE CARE OF MINISTRY OF EDUCATION COUNSELLING CENTRES
(In Totals And Percentages, 1991-4)

	1991-2	1992-3	1993-4
Totals	435,000	560,000	628,000
% of all 3-to-19-year-olds	4.7	5.7	7.2

Source: GUS (1992b), (1993f), (1994b).

The health services of the Ministry of Health and Social Assistance provide counselling in maternity and family planning, but there are no counselling centres fostering good health care habits.

In practice, the effort at counselling faces many barriers. The level of assistance required by families is frequently beyond the resources available to provide this assistance. Much reliance is placed on the supply of support in cash, and this takes up the largest part of the budgets of social welfare institutions.

There is not enough manpower to do the job properly. For instance, in 1994 public social welfare institutions employed 12,965 social workers, who accounted for 41 percent of

the personnel of these institutions. There was one social worker for every 176 individuals receiving benefits. In 1995 the number of social workers grew to 13,451, or 40 percent of all personnel, representing one social worker for every 158 beneficiaries.

Not all social workers are well qualified, though the social security law requires adequate training. Because of the economic challenges facing many communities, as well as the preferences of communities in terms of budget allocations, social workers are often not supported by local authorities. The situation is especially difficult in areas in which unemployment is high and social protection and employment schemes have so far failed to achieve meaningful results.

Social work is also being performed by nonprofit organizations. These organizations face the same obstacles troubling public sector institutions: limited funds, manpower shortages and a set of problems that means that financial assistance is given greater priority than other forms of assistance, such as counselling. Although some NGOs are involved in various sorts of family counselling, such services are usually only an adjunct to the main activities of these NGOs, namely, the supply to families of financial support and related services.

VII. CONCLUSIONS

The main losers in the process of social, economic and demographic change during the transition turned out to be children, young people and newly married couples especially in rural areas or areas possessing a high concentration of unrestructured industrial plants.

Young people adapt to political change with relative ease. Nonetheless, healthy adaptation depends on many factors and can be difficult in a country labouring under capital shortages and uneven development. For example, during the transition the number of young people entering the job market grew considerably, by 500,000 to 600,000 individuals each year, and many of these young people were being frustrated by the lack of employment opportunities. The type of households affected most negatively in economic terms by the transition were households with children, particularly those with many children. Children were much more likely to experience poverty than were adults, including the elderly, traditionally a relatively poorer group.

The children and young people in low-income families also had fewer development opportunities because of the changes which were taking place in social services. For instance, many nurseries and kindergartens were closed, while high fees were introduced for many others. This meant that nurseries and kindergartens became much less accessible, particularly for poor children.

Likewise, community service initiatives and social activities undertaken through the education system, such as school meals, school clubs, health care, hobby groups and sports, were cut drastically or eliminated altogether as schools began concentrating on offering services for fees in ways sometimes only loosely connected to education. Many social, recreational and educational activities after school hours were suddenly no longer available, while those sports and recreation facilities which remained open were typically underfunded, used for other purposes, or charged fees only wealthier families could afford.

Many children had to be left unsupervised until their parents returned home in the evenings. The 50 to 80 percent decline in extracurricular activities was accompanied by an increase in juvenile delinquency and higher crime rates. Similarly, the physical fitness of many children suffered because of the lack of proper exercise. Summer camps and other holiday recreational facilities disappeared, and many children could no longer look forward to the refreshing change from their relatively poor urban environments.

Most Polish children were growing up in intact families. Nonetheless, many families were being torn apart from within by the abuse of alcohol. A drinking parent sets a bad example, and early alcohol abuse was becoming more common.

Programmes designed to alleviate the effects of poverty on children were implemented. An example was a school meal programme for children that was supported by communities and partially financed by the Government. Attempts were also made to improve the coverage of leisure activities. The summer camp scheme of the SOS Foundation was a pacesetter in this area. However, the real successes were few and far between.

An important exception was the increase in the interest among young people in secondary and especially higher education. However, even here the problems were severe. The education system could not respond adequately to the growth in the number of students, and the quality of teaching in secondary schools and colleges deteriorated.

The challenge represented by the development needs of children and young people has not been met with sufficient understanding and adequate political response. To change the situation now would require an alteration in the structure of social expenditures in ways

which would greatly influence the distribution of expenditures between younger and older generations. This is especially difficult when children and young people do not have the power, the experience or even the eloquence to demand that their basic needs be satisfied, the more so as their needs are often more pertinent to the future rather than they are to the present.

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