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“Investing in Children: Breaking the cycle of disadvantage” EU Recommendation – some remarks on the situation of Polish adolescents

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Introduction

Children's well-being has become one of the most important issues in the European Union, which is reflected in key documents, scientific analyses and practical activities undertaken by international, national, regional and local institutions. A recommendation “Investing in Children: Breaking the Cycle of Disadvantage” was published by the European Commission in February 2013. In this document, the European Commission: **“recommends that member states: organise and implement policies to address child poverty and social exclusion, promoting children's well-being, through multi-dimensional strategies”**. The Commission has also adopted so-called horizontal principles, which are crucial to implementation of this recommendation. The enumeration of the principles includes *inter alia*: integrated strategies of tackling child poverty and social exclusion, promoting equal opportunities in accomplishing child's potential, founding activities focused on the approach to children's rights, addressing the child's best interests as a primary consideration, recognising children as independent right-holders, but also supporting families as primary care-takers, ensuring a focus on children with multiple disadvantages, e.g. Roma children, migrant/ethnic minority children, children with special needs or disabilities, children in alternative care and street children, children of imprisoned parents, children endangered by the risk of poverty that can result from such factors as being brought up in single parent or large families.

The Recommendation is of a crucial significance in the area of family and youth policies therefore since the moment of its publication it has been attracting the

attention of practitioners, scholars and politicians. In 2014, the EU national policies were analysed thoroughly in the light of “Investing in children...” Recommendation in all EU member states. Irena Topińska (2014) is the author of the Polish report, while the synthesizing and comparative report was developed by Hugh Frazer and Eric Marlier (2014). In 2014, I was invited by the Polish Committee of the European Anti-Poverty Network to elaborate an expertise demonstrating how Poland was implementing the Recommendation within the scope of problems faced by Polish adolescents endangered by poverty and social exclusion. The conference “Investing in children. Social Innovations for Children and Youth: Research and Practice”, which was held in Lodz in October 2016, provided an opportunity to consider this issue again in a new light, taking into account two years which had passed since my initial assessment¹.

There are many dimensions that can be taken into account while analysing the situation of children and adolescents, i.e. their living conditions, health, educational career, leisure time, children’s rights. In this text I will concentrate on material conditionings, health issues, education and participation. The first three dimensions provide a framework of children’s well-being, while the fourth seems to be crucial for coming generations in democratic society. I have to emphasise that I am a sociologist who specialises in problems of poverty and social exclusion, and I rather focus on a sociological perspective than on the social policy framework. My way of thinking also results from my past experience gathered as a youth worker and from the ongoing, very close cooperation with practitioners, such as social workers, therapists, pedagogues, etc.

The main thesis of the paper is that Poland is still in the middle of the distance in accomplishing the priority of all children’s well-being. When we consider the multidimensional picture of Polish children living at risk of poverty and social exclusion, it seems that we can observe both very positive and negative phenomena and processes which, in combination with their outcomes, influence everyday life of children and youth. From one point of view a significant decrease in the statistics on poverty and social exclusion is interrelated with the introduction of new legal regulations in the area of family-oriented social policy and with development of new models of social interventions. It also seems that legal acts, despite some failures resulting from competing interests of institutional actors, have created at least a theoretically sufficient foundation to break the cycle of disadvantage². Yet, at the same time, the process which is to reform all the areas of social policy is hindered by many political, institutional, economic, mental or even ideological barriers. Irena Topińska (2014) states that the increasing awareness of the problem is accompanied by an uncertainty regarding prospects of implementation of the

1 At the time of writing, in mid 2017, Poland has been undergoing a process of politically triggered changes in almost all areas of public life for two years, introduced by the centre-right populist government of the Law and Justice Party (Prawo i Sprawiedliwość).

2 See the book “Dobro dziecka jako przedmiot troski społecznej” (Child welfare as the focus of social care) recently published by Magdalena Arczewska (2017).

recommended solutions. I would argue that the implementation of the Investing in Children Recommendation is promising in the area of material support and reducing children's poverty but the conservative shift in politics destabilises children's situation, threatens their rights and participation in social life.

Children's poverty

In 2015 children and youth constituted 20.2% (7,768 thousands) of the Polish population. 7.1% of the total population were adolescents aged between 13–19, which means that 2,730 thousands of adolescents lived in Poland that year (Mały Rocznik Statystyczny 2016: 100; Dzieci w Polsce 2015: 1). According to the latest National Census performed in 2011, almost 99% children aged 0–17 lived with their families, 22% of these families were single parent (in vast majority single mother) families. Five years later 18% of older teenagers interviewed under the project “Youth 2016” by the Public Opinion Research Centre stated that they lived in a single-parent household, 13% of such interviewees reported poor material conditions. Economic migrations still influence everyday life of Polish children: 17% of adolescents experienced at least one parent temporal migration, 10% a long-lasting migration of one of the parents (Roguska 2017: 20). In 2015 18,655 children, adolescents and young adults (aged 0–25) lived in the institutions and their number slightly decreased in comparison to the previous years. 53,604 were in foster families (almost 32 thousand in kin-foster families), 3,162 were placed in small family group homes – these numbers were fluctuating, but the trend to develop the network of non-kin foster care is visible as well as the tendencies of locating older children in residential care institutions and younger in foster care (Dzieci w Polsce 2015: 5, 7; Mały Rocznik Statystyczny 2016). The statistics demonstrate that 75,5 thousand of children and youngsters were deprived of the parental care (if youngsters in resocialisation institutions are included in this calculation, the number will significantly increase).

Since Poland's accession to the European Union (2004), a decreasing number of children endangered by poverty and social exclusion in statistics has been observed: in 2005, 48% of children in Poland were endangered by poverty and social exclusion, while in 2015, it was 26.6% (Eurostat: Children at risk of poverty and social exclusion). According to the Central Statistical Office of Poland, the proportion of the households living in absolute poverty has been also falling among the collectivities “traditionally” most exposed to poverty, i.e. large families (4+ children) since 2015. In 2014, 27% of such families lived in absolute poverty, while in 2015, the proportion of such families reached 18% (GUS 2016: 3). This decrease resulted from an increase in the state official poverty threshold, which makes citizens eligible to claim social welfare benefits. 64% of adolescents entering the adulthood interviewed by the Public Opinion Research Centre in 2016 declared that the

material situation of their families was good or very good, and only 6% declared that it was bad – results of this assessment were the best since 2008 (Omyła-Rudzka 2017: 31–32). In 2016, the new Polish government, based on the electoral declarations of the Law and Justice Party introduced a “Family 500+” programme, founded on the idea of supporting all Polish families with 500 PLN (about 120 euro) per child, starting from the second child in the family. Despite a broad criticism regarding its economic and social costs (e.g. withdrawing parents, especially mothers, from the labour market) the programme seems to be very effective in limiting poverty, in large families in particular. For example in families 3+ children, 25.2% increase in their monthly disposable income was observed in 2016. A forecast of the prolonged effects of the “Family 500+” programme is also very optimistic – 64% decrease in child relative poverty (from 28% to 10%) and 94% decrease in absolute poverty (from 11.9% to 0.7%) is expected. However experts underline that such estimations do not take into account the parents’ behaviours, including possible changes in their vocational activity resulting from the programme (withdrawal from the labour market mentioned above and misuse of the financial resources). Therefore the real situation of children in families can differ, and the needs of a certain number of children will remain unmet. In 2016, 400,000 children still lived in absolute poverty in their families. Single parents with one child are a group that is seriously jeopardized by poverty as they cannot benefit from the Family 500+ programme – their material conditionings have not changed since 2014. Ryszard Szarfenberg also underlines that the depiction of family poverty will change – families with one or two children will be endangered by poverty more seriously than large families in the past (Inchauste et al. 2016 as quoted in Wójcik 2017: 17; *Skrajne ubóstwo...* 2017; *Sytuacja gospodarstw domowych...* 2017: 1–2; Szarfenberg 2016; Szarfenberg 2017).

Poland has made the significant progress, however there is no reason to be completely proud of the success in terms of breaking the vicious circle of child poverty. In 2015, over 2,000 thousands of Polish children and adolescents were vulnerable to poor living conditions and social exclusion. In 2016, despite the “Family 500+” programme, the families 3+children were still in the worst economic situation – their average disposable income was 28,7% lower and their expenses were 30.3% lower than the average income in the country (*Sytuacja gospodarstw domowych...* 2017: 16). The economic situation of Polish families is continuously differentiated regionally – the average disposable household income in three voivodships in the south-east Poland and in one central voivodship is significantly lower than the average income in the country, and much lower in comparison to Mazowieckie voivodship (with Warsaw as Polish capital)³.

3 Three voivodeships in south-east Poland were: Podkarpackie (76.9% of the average disposable income in Poland in 2016), Lubelskie (88.1%), Świętokrzyskie (88.6%). Kujawsko-Pomorskie voivodeship with 88.7% of the average disposable income in Poland is situated next to Mazowieckie voivodeship with 120% of the disposable income (*Sytuacja gospodarstw domowych...* 2017: 14).

There are also significant economic differences between urban and rural areas (e.g. in 2015, the average net disposable income per capita in all Polish households reached 17,402 PLN, while in farmers' households – 10,741 PLN; in large cities it was 26,234 PLN, while in rural areas – 13,805 PLN) (Dochody i warunki życia ludności 2017: 136, 138). Besides, it is very difficult to assess if and to what extent the above-mentioned positive trends will influence the situation of the older children, adolescents (with single parents' children) raised in the families endangered by poverty and social exclusion, and in institutions. From the early 1990s Polish sociologists have been observing not only the phenomena of inter-generational transmission of poverty and juvenilisation of poverty, but also the persistence of fundamental characteristics of poverty in neighbourhoods of relegations in Polish large cities (Warzywoda-Kruszyńska, Golczyńska-Grondas 2010; Warzywoda-Kruszyńska, Jankowski 2013). It seems that macroeconomic changes and trends do not affect the situation of the poorest families. Therefore, it is doubtful if especially older teenagers from underprivileged groups will manage to profit from the new social policy instruments, e.g. to invest in their education or prepare better to the transition into adulthood. Paradoxically, the “promising” solution for them would be to become young parents as soon as possible and benefit from the “Family 500+” programme or any similar programmes which will be implemented in the future.

The Recommendation indicates that **the member countries should provide children with a safe, adequate housing and living environment enabling them (...) to grow up in a safe, healthy and child-friendly places that support their development and learning needs.** The authors of the Recommendation underline the necessity of avoiding ghettoisation and the need for living in affordable and quality housing. Polish statistics on the average housing space, flat equipment and usable floor area are optimistic⁴, in contrast to Eurostat statistics showing that overcrowding rate in Poland is very high. 57% of Polish children live in the lodgings whose standards are significantly lower than the EU norms⁵, and the situation is worse only in Romania, Hungary, Bulgaria and Latvia. The cost of rent is also increasing. Poor lodgers can apply for housing allowance – in 2015, 4,4 million of such allowances were transferred to the tenants. However the number of these allowances is decreasing (in 2015, 7.5% less in comparison to 2014) as well as the whole amount of expenditures to cover them (7.9% less than in 2014). In 2015, 26% of Polish lodgers were in rent arrears, 18 thousand lodgers were submitted to the

4 According to the National Census (2011), due to demographic processes, and both decreasing birth rate and increasing ageing of Polish society, the housing deficiency is lowering (in 1988 the shortage of flats was estimated to reach 1.2 million, in 2011 – 459 thousands). Concurrently 95% of new flats are flats on the free market, which are purchased by wealthier persons. Only 5% of the new flats were accessible for poorer individuals with the biggest housing needs (Lis 2013; Nowicki 2013).

5 One room for the family, one room for the parents, one room per 2 children and one extra room for next adult person (Wójcik 2017: 23).

eviction procedures – 89% of them, i.e. 8,2 thousand lodgers, were evicted that year from commune and cooperative housing due to the rent arrears (Nowicki 2013, Krajowy Program Przeciwdziałania... 2013; *Dochody i warunki...* 2014, *Gospodarka mieszkaniowa* 2016: 18, 31–33, 36; Wójcik 2017: 23). At the same time, the access to quality municipal or social housing is limited. Social housing is defined as a flat which, regarding its equipment and technical standard can be inhabited, but the standard itself can be lower. Usable floor area of the rooms cannot be smaller than 5 m² per person, or in the case of a single inhabitant – 10 m² (*Gospodarka mieszkaniowa...* 2016: 13). In 2012, in Poland there were 78 thousand of social flats, a year later – 83.2 thousand (Salamon, Muzioł-Węclowicz: 2015: 28), but access to this type of housing is extremely limited. In many cities and communes the waiting lists are very long. In some places in Poland persons applying for the social housing have to wait for as long as 20 years, and the average waiting time in 2012 reached 7 years (KPPUiWS 2013).

The poorer a family is, the worse its living conditions are. A qualitative analysis of poverty and social exclusion (e.g. Warzywoda-Kruszyńska, Jankowski 2013; Bunio-Mroczek 2016) reveals a gloomy picture of lodgings of at least some of the families supported by social welfare agencies. Overcrowded and substandard flats in old devastated tenant houses are inhabited by large families. Shared toilets in shared corridors or even yards, porous windows and leaking roofs, and wet, cold rooms infested by fungi, insects, rodents, living areas heated by small coal stoves – all these conditions seriously affect health of both children and adults. It is important to underline that a certain percentage of children is deprived of their personal space due to financial and housing poverty. A lot of Polish families share the flats with the relatives, and obviously the average space per person decreases in large families. The situation is probably the worst in the low-income families⁶.

The surrounding of social housing, in big Polish cities in particular, although that has changed in the last years, continues to be characterised in terms of “pockets of poverty”. Marta Petelewicz, who researches children’s well-being in the cities of Lodz voivodship writes: “The physical space of [enclaves of poverty] is characterised by a degraded housing substance; tenement houses, mostly devastated and neglected dominating in the area, although they are often in a vicinity of contrasting renovated buildings and blocks of apartments, which are mostly fenced off. There are no recreational grounds in the neighbourhood, (...). Case-hardened yards [are] without greenery, benches, and infrastructure for children. Most often there are only trash-bins and parking areas. A rusty carpet hanger is a meeting and playing place for the local children (...). and information painted on the walls informs that playing football is forbidden (...). The space in Lodz children’s enclaves of poverty

6 In 2009, 9% of Year Six pupils living in Lodzkie voivodeship urban enclaves of poverty shared one room flat with other members of their families, some of them had to share their bed with someone else (Petelewicz, Warzywoda-Kruszyńska 2010; see also Wójcik 2017: 23).

consists of tarmac and concrete, and there are no squares, parks, playgrounds, thus it does not meet children’s needs (...). Most often children do not have any opportunity to express their creativity, and as a result, they manifest anti-social behaviours” (Petelewicz 2016: 9–10, transl. AGG).

The Recommendation also states that **children should be protected from unnecessary moves**. The qualitative analyses of poverty and social exclusion also indicate that children living in the urban enclaves of poverty are exposed to instability resulting from migrations either economically-based, related to other family crises, or resulting from local social policies. For example, in the processes of devastated urban areas revitalisation their inhabitants are “temporarily” moved to a new environment. It seems that the policy of at least some councils of revitalised cities is based on the assumption that multi-problem families in particular should be “pushed” to the city outskirts and moved into low standard flats. Additionally, such poor clients of social welfare agencies in most cases are unable to come back to their revitalised homes as they cannot afford to pay the rent⁷, thus they subsequently have to move to other impoverished neighbourhoods (Warzywoda-Kurszyńska, Jankowski 2013; Garus 2015: 30). Children and youngsters from the enclaves of poverty experiencing such changes face adaptive difficulties related to new social milieus, often in new school environments. They therefore tend to prefer their old neighbourhood, which despite being unattractive remains familiar⁸ (*Nastolatki zagrożone...* 2008).

Another key issue should be emphasised in terms of the housing situation of children and youngsters, i.e. a significant number of homeless children that have been reported to live in Poland in the recent years: 1628 – in 2013 (55% them were 0–6 years old), and 1892 – in 2015. In February 2017, there were 1201 homeless children (0–17) recorded in the national counting of homeless persons (<http://www.mpips.gov.pl/aktualnosci-wszystkie/pomoc-spoeczna/art,8681,mniej-os-ob-bezdomnych.html>), however the decrease in the population could result due

7 For instance under the Lodz programme of the city centre revitalisation for the period 2008–2013, almost 1200 inhabitants were forced to move out from their flats or even districts. The younger, poorer and less educated city residents were more likely to live in old tenement houses. Generally the inhabitants were proposed to choose between 3 different flats, which were sometimes located in remote parts of the city. Those who had resided in social housing or had had rent arrears had no right to come back to the previously inhabited flats, or even to buy those flats (*Procesy gentryfikacji* 2015: 83, 91–93). It seems that the local government in Lodz addressed the criticism towards the revitalisation process, as this year (2017) the City Council has implemented a programme “Social lighthouse keepers”, which provides shield activities for the persons living in revitalised areas (<http://centrumwiedzy.org/projekt-pilotazowy-ii/latarnicy-spoeczni/> [last accessed 04.05.2018]).

8 A small qualitative study performed in Warsaw illustrates an adolescents’ tendency towards spatial self-isolation. The respondents did not visit other districts and declared that they did not like their new situation and new places (*Nastolatki zagrożone...* 2008).

to a different methodology used in the research⁹. The homeless children in Poland are not street children, they live with their homeless parents in the places defined as non-inhabitable (sheds, small wooden summer houses, shelters, etc.).

Health and risk behaviours

Access to the free health care

In numerous lines, **the Recommendation addresses the importance of health care in the field of prevention of disadvantage and in promotion of children's wellbeing**. General condition of the health of Polish children and youngsters is subject to regular analyses. There are several national studies performed by the Central Statistical Office of Poland and by non-governmental organisations, such as the Public Opinion Research Centre. Interesting and critical studies are also performed by the Supreme Audit Office. Since 1990 Poland has participated in such international research projects as the HBSC (Health Behaviour in School Children), the ESPAD (European School Survey Project on Alcohol and Other Drugs) or the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction). Therefore there are sufficient bases to study this issue in more detail.

For obvious reasons, health in its somatic, emotional and social dimension is conditioned by numerous distinguishing factors. These factors include socioeconomic status and family situation, the place of living (also the region of the country), and studies conducted in Poland systematically confirm these interrelations¹⁰. The data obtained under different surveys and analyses are not coherent, however there is certain evidence demonstrating that some of the Polish children and adolescents suffer from long-lasting ailments. According to GUS research performed in 2014, over 26% of 0–14 year olds, according to their parents, suffered from this kind of ailments, more often boys than girls (29.4% and 22.6%), also 27% of the older teenagers and young adults (aged 15–29) declared the same – the rates of such declaration increased in most voivodeships in comparison to 2009. The list of serious

9 The definition of homelessness was amended and now is more restrictive. In 2017, in comparison to the research in the previous years, the Ministry of Family, Labour and Social Policy announced the research too late in relation to the start date of the national counting of homeless persons, therefore local self-governments and other institutional actors reported that they did not have enough time to prepare for the research).

10 In HBSC survey 2013/14, ¾ of the indicators were strongly associated with the family structure. The most important result seems to be that the presence in the household of two biological parents is a strong factor protecting children's health. Over half of the indicators were associated with the family financial status, and negative phenomena intensified in less wealthy families (*Zdrowie i zachowania zdrowotne* 2016: 11).

problems includes asthma and allergy, ophthalmologic problems, spine problems, headaches, and in case of older youngsters also backaches, thyroid diseases and other chronic disorders. Also in that year, 17% of teenage (11–15 years old) respondents taking part in the HBSC research declared serious health problems. Symptoms such as headaches, abdominal pains, backaches, vertigo, feeling depressed, irritated, grumpy, and sleeping difficulties were reported more often than in 2010¹¹. Children also reported more frequent injuries requiring medical assistance. The subjective assessment of individual's health was worse for children raised in single parent and reconstructed families, poorer families and families living in rural areas. In 2013/14, experts of the Polish HBSC research noted some positive changes in health behaviours. For instance, the level of physical activity of ¼ of the young respondents met the required norms (the increase of 5 pp in comparison to 2010), and a decreasing trend of overweighted population was observed. Yet, the everyday diet of children from low SES families is based on the cheapest products, ready-cooked meals, e.g. so-called “Chinese soups”¹². The experts claimed that not only the teenagers generally decided on their meals, not paying attention to health consequences of their inadequate diet, but also the nutrition model typical for poor families was transmitted to younger generations (*Zdrowie i zachowania zdrowotne...* 2016: 7, 121). Due to the limitation of the text requirements it is impossible to analyse the problem of disability, however it must be stressed that 3.7% of Polish children aged under 15 years of age were disabled in 2014. A higher rate of disability was indicated among older children aged over 10 years.

Employees of helping institutions interviewed in different studies notice that somatic problems as well as emotional and behavioural disorders are more frequent among children endangered by social exclusion than among their peers raised in better-off families. Although the subjective assessment of personal health might change in young adulthood¹³, it is important to acknowledge that chronic diseases of adults living in pockets of poverty partly result from ailments neglected in childhood (*Raport z badania. Kompleksowe...* 2012; Warzywoda-Kruszyńska, Jankowski 2013; Mazur 2015: 7, 79–82; Mazur 2015a: 86–87; *Zdrowie i leczenie...* 2016: 13; see also Golczyńska-Grondas 2014, *Zdrowie i ochrona zdrowia...* 2014).

It is also important to notice that although children's death rate is systematically decreasing, over 1,500 children and youngster die every year in Poland, and 2/3 of the deaths are reported for the older children and teenagers (aged 10–19). According to the data from 2014, more than half of older children (aged 5–19) death cases were due to injuries and intoxication. The statistics also show a sudden rise of suicidal attempts undertaken by the teenagers. This trend has been observed

11 The most often reported symptom was feeling nervous – 30.9% of adolescents, while vertigo – 13.2% was the rarest.

12 The cheapest ready-made pasta with flavourings.

13 Under a Public Opinion Research Centre (CBOS) study performed in 2016, young adults (aged 18–34) assessed their health as good (85%) and on average, there were no respondents who indicated that their health was poor.

since 1990, although the number of successful suicides is falling. The suicides recorded in the recent years have contributed to 16–20% of deaths of older teenagers¹⁴, 4 times more boys' than girls' deaths, and it is the second cause of death in the group aged 10–19 (*Dzieci w Polsce* 2015: 13, Szredzińska 2017: 116).

Adolescence is a phase of life in which individual tendencies to risk behaviours can increase – young people test their abilities in alcohol and drug consumption, get involved in erotic relationships, etc. Some positive changes were observed in this area in 2015–2016 in terms of consumption of psychoactive substances: e.g. since 2007 adolescents aged 15–16 were getting drunk less frequently, and a decreasing tendency to consume design drugs was also noted in the last few years (3–4% of 15–16 year olds were regular users). At the same time the studies show that the phenomenon of drinking alcohol in secondary school buildings has been decreasing¹⁵ – 65% of secondary school pupils declared that they did not notice drinking alcohol in their schools (50% in 2013), 27% declared that it happened “relatively rarely” in comparison to 37% in 2013¹⁶. On the other hand, there are some negative observations related to cannabinoids intake. For instance marihuana and hashish, substances illegal in Poland, are used regularly (at least once a month) by 10–15% of teenagers. 35% of older adolescents stated that the drugs were taken in school buildings, 11% said that it happened often or very often. 17–18% of adolescents (mostly girls) use tranquilizers and barbiturates without physicians' advice. 7% intoxicate themselves with OTC pain-killers, and this phenomenon is indicated as a serious problem as such drugs are available in practically all types of shops in Poland (Mazur 2014; Kalka 2017: 57–58; Ostaszewski 2017: 136; Sierosławski as quoted in Ostaszewski 2017: 137). Another type of risk behaviours that are also potentially connected with addictions, concerns the sphere of traditional and modern media – in 2013/14 almost 17% of 11 year olds and 21% of 15 year olds spent over 4 hours a day watching television. As far as computer use is concerned, the following rate was observed among those who used it for over 4 hours a day: 12.6% of 11 year olds and 34.1% of 15 year olds (the average time was less than 2 hours). The older a teenager is, the more time he/she spends on-line. Pupils of last years of secondary schools on average spend 4 hours per day using Internet – their activity is focused on social relations, listening to music and watching TV series. 58%

14 In 2013, there were 148 suicide-related deaths of 7–18-year olds (357 attempts), 2014 – 127 (442 attempts), 2015 – 119 (481 attempts), 2016 – 103 (473 attempts) <http://www.statystyka.policja.pl/st/wybrane-statystyki/zamachy-samobojcze> (last accessed 04.05.2018).

15 The statistics show *ipso facto* the inability of educational institutions to prevent children from risk behaviours even in their own territory.

16 The information on drinking alcohol (as well as using other psychoactive substances) in school buildings can be interpreted in terms of helplessness of school staff. However the reports do not clearly show which cases the interviewed adolescents have in mind when answering the relevant question. They can mean both use of these substances during school events and parties, but also the use on ordinary school days in any locations of the school area.

of teenage respondents claimed that at least sometimes they think that their life without Internet would be joyless, aimless and boring (Nałęcz 2015: 130, Feliksiak 2017: 190–195).

Early sexual behaviours are another type of risk behaviours in adolescence – the average age of sexual initiation among older teenagers, who reported such an experience (54%), is 16.5 (boys) and 16.9 (girls). The findings of HBSC in 2014 can be interpreted as particularly alarming as almost 37% of the sexually active 15 year old boys interviewed in the research were initiated when they were aged under 13 years. 79% of the sexually active teenagers approached under the study “Youth 2016” used contraception¹⁷. The teenage parenthood rate was significantly decreasing – from 8% in the early 1990s to 3.5% in 2014, and fewer adolescents met teenage parents in their environment. Yet, about 50–60 aged 13–14 become mothers each year, the youngest mothers in Poland are 12 years old. Single cases of this phenomenon were reported last years. There is the evidence which indicates that early parenthood is more frequent among adolescents with lower SES, i.e. children of poorly educated parents and living in poverty, although consequences of teenage parenthood, even in the group of underprivileged individuals, can be both negative and positive (Dzieci w Polsce 2015: 5; Bunio-Mroczek 2016: 21–29; Gwiazda 2017: 168–169).

Violence in all its dimensions affects health of individuals and societies, and endangers their wellbeing. The statistical data and reports on domestic violence against children published in the last years in Poland are not coherent. According to the National Police Headquarter, the number of child victims is decreasing, but the research performed by other institutions, including independent NGOs, show that the scale can be much bigger or even that the indicators are worsening. Over 47% of interviewed adults know families in which children are maltreated physically, 26.4% – emotionally, 32% of the teenagers know at least one peer in his/her environment suffering from at least one form of family violence. In 2013, 34% of children aged 11–17 declared that they were victimised by an adult they had known (mainly one of the parents, more frequently fathers than mothers), 30% of them were maltreated seriously enough to feel pain on the following day, be bruised, wounded or even suffer from fractures. Every tenth child experienced both physical and emotional domestic violence. It must be underlined that in 2012 spanking was still treated by 34% of Polish people as a discipline method in the process of socialisation, and slapping was accepted by 73% of the respondents (*O dopuszczalności kar...* 2012: 2; Wójcik 2017: 194–200, 204; Miedzik 2014 as quoted in Wójcik 2017). Children are also victimised as eyewitnesses of domestic violence (in 2013, 18% were in such a situation) (Wójcik 2013 as quoted in Wójcik 2017: 203). Moreover, over 12% of Polish teenagers experienced sexual violence, almost half of them suffered from two different forms of such maltreatment. Also in this case the experts state that the statistics are underestimated. It also seems that detection and persecution of such crimes is very difficult; in 2015 only 62 persons were sentenced

17 Although 2/5 of the respondents refused to answer this question (Gwiazda 2017: 169).

due to the rape on juveniles, and 629 due to the sexual abuse (Sajkowska 2017: 240; Beisert, Izdebska as quoted in Sajkowska 2017: 240; Trocha 2017). The peer violence seems to be an increasing phenomenon in Poland – according to the Empowering Children Foundation almost 60% of teenagers interviewed in the last years were maltreated at least once by the peers, mostly physically (41%), also under a radical form of group attack (18%). The increased percentage of young people experiencing violence from their peers is confirmed in the HBSC and the CBOS research: 37% students experienced different types of violence at school, the worst situation is in vocational schools, where 20% of the respondents were victimised at least twice during one school year. Over 1/3 of the most victimised adolescents claimed that peer violence had become a very serious problem (Mazur 2015: 7; Kalka 2017: 46–48, 54–55).

In this context it is important to remind that adolescence is the period of psychological moratorium, i.e. the culturally defined time during which adolescents are “socially entitled” to test new behaviours, even the hazardous ones. Polish and foreign studies demonstrate a relationship between SES and risk behaviours, which can be strong in some dimensions, such as anti-social behaviour or early sexual behaviour, and weaker in others (hazardous drinking, self-harm, cannabis, unprotected sex) (e.g. Mazur 2014; Kipping et al. 2015, Malczewski 2014; Malczewski 2017). Obviously, the risk behaviours in adolescence may pose threats related to somatic and emotional harms and can hinder the process of personal and social development, and finally delay the transition into adulthood. In most serious cases they can provoke long-life consequences (see e.g. Ostaszewski 2017: 133–134). It is possible to assume that these consequences are more serious and long-lasting in socially excluded collectivities, although there are also other groups which need more attention. For instance, the HBSC research demonstrates that residents of large cities are usually in the least favourable position (more injuries, lower life satisfaction, more time spent using computer and difficult communication with mother) (*Zdrowie i zachowania prozdrowotne...* 2015). At the same time it seems that adults, not only parents, but also professionals, have problems with adequate reactions to risk behaviours of adolescents, moving from insouciance to panic. Therefore working not only with teenagers, but also with adults, to help them to elaborate ways of successful communication with adolescents is of the utmost importance. Following British experts specialising in risk behaviours it can be stated that the researchers’ “prevention strategies should apply the principal of proportionate universalism with a focus on more deprived populations, within a population-wide strategy, to prevent widening of social inequalities” (Kipping et al 2015: 44).

The Recommendation underlines the importance of the access to high-quality services. In general, admission to constitutionally guaranteed free health care¹⁸ is

18 The Constitution of the Republic of Poland states that: “Everyone shall have the right to have his health protected”. Article 68 states: “Equal access to health care services,

problematic in Poland, and obviously lower SES also means limited opportunities of treatment, also within the organisational framework of the public National Health Fund. The area of public health in Poland has been subject to continuous reforms since the systemic transformation, nevertheless no government has been successful in their attempts. In 2015 functioning of the National Health Fund was negatively assessed in public opinion surveys by 3/4 interviewees, at the same time individuals who provided positive feedback had not used the health services several months before survey. Moreover, during the last 8 years covered by the surveys, the percentage of interviewees who stated that patients had been treated with care and responsiveness is significantly falling, as well as the percentage of respondents declaring that the access to GPs was easy (Zdrowie i leczenie 2016: 27–28, 31–32).

Problems with the access to health care begin already in pregnancy: 1/3 of pregnant women do not visit a gynaecologist in the first trimester of pregnancy. The rate of women who receive free prenatal screening is also low in Poland. One of the problems is due to the fact that this kind of screening is available for older women over 35 years of age (while for example 79% of children with cardiac birth defects are born to younger women) (Szredzińska 2017: 100–101). There are also other structural and cultural factors which can strongly influence women’s behaviours¹⁹. The quality of service offered by public outpatient clinics in particular is often assessed negatively – women complain about humiliating and patronising communication between the doctor and the patient, gynaecologists’ rude comments, the lack of intimacy during the examination or even a low hygienic standard of some clinics (*Bezpieczny hotel...* 2014: 6–9). An important factor (which seems to intensify) is a strong ideologisation of intimate life and as a result, ideologisation of the gynaecological care. Strong pressure of pro-life groups blocks opportunities of pregnancy termination, even in the cases of fatal birth defects, and leads to criminalisation of abortion²⁰. This causes the atmosphere of trauma and danger, especially if a pregnant woman has been diagnosed with serious complications.

financed from public funds, shall be ensured by public authorities to citizens, irrespective of their material situation (...). Public authorities shall ensure special health care to children, pregnant women, handicapped people and persons of advanced age (...). Public authorities shall combat epidemic diseases and prevent negative health consequences of degradation of the environment. Public authorities shall support the development of physical culture, particularly amongst children and young persons”.

19 Paulina Bunio-Mroczek, who health behaviours of pregnant teenagers in pockets of poverty in Lodz (therefore persons depended on the public health care system) indicates that the pregnancy is diagnosed relatively late which prevents early examinations, the interviewees did not participate in classes for future parents, young women also delayed the time of going to the hospital for child delivery (Bunio-Mroczek 2016: 113–114).

20 Article 152 of the Criminal Code lays down the penalty for both persons who execute abortion procedures (mostly physicians), and persons who help the pregnant women to terminate pregnancy, i.e. deprivation of freedom for the period of up to 3 years.

Furthermore, some evidence of negligence can be noticed in the early infancy, when 14% of newborns (till the 4th week of life) are not cared by doctors and nurses (although this kind of care of a child and a mother is guaranteed by the law), this proportion increases up to 30% in the case of 9 month old babies. The screening examinations which should be performed for all children are delivered in 51–73%, the worst situation is observed in the case of older adolescents (Szredzińska 2017: 97–98). Even though in May 2017 within the whole territory of Poland the care of children was rendered by almost 15,000 paediatricians, there have been a lot of difficulties in obtaining experts' consultation. In the same month, the Supreme Medical Chamber (nil.org.pl) recorded the following numbers of specialists in child medicine: 31 pulmonologists, 56 gastroenterologists, 62 endocrinology and diabetes specialists, 67 urologists, 68 nephrologists, 139 cardiologists, 188 otolaryngologists, 398 psychiatrists, and 425 neurologists. There were also 1502 active neonatologists; probably this number may suggest, particularly to someone who does not specialise in medicine however is professionally involved in the social sciences, that due to the ideological reasons life of a child is much more strongly protected during pregnancy than in the early and late childhood.

Moreover, the quality of free dental care in Poland is poor, and a low percentage of children currently benefit from free public dental programmes (3%), while in 2011, almost 92% of 15 year olds had dental check-ups. The low SES impacts the health behaviour also in this area, for instance over 20% of children of the final year of primary schools, who lived in Lodz pockets of poverty, visited dentists less often than once a year or did not do it at all. The Supreme Audit Office of Poland states that not only the dental care for children does not represent a priority in the Ministry of Health's policy, but it is also severely neglected. In the opinion of the SAO experts, liquidation of school medicine in the early transformation period in Poland resulted in the situation, in which all the responsibility for dental care was transferred to families, while in many well-developed countries the responsibility for forming health behaviours is delegated to educational institutions. (Petelewicz, Warzywoda-Kruszyńska 2010; *Wyniki badań...* 2011; Petelewicz 2013; *Dostępność i finansowanie...* 2013; *Zdrowie i ochrona...* 2014).

In 2017, it was assessed that 600.000 children and youngsters (9% of the population) needed professional psychiatric care, however access to psychological and psychiatric care is also limited, on average, one psychiatrist is responsible for care of 1508 patients. Additionally, data from 2012 shows that the average age of the professionally active specialist was over 60, and it should be considered if this age gap does not limit possibilities of establishing good rapport with young patients. The number of specialised centres for children and adolescents with sexual disorders, eating disorders, drug and alcohol addictions is definitely insufficient to meet the needs (www.brpd.gov.pl, www.rynekzdrowia.pl, nfz.gov.pl, see also Golczyńska-Grondas 2014, *Przeciwdziałanie zaburzeniom...* 2017). Pursuant to the Polish law, children and adolescents have the right to use psychological support in educational institutions, such as schools and psychological-pedagogical clinics free of charge,

however access to these institutions is limited. The same applies to specialised services at schools in terms of professional diagnosis, additional classes and different forms of support or even therapy (e.g. logopaedics). In 2014–2016, social pedagogues and psychologists were employed full-time only in 44% of Polish primary and secondary public schools. On average a social pedagogue took care of 475 pupils, a school psychologist of 1904 pupils, most often working in a school 20 hours per week. The worst situation was in secondary technical schools and in vocational schools. Significant differences were also reported for urban and rural areas. The average waiting time to get an appointment is one month (with the exception of crisis intervention). The staff of the clinics indicated that their professional activity was limited due to the lack of the employees, insufficient space, incomplete equipment and architectural barriers to disabled patients (*Przeciwdziałanie zaburzeniom...* 2017: 6–8, 15).

In general, the experts underline that the medical care for older children is worse than the care for babies, and that the category of adolescents – perceived as the healthiest members of the society – is often omitted in the analyses (in the research on inequalities in particular), therefore the databases are incomplete. Moreover, the access to specialists is differentiated according to the spatial dimension. There are voievodships deprived of any support in some paediatric specialisations (e.g. in 2014 in some voievodships there were no psychiatric wards and the whole voievodship's needs had to be met by one psychiatrist only). Thus it is likely that children need to be hospitalised instead of receiving treatment in out-patient clinics. There is also a risk that minor ailments, especially in the case of children from low SES families, can develop into more serious chronic diseases (Mazur 2011, Golczyńska-Grondas 2014, Topińska 2014, see also Szredzińska 2017: 99).

Education

The authors of the Recommendation emphasise the importance of access to **“inclusive, high quality education”**, equal opportunities and the role of education system in breaking the cycle of disadvantage, among others **“by targeting resources and opportunities towards the more disadvantaged, recognising and addressing spatial disparities in the availability and quality of educational provision and in educational outcomes; fostering desegregation policies, that strengthen comprehensive schooling, education promoting children emotional, social, cognitive and physical development”**. There was some very good news in this area in Poland, for instance an increasing number of children involved in pre-school education. This number doubled (in 2005/6, 58% of children in urban areas and 19% in rural areas attended kindergartens in comparison to over 98% and 65% in 2014/15). The improvement in school results, e.g. in PISA studies, has been observed (especially

in reading and interpretation, and in mathematics, the 4th and the 6th rank respectively), although in 2015 the results were lower than in 2012. The early school leaving rate is very low in Poland – according to a research, 2.5–3.5% pupils resigned from educational career in the recent years, in the population aged 18–24 the number of education and training dropouts was one of the lowest in the European Union – above 5% in 2016 (Herczyński, Sobotka 2014; Plichta 2017: 166).

The authors of the expertise of the Supreme Audit Office in Poland demonstrate that 76% of Polish pupils relatively willingly attend school, on average 40–50% parents of Polish pupils positively assess good material conditions (53%), friendly atmosphere among peers (45%), and good relations with teachers (39%). Concurrently, 1/3 of Polish children (the older ones, more females than males) interviewed in the last HBSC research reported that they suffered from school-related stress – the rate of such pupils has significantly increased in comparison to previous studies. About 25–30% of the interviewed parents claimed that their children were overloaded with educational tasks, the classes were overcrowded and the teachers did not treat children individually. In 2016, in secondary schools over 20% of pupils had some conflicts with their teachers – the relations between teachers and pupils seemed to be the best in high schools and the worst in vocational schools, where 35% of pupils did not like and did not respect their teachers. Generally pupils interviewed in all types of secondary schools in 2016, claimed that only 1–2 teachers at school were perceived by them as highly respected authorities (Zdrowie i zachowania 2016: 76; Kalka 2017: 43; *Przeciwdziałanie zaburzeniom...* 2017).

Despite of some of the above-mentioned successes, Poland still faces a high level of educational inequalities. According to only subjective opinions reported in HBSC project, very good school results were declared by 50.8% children from poor families and 69.5 children from well-off families. There are still numerous barriers in educational career of underprivileged children, such as a low level of basic needs fulfilment, inadequacy of free leisure time activities in comparison to the needs and interests of underprivileged children (adolescents in particular), limited possibilities of receiving economic and educational support from their parents. Moreover, schools are perceived as hostile institutions by “bad” pupils who are subject to formal selecting practices, discrimination and stigmatisation (e.g. Zahorska 2014; see also: Golczyńska-Grondas 2014; Golczyńska-Grondas 2014a; Petelewicz 2016). Educational strategies oriented at early school leaving are common among children from families with lower cultural capital, endangered by poverty and social exclusion. Pupils’ decisions to drop out at the first level of education are often explained by family and health reasons. The phenomenon of ESL is supported by negative self-esteem and the need to earn money for everyday living, especially among older students. Fatyga et al. underline that explanation of ESL in terms of “unwillingness to educate” or “poor pupils’ aspirations” is nothing more than stigmatisation proving the “pedagogical failure of adults”. Additionally, the pupils who were seriously neglecting their education,

in most cases were subject to administrative intervention, educational support was rare, psychological and material support infrequent (Putkiewicz, Zahorska as quoted in Fatyga et al. 2001; Fatyga et al. 2011; *Wybory ścieżki kształcenia* 2013; Herczyński i Sobotka 2014; see also Golczyńska-Grondas 2014).

A constructive school environment can be a very important preventive factor to counteract poverty and social exclusion of juveniles endangered by these phenomena, at the same time a developed educational career increase their chances for good life-quality in adulthood (Mazur 2011; Freeman et al. 2011 as quoted in Mazur 2011). Currently it seems as if most teachers lack the crucial educational and psychological skills required to work systemically with young “troublemakers” through team work and the development of coherent strategies to influence the pupils (i.a. Zahorska 2012). School pedagogues and psychologists are probably better prepared to such activities, however their possibilities are very limited by the number of wards (e.g. *Przeciwdziałanie zaburzeniom...*). Youth work practitioners indicate that children from underprivileged environments require an early diagnosis and teachers’ individualised, regular, and long-term support. All these activities are very difficult to perform in the Polish system of education.

It must be emphasised that since the very moment of systemic transformation in 1989, educational institutions have been subject to some reforms introduced by subsequent governments, and the latest reform has begun to change the system of education in 2017/18. The government commenced the process of liquidating gymnasias and re-introduction of 8-year primary school education, which will be followed by secondary school education. The reform was introduced in a negligent and hasty manner²¹, at the moment it destabilises the system and results in some level of chaos. It also wastes the resources provided under the previous reform implemented in 1999, when gymnasium level was a new element added to the system of education. After the initial (also chaotic) years, the gymnasias and their staff worked out their own educational strategies, many of them were very successful in terms of working with younger adolescents, especially the ones endangered by social exclusion. Due to the liquidation of the obligatory gymnasium

21 The reform was announced in June 2016. The work on the new curricula for the primary and secondary schools was commenced in the late autumn 2016. In February 2017, experts from the Polish Academy of Sciences identified failures in new curricula preparation both in the area of their merits and in the performed procedures. The former Minister of Education, Krystyna Szumilas, stated that the new curricula were contemptable as they aim was to indoctrinate children and youth (e.g. Lech Wałęsa, the Solidarity leader, the Nobel Peace Prize Winner and the first President of the post-transformation Poland was removed from the history handbooks (!)) (See e.g. *Gazeta Prawna* 02.02.2017). The reform provoked mass protests of teachers, parents, and trade unions. There were also demands for a referendum on the reform, which gathered almost one million signatures. The government did not respond to any of these demands, moreover the Polish Parliament, using a parliamentary majority of the ruling party, finally rejected the referendum demand as a result of manipulation to the proceedings.

as the intermediate level, this reform might lead to an increased phenomenon of early school leaving. It is possible to assume that the only aim of the ongoing reform is to re-traditionalise the Polish system of education due to political reasons (the curricula of the primary and secondary schools have been changed, e.g. the idea of new historical politics in humanities is visible, not mentioning the issues of sexual education converted into traditional teaching following orthodox indications of Catholic Church²²).

Participation

The Recommendation also mentions the necessity to “**put in place mechanisms that promote children’s participation in decision-making that affects their lives**” and obliges the EU countries to “enabling and encouraging children to express informed views, ensuring that those views are given due weight and are reflected in the main decisions affecting them”, the authors underline that children from disadvantaged background need special focus in this area. It seems that Poland is an active country which promotes children’s rights, and the office of the Ombudsman for the Rights of the Child was introduced in 2000 as the public authority. Officials who perform this function are very active in the area of children’s well-being. Yet, children and youngsters in Poland are still in a subordinate position and it is their parents or guardians who make decisions for them. Polish adults rarely give children any voice in planning and deciding about issues that are important to young people. So-called “democratic schools” (practically there are only a few private entities which operate in bigger cities)²³, specialise in the area of “alternative education” and some therapeutic systems based on the ideas of therapeutic community represent an exception. It is also possible to formulate

22 Urszula Dudziak, a professor at the Catholic University of Lublin, the main expert of the Ministry of Education, in the context of the school subject “Preparation to family life”, states that women’s spiritual vocation is either vocation or motherhood, she is against contraception as it is a source of divorce and infidelity, and claims that sexual life outside marriage bring serious consequences, such as the feeling of remorse till the end of life. She also states that divorced teachers can negatively influence their pupils (Żelezińska 2017). Next to this extremely conservative standpoint, it seems that the expert of the Ministry of Education is unable to take into account the reality of sexual life of Polish adolescents.

23 Just after the transformation in 1990s, there were some attempts to organise democratic schools, also within the public system of education. XLIV High School in Lodz, founded in 1992, was one of the examples of such a school with a school community, a school tribunal, etc. The school operated in this form for ten years. Nowadays the “Bednarska School Complex” in Warsaw can be treated as a model example of democratic education in Poland (bednarska.edu.pl). Although the education is paid, some places are available to children from unprivileged environments, including refugee children, free of charge.

a thesis that children and youngsters from unprivileged backgrounds are more often treated subjectively than their peers from better-off environments. In many cases they are perceived as individuals deprived of family or social support therefore employees of various institutions locate them in the symbolic space of impunity (Golczyńska-Grondas 2015), treating them in the manner that violates their rights. Children from underprivileged families experience psychological or even physical abuse probably more often than their peers from wealthier families (Sajkowska 2007; Sajkowska-Włodarczyk 2010; Golczyńska-Grondas 2015). Therefore, it is not surprising that Polish adolescents are not very willing to participate in the societal life in a collective dimension. According to a report “Youth 2016”, 55% pupils participate in elections for school self-governments, 33% of older pupils (mostly living in big cities) are members of informal or formal groups, NGOs, social movements, only 6% are members of associations oriented on social activism, 2% participate in scouting. 69% adolescents describe themselves as religious persons, but only 32% participate in regular practices (Feliński 2017: 178–179; Głowacki 2017: 146; Kalka 2017: 62). In the recent years Polish youngsters were not particularly interested in politics (although $\frac{3}{4}$ declared that they were patriots). Recently this interest has been increasing: in 2016 more secondary school pupils declared their interest in politics at a high or a moderate level (17% and 36% respectively), 64% did not have a clear political orientation, 20% perceived themselves as right-wing supporters, 8% as left-wing supporters, and 8% as centrists. 22% supported one of the Polish parties – 13% the populist ones. The interest in public life was the lowest among pupils of vocational schools, girls in particular – 46% of them declared that they were not interested in politics at all. Youngsters’ favourable approach to nationalistic movements and organisations should alarm adults in democratic society – 28% of secondary school pupils support nationalistic ideology, 15% of boys and 6% of girls claimed in 2016 that they were nationalists, 25% declared antisemitism²⁴. 25% believed that sometimes undemocratic governments could be better than democratic, at the same time democracy was supported by 28%. A majority of Polish teenagers were convinced that politicians were interested only in their own careers and attracting voters and that nobody had any influence on the Polish government²⁵ (Badora, Herrmann 2017: 91, 102, 107, 112, 121; Głowacki 2017: 140).

Another alarming phenomenon is that youngsters, similarly to adults, have a low level of social trust, only 12% of secondary school pupils believe that they can trust

24 In 2007, in a research on hate speech, pupils and students “relatively more frequently” than adults declared that sometimes they happened to think negatively about someone who was different in terms of nationality, ethnicity, skin colour, gender, sexual preferences (*Spółeczna percepcja...* 2007: 10).

25 It is very interesting if and to what extent the recent political events in Poland will impact the attitudes of adolescents and the level of their participation in public life. I was finalising this paper in July 2017, during the time of a severe constitutional crisis and mass public protests against changes in the Polish legal system forced by the government of the Peace and Justice Party. During that period thousands of young people were taking part in the protests, which were held in all big Polish cities, many towns or even small local centres.

other people, 76% claim that one should be very careful in his/her relations with others. In general, the level of individualisation of Polish youth is high, and at the same time, the teenagers increasingly accept income inequalities, i.e. 10% stated that the level of such inequalities is fair, in comparison to 5% in 2013. 59% believed that they would have a chance to live a better life than their parents, but 17% of older adolescents stated that their generation was lost (!) (Badora, Herrmann 2017: 114–115; Boguszewski 2017: 88, 90).

Instead of the conclusions – what about “the bottle neck” in the process of implementation of the Investing in Children Recommendation?

All these “random choice” data and exemplifications mentioned above depict that the level of inequalities influencing everyday life of Polish children and youngsters is still high. Therefore it is important to consider possible barriers in breaking the cycle of disadvantage and developing a society that will be inclusive for all its youngest members.

1. Politicisation of social issues and “ensilaging model” of management in the area of social policy are in my opinion two main problems observed at the national, most general level, which prevent obtaining the recommended synergy effect in social policy for children and families. Poland’s administrative system relies too much on political games of interests and this phenomenon provokes: a/ instability of legal regulations of social issues, b/ sudden fluctuations in ideologies used as a justification of proposed solutions, c/ sudden changes in trends and implemented models – all these factors bring regular discontinuities forced by the changes of the governments and the resulting replacement of management, d/ focus on short-term results and short-term economising, and at the same time – e/ the absence of realistic long-term planning. The tendency of “ensilaging” social problems (the term is probably used only in Poland) means that despite of the social reality (in which mostly groups and individuals in need face various difficulties), the responsibility for planning and intervention is assigned to numerous institutions reporting to different ministries of the state (which rarely cooperate among themselves). Such model of functioning provokes a certain degree of institutional chaos or even counter-effectiveness. For instance there are two national agencies which operate in the area of the psychoactive substance addictions: the State Agency for the Prevention of Alcohol Related Problems deals with alcohol addiction, and the National Bureau of Drug Addiction which concentrates on drug and behaviour-related addictions. Both these institutions implement separate

programmes focused on different models of addiction, while the mechanism of addiction is identical in both cases, and problems of addicted persons and their relatives are also quite similar. While the NBDA implements numerous programmes dedicated to addicted teenagers, including long-term stationary programmes, the SAPAR does not offer many forms of this support to adolescents; it rather focuses on education and family work. It must be also underlined that long-term stationary programmes for alcohol addicted teenagers are not available in Poland. In the area of social welfare, at a very practical level, the ensilaging means that professionals representing different “silages” undertake uncoordinated interventions (e.g. in multi-problem families activities can be undertaken by social workers, nurses, policemen, probation officers, school pedagogues, etc.)

2. The Recommendation emphasises the aspect of prevention, particularly during early childhood, while the lack of an early diagnosis of the ongoing problems of children and youth at all levels of analysis and practice is observed in Poland. In general, the area of scientific studies is dispersed and fragmented even at the national level. At the regional and local administrative levels certain important, coherent data bases are missing. Scholars and officials working in different institutions apply different methodologies, including basic indices, divisions of age cohorts, etc. All these aspects limit opportunities in terms of conditionings impeding the possibilities of both long-term and comparative analyses. At the practical professional level, the deficiencies in the early diagnosis mean that procedures of identifying individuals, families and groups at risk do not exist or do not function (e.g. social workers do not actively screen the collectivities they work in, ordinary teachers do not recognise child poverty as the source of school difficulties, etc.). The lack of the early diagnosis influences, blocks or delays early intervention.
3. There are also problems with introducing and maintaining long-term, stable, and systemic interdisciplinary activities in multi-problem environments. This phenomenon results from many factors beginning with the issues mentioned above. Models of subsidising not only NGOs²⁶, but also public institutions preconceive unpredictability of financing, which impedes long-term planning. There are barriers to mutual cooperation among key local institutional actors, who can be perceived as “victims” of ensilaging. There are mental barriers, such as stereotyped image of the professionals from “competing” institutions²⁷. Insufficient skills in terms of cooperation are observed even

26 Some of the NGOs, the ones that are most active in the area of human rights and counteracting family violence in particular, lost their subsidies from the state budget last year.

27 E.g. social workers and family assistants express their negative opinion about probation officers and vice versa, etc.

in single “silages”²⁸. Problems in this area also result from bureaucracy and a phenomenon addressed in Poland as “grantosis”, i.e. a dependency on grant projects with strongly limited boundary conditions and very vague prospects of continuation.

4. The problem of strengthening children participation seems to be crucial in Poland too, due to many mental and cultural barriers, starting from the subordinate position of a child in the family, in the system of education and all public institutions. The conservative turn to the so-called “traditional values” (patriarchal family, catholic religion, hierarchical vision of the society, etc.) can have a negative impact on the ongoing changes in terms of children and youth’s participation. On the other hand, particularly teenagers rarely trust adults and do not believe in formal authorities, although it seems that they want to and can profit from relations with older people who treat youngsters as real partners.
5. Last but not least, it seems that modern Polish society has a problem with implementing the idea of social integration – social inequalities are accompanied by strong divisions among groups and social structure layers. In the most general terms, stereotyping, labelling and othering of persons (including children and teenagers) from disadvantaged backgrounds is depicted in private conversations, in mass-media, in public discourse (Tarkowska ed. 2013), also in discussions in social media²⁹. For instance, “gauche” mode of implementing Family 500+ programme has provoked some journalists, as well as Facebook users to present poor families in lampooning and humiliating descriptions, pictures and memes. At the administrative level of social policy two tendencies reflect the attitudes towards social integration. One is the tendency to ghettoisation: very often social housing is grouped in certain fragments of urban spaces in many Polish cities and towns, some public authorities strongly support the idea of constructing social settlements based on container barracks for impoverished families treated as a “threat to the social order”. A continuously strong tendency of institutionalisation of children and youngsters is another phenomenon, which in my opinion depicts the problem with social integration. It seems that the principle of providing a child raised in a multi-problem family with safe and adequate housing and living environment is still too often understood in Poland as the separation from the family of origin and as child’s institutionalisation. Although the birth rate in Poland is very low, the number of children

28 There are some barriers to cooperation between social workers and family assistants (Firlit-Fesnak et al. 2016).

29 Nationalistic and populist ideology has become more popular in Poland for the past few years, and this significantly hinders opportunities of helping other individuals in need, such as refugee children and their parents. The attitude towards refugees changed negatively in 2015. Nowadays, the declarations of some local governments and some authorities of the Catholic Church hierarchy are confronted with reactions, which can be described as hysterical, of populist politicians and a part of the public opinion.

in institutions and in foster care rather remains unchanged. The institutions are under the process of reform, but the progress is slow, foster care mostly relies on biological families, thus the intervention is often implemented too late to solve the family problems. The network of non-kin foster care families is developed rather slowly. This is probably also due to the mental barriers and labelling (e.g. accusation of strictly material motives of being foster parents). Moreover, “psychiatrisation” of child care has recently become a noticeable phenomenon, i.e. poor children’s emotional problems, especially in residential care institutions, instead of providing the wards and their families with a thorough diagnosis, and different forms of psychological support and therapy. Relational problems in interactions between service users and professional helpers can be indicated as the next factor blocking social integration. In this context stereotyped attitudes towards excluded ones, patronizing, etc. are also observed, and it seems that the number of highly qualified helpers who are able to establish partnership with their clients is limited (see e.g. Golczyńska-Grondas, Kretek-Kamińska 2007).

This paper provides a very modest input in the discussion on breaking the cycle of disadvantage and investing in the youngest members of society in Poland. For many years this discussion was mostly led among social scientists, but gradually also mass-media became involved. In 2014, I concluded that Poland needed a national, interdisciplinary, and institutionalised platform, i.e. a kind of research and implementation centre which could coordinate the research projects, support independent expertise, test innovative solutions, and disseminate knowledge about good practices on local level. This notion continues to be valid in 2018.

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