

National Action Plan
for the implementation of Council
Recommendation (EU) 2021/1004 of 14 June
2021
on establishing a European guarantee for
children
-
Biennial report 2024

WARSAW 2024

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I. Context – diagnosis and description of the current situation

1. National target for social protection

The target for Poland in terms of social protection published in the Action Plan for the implementation of the European Pillar of Social Rights assumes that **the number of people at risk of poverty or social exclusion should decrease by 1.5 million people and, in the case of children, by 300,000.**

According to Eurostat, there were 5.873 million people at risk of poverty or social exclusion in Poland in 2022 (according to the new definition of the AROPE rate). Compared to the base year (2019), the overall number of people at risk of poverty or social exclusion has therefore decreased by 702,000.

In contrast, the number of children aged 0-17 years in Poland at risk of poverty or social exclusion in 2022 (AROPE rate) was 1.138 million, 49,000 more than in 2019. The years 2020-2022 were the period of the COVID-19 pandemic which triggered a global economic crisis, which was subsequently exacerbated by the Russian Federation's military aggression on the territory of Ukraine. The economic downturn has had a significant impact on the change in the values of the poverty indicators and, as can be seen from the values of the poverty indicators, has had a greater negative impact on households with dependent children.

It should be noted that the forecast of poverty indicators carried out to set the national target for social protection was characterised by a high degree of uncertainty about the further course of the COVID-19 pandemic and its impact, and, moreover, did not anticipate another macroeconomic market shock that was triggered by the military aggression of the Russian Federation against Ukraine.

Children and young people are a special group in society, requiring adult support. It is adults who must provide them with special protection so that they can learn, develop and gain experience. As wholly dependent individuals, children rely on the knowledge and skills of adults to help them become independent themselves over time. The best developmental environment for a child is the family. When a child does not have the opportunity to grow up in a family, it is the role of the State and public institutions to find an appropriate solution that takes into account the best interest of the child.

2. Child poverty (AROPE)

Conclusion: the global economic crisis that started in 2020 has had a negative impact on the values of the AROPE rates especially among households with children. The 2022 AROPE rate for children in Poland was 16.7%, an increase by 0.6 pp compared to 2020. Despite this, the result for Poland was 8 pp lower than the EU average.

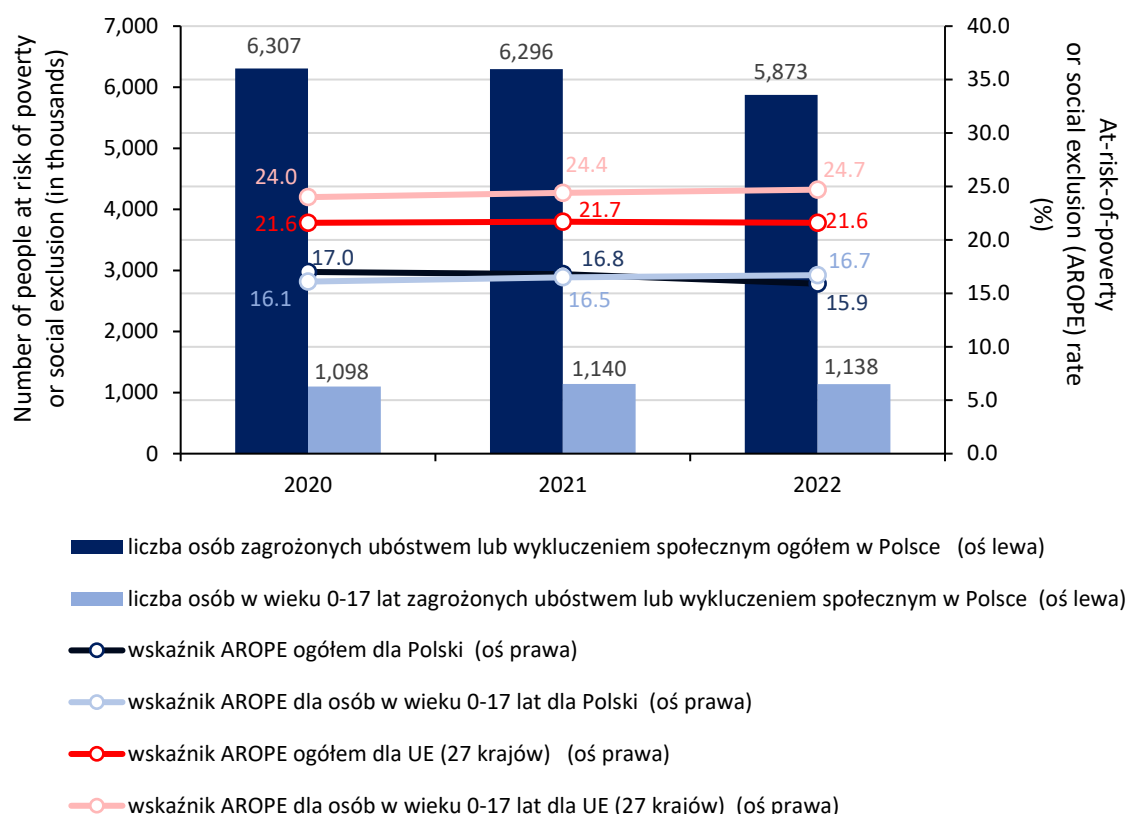
In 2022, the at-risk-of-poverty-or-exclusion (AROPE)¹ rate in Poland was 15.9%, with the EU average estimated at 21.6%. In the case of children and young people aged 0-17 years, the AROPE rate for Poland reached 16.7%, which means that, in this case too, the result for Poland was well below the EU average (24.7% in the EU). Compared to 2020, the AROPE rate for Poland as a whole decreased by

¹**At risk of poverty or social exclusion (AROPE)** rate – a new definition – the percentage share of people at risk of poverty or social exclusion in the total population. A person at risk of poverty or social exclusion is a person who lives in a household experiencing at least one of three forms of poverty or exclusion: at risk of relative poverty (AROP), severe material and social deprivation (SMSD) or very low work intensity (VLWI).

As a result of the revision of the AROPE rate, the severe material deprivation (SMD) rate has been replaced by the severe material and social deprivation (SMSD) rate, and the very low work intensity (VLWI) rate now includes people aged up to 64 years in the work intensity measure (previously it included people aged up to 59 years).

1.1 pp, and increased by 0.6 pp for children and young people aged 0-17 years. However, it should be borne in mind that a global economic crisis was triggered in 2020, first by the COVID-19 pandemic and then exacerbated by the military aggression of the Russian Federation against Ukraine, which had a negative impact on poverty indicator values.

Chart 1. Number of people at risk of poverty or social exclusion and the at-risk-of-poverty-or-exclusion (AROPE) rate in Poland and on average in the EU in 2020-2022



Source: Own elaboration based on data published by Eurostat (22.02.2024)

liczba osób zagrożonych ubóstwem lub wykluczeniem społecznym ogółem w Polsce (oś lewa)	total number of people at risk of poverty or social exclusion in Poland (left axis)
liczba osób w wieku 0-17 lat zagrożonych ubóstwem lub wykluczeniem społecznym ogółem w Polsce (oś lewa)	total number of people aged 0-17 years at risk of poverty or social exclusion in Poland (left axis)
wskaźnik AROPE ogółem dla Polski (oś prawa)	overall AROPE for Poland (right axis)
wskaźnik AROPE dla osób w wieku 0-17 lat dla Polski (oś prawa)	AROPE for people aged 0-17 years in Poland (right axis)
wskaźnik AROPE ogółem dla UE (27 krajów) (oś prawa)	overall AROPE in the EU (27 countries) (right axis)
wskaźnik AROPE dla osób w wieku 0-17 lat dla UE (27 krajów) (oś prawa)	AROPE for people aged 0-17 years in the EU (27 countries) (right axis)

In 2022, the at-risk-of-relative-poverty (AROP)² rate in Poland stood at 13.7%, while the rate for the EU as a whole was estimated at 16.5%. For children and young people aged 0-17 years, the AROP rate reached 14.3% and 19.3% respectively. Compared to 2020, the total AROP for Poland decreased by 1.1 pp, while the AROP for children and young people aged 0-17 years increased by 0.8 pp.

In 2022, the rate of severe material and social deprivation (SMSD)³ in Poland was 2.8%, while across the EU it was estimated at 6.7%. For children and adolescents aged 0-17 years, the rate reached 2.3%

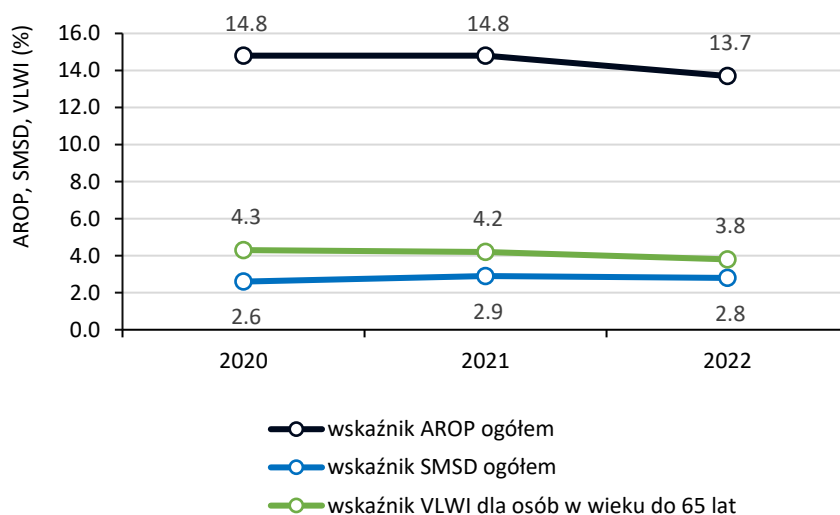
²At risk of relative poverty rate (AROP) – the proportion of people at risk of poverty defined as having a low income below 60% of the national median annual equivalent disposable income.

³Severe material and social deprivation rate (SMSD) – the proportion of people who experience an enforced lack of at least 7 of 13 deprivation items (six at individual level, and seven at household level) ([https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Severe_material_and_social_deprivation_rate_\(SMSD\)\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Severe_material_and_social_deprivation_rate_(SMSD)))).

and 8.4% respectively. Compared to 2020, the total SMSD rate for Poland increased by 0.2 pp, and for children and young people aged 0-17 years it decreased by 0.2 pp.

In 2022, the very low work intensity rate (VLWI)⁴ in Poland was 3.8%, while the EU average was estimated at 8.3%. For children and adolescents aged 0-17 years, the rate⁵ reached 3.1% and 7.6% respectively. Compared to 2020, the VLWI rate for Poland decreased by 0.5 pp, and for children and young people aged 0-17 years by 0.1 pp.

Chart 2. The at risk of relative poverty (AROP), severe material and social deprivation (SMSD) and very low work intensity (VLWI) rates in Poland in 2020-2022



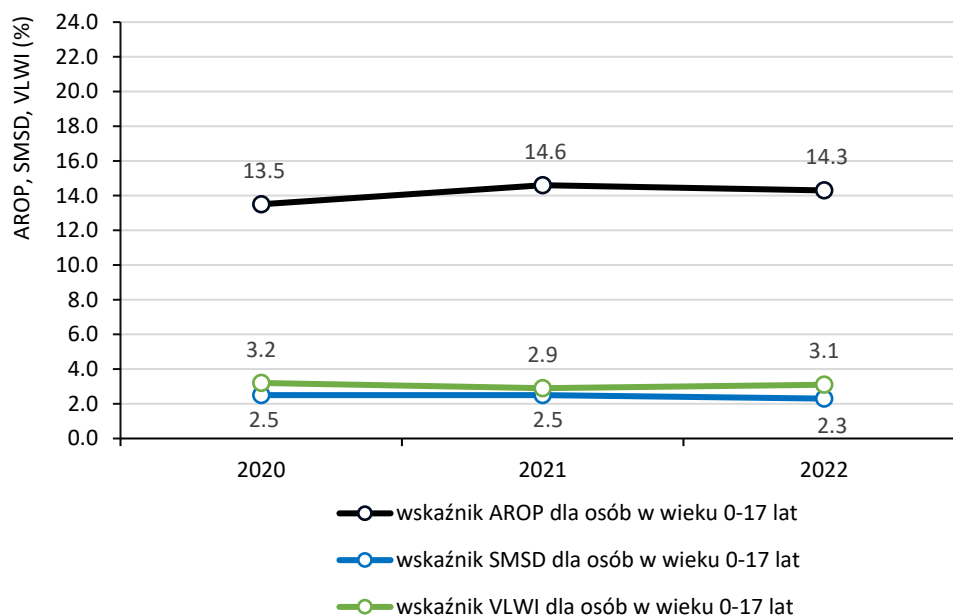
Source: Own elaboration based on data published by Eurostat (22.02.2024)

wskaźnik AROP ogółem	overall AROP
wskaźnik SMSD ogółem	overall SMSD
wskaźnik VLWI dla osób w wieku do 65 lat	VLWI rate for people aged up to 65 years

⁴**Very low work intensity rate (VLWI)** – the proportion of people aged 0-64 years whose households have very low work intensity, defined as working less than 20% of the total work potential of adults aged 18-64 years. Adults do not include: students aged 18-24 years; people who have defined themselves as retired (self-determined economic status); people who receive a pension (except survivor's pension); people aged 60-64 years who are economically inactive and live in a household where the main income consists of pensions (except survivor's pension).

⁵**The very low work intensity rate for children and young people aged 0-17 years** is the proportion of children and young people aged 0-17 years who are members of households in which adults aged 18-64 years worked less than 20% of their potential full-time work hours in the reference year for income.

Chart 3. The at risk of relative poverty (AROP), severe material and social deprivation (SMSD) and very low work intensity (VLWI) rates for children aged 0-17 years in Poland in 2020-2022



Source: Own elaboration based on data published by Eurostat (22.02.2024)

wskaźnik AROP dla osób w wieku 0-17 lat	AROP for people aged 0-17 years
wskaźnik SMSD dla osób w wieku 0-17 lat	SMSD for people aged 0-17 years
wskaźnik VLWI dla osób w wieku 0-17 lat	VLWI for people aged 0-17 years

3. Child poverty and territorial differentiation

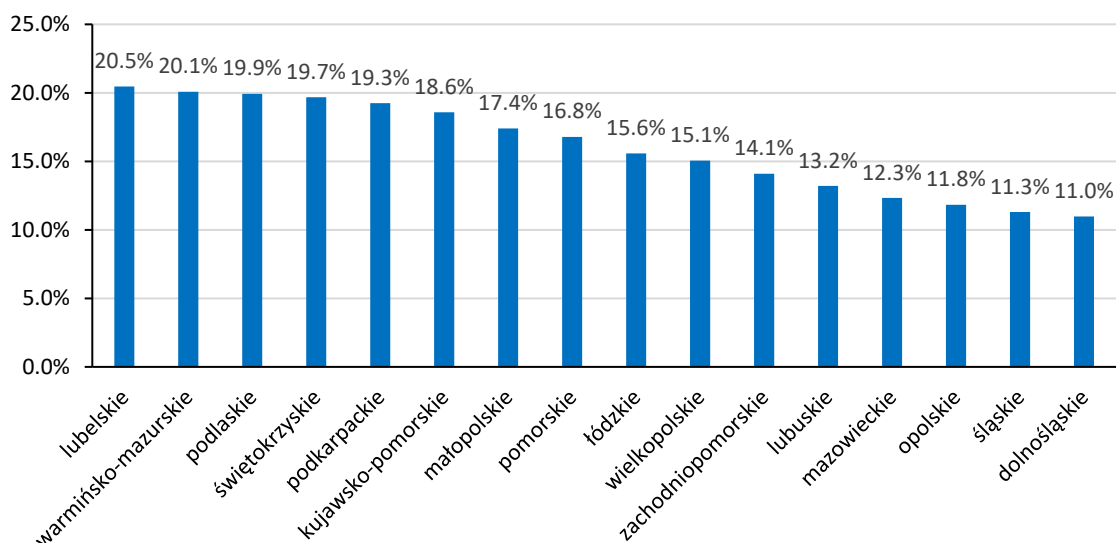
Conclusions: the most difficult situation in terms of child poverty is found in the Lubelskie Voivodeship (20.5% of all children in the Voivodeship are entitled to family benefits), while the best situation is in the Dolnośląskie Voivodeship (11.0%).

The share of children for whom family benefits are received in the total number of children was used for analysing the territorial differentiation in child poverty.

In 2023, the maximum income per capita entitling to a family allowance was PLN 674, the same as in 2020, and for households with a disabled child the amount was PLN 764. Where these thresholds are crossed, a PLN-for-PLN mechanism is applied.

In 2023, the average share of children for whom parents receive family benefits in the total number of children was 15.3%. The highest share was recorded in the Lubelskie (20.5%) and Warmińsko-Mazurskie (20.1%) Voivodeships, while the lowest share was recorded in the Dolnośląskie (11.0%) and Śląskie (11.3%) Voivodeships.

Chart 4. Share of children for whom parents receive family benefits in the total number of children in 2023.



Total number of children as at 30 June 2023.

Source: own elaboration based on data from material and financial reports submitted by local government units and data from Statistics Poland (GUS)

4. Target groups

Special protection in preventing social exclusion and poverty should be provided to children:

- in the crisis of homelessness who experience severe housing deprivation,
- with disabilities,
- with mental health problems,
- from immigrant or ethnic minority backgrounds,
- in foster care (in particular institutional care),
- in a precarious family situation that threatens them (e.g. difficult family/household situations resulting from addictions, children experiencing domestic violence).

a) children in the crisis of homelessness or experiencing severe housing deprivation

The latest available data on the number of people experiencing homelessness, including children in the crisis of homelessness, refers to 2019. The survey was not conducted in subsequent years due to the COVID-19 pandemic and will be resumed in 2024.

In 2019, as noted in the National Action Plan, there were 30,300 people experiencing homelessness, including nearly 1,000 children.

According to Eurostat, in 2020, the deep housing deprivation rate⁶ for households with dependent children was 4.8% (no current data available).

(b) children with disabilities

Conclusions: in 2023, there were 323,400 children a disability certificate, an increase by 8.4% compared to 2020, with a 1.2% decrease in the total number of children aged 0-17 years over the same period,

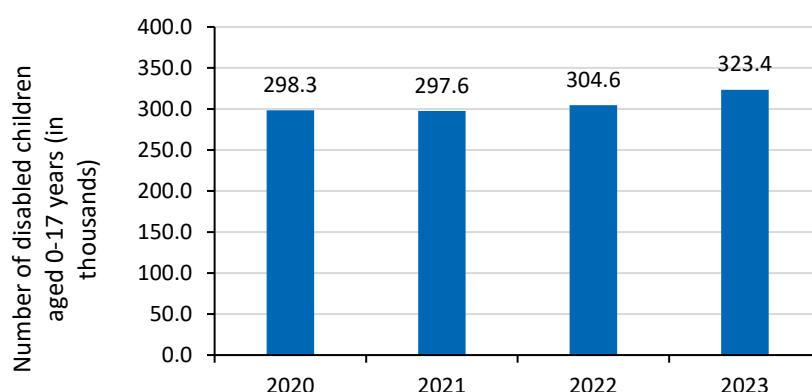
in 2022, the increase in the income and expenditures in families with a disabled child was higher than in families without a disabled child compared to 2019 (the income increased by 27.8%, while the expenditures increased by 24.2%),

in 2022, the level of income and expenditures continued to be lower in families with a disabled child compared to families without a disabled child,

in 2022, among households with at least 1 disabled child aged up to 16 years with a disability certificate, there was a decrease in the extreme poverty rate by 0.5 pp and the relative poverty rate by 1.4 pp compared to 2020.

In 2023, there were 323,400 children aged 0-17 years with a disability certificate/rating. This represented an increase by nearly 25,100 children compared 2020. Of the total number children in 2023⁷, children with a disability rating accounted for 4.7% (0.4 pp more than in 2020)⁸.

Chart 5. Children with a disability certificate in 2020-2023



Source: own elaboration based on data from the National Electronic Disability Assessment Monitoring System (EKSMOoN)

Between 2019 and 2022, the per capita income in families with children increased from PLN 1,577.26 to PLN 1,958.45 (up by 24.2%), while the expenditures increased from PLN 1,065.30 to PLN 1,265.02 (up by 18.7%). In families with at least one disabled child, the income increased in 2019-2022 from PLN 1,385.51 to PLN 1,770.31 (up by 27.8%), while the expenditures increased from PLN 980.79 to PLN 1,217.88 (up by 24.2%). In both cases, the income grew more than the expenditures. It is worth

⁶The deep housing deprivation rate is defined as the proportion of the population living in a dwelling that is considered overcrowded while exhibiting at least one measure of housing deprivation. Housing deprivation is a measure of poor amenities and is calculated by referring to households with very poor conditions e.g. with a leaky roof, no bath/shower and no indoor toilet, or a dwelling considered too dark.

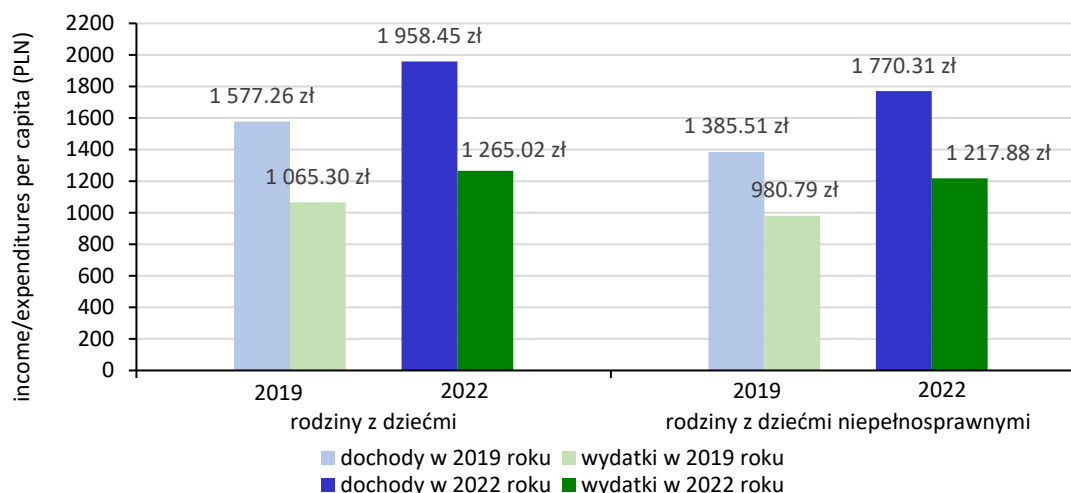
⁷ The population as at 30 June 2023.

⁸ Based on data from the National Electronic Disability Assessment Monitoring System (EKSMOoN)

noting, however, that for families with at least one disabled child, the growth rate was higher, both in terms of the income and expenditures per capita.

Despite the narrowing gap between the analysed types of families, the income and expenditure situation of families with at least one disabled child continues to be worse than that of families with children in general.

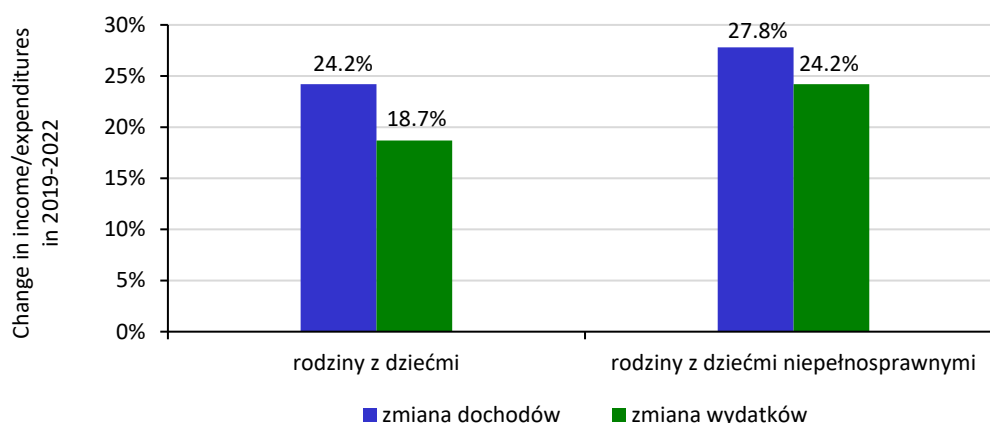
Chart 6. Income and expenditures per capita in families with children in 2019-2022



Source: Own elaboration by the Department of Economic Analysis based on microdata from the Household Budget Survey by Statistics Poland (GUS)

<i>rodziny z dziećmi</i>	<i>families with children</i>
<i>rodziny z dziećmi niepełnosprawnymi</i>	<i>families with disabled children</i>
<i>dochody w 2019 roku</i>	<i>income in 2019</i>
<i>dochody w 2022 roku</i>	<i>income in 2022</i>
<i>wydatki w 2019 roku</i>	<i>expenditures in 2019</i>
<i>dochody w 2022 roku</i>	<i>expenditures in 2022</i>

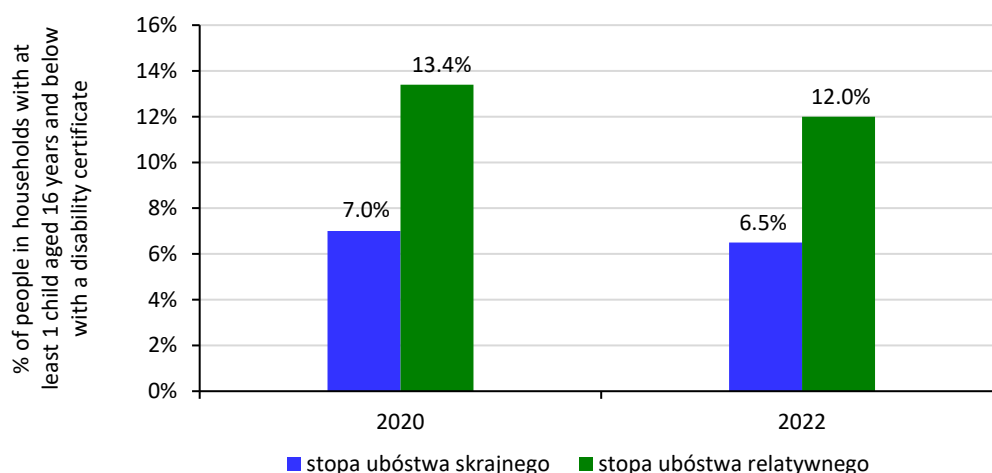
Chart 7. Change in the income and expenditures per capita in families with children in 2019-2022



Source: Own elaboration on the basis of microdata from the Household Budget Survey by Statistics Poland (GUS)

<i>rodziny z dziećmi</i>	<i>families with children</i>
<i>rodziny z dziećmi niepełnosprawnymi</i>	<i>families with disabled children</i>
<i>zmiana dochodów</i>	<i>change in income</i>
<i>zmiana wydatków</i>	<i>change in expenditures</i>

Chart 8. The extreme and relative poverty rates in households with at least 1 child aged below 16 years with a disability certificate in 2020-2022



Source: own elaboration based on Eurostat data.

stopa ubóstwa skrajnego	extreme poverty rate
stopa ubóstwa relatywnego	relative poverty rate

In 2022, the extreme poverty rate⁹ among households with at least 1 disabled child aged 16 years and below with a disability certificate was 6.5%, down by 0.5 pp compared to 2020. The relative poverty rate¹⁰ for the same group of households stood at 12.0% in 2022, and was 1.4 pp lower than in 2020.

c) children with mental health problems

Conclusion: in 2022, there were 254,600 children aged 0-17 years treated for mental disorders, up by 71% compared to 2019, with the largest number of such children residing in the Mazowieckie Voivodeship (45,600 in 2022).

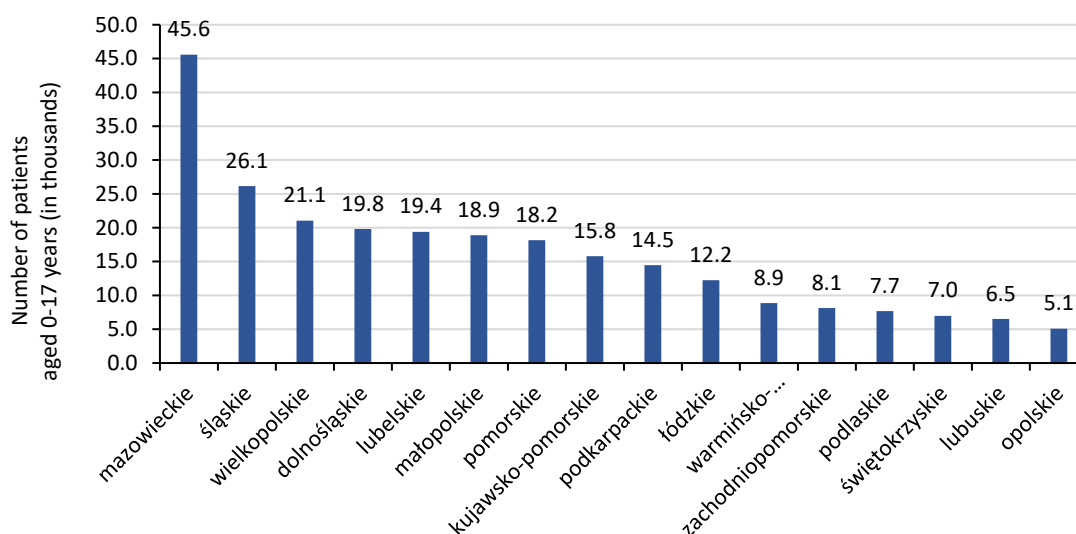
In 2022, 254,600 children aged 0-17 years were treated for mental disorders in Poland, up by 71% compared to 2019. Over the same period, the overall number of children aged 0-17 years increased by only 0.03%. The COVID-19 pandemic and the related restrictions such as isolation and quarantine, remote learning, and lack of contact with peers were undoubtedly among the main factors that contributed to such a large increase in the number of juvenile patients with mental health disorders.

The largest number of minor patients treated for mental disorders was recorded in the following Voivodeships: Mazowieckie – 45,600, Śląskie – 26,100, and Wielkopolskie – 21,100.

⁹ The proportion of people in households in which the level of expenditures (including the value of items received free of charge and the value of natural consumption) was below the extreme poverty line (subsistence minimum) which determines the level of satisfaction of needs below which there is a biological threat to human life and psychophysical development.

¹⁰ The proportion of people in households where the level of expenditures (including the value of items received free of charge and the value of natural consumption) was below the relative poverty line assumed at 50% of the average monthly expenditures determined for all households, taking into account the so-called original OECD equivalence scale.

Chart 9. Children aged 0-17 years treated for mental disorders in 2022 – by Voivodeship



Source: own elaboration based on data from services reported under the National Health Fund (NFZ) provided by the Ministry of Health

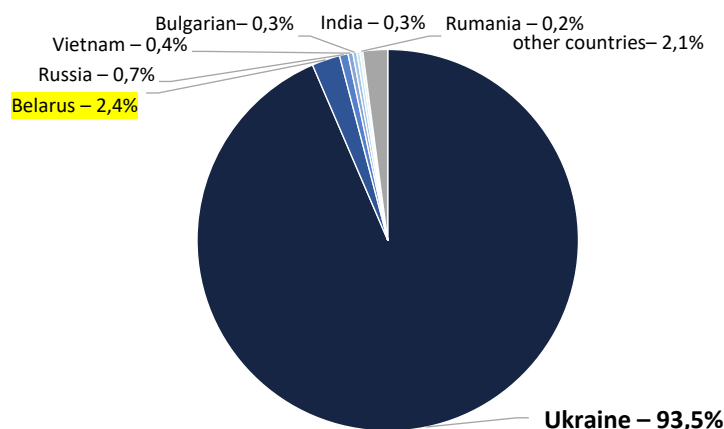
(d) children from migrant or ethnic minority backgrounds (in particular Roma) and children of Ukrainian refugees

Conclusions: in 2022, children of Ukrainian nationality accounted for the largest number of immigrant children (as much as 93.5% of all child-raising benefits paid to foreigners),

in 2023, there were approximately 2,500 Roma children attending school in Poland.

Based on data from the Social Insurance Institution (ZUS), 415,200 child-raising benefits were paid to foreigners in September 2022 for the benefit period 2022/2023. The vast majority of foreigners (as many as 93.5%) were nationals from beyond our eastern border, i.e. from Ukraine. They were followed by nationals of Belarus (2.4%), Russia (0.7%) and Vietnam (0.4%).

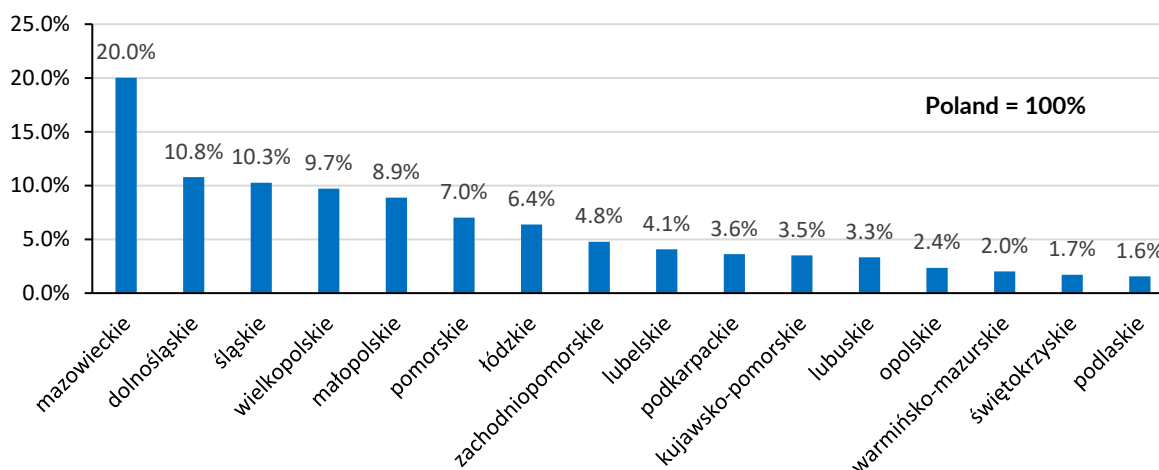
Chart 10. Minor foreigners in Poland by nationality – as at 30.09.2022 (based on data concerning child-raising benefits paid)



Source: own elaboration based on a report by the Social Insurance Institution (ZUS): Support programmes for families with children carried out by ZUS (November 2022)

The largest number of Ukrainian minors reside in the central part of Poland (in the Mazowieckie Voivodeship – 77,200; 20.0%) and in the south and west of the country (in the Dolnośląskie Voivodeship – 41,500; 10.8%, in the Śląskie Voivodeship – 39,500; 10.3%, in the Wielkopolskie Voivodeship – 37,400; 9.7%, and in the Małopolskie Voivodeship – 34,200; 8.9%) – data as at 13.02.2024.

Chart 11. Ukrainian minors with UKR status in Poland by Voivodeship (as at 13.02.2024)



Source: own elaboration based on data from dane.gov.pl

Roma people are an significant ethnic minority living in Poland. According to estimates from the implementation of the government social integration strategy for this minority, there were approximately 2,500 Roma children attending school in Poland in 2023.

The largest Roma communities live in the southern belt of Poland, in the Dolnośląskie, Małopolskie and Śląskie Voivodeships.

e) children in foster care (in particular institutional care)

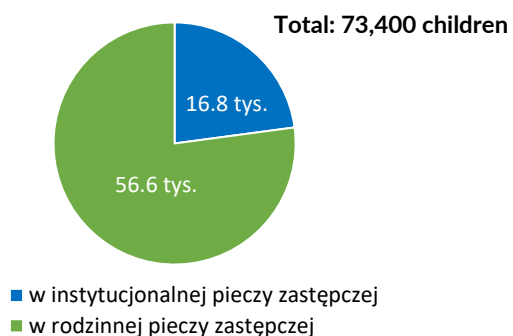
Conclusions: in 2022, the number of children placed in foster care grew by 1.9% compared to 2020, which was related to the influx of Ukrainian children following the outbreak of the war in the territory of Ukraine,

in 2022, the largest number of children placed in institutional foster care stayed in the Śląskie Voivodeship, whereas the smallest number stayed in the Podlaskie Voivodeship.

In 2022, there were 1,306 foster care centres, 11 regional care and therapy centres, and 3 intervention pre-adoption centres in Poland, with a total of 16,800 children (22.9% of all children in foster care). As regards family foster care, there were as many as 56,600 children (77.1% of all children in foster care) in 36,500 foster families and family children's homes. Children in foster care accounted for only 1% of all children in Poland (0.2% were children in institutional foster care and 0.8% were children in family foster care).

Compared to 2020, the overall number of children in foster care increased by 1.9%. The number of children in institutional foster care grew by 3.1%, whereas the number of children in family foster care grew by 1.5%. The increase in the number of children in foster care might be related to the influx of children from Ukraine following the start of Russia's military invasion on Ukraine.

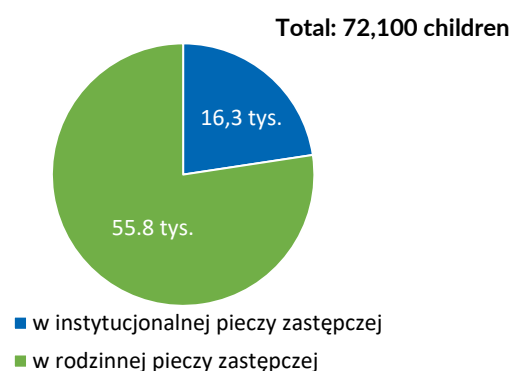
Chart 12. Children in foster care in 2022



Source: own elaboration based on data from material and financial reports submitted by local government units

w instytucjonalnej pieczy zastępczej	in institutional foster care
w rodzinnej pieczy zastępczej	in family foster care

Chart 13. Children in foster care in 2020

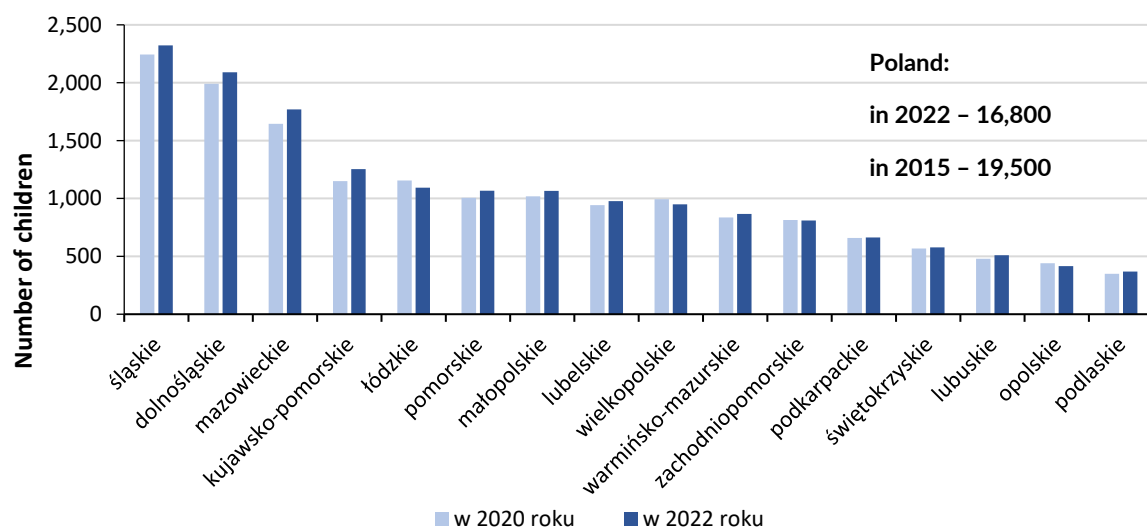


Source: own elaboration based on data from material and financial reports submitted by local government units

w instytucjonalnej pieczy zastępczej	in institutional foster care
w rodzinnej pieczy zastępczej	in family foster care

In 2022, the largest number of children out of all children in institutional foster care stayed in the Śląskie Voivodeship (2,300 children), the Dolnośląskie Voivodeship (2,100 children), and the Mazowieckie Voivodeship (1,800 children).

Chart 14. Children in institutional foster care by Voivodeship in 2020 and 2022.



Source: own elaboration based on data from material and financial reports submitted by local government units

In 2022, there were 381 Ukrainian children in foster care in Poland, including 281 children who had arrived in Poland since the beginning of Russia's aggression on Ukraine.

The increase in the number of children in both family and institutional foster care was influenced by:

- the inflow of Ukrainian children arriving in Poland since the beginning of Russia's aggression on Ukraine,
- the inflow of children into foster care from biological families.

f) children in a precarious family situation

Conclusions: in 2022, the number of families covered by social assistance due to alcoholism decreased (by 9.8%), whereas the number of families covered by social assistance due to drug addiction increased (by 7.6%) compared to 2020,

in 2022, the AROPE rate for households with one adult raising dependent children decreased (by 6.5 pp) compared to 2020,

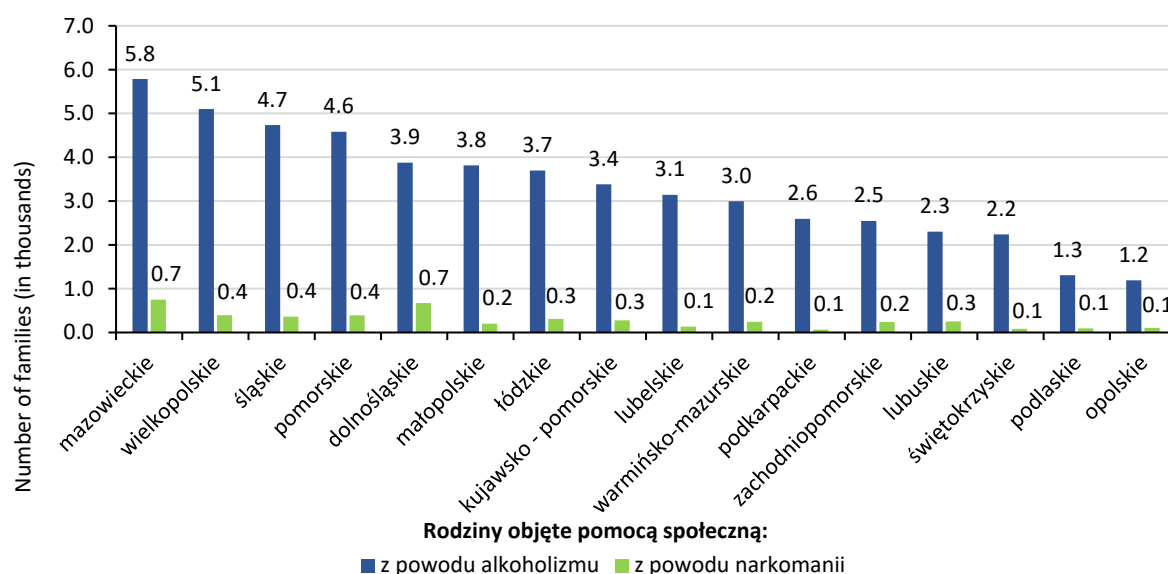
in 2022, the number of children assisted by public institutions due to violence decreased (by 29.2%) compared to 2020, with the largest decrease recorded in the Śląskie Voivodeship.

In 2022, 53,300 families were covered by social assistance due to alcoholism, a 9.8% decrease compared to 2020. The number of families assisted is gradually decreasing year on year.

In 2022, 4,600 families were covered by social assistance due to drug addiction, a 7.6% increase compared to 2020. Of all families provided with social assistance benefits, only 0.7% were families with a drug addiction problem.¹¹

¹¹ Data on families covered by social assistance due to alcoholism and drug addiction comes from material and financial reports drawn up by local government units.

Chart 15. Families covered by social assistance due to alcoholism and drug addiction in 2022 – by Voivodeship



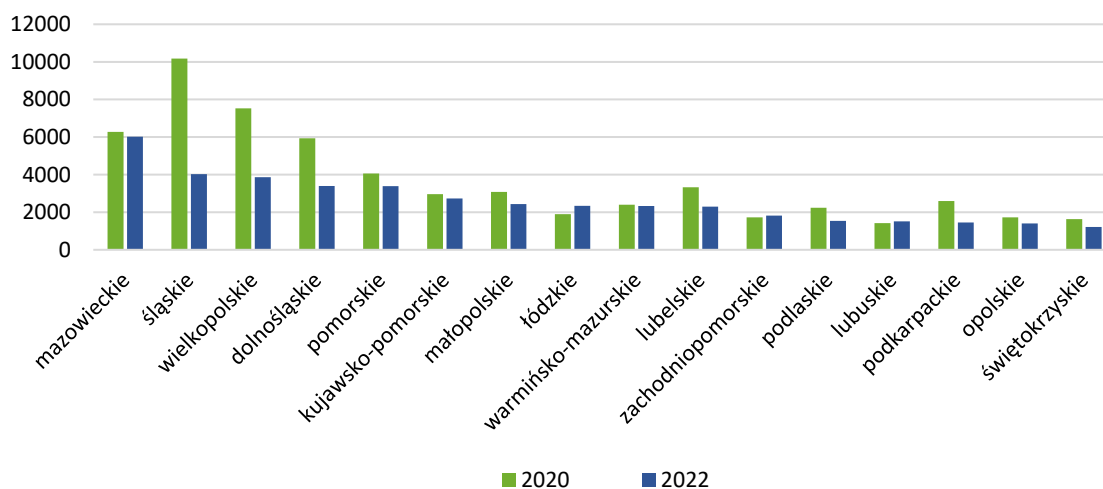
Source: own elaboration based on data from reports on social assistance benefits provided, drawn up by local government units

z powodu alkoholizmu	due to alcoholism
z powodu narkomanii	due to drug addiction

In 2022, 6,200 patients aged 0-17 years were treated for addictions in Poland, up by 400 people compared to 2019.¹²

In 2022, approximately 41,800 children experiencing domestic violence were provided with assistance by public institutions, a decrease by approximately 17,200 children compared to 2020. In 2022, the largest number of children covered by social assistance were in the Mazowieckie Voivodeship (6,000). Of all the Voivodeships, the least assistance of this type was required by children from the Świętokrzyskie Voivodeship (1,200). Analysing data from 2020 and 2022, the largest decrease in demand for such assistance was observed in the Śląskie Voivodeship (down by 6,100 children).

Chart 16. Number of children experiencing domestic violence who were provided with assistance by public institutions in 2015 and 2020 – by Voivodeship

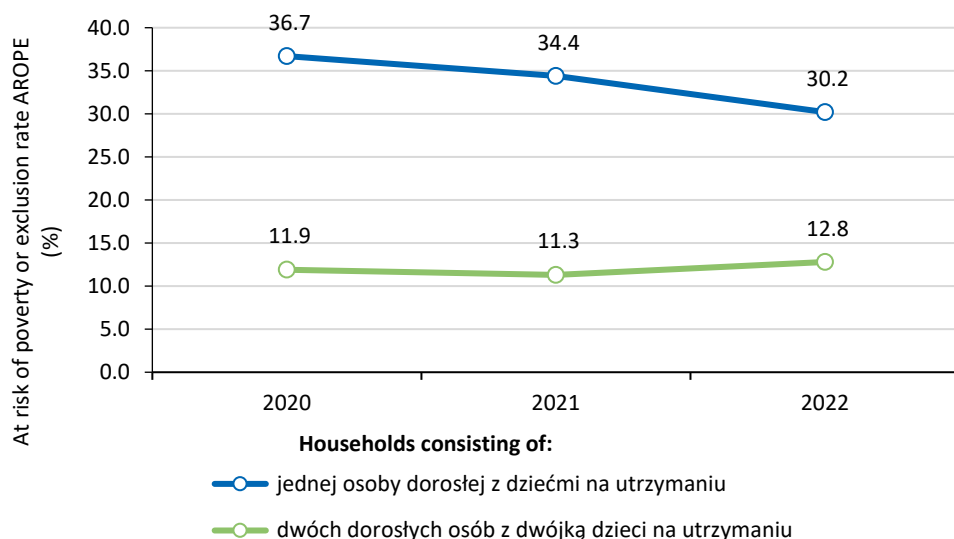


Source: own elaboration based on data from reports provided by public institutions providing assisting to people who experience domestic violence.

¹² Based on the Ministry of Health's System and Implementation Analysis Database.

Children growing up in households consisting of one adult are also in a difficult financial situation. In 2022, the at risk of poverty and social exclusion (AROPE) rate for this type of households was 30.2%, whereas the same rate for households consisting of two adults with two dependent children was 17.4 pp lower. However, it should be noted that AROPE for a single parent with dependent children is trending downwards, while for two adults with two dependent children the rate increased compared to the previous year.

Chart 17. Households at risk of poverty or social exclusion (AROPE) in 2020-2022 – by type of household with dependent children



Source: Own elaboration based on EU-SILC survey data published by Eurostat

Gospodarstwa domowe składające się z:	Households consisting of:
jednej osoby dorosłej z dziećmi na utrzymaniu	one adult with dependent children
dwóch osób dorosłych z dwójką dzieci na utrzymaniu	two adults with two dependent children

5. Summary – Monitoring of rates

The initial period of implementation of the European Child Guarantee, i.e. the years 2020-2022, coincided with the global economic crisis triggered first by the COVID-19 pandemic and later exacerbated by the Russian aggression on the territory of Ukraine. The difficult macroeconomic situation during that period had a significant impact on the rates monitoring the situation of children.

One such rate is the at risk of poverty or exclusion (AROPE) rate among children aged 17 years or younger. In 2022, the rate reached 16.7 per cent in Poland, up by 0.6 pp compared to 2020. It should be noted, however, that an upward trend characterised also other EU Member States, as the AROPE rate across the EU (27 countries) for children stood at 24.7% (up by 0.7 pp compared to 2020).

A detailed analysis of the individual components of the AROPE rate for children shows that the increase concerned only the at risk of poverty rate (AROP) – 14.3% in 2022, up by 0.8 pp compared to 2020. As regards the severe material and social deprivation rate and the very low work intensity rate for children, a slight decrease was observed.

The situation is different for households consisting of one adult with dependent children. In this group, the AROPE rate in 2022 decreased by 6.5 pp compared to 2020, but still remained quite high at 30.2%.

The COVID-19 pandemic contributed also to an increase in the incidence of mental illnesses. The number of juvenile patients treated for mental disorders increased by 71% compared to 2019.

The situation of households with disabled children is improving, but is still worse than for families with children in general.

The share of children in family forms of foster care in the total number of children in foster care remained at the same level as in the base year, i.e. 77%. However, the overall number of children in foster care increased, which was probably related to the inflow of children from Ukraine following the start of Russia's military invasion of Ukraine.

As regards children in precarious family situations, there was a decrease in the number of families covered by social assistance due to alcoholism and an increase in the number of families covered by social assistance due to drug addiction. There was also a decrease in the number of children assisted by public institutions due to the presence of domestic violence.

II Actions for the implementation of the NAP

1. Actions taken

a) Actions targeting children who are homeless or experience severe housing deprivation

Reforming the functioning of the public rental market and the use of housing in the municipal stock, as well as increasing financial support for the implementation of the government programme for support of social and municipal housing.

The primary objectives of the state's housing policy are to increase the availability of housing (in particular rental housing with rents affordable to middle and lower income earners) and to improve housing conditions. Although these objectives refer to the general public, preferences for those raising children may be built into the particular arrangements implemented under this policy.

Among the most significant changes aimed at increasing the possibility of efficient use of housing in the municipal stock are amendments to the Act of 21 June 2001 on the protection of tenants' rights, the housing stock of municipalities and amendments to the Civil Code (Dz. U. of 2023, item 725), hereinafter referred to as the A.p.t.r., which came into force on 21 April 2019. With the introduction of the institution of social rent of residential premises that replaced the so-called social premises separated from the municipal housing stock, municipalities were given the possibility of rational management of the housing stock in their possession. By being able to rent or sublet through social rent any premises that meet the statutory requirements (in terms of size and technical condition), municipalities can make more effective use of their housing stock, thereby increasing the level of satisfaction of the needs of the economically most vulnerable, including families and children in the crisis of homelessness or experiencing severe housing deprivation.

In order to ensure an appropriate level of protection for persons with disabilities, in terms of increasing the availability of housing for families raising children with disabilities (including children in the crisis of homelessness), provisions were introduced in the amended A.p.t.r. for municipalities to designate housing for persons with disabilities. Article 21(3)(6a) of the A.p.t.r. obliges municipalities to regulate, by means of a resolution on the policy of renting premises included in the municipal housing stock, the conditions to be met by premises designated for persons with disabilities, taking into account the actual needs resulting from a given type of disability. The time limit for municipal councils to adopt a new resolution on the policy of renting premises included in the municipal housing stock, which should set out the rules for the allocation of suitable premises to persons with disabilities, elapsed on 21 April 2021.

Provisions were also introduced into the legal system that make it easier for municipalities, as the main beneficiaries of support for the social and municipal housing programme, to apply for public funds by significantly informalising the application procedure for non-refundable grants. The financial setup of housing projects has been made easier by removing the requirement that the project must be started before support is obtained, thus eliminating the condition of committing the municipality's own funds at the initial stage of the investment.

The programme, which provides financial support to municipalities in carrying out their tasks to secure the housing needs of local communities, continues to attract growing interest from beneficiaries thanks to the amount of support offered and the acquisition of new funding opportunities. Considered eligible for financial support in 2023 were 424 municipal housing projects involving the planned construction or renovation of 9,613 municipal or social rented dwellings. Housing projects carried out under the programme guarantee a higher standard of accessibility than that prescribed by the Building Act, which makes it easier for families with children to benefit from them.

In connection with the Strategy for the Development of Social Services adopted on 15 June 2022, the catalogue of entities that can apply for the creation (modernisation) of housing stock in the form of training and supported housing, designed to support local authorities in the performance of their social assistance tasks, has been expanded.

The instruments available to municipalities in pursuing effective local housing policies and increasing housing availability are complemented by cooperation with social rent agencies. A social rent agency (SAN) is an entity that leases dwellings from landlords and rents them out to people who are in a more difficult living or financial situation. It can combine renting with other social services for the benefit of tenants, such as family and foster care support, activities for children and young people, protection of children's rights, education and upbringing, assistance to people with disabilities, or activities for the integration of foreigners.

SAN's activities are not addressed to a single specific social group. The criteria for access to dwellings rented by SANs are established by municipalities. However, a municipality may decide to adopt a criterion involving a preference in access for those raising at least one child, including those raising a child with a disability. In such a case, SANs, in addition to renting dwellings to people with children, can also provide social services dedicated to families with children to such tenants. To operate in a municipality, a SAN must conclude an agreement on cooperation with that municipality. As at 31 December 2023, 10 municipalities have notified the Minister of Development and Technology that they had entered into cooperation agreements with SANs. According to the information provided by the municipalities, as at 31 December 2023, there were 66 flats and single-family houses rented from SAN resources. They housed 127 people.

One of the main instruments for improving housing conditions and thus increasing the quality of living in multi-family buildings is the TERMO programme. It includes various financial support instruments for investments in thermal modernisation, renovation of residential buildings and the development of renewable energy installations, implemented in the form of non-refundable bonuses and grants.

As with SAN, the TERMO programme is not addressed to a single specific social group. However, an eligible project may involve a building inhabited by people with children, resulting, for example, in an improvement in their living conditions through renovation, or a reduction in their energy expenditures through thermal modernisation or the installation of a renewable energy source (RES).

In 2023, support under the programme was granted for thermal modernisation, renovation or RES installation projects in 3,237 buildings with 176,091 dwellings.

b) Activities targeting children with disabilities

As regards the "For Life" Programme, the following activities should be noted:

Children with disabilities and their families/guardians can receive support under, among others, the Comprehensive Family Support Programme "For Life" ("Za życiem"¹³). The main objective of the Programme is to provide for real and full social integration of disabled persons as well as psychological, social, functional and economic support for their families.

The programme has introduced many new, as well as already postulated solutions, and constitutes a comprehensive, socially expected offer of support for disabled people and their families. The need for the proposed solutions arose from the State's need to provide families in Poland with a sense of security, to provide comprehensive support for pregnant women and their families, as well as to extend special care to women with complicated pregnancies and in situations of obstetric failures, and to children with disabilities.

The "For Life" programme comprises more than 30 different actions that introduce specific solutions in areas concerning

- support for pregnant women and their families (Priority I),
- early support of the development of children and their families (Priority II),
- support and rehabilitation services (Priority III),
- housing support (Priority IV),
- coordination of support, education, guidance and information (Priority V),
- as well as other support instruments (Priority VI).

Due to the interdisciplinarity and the wide and diverse range of activities included in the Programme, the responsibility for their implementation rests on the Ministry of Family, Labour and Social Policy, the Ministry of Health, the Ministry of National Education, the Ministry of Development and Technology, the Chancellery of the Prime Minister and, following the amendment to the Programme, the Ministry of Justice.

The forms of action proposed in the Programme come as a response to the needs formulated by the community of disabled persons and their families concerning higher quality and accessibility of healthcare services and increased effectiveness and accessibility of rehabilitation of children with severe and irreversible disabilities or incurable life-threatening diseases which developed in the prenatal period of child development or during birth.

The "For Life" programme has been implemented since 1 January 2017. According to the programme's Financial Plan, which constitutes Annex 2 to the Resolution on the programme of *comprehensive support for families "For Life"*, funds in the amount of PLN 3,065,036,000 were provided for the implementation of the "For Life" programme in 2017-2021. The amount of PLN 648,111,000 was planned for the year 2021. Furthermore, the programme's Financial Plan for 2022-2026 provides funds of PLN 5,950,706,000 – including PLN 970,282,000 in 2022.

Key activities that were implemented for children and young people in 2021-2022:

Palliative and hospice care (Action 1.3):

Perinatal palliative care provides:

- a) support for the parents of a child, including a child in the prenatal phase,

¹³ Annex 1 to Resolution No. 160 of the Council of Ministers of 20 December 2016 on the programme of comprehensive support for families "For Life" (M.P. item 1250, as amended).

b) care focused on ensuring comfort and protection from persistent therapy for newborns

- with a severe and irreversible disability or an incurable life-threatening disease arising in the prenatal period of the child's development or at birth.

In 2021, perinatal palliative care services were provided to 466 patients. Contracts were concluded with 17 providers. The value of benefits settled amounted to PLN 436,700.

In 2022, perinatal palliative care services were provided to 310 patients. Contracts were concluded with 15 providers. The total value of benefits settled amounted to PLN 389,000.

Where a lethal foetal defect is diagnosed, patients are also guaranteed the right to receive care (in addition to perinatal palliative care) from a doctor and a psychologist as part of psychiatric care services and inpatient treatment.

Development of a network of homes for mothers with minor children and pregnant women (Action 1.4.):

The aim of the action is to develop community-based support for mothers with minor children and pregnant women.

In 2021, four new homes for mothers with minor children and pregnant women were established providing 50 new places. The implementation of the action received funds from the State budget in the amount of PLN 3,199,800.

In 2022, PLN 3,148,300 was spent as part of the action. The funds were spent on:

- establishment of 1 house (18 places),
- subsidisation of 1 existing house, resulting in an increase in the number of places to 5,
- subsidisation of upgrading the standard of 18 existing houses.

Coordination of neonatal and paediatric care for children diagnosed with a severe and irreversible disability or an incurable life-threatening disease that arose during the prenatal period of development or at birth (Action 2.1.):

Children's coordinated care (CCD) aims at the early diagnosis and treatment of children born with severe dysfunctions. This form of settlement of services makes it possible to fund integrated neonatal care and multispeciality paediatric care according to individual indications, and rehabilitation programmes for these children. The services are aimed at children aged 3 years and younger who have been diagnosed with a severe and irreversible disability or an incurable life-threatening disease that arose during the prenatal period of the child's development or at birth. These services are dedicated also to newborns born prematurely from pregnancies of less than 33 weeks, classified as VLBW (very low birth weight) newborns. Funded as part of CCD is comprehensive counselling (in the form of a consilium with several specialists) to diagnose the child and plan treatment and early rehabilitation.

In 2021, CCD support worth PLN 1,120,100 was provided to 604 children. In 2022, the support worth PLN 1,481,700 was provided to 683 children.

Breast-milk nutrition for newborns and infants, with a particular focus on children diagnosed with a severe and irreversible disability or incurable life-threatening disease that arose during the prenatal period of development or at birth (Action 2.2.):

The action is aimed at ensuring access to breast milk nutrition for newborns and infants, with a particular focus on children diagnosed with a severe and irreversible disability or an incurable life-threatening disease that arose during the prenatal period of development or at birth.

The number of children to whom the services were provided in 2021 – 889. The value of the services in 2021 – PLN 2,481,300. The number of children to whom the services were provided in 2022 – 1,036, with the value of the services amounting to PLN 3,592,00.

As part of the implementation of services in the type of hospital treatment, breast milk feeding of newborns and infants was possible to be settled with the product – Enteral nutrition with milk from a breast milk bank or expressed breast milk).

In 2021, 81 providers settled this product for 5,603 patients for a total of PLN 19,257,700. In 2022, 91 providers settled this product for 5,338 patients for a total of PLN 23,171,200.

Early rehabilitation of children diagnosed with a severe and irreversible disability or an incurable life-threatening disease that arose during the prenatal period of development or at birth (Action 2.3.):

The action is aimed at increasing the efficiency and accessibility of rehabilitation for children diagnosed with a severe and irreversible disability or an incurable life-threatening disease that arose during the prenatal period of development or at birth.

The number of children provided with these services was 187 in 2021, 179 in 2022. The value of services settled was PLN 667,800 in 2021, and PLN 851,800 in 2022.

Early childhood rehabilitation is provided within the scope of services for the rehabilitation of children with developmental disabilities in a day unit/centre, as a separate settling product. It is a supportive product within CCD where a child diagnosed with a disability that arose at the prenatal age who receives neonatal care is provided with comprehensive care, including rehabilitation. Due to the locations of the centres contracted for the implementation of CCD, it is not always possible to rehabilitate these children directly at a particular centre. Taking into account parents' economic considerations, the greater accessibility to this type of service is made possible through this billing product, which has been created and dedicated to this group of patients and added to the scope of rehabilitation of children with developmental age disorders under inpatient rehabilitation contracts. Support as part of this product was provided to 232 children in 2021, and 197 children in 2022. The value of services settled was PLN 705,500 in 2021, and PLN 933,300 in 2022.

Comprehensive actions in psychiatric treatment included the following services: coordinated care for people with holistic developmental disorders. The introduction of this service made it possible to provide integrated psychological and psychiatric care, multi-specialist consultations and diagnostic tests, according to individual indications, and rehabilitation programmes for children with holistic developmental disorders.

The services worth a total of PLN 4,180,100 were provided to 1,220 patients in 2021, and PLN 5,653,300 to 1,274 patients in 2022.

Multifaceted and comprehensive support for disabled children from age of 0 years to the start of school education, and for their families (Action 2.4.):

Before 2021, the action operated under the name "Establishment of coordination, rehabilitation and care centres with a particular focus on early support for the child development from the moment a disability or risk of disability is diagnosed".

The action is aimed at ensuring interdisciplinary early childhood development, enabling the child and their family to receive specialised care. The action is targeted at children from birth to the start of school education who are either diagnosed with a disability or are at risk of disability.

Actions carried out by the centres acting as leading coordination and rehabilitation centres (WOKRO) are aimed at supporting the all-round development of the child, as well as activities that improve

cognitive processes and enrich knowledge of the surrounding social and natural world. Activities conducted by WOKRO:

- broaden body awareness and body schema orientation,
- enhance overall fitness and muscle strength,
- stimulate and develop visual perception and oculomotor efficiency,
- improve hand precision and eye-hand coordination through appropriate exercises,
- support the development of active and passive speech,
- develop self-service skills,
- develop concentration of attention,
- improve fine and gross motor skills,
- improve the functioning of sensory systems,
- increase tolerance to sensory stimuli.

In 2021, there were 301 WOKROs in Poland, and in 2022, the action was being carried out in 320 counties.

In 2021, support under the above-mentioned action was provided to 18,883 children aged from birth to the start of school education, with whom 852,208 hours of various classes were conducted (e.g. motor rehabilitation classes, speech therapy, pedagogical classes, including surdo-, oligophreno- and tyflopædagogical classes, sensory integration classes, psychological classes, hand therapy, EEG Biofeedback therapy, logorhythmics, and other developmental classes, such as kynotherapy, hippotherapy, TUS, behavioural training, art therapy, Tomatis therapy, tactile therapy, cranio-sacral therapy, music therapy, "Good Start" classes, Carolone Sutton classes and medical consultations).

In 2022, support was provided to 21,191 children, including 4,662 children aged 3 years and younger. A total of 602,481 hours of activities were organised for the children.

Local governments spent PLN 57,722,600 on the implementation of the action in 2021, and PLN 59,304,700 in 2022.

Award and payment of a one-off benefit of PLN 4,000 (Action 2.6.):

As from 1 January 2017, a child's mother, father or legal guardian or actual guardian (the person actually taking care of the child, provided that they have applied to the court for the adoption of the child) can apply to the municipality of their place of residence for a one-off benefit of PLN 4,000. The one-off benefit is available regardless of income.

The benefit is granted for the birth of a live child with a severe and irreversible disability or an incurable life-threatening disease.

Pursuant to the amendment to the Act of 7 October 2022 *amending the Act on family support and the system of foster care and certain other acts*, the condition for receiving the aforementioned one-off benefit is the submission of an application within 12 months from the date of the child's birth, and where the application concerns a child under legal guardianship, actual guardianship or an adopted child – within 12 months from the date of the assumption of guardianship or adoption, no later than until the child's 18th birthday.

In addition, a condition for receiving the aforementioned benefit is that the child has a medical certificate confirming a severe and irreversible disability or an incurable life-threatening disease that arose in the prenatal period of the child's development or at birth. Such a certificate may be issued by a health

insurance physician, within the meaning of the Act on health care services financed from public funds, who holds a second degree specialisation or a specialist title in: obstetrics and gynaecology, perinatology, neonatology, paediatric neurology, paediatric cardiology or paediatric surgery.

The granting of the aforementioned benefit is a support that is intended to allow the basic needs of the child and the family to be secured immediately after the birth of the child and before other, already functioning, systemic solutions are put in place, such as the possibility to receive parental benefits, disability support or rehabilitation support.

In 2021, 4,180 one-off benefits of PLN 4,000 were paid, for which funds from the State budget in the amount of PLN 16,720,000 were spent.

In 2022, 3,928 one-off benefits of PLN 4,000 were paid, for which funds from the State budget in the amount of PLN 15,705,700 were spent.

Respite support for parents or guardians of disabled persons (Action 3.1.):

In 2018, the Act of 23 October 2018 *on the Solidarity Fund* was passed. It entered into force on 1 January 2019. The Solidarity Fund covers, among others, the following programmes: "Respite care" targeted at local government units, and "Respite care for family members or guardians of persons with disabilities" targeted at NGOs. Action 3.1. under the "For Life" programme in its revised form has been implemented since 2022.

The "Respite care" programme is divided into two parts: a day stay and a 24-hour stay. In 2022, day stays were organised by 863 municipalities/counties, offering respite services to 2,775 participants (children with a disability certificate), providing a total of 687,362 hours of support.

24-hour stays were organised by 196 municipalities/counties, offering respite services to 274 participants (children with a disability certificate), providing a total of 3,675 days of support.

The amount of funds disbursed under the "Respite care" programme – 2022 edition: PLN 143,360,000 (cost of the task) + PLN 3,541,000 (cost of the service).

Fifty-four NGOs participated in the "Respite care for family members or guardians of persons with disabilities" programme, providing respite care services to 3,461 people with a severe disability rating or an equivalent certificate, and to 1,235 children with a certificate of disability. 1,281,542.42 hours of respite care were provided as part of day and 24-hour stays.

The amount of funds used for implementing the "Respite care for family members or guardians of persons with disabilities" programme reached PLN 52,717,400.

Strengthening the preventive aspect of the family assistant's tasks (Action 5.1.)

The implementation of the tasks set out in the Act *on support for pregnant women and families "For Life"* is among the responsibilities of the family assistant, as regulated under the Act of 9 June 2011 *on family support and the system of foster care*.

Broadening the range of tasks assigned to family assistants, the Act *on support for pregnant women and families "For Life"* entrusted them with the task, carried out as a universally accessible service, of coordinating support for pregnant women and their families, especially with regard to women with a certificate of a severe and irreversible disability or an incurable life-threatening disease that arose in the prenatal period of the child's development or at birth. Pregnant women and their families can at any time request their municipality to provide family assistant support. At the request of eligible persons, the family assistant will become the coordinator of support activities.

As part of the action, the Ministry of Family implemented the "Family assistant programme for 2021" in 2021 and the "Family assistant programme for 2022" in 2022, the aim of which was to strengthen family

assistants within the family support system, including the provision of support by the family assistant, by means of granting family assistants a one-off salary supplement of PLN 2,000 in 2021 and PLN 3,000 in 2022 for each family assistant employed in a municipality as at the date of the announcement of the programme (the basis of employment being either a contract of employment or a contract of mandate), in proportion to the full-time position and in accordance with the rules set out in the family assistant programme.

The number of families that were provided with counselling under the "For Life" programme amounted to 940 in 2021, and 704 in 2022, including 141 families with a woman in pregnancy at risk in 2021, and 107 such families in 2022.

The number of children in families that were provided with counselling under the "For Life" programme reached 1,701 in 2021, and 1,228 in 2022.

The number of families assisted through support coordination reached 266 in 2021, and 278 in 2022.

The costs related to the coordination by family assistants of the tasks set out in the *Act on support for pregnant women and families "For Life"* amounted to PLN 5,398,000 in 2021, and PLN 7,564,500 in 2022.

The following programmes should be noted within the framework of the Solidarity Fund activities:

The "Respite care" programme is aimed at family members or guardians who require support in providing direct care to children with a disability certificate, as well as to persons with a severe disability rating or an equivalent certificate, enabling them to receive temporary ad hoc respite care services, i.e. relief from their daily burden of caring for a person with a disability through a temporary replacement in this respect. Respite care services can also be used to periodically provide for the needs of a person with a disability where their carers are unable to perform their duties for various reasons. The programme is implemented through and with the participation of local governments at municipal and district level, as well as by non-governmental organisations whose bids were approved in a competitive bid procedure. In 2021, support was provided to 10,689 people and its value amounted to nearly PLN 57 million. In 2022, support was provided to 19,815 people and its value amounted to nearly PLN 143 million.

The main objective of the *"Personal Assistant for Persons with Disabilities" Programme* is to introduce personal assistance services as a form of generally available support in performing daily activities and functioning in social life, addressed to children aged 16 years and younger with a disability certificate containing indications concerning the need for permanent or long-term care or assistance of another person in connection with significantly limited possibility of independent living and the need for permanent co-participation of the child's guardian in the process of treatment, rehabilitation and education, as well as persons with disabilities with a severe or moderate disability rating. The programme is intended to ensure, among other things, that persons with disabilities are able to benefit from the assistance of an assistant in carrying out daily activities and functioning in society, to stimulate people with disabilities to become active, and to enable them to exercise their right to independent living and to counteract discrimination on grounds of disability. The scope of personal assistance services includes the following areas: support in self-care activities, including personal hygiene and care activities, support in running the household and fulfilling social roles, support in moving outside the home, and support in undertaking life activities and communicating with the environment. The programme is implemented through and with the participation of local governments at municipal and district level, as well as by non-governmental organisations whose bids were approved in a competitive bid procedure. In 2021, support was provided to 19,770 people and its value amounted to nearly PLN 137 million. In 2022, support was provided to 37,690 people and its value amounted to nearly PLN 487 million.

c) Actions targeting children with mental disorders

Reform introducing a new mental health system model for children and young people

The main premise of the Ministry of Health's ongoing reform of the mental health care system is to develop a community-based model of psychiatric health care in the spirit of the deinstitutionalisation process, and to equalise access to psychiatric health care in all regions across the country. Through the provision of health services close to one's place of residence, the community-based model provides for conducting the therapeutic process in a way that is adequate to the needs of the patients, allows early detection of mental crises, can contribute to increased therapeutic effects, and prevents the patient stigmatisation.

The Ministry of Health aims to cover the whole country with a network of well-functioning facilities providing professional help to children and young people experiencing mental disorders. This network consists of three reference levels which allow support to be tailored to the child's health condition.

Reference Level I

The first place to offer such help is the Community Psychological and Psychotherapeutic Care Teams and Centres for children and young people, also referred to as Level I. It is through them that specialist care is to be accessible, friendly, tailored to the needs and inclusive of the young patient's environment and relatives.

At present (February 2024), there are 461 Community Psychological and Psychotherapeutic Care Teams/Centres for children and young people across Poland. Young patients can benefit from the services offered by these facilities – i.e. psychological support, psychotherapy and community therapy – free of charge and without a prior referral.

The facilities offer help to persons who do not need a psychiatric diagnosis or pharmacotherapy. Indeed, for many mental disorders occurring in childhood, effective help can be provided through such interventions as individual and group psychotherapy, family therapy or peer group work. Increasing the availability of such help in the outpatient care mode will enable patients who do not require hospitalisation to receive help in smaller facilities (thus reducing the burden on Hospital Emergency Departments and Emergency Rooms). Level I centres will also provide recovery support to persons who were hospitalised at a psychiatric ward in the past due to a mental health crisis; by providing help close to home, it will be possible to reduce the length of hospitalisation and prevent rehospitalisation.

Reference Level II

As part of the system of mental health care for children and young people 161 Mental Health Centres have been established within Reference Level II; they operate in two modes:

- mental health clinics – where one can see a psychiatrist, psychologist and psychotherapist (78 centres)
- mental health clinics and day units – where young patients who need more intensive care can receive help (83 centres)

Reference Level II is meant for children and young people whose condition requires consultation with a pediatric psychiatrist to make a psychiatric diagnosis or implement pharmacotherapy. In addition, some establishments offer the possibility for a child to stay in a day unit. Day units represent an indispensable part of the system as they allow an intensive process of diagnosis and treatment to be carried out (during daily appointments) without having to separate the child from their family and peer environment. The development of this form of care offers the hope of reducing the need for hospitalisation in 24-hour psychiatric wards, which is a primary direction of change in child psychiatry.

Reference Level III

As at February 2024, the National Health Fund (NFZ) has contracts for the provision of Reference Level III services with 33 Centres for Highly Specialised 24-hour Psychiatric Care (34 hospital wards).

Inpatient services are provided by psychiatrists, psychologists, psychotherapists and occupational therapists.

d) Actions targeting children from migrant or ethnic minority backgrounds (in particular Roma) and children of Ukrainian refugees

-social assistance

Ukrainian refugees are entitled to assistance in the form of a one-off cash benefit of PLN 300 per person for subsistence, in particular to pay for food, clothing, footwear, personal hygiene products and housing fees.

According to data as at 8 March 2024 from the Central Beneficiary Database (CBB), the one-off benefit of PLN 300 was received by 1,311,590 people (with 773,922 applications were submitted) in a total amount of PLN 393,476,940.

Ukrainian citizens can apply for benefits from the social assistance system.

The granting of social assistance benefits does not require a community interview – it takes place on the basis of a declaration submitted by the Ukrainian citizen concerned about their personal, family, property and income situation, which means that the procedure for applying for the right to benefits in the case of Ukrainian citizens has been simplified. The applicable law indicates also the local jurisdiction of the municipality for the provision of benefits – the municipality of the place of residence of the person claiming the benefits is competent.

Benefits, including non-monetary benefits from the social assistance system, provide support in overcoming difficult life situations and secure the most urgent living needs of, among others, the elderly, people with disabilities or mothers with young children. The entitlement to social assistance benefits includes, among other things, access to essential services, including care services or services provided by such facilities as social care homes, sheltered accommodation (from 1 November of this year: training and assisted living accommodation), support centres, homes for mothers with minor children and pregnant women.

Provision of meals for children at school or kindergarten represents an important form of support provided as part of the assistance to refugees from Ukraine arriving in the Republic of Poland. Meals at school/kindergarten are provided on the basis of Article 48b(5)(1) of the Act of 12 March 2004 on social assistance.

Based on the latest statistics as at 29 February 2024 concerning assistance in the form of a meal:

-the number of children and young people provided with 1 hot meal at school: 118,585;

-the overall number of children provided with food in kindergarten: 37,684;

including: -the number of children provided with one hot meal in kindergarten: 30,550;

-the number of children for whom a special purpose food allowance was granted in kindergarten: 15,894.

Ukrainian citizens are also entitled to free-of-charge psychological assistance. As at 29 February 2024, this form of assistance was provided to 42,762 people.

Ukrainian citizens who arrived in Poland after 24 February 2022 due to hostilities could benefit from food aid under the Food Aid Operational Programme 2014-2020 (FAOP) under the same rules as Polish citizens, provided they met the income criterion¹⁴.

¹⁴In 2023, persons with an income of maximum 235% of the criterion set out in the Social Assistance Act, i.e. PLN 1823.60 for a person running a household alone and PLN 1410 per person in a family, were eligible for food aid under the FAOP.

According to data obtained from Social Assistance Centres, as well as data from the final reports of partner organisations, a total of 44,225 Ukrainian citizens received food aid under the 2021+ Sub-Programme, accounting for 4.5% of the total number of 2021+ Sub-Programme end users.

-education

The pupils-citizens of Ukraine referred to in the Act of 12 March 2022 on assistance to Ukrainian citizens in connection with an armed conflict in the territory of that State¹⁵ received assistance in the form of:

- 1) school scholarships (material aid of social character) – the amount of a school scholarship paid to a pupil ranged from PLN 99.20 to PLN 248.00 per month

A school scholarship could be granted to pupils in the form of: full or partial coverage of the costs of attending educational classes, including remedial classes, which go beyond the classes offered at school as part of the curriculum, as well as participation in educational classes held outside of school, as well as in-kind educational assistance, including in particular the purchase of textbooks.

By the end of the 2021/2022 school year, school scholarships had been received by 6,784 pupils, and by 7,742 pupils in the first half of the 2022/2023 school year (September to December 2022).

By the end of the 2022/2023 school year, school scholarships had been received by 5,597 pupils, and by 4,661 pupils in the first half of the 2023/2024 school year (September to December 2023).

- 2) school allowances

The school allowance could be granted once or several times a year, irrespective of the school scholarship received, and could not exceed five times the amount of the family allowance for a child aged 5-18 years at any one time. Such a benefit was available to pupils who were temporarily in a difficult financial situation due to a fortuitous event.

In 2022, assistance in the form of the school allowance was also received by 3,309 pupils-Ukrainian citizens.

In 2023, this form assistance was received by:

- 44 pupils between January and June 2023.
- 36 pupils between September and December 2023.

- family benefits

In order to provide material support to families and persons who entered the territory of the Republic of Poland directly from the territory of Ukraine due to the hostilities, special statutory regulations were introduced to provide adequate support to refugees. It must be noted that nearly 95% of refugees from Ukraine are women and children. Therefore, one of the key areas was to provide support specifically to families with dependent children. Under the special provisions introduced, war refugees from Ukraine became entitled to the same child benefits as Polish citizens. Families – citizens of Ukraine are therefore entitled to:

-family care capital (PLN 500/month for 24 months for children aged 12-35 months);

-child-raising benefit from the government programme "Family 800+" (PLN 800/month up to the age of 18 years, regardless of the number of children in the family and income);

-good start benefit from the government programme "Good Start" (PLN 300 for children attending school, paid once a year – the so-called school starter kit)

-family benefits:

¹⁵ Act of 12 March 2022 on assistance to Ukrainian citizens in connection with an armed conflict in the territory of that State (Dz.U. 2024, item 167).

-family allowance per child – depending on the age of the child, the allowance ranges from PLN 95 and PLN 135 per month per child, as well as several types of supplements to the family allowance – which are available upon meeting additional requirements;

-parental benefit (PLN 1,000 per month, as a rule, for a period of 52 weeks after childbirth, to be paid to mothers who have given birth (in exceptional cases to fathers) and who do not receive maternity allowance or maternity pay);

-attendance allowance (addressed to disabled persons and amounting to PLN 215.84 per month),

-nursing benefit (awarded to a parent who does not take up employment in order to care for a disabled child, amounting to PLN 2,988 per month),

Table 1 – Data concerning benefits for Ukrainian refugees at the end of 2022 (excluding service costs)

	Expenditure in PLN	Number of recipients
Child-raising benefit	1,737,086,544	299,000
"Good Start"	44,595,150	150,000
FCC	97,150,514	20,300 ¹⁶
Family benefits	135,133,092	65,600

e) Actions targeting children in foster care (especially institutional foster care)

As part of the FERS project, an ICT system is planned that will include a central register of foster care vacancies and a central register of foster care facilities. The said project aims to, among others, develop a model for the preparation of target plans for children placed in foster care and their implementation in some counties.

Work is underway at the Ministry of Family, Labour and Social Policy on the implementation of the model, which is key to the implementation of the ICT system under FERS. Work on the implementation of the system has not yet begun, and preparatory activities for the project are underway. The Ministry of Family, Labour and Social Policy has started work on the preparation of the FERS project fiche, including the development of a pre-project work schedule – for the year 2024 – and a preliminary project schedule. Activities are scheduled for 2024 to enable the formulation of specific functionalities and scope of the system, which will be reflected in the project fiche. To this end, it is planned to carry out an analysis of the IT solutions already used by the counties to support foster care processes. The analysis tool is currently under consultation with the IT Department. Based on the information collected, a project fiche will be developed. The project is scheduled to start in 2025.

f) Actions targeting children in a precarious family situation

With regard to the action "Increasing the safety of children experiencing family violence", I would like to kindly inform you that on 22 June 2023, the Act of 9 March 2023 amending the Act on counteracting family violence and certain other acts entered into force (Dz. U. of 2023, item 535). The new law introduces a definition of domestic violence, which is a broader concept than family violence, encompassing intentional acts or omissions using physical, psychological or economic advantage exposing the person experiencing violence to the danger of loss of life, health or property, violating their

¹⁶Cumulatively since March 2022.

dignity, bodily integrity or freedom, including sexual freedom, causing physical or mental damage, distress or harm to the person, restricting or depriving the person of access to financial resources or opportunities to work or to achieve financial self-sufficiency, invading the person's privacy or creating a sense of threat, humiliation or anguish, including by means of electronic communication. The Act extends the catalogue of protected persons to: spouse, ascendant, descendant, sibling, relative in the same line or degree as the above-mentioned persons, a person in an adoption relationship and their spouse or cohabitant, or any other person living or running a household together (i.e. any person living in the same dwelling, even if not related by blood or marriage). The law obliges the diagnostic and support group to monitor the situation of individuals or families affected by, or at risk of, domestic violence, including also after the completion of the blue card procedure. The amendment also aims to develop interventions targeting persons who use violence. The draft includes introduction of provisions concerning a new form of support, namely psychological and therapeutic programmes for perpetrators of domestic violence. It also provides for the introduction of provisions that will allow reporting offences committed by persons who use domestic violence in the event that the offender persistently evades participation in correctional-educational or psychological-therapeutic programmes.

Within the framework of the Protection Programme for Supporting Local Government Units in Developing a System for Counteracting Family Violence, 2023 Edition, 62 projects were implemented in relation to counteracting domestic violence.

As at 31 December 2022, there were 37 specialised support centres for victims of domestic violence across Poland.

Enhancing the safety of children experiencing family violence. The prevention of domestic violence is – similarly to enhancing protection of persons experiencing such violence, in particular children – a matter particular concern for the Ministry of Justice. Protection against domestic violence, including violence against children, is to be achieved by the solutions contained in the Act of 30 April 2020 amending the Code of Civil Procedure and certain other Acts (Dz. U., item 956), which was prepared by the Ministry of Justice and entered into force on 30 November 2020. The law introduced into the legal order comprehensive solutions for the rapid isolation of the person experiencing violence from the perpetrator of violence in situations where the latter poses a threat to the life or health of the household members. A separate section has been introduced in the Code of Civil Procedure to regulate the adjudication of an application to oblige a person using domestic violence to leave a jointly occupied dwelling and the immediate vicinity thereof, and to prohibit the perpetrator to approach the jointly occupied dwelling and the immediate vicinity thereof. In order to significantly speed up proceedings before the court, solutions have been developed such as the possibility of serving letters via the Police or submitting relevant applications on an official form. In addition, in order to streamline pending proceedings, the following solutions have been introduced: a one-month time limit for the court's decision, application of an injunction relief in these cases, and the immediate enforceability of the issued court order. The process is facilitated by not having to submit a copy of the application or the complaint and appeal, which, if missing, will be done by the court. Given that cases of this nature are by definition intended to provide protection to the person experiencing violence, that person should not have to bear the financial burden relating to the costs of the proceedings, and be therefore exempted from paying them. It is a particularly important instrument that the Police have been granted powers to issue, against a person using violence, an order to immediately leave the jointly occupied dwelling and the immediate vicinity thereof or an injunction to stay away from the jointly occupied dwelling and the immediate vicinity thereof, which is subject to court review. It is the perpetrator of violence who must seek shelter for 14 days, not the loved one being harmed by the violence. The Police are only required to provide an up-to-date list of facilities where such a person can find shelter or receive psychological support. In order to ensure respect for court rulings and Police decisions, acts involving non-compliance with a court ruling or an imposed order or injunction are now penalised, and the proceedings in this respect are fast-tracked.

The aim of the next law, drafted in the Ministry of Justice, i.e. the Act of 13 January 2023 amending the Code of Civil Procedure and certain other Acts (Dz. U. item 289) is to further strengthen the protection of persons experiencing domestic violence through comprehensive regulation of the institutions of not only civil law, but also criminal law, which is to complement the solutions introduced under the Act of 30

April 2020. The essence of the amendment is to broaden the scope of protection of persons experiencing domestic violence by adding new instruments of protection as well as streamlining the proceedings in these cases and increasing the effectiveness of the already functioning regulations. A fundamental change contained in the Act involves the extension of the catalogue of civil law instruments applied to perpetrators of domestic violence who pose a threat to the life or health of other family members, the aim of which is to effectively isolate the perpetrator of violence from the person experiencing violence, not only at the place of residence and the immediate vicinity thereof, but in all places, especially those related to the life activity of the person suffering violence. These include:

- an injunction prohibiting the person using domestic violence from approaching the person experiencing such violence within a specific distance measured in metres,
- an injunction prohibiting the person using domestic violence from contacting the person suffering domestic violence,
- an injunction prohibiting the person using domestic violence from entering or remaining on the premises of the school, educational, care and artistic institution or place of work attended by the person experiencing domestic violence.

All of the above prohibitions may be issued immediately by the Police and Military Police during the course of intervention against the perpetrator of domestic violence in the event that the latter poses a threat to the life or health of other family members. The solutions adopted are to ensure that the perpetrator of violence cannot approach and interact with the abused person – so as to provide the latter with a sense of security and ensure that they can feel protected without giving up their current way of life. As in the case of the order to immediately leave the co-occupied dwelling and the immediate vicinity thereof and the prohibition on approaching the co-occupied dwelling and the immediate vicinity thereof, the prohibitions on approaching, contacting and entering will remain in force for 14 days. During this time, the abused person will be able to receive appropriate assistance (psychological, legal) and request the court to issue an indefinite obligation to leave the co-occupied dwelling and the immediate vicinity thereof or a prohibition on approaching the co-occupied dwelling and the immediate vicinity thereof, a prohibition on approaching, contacting or entering. In court proceedings – at the request of the person experiencing domestic violence – it will be possible to issue an injunctive relief by extending or modifying orders and prohibitions issued by the Police or the Military Police. In court proceedings, the person experiencing domestic violence will additionally be able to request that an injunction be issued against their wrong-doer prohibiting the latter from entering or remaining in places which the former habitually or regularly visits. In exceptional cases, the court will be able to determine the permissible means of contact, e.g. on family matters or fortuitous events. In addition, where the person who uses domestic violence does not pose any threat to the life or health of family members, but by their behaviour harasses a person close to them by means of remote electronic communication, making them feel a reasonable sense of threat, humiliation or anguish, or substantially invades their privacy, the court will also be able to issue a prohibition on contact. In order to ensure that the prohibition on entry is properly implemented, the Act imposes a duty to notify the prohibition to the principal of the school, educational, care or artistic institution attended by the person experiencing domestic violence, the person in charge of the sports facility where that person practices sports, or the person's employer. In order to properly protect children, both when they are directly affected by violent behaviour and when they witness such behaviour affecting their loved ones, the obligation to notify the competent guardianship court, which will have to thoroughly investigate their situation and initiate appropriate guardianship proceedings to protect them, has been applied. The above regulations are aimed at preventing domestic violence, including increasing the protection of those who experience domestic violence, including children.

Notwithstanding the above, it should be pointed out that also the Act of 28 July 2023 amending the Act on the Family and Guardianship Code and certain other Acts (Dz.U. of 2023, item 1606) introduced new provisions that will increase the legal protection of children against violence, including both offline and online. In order to enhance the standards of participation of minors in court procedures, to strengthen their protection, including systemic protection from harm, and to raise the level of respect for the rights of persons with disabilities, several legislative acts have been amended, by means of, among others:

- introducing the institution of a child representative,
- introducing a guardian for a disabled person,
- regulating the issues relating to the hearing of the child in civil proceedings,
- making it compulsory for services to make an assessment in a questionnaire estimating the risk to a child's life or health when conducting interventions concerning a change of the place of residence of a child affected by violence,
- imposing an obligation to introduce standards for the protection of minors by the authorities in charge of an educational establishment and other educational, care, rehabilitation, religious, artistic, medical, recreational, sports or leisure institutions attended or visited by minors,
- establishing a Team for the Protection of Minors, which is currently based at the Minister of Justice,
- establishing an Panel for analysing incidents resulting in the death of or serious bodily harm to a minor, to be attached to the Minister of Justice,
- introducing the obligation to develop a National Plan for the Prevention of Violence Against Minors.

2. Planned activities

Improving the quality of inclusive education aimed in particular at children and young people with disabilities and children and young people with mental disorders. Implementing a new model for early childhood development and family support.

The Ministry of Education is in the process of preparing solutions to change the way children's and pupils' needs are assessed and the support provided is planned, delivered and evaluated, as well as the way tasks in this area are funded (the processes involved are referred to as "functional assessment").

The functional assessment will take into account information from observations of how children function in everyday situations and what difficulties they encounter, and how the environment influences this functioning, as well as analyse learning outcomes (assessments) and the results of specialist diagnosis, if any (e.g. identification of a neurodevelopmental disorder). Key objectives will include identification of any strengths and barriers to learning, the development and social inclusion of the child or pupil, and establishment of an action plan to overcome these barriers and consequently improve broadly understood achievements of the pupil. In addition to teachers and professionals (both working in the education system and in other sectors that address support activities for children and young people and their families), also pupils and parents will be involved in the functional assessment process.

The use of the International Classification of Functioning, Disability and Health (ICF) was planned within the functional assessment process to collect information concerning different areas of the child's functioning and environment, and to analyse it and to infer on the determinants of difficulties in functioning. The use of the ICF will allow the creation of a functional profile of the pupil, including information relevant to understanding their functioning and the impact of their environment, as well as planning adequate support and subsequent monitoring and evaluation of the effectiveness of the support provided. Teachers and specialist teachers will be equipped with tools to identify the needs of children and pupils and plan appropriate support based on this.

The support instruments are based on a three-tier model, to which the funding mechanisms are also linked:

- 1) *universal support instruments provided to all children and pupils.* By implementing solutions based on universal design in the organisation of the education and upbringing process, such as the development and implementation of the curriculum, the creation of educational and exercise materials, and the planning of pre-school and school activities and events that take into account the different developmental and educational needs of children and pupils to the greatest extent possible, it will be possible to respond to the needs of a greater number of children and pupils without the

need for adjustments. An important element of these solutions will be the strengthening of health promotion and preventive health care in kindergartens and schools. The purpose of introducing the proposed solutions is also to improve the physical and mental condition of Polish children and pupils and to reduce the rates of psychoactive substance use and the scale of problems resulting from self-harming behaviour, mental disorders, including depression;

- 2) *educational and special needs support provided on the basis of a teacher diagnosis made at school or during team consultations* (joint team diagnosis of needs, monitoring of pupils' progress and evaluation of the effectiveness of activities by the teaching and non-teaching staff of the kindergarten or school) and within the school's own resources. Support may include, for example, instruction for teachers concerning working with a child or pupil, integration or psycho-educational activities for a class unit, provision of speech therapy or other therapeutic activities;
- 3) *additional educational and specialised support for pupils in need of increased and long-term assistance, triggered on the basis of an in-depth functional assessment carried out at a public psychological and pedagogical counselling centre* (additional weights in the algorithm of distribution in the educational part of the general subvention for providing support for a given pupil); it is envisaged that in the case of e.g. children and pupils with disabilities it will also be possible for the body running the kindergarten, school or institution attended by the child or pupil to receive a subsidy for adaptation of the place of learning.

One of the elements of the planned solutions is also a new model of early childhood development support and family support (WWR), which will integrate the existing solutions offered to children from birth to the start of school education (i.e. early childhood development support, psychological and pedagogical assistance, special education or remedial classes, respectively) and coordinate them with the assistance provided to the family. It is planned as part of the WWR to provide support at three levels differing in the intensity of support. Proper and effective support for the development of young children, appropriate to their needs and abilities, is the foundation for the development of inclusive education at subsequent stages of learning.

Current solutions in the field of early childhood development support are based on the medical model according to which only the detection of a disability (educational system, support from PFRON funds), the threat of a disability ("For Life" Programme) or a medical diagnosis (health care system) constitute the basis for taking support measures.

The tasks arising from the implementation of the support process offered to the child and family under the new WWR model should be coordinated, continuous, multifaceted and carried out in the environment in which the child develops and grows. Changing the approach in the field of early childhood development and family support, in which it is important to activate the potential of the family and to use everyday activities to achieve the goals of supporting the child's development, requires a different view of the role of individual support providers at the different Ministries and in the related sectors, thus positioning them in the system and organising cross-sectoral cooperation in the assessment of needs and implementation of support for children and families, which should be coordinated at the local level.

Competition for the scaling up of the social innovation entitled "Winning Family".

It is an innovative programme that will be implemented in areas of the municipalities where there is a concentration of poverty and negative phenomena, and where this condition is "transmitted" to next generations. It concerns assistance in specific locations – socially and economically degraded, e.g. post-industrial neighbourhoods or urban residential estates. The programme's support consists of providing comprehensive care for whole families and the environment in which they function, and involving the local community in support. This ensures that the family is not left alone in the process of change, and that the immediate environment accompanies them in their efforts to change their life situation and motivates them to work. Special attention will be paid to children and young people, because in order to effectively counteract the phenomenon of poverty inheritance, it is necessary to equalise opportunities for the generation in the first two stages of life – early childhood and school education.

The model offers individualised, yet multidisciplinary and coordinated, community-based support for the family and its individual members. Through this approach, the family will be equipped with tools that will contribute, in the first place, to changing the

awareness. Subsequently, the social, care and educational competences of families will be strengthened. Furthermore, as a result of the involvement of the local community, the family will not be left alone in the process of change, and their immediate environment will accompany them in their pursuit of better fulfilment of their functions and motivate them to work to improve their life situation. Community and family work is carried out throughout the work with families. The competition is scheduled to be resolved in the third quarter of 2024.

Under Action 01.06 FERS, the Ministry of National Education plans to supplement the range of e-materials for vocational and general education, prepared in accordance with the principle of universal design or reasonable adaptations, including: specialised and technologically advanced materials, educational games, materials on climate education supporting migrant pupils, as well as materials

aimed at supporting the teaching of key, cross-section and pro-innovative competences and qualifications adapted to the requirements of the labour market. In addition, the e-materials developed under the Operational Programme Knowledge Education Development 2014-2020 will be strengthened in terms of tools and methodologies, and will refer to the creation of an educational environment based on, among others, gamification, web-quest, project- and problem-based learning and inquiry-based learning. Projects in this area will be implemented between 2024 and 2028.

As regards The Strategy for the Rights of Persons with Disabilities 2021 -2030, the following planned activities should be noted:

Promotion of self-determination and self-advocacy opportunities for people with various disabilities (action I.1.1).

A particularly important task in this activity is to support and build self-awareness, self-acceptance and independence in children and young people with disabilities, so as to adequately develop competences for self-determination and speaking out on their own behalf, and to prepare them to be active in public life and to engage in self-advocacy movements to the best of their abilities. Planned time for implementation- by 2030.

Support for parents with disabilities (action I. 2.4).

The action involves conducting an analysis of possible ways to support parents with various disabilities and developing legal and non-legal recommendations, including the possibility of more effective use of the family assistant and personal assistant services. The analysis and the development of recommendations should address different spheres of the life of parents with disabilities and their children, including the care and upbringing of children by parents with disabilities. Actions should take into account educational, health, social and professional needs, as well as activities addressed to women with disabilities who are planning to start a family and have children. Planned time for implementation – by 2025.

Adaptation of public spaces to the needs of children with disabilities (action II.1.5).

The action includes an in-depth analysis of the regulation and provision of accessibility of public spaces to children with disabilities, in particular educational, cultural and recreational spaces, e.g. kindergartens, schools, theatres, museums, libraries, playgrounds, amusement parks, and playing fields. Particular attention will be paid to the availability of sanitary areas, including changing facilities. Proposals for legal changes, non-legal instruments and measures to support the provision of accessible recreational spaces will be developed. Good practices in this area, applied both by public and private entities, will also be disseminated. Planned time for implementation – by 2025.

Transport "on demand" (action II.2.1).

The action envisages the systematic development of "on-demand" transport for people who, due to the nature or severity of their disability, are unable to use public transport or individual transport in a given area. This transport will be provided to children covered by compulsory school education as well as working and non-working persons. The action will involve the possibility to report the need for transport by means of an application form available online, application in person, by telephone, by email, or by text message to the provider of the service. The provider be obliged to provide door-to-door transport, with the possibility of using special parking spaces for people with disabilities. Planned time for implementation – by 2030.

Increasing the accessibility of infrastructure, sports events and sport for people with various disabilities (action II.4.4).

The action includes an in-depth analysis of the accessibility of infrastructure, facilities, sporting events and both popular and competitive sports, as well as the related regulations, for people with various disabilities, including children with disabilities. The action aims to address barriers related to the lack of universal design and appropriate adaptations. The analysis is expected to identify the needed regulatory changes to ensure greater accessibility to venues, sporting events and sports, as well as the needs concerning implementation of non-legal solutions in this area. Planned time for implementation – by 2030.

Availability of kindergartens, schools and educational establishments (action III.2.2).

The aim of the action is to address accessibility barriers in educational establishments. The action will consist in developing and implementing standards for the broadly understood accessibility of kindergartens, schools and educational establishments in physical (architectural accessibility of the building, playing field, playground, marking and furnishing of classrooms), social (school climate, procedures, social life) and pedagogical (teaching methods and curricula, textbooks, educational and training materials, teaching aids) dimensions. Support will be provided to develop, among school staff and parents, the ability to work together and to recognise and address barriers posed by the broadly understood environment (both in terms of difficulties in accessing facilities/information and teaching methods, attitudes to disability, educational attitudes) that limit pupils' development and impede their daily functioning at school and their progress in learning. Planned time for implementation – by 2030.

Preparation of staff for the implementation of inclusive education (action III.2.3).

Increasing the competences, skills and changing the attitudes of management, teaching, specialist and other educational system staff towards the diversity of pupils' educational needs is a key condition for the development and dissemination of inclusive forms of education. The action plans to prepare methodological materials and carry out training courses for teachers and specialists, staff of teacher training centres, support staff, management staff and educational supervisors, leading inter alia to reflection on the current perception of diverse needs, including disabilities, and on strategies undertaken to increase educational opportunities for people with various educational needs, including the needs determined by disability. Planned time for implementation – by 2025.

Supporting the system of assisting kindergartens and mainstream schools (action III.2.4).

The aim of the action is to create a support system for kindergartens and mainstream school teachers to ensure high quality education for all children and pupils, taking into account the diversity of their educational and developmental needs, including the needs determined by disability. Teachers and principals at kindergartens and schools at local level will be provided with access to professional facilities in the form of Specialised Centres for the Support of Inclusive Education (SCWEW). It is assumed that the aforementioned solutions will be piloted and that the developed model will then be implemented. Planned time for implementation – by 2025.

Providing support to children and young people with disabilities in developing their potential (action III.2.5).

The action aims to provide deaf and blind pupils with e-resources containing school readings in appropriate formats adapted to their needs. Access to digital textbooks (so-called e-books), including support books for learning the Polish Sign Language (PJM), will be provided at an appropriate time for the use of textbooks during the school year. The textbooks will be available both electronically and in Braille and enlarged print. Deaf people, pupils and adults alike, will have the opportunity to use e-books in PJM from the beginning of their education. Planned time for implementation – by 2030.

Supporting the transition between educational phases and between the education system and the labour market (action III.3.2).

The action envisages the development of new solutions to support the transition of children, pupils and graduates between the different stages of education and to prepare young people for professional roles corresponding to their aptitudes and skills, and to support them in their transition to the labour market. Among other things, it is planned to pilot the support provided to pupils and graduates with disabilities before and after school. Thanks to the coordinated activities of establishments operating in different sectors, it will be possible to address barriers to taking up work (e.g. difficulties in finding a job, difficulties in matching a job to a graduate's abilities, taking up a job outside the place of residence, lack of competences expected by the employer, lack of the employer's preparation, no jobs at the place of

residence). This will minimise the risk for a person with disability to experience unemployment that makes it for them to enter the labour market. Planned time for implementation – by 2030.

Implementation and dissemination of bilingual education for the deaf (action III.4.1).

The action envisages an in-depth analysis of the provision of bilingual education for deaf people and the development of recommendations for legal changes and non-legal actions in this area. Bilingual education will be introduced within schools for the deaf or, in the case of groups including at least several deaf persons, within inclusive and mainstream schools. Amendments to the core curriculum will be proposed to separate the subject of Polish language for deaf and hard-of-hearing students, and the subject of sign language, as well as the creation of a core curriculum for bilingual education for deaf children. The action envisages also working towards the introduction of testing of communicative and linguistic competence in Polish and sign language for deaf and hard-of-hearing children as part of the procedures of the Unified Disability Assessment System. Planned time for implementation – by 2030.

Early detection of developmental disorders in children and early support for the child and family (action VII.1.8).

The action consists in the preparing and implementing solutions for the early detection of developmental disorders in children and, on this basis, the activation of support measures aimed at children and families and at the upbringing and teaching environment. The aim of the action is to develop and implement a coherent, cross-sectorally integrated system to support the development of children from birth to the start of school education, and to support their families, based on a holistic understanding of a child and family functioning in a biopsychosocial model and an interdisciplinary, family-centred approach. Planned time for implementation – by 2030.