



# **INNOCENTI ESSAYS**

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## **CHILDREN IN INSTITUTIONS IN CENTRAL AND EASTERN EUROPE**

James R. Himes, Susi Kessler and Cassie Landers

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# CHILDREN IN INSTITUTIONS IN CENTRAL AND EASTERN EUROPE and a First Look at Alternative Approaches

by James R. Himes\*, Susi Kessler\*\* and Cassie Landers\*\*\*

## I. BACKGROUND

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The dramatic events of the past few years in central and eastern Europe represent one of the most significant developments in the later decades of the 20th Century: the end of one-party rule and the gradual — if still uncertain — progress towards more participatory forms of governance; the sharp reduction, if not elimination, of tensions associated with the Cold War; and the shifts, some daring, some much more cautious in various parts of the 'East', towards market economies and enhanced consumer choice. Still to be determined is the fate of several national or federal political entities in the region facing powerful centrifugal forces.

International attention, thus far, has been focussed largely on the political dimensions of the internal changes, the implications for international stability and the prospects for peace, and — especially in the industrialized world — the substantial commercial opportunities associated with the East's shift towards 'the market'. The 'South', in the meantime, looks on apprehensively, fearful that the North's political and economic interests in the East will be at the expense of international development cooperation, trade and capital transfers benefitting low-income countries.

Few observers anywhere seem to be paying much attention to the social implications of the

dramatic changes in the East and, in particular, "how the political and economic changes are likely to affect the needs of children".<sup>1</sup>

Given the magnitude of the economic problems facing central and eastern Europe, it will not be easy to direct attention and resources to social policy issues during these 'transitional' years. This applies in particular to social policy and programmes for young children as the 'pay off' on these is long delayed. Thus there is a special need for advocating the cause of children and finding cost-effective and affordable measures for their protection and development.

To help deal with the particular needs of children at a time of rapid political and economic change in central and eastern Europe, the 1990 UNICEF Executive Board approved a special three-year effort of "transitional support". In response to specific requests for cooperation, UNICEF was authorized "to provide technical support to rethink policies for child survival, development and protection in the context of the new situations" and to support "data collection on the situation of children and women, analytical stu-

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\* Director, UNICEF International Child Development Centre, Florence, Italy.

\*\* Senior Project Officer, Evaluation Office, UNICEF New York.

\*\*\* Consultative Group on Early Childhood Care and Development, UNICEF New York.

<sup>1</sup> UNICEF, 1990 Executive Board, 'Children in Eastern Europe: An Information Note', 30 March 1990 (E/ICEF/1990/CRP.4).



PANEL 1

## Why UNICEF and Others Need to Give Higher Priority to Child Development and Family-Support Policies

1. Social forces disrupting traditional family structures, including:
  - rapid urbanization (especially in developing countries but 'urbanized' life styles becoming common worldwide)
  - migration (both within countries and from 'South' to 'North')
  - labour force conditions (especially with both parents working)
  - single-parent households (generally female-headed)
2. Dramatic increase of women entering the labour force, combined with inadequate resources for child care (family, community and governmental) and lagging responses from men to assume greater responsibilities for child rearing.
3. Severe negative consequences resulting from neglect of children's developmental needs, for example:
  - poor school performance and drop-out
  - teenage pregnancies
  - poor future performance as parents
  - drug and alcohol abuse
  - juvenile delinquency
4. Ensuring sustainability of gains in child health and nutrition through empowering parents with knowledge about child survival and development.
5. Responding to the challenges most countries face of achieving a productive human-resource base in an increasingly inter-dependent and competitive world economy.
6. Need for effective and caring child rearing as one key element in the preparation of responsible future parents and mature citizens in increasingly participatory-democratic societies.

dies, technical workshops, information materials and other related activities". It was specified that this transitional programme should be financed "without any diversion of support from developing countries".

In response to this new programme challenge, the UNICEF International Child Development Centre in Florence (the 'Innocenti Centre') is planning to encourage policy studies, as well as professional exchanges on: (1) socio-economic policies, including social security and 'safety net' provisions, which can help support and protect children during the transition to more market-oriented economies;<sup>2</sup> and (2) rethinking ap-

proaches to the institutionalized care for children, drawing on UNICEF and other experience with more family-and-community-based strategies for early childhood development and child care and protection.

Panels 1-3 and pp. 25-26 below provide further background on UNICEF'S approach to early child development and related policy issues.

<sup>2</sup> The results of research to-date on this first subject will be published later in 1991 under the title: *Children and the Transition to the Market Economy: Safety Nets and Social Policies in Central and Eastern Europe*.

# Early Childhood Development Programme Policies, Strategies, and Realities

## A Typology of Complementary Programming Options

The development of the child is promoted by a continuous interactive process between the developing child and the people and objects in a constantly changing environment. That changing environment includes the immediate context of the family and the community as well as a larger social, political and economic context with attendant institutions, laws, policies, and norms, and a culture providing values, rituals, and beliefs. These considerations have led to a set of five complementary programme approaches including:

1. Attending children directly. The immediate goal of this direct approach is to enhance child development by attending to the immediate needs of children in centres organized outside the home. These are, in a sense, 'substitute' or 'alternative' environments to the home.
2. Supporting and educating caregivers. This approach is intended to educate and 'empower' parents and alternative caregivers in ways that improve their care and interaction with the child and enrich the immediate environment.
3. Promoting community development. This strategy stresses community initiative, organization, and participation in a range of interrelated activities, to improve the physical environment, the knowledge and practices of community members, and the organizational base allowing common action and improving the base for political and social negotiations.
4. Strengthening institutional resources and capacities. The institutions responsible for implementing programmes require financial, material and human resources with a capacity for the planning, organization, and implementation of innovative techniques and models.
5. Strengthening demand and awareness. This programme approach concentrates on the production and distribution of knowledge in order to create awareness and demand. It may function at the level of policy makers and planners, or can be directed to the public by changing the cultural environment that affects child development.

Although all five of the approaches are intended to enhance early childhood development, each has different immediate objectives and is directed towards a different audience or group of partici-

pants. Panel 3 summarizes the beneficiaries, objective, and illustrative models for each approach.

Any overall plan for enhancing child development must pay attention to all five of the approaches distinguished here. The emphases to be given within the overall strategy will, of course, vary considerably, depending on the conditions of the setting in which the programme is being developed. In spite of various approaches, the main goal of child development programmes is to enhance the competence of children to adjust to, perform in, and transform their own surroundings. In some cultures this means greater emphasis on independence; in others, greater emphasis on group solidarity. The ultimate outcome for all programmes, however, is to enhance the child's physical, intellectual, and social development.

In attempting to reach the goals set for early child development programmes, UNICEF has put forth several guidelines which will help to ensure programmes effectiveness. These include the following:

- Priority should be given to families and communities in which children are at risk of delayed or debilitated development.
- Programmes should form part of a comprehensive, multifaceted strategy.
- Programmes should be participatory, community-based, flexible, and adjusted to different socio-cultural contexts.
- Programmes should support and build on local customs and traditions that have been devised to cope effectively with problems of child care and development.
- Programmes should be cost effective, financially feasible, and sustainable over time.
- Programmes should try to reach the largest possible number of at-risk children.

A comprehensive programming framework is required to help overcome the piecemeal approach that has unfortunately dominated the field in the past. A broad framework helps to locate specific initiatives and focus attention on missing components.

Source: C. Landers, *Summary Report*, Innocenti Global Seminar - Early Child Development, June 1989 (p. 11).



## Programming for Child Development: Complementary Approaches and Models

Programme Approach	Participants/ Beneficiaries	Objectives	Models
Deliver a service	The Child <ul style="list-style-type: none"> <li>• 0-2 years</li> <li>• 3-6 years</li> <li>• 0-6 years</li> </ul>	<ul style="list-style-type: none"> <li>• Survival</li> <li>• Comprehensive development</li> <li>• Socialization</li> <li>• Rehabilitation</li> <li>• Improvement of child care</li> </ul>	<ul style="list-style-type: none"> <li>• Home day care</li> <li>• Integrated child development centres</li> <li>• 'Add-on' centres</li> <li>• Workplace</li> <li>• Preschools: formal/non-formal</li> </ul>
Educate caregivers	<ul style="list-style-type: none"> <li>• Parent, family</li> <li>• Sibling(s)</li> <li>• Public</li> </ul>	<ul style="list-style-type: none"> <li>• Create awareness</li> <li>• Change attitudes</li> <li>• Improve/change practices</li> </ul>	<ul style="list-style-type: none"> <li>• Home visiting</li> <li>• Parental education</li> <li>• CHILD-to-Child programmes</li> <li>• Mass Media</li> </ul>
Promote community development	Community <ul style="list-style-type: none"> <li>• Leaders</li> <li>• Promoters</li> <li>• Members</li> </ul>	<ul style="list-style-type: none"> <li>• Create awareness</li> <li>• Mobilize for action</li> <li>• Change conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Technical mobilization</li> <li>• Social mobilization</li> </ul>
Strengthen national resources, capabilities	Programme personnel <ul style="list-style-type: none"> <li>• Professionals</li> <li>• Para-professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Create awareness</li> <li>• Improve skills</li> <li>• Increase material</li> </ul>	<ul style="list-style-type: none"> <li>• Training</li> <li>• Experimental, demonstration projects</li> <li>• Strengthening infrastructure</li> </ul>
Advocate child development programmes	<ul style="list-style-type: none"> <li>• Policy makers</li> <li>• Public</li> <li>• Professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Create awareness</li> <li>• Build political will</li> <li>• Increase demand</li> <li>• Change attitudes</li> </ul>	<ul style="list-style-type: none"> <li>• Social marketing</li> <li>• Ethos creation</li> <li>• Knowledge dissemination</li> </ul>

Source: Same as Panel 2, p. 12.

### Identification of Issues

This **Innocenti Essay** is intended to be a first step in identifying some of the principal policy issues, as well as prospects for cooperation in dealing with alternatives to institutionalization, including less rigid and institutionalized approaches to providing quality child care for families with special difficulties.

The **Essay** draws on two principal sources: (1) a UNICEF mission to Romania in August

1990 to develop a programme for assisting institutionalized children in that country (see Appendix I for the mission's members);<sup>3</sup> and (2) presentations made at a meeting held at the Innocenti Centre on 13 July 1990 (see Appendix II for a list of participants), as well as follow-up discussions with Jiri Dunovsky of Czechoslovakia and Jeno Ranschburg of Hungary, leading

<sup>3</sup> The mission's report can be obtained by contacting Dr. Susi Kessler, UNICEF, 3 UN Plaza, New York, N.Y. 10017.

authorities in their countries in the fields of social paediatrics and child psychology, respectively. The references in this report to early childhood development and child care draw importantly on materials presented at an 'Innocenti Seminar' held on this subject in June 1989, including presentations on programming for child development by Robert Myers and one of this paper's co-authors, Cassie Landers. Panels 2 and 3 provide some summary materials drawn from the June 1989 Seminar. A complete report is available from the UNICEF Centre in Florence.

We have welcomed this opportunity to direct our attention to the subject of the institutionalized care of children 'at-risk' for several reasons. First and foremost, our own convictions — as well as those of our organizations — are against institutionalization of children, except under extreme circumstances and then, hopefully, for temporary periods of special treatment or protection.<sup>4</sup> Secondly, some of the problems in central and eastern Europe which have led to relatively high rates of institutionalization, as well as a number of the consequences, are more severe than in many other countries. But these problems do exist throughout the world and deserve increased attention by UNICEF and others. A number of developing countries where UNICEF has major programmes face significant problems, including financial ones, stemming from excessively institutionalized care of children. Finally, this subject provides an opportunity for increased attention to early child development and associated policies to strengthen families facing multiple deprivations (Panel 1). A careful assessment of the causes and consequences of institutionalization can teach us all a lot about the needs of children and families at risk and how alternative approaches — based heavily on community initiatives, parental participation and family-support measures — can be best designed and effectively implemented.

## II. THE SETTING<sup>5</sup>

Some of the major problems facing children in central and eastern Europe, including those which have resulted in a generally high degree of institutionalization of children, (as well as relatively heavy reliance on institutionalized

day care) were summarized in a UNICEF mission report of February 1990:

*Under the previously existing systems, at least in the first decades of the post war system, children were more or less guaranteed basic material welfare. Infant mortality is much lower than in Third World countries, although it is higher than in Western Europe. However, children did suffer under these systems, for several reasons. First, most men and women participated for long hours in the work force. Although promise of maternity leave was often generous, afterwards only a tiny proportion of women were able to stay at home to look after young children. Secondly, and partly because of the high proportion of working women, there was a high degree of institutionalization of young children, disabled, handicapped and socially deprived children. Often the institutions were strictly disciplined and rigid. Thirdly, the physical environment has been almost totally neglected. As a result many children in East-Central Europe suffer from environmentally induced diseases — respiratory diseases, food allergies and cancers. Fourthly, minority groups, especially gypsies, did not receive equal treatment. Finally, in the last fifteen years or so, social services have deteriorated, both because of the general economic deterioration and because of increasing corruption and inefficiency.<sup>6</sup>*

Since the report of this early 1990 mission was prepared, the overall economic situation in the region has deteriorated even further. One

<sup>4</sup> This Essay does not deal with the issue, except in passing, of juvenile offenders convicted of crimes.

<sup>5</sup> Much of the background information summarized in this section is drawn from visits to Czechoslovakia (now Czech and Slovak Federal Republic), Hungary and Poland by UNICEF staff members and consultants beginning with a visit to Poland by Giovanni Andrea Cornia and James R. Himes in January-February 1989, and including a mission to all three of these countries, led by A. Richard Jolly, in February 1990. In addition, a number of social scientists and child specialists from several central and eastern European countries, including the USSR, have taken part in other meetings at the UNICEF Centre in Florence, especially in connection with a research project on 'child poverty and deprivation in industrialized countries' coordinated by Giovanni Andrea Cornia, and we have benefited from their presentations.

<sup>6</sup> Mission to Eastern Europe, 12-17 February 1990, headed by A. Richard Jolly of UNICEF; other members included Giovanni Andrea Cornia and Reinhard Freiberg, also of UNICEF, and Mary Kaldor, University of Sussex.

recent study concluded that the national income of the region, which fell by about 11% in 1990, may decline by a further 8.5% in 1991.<sup>7</sup> Unemployment is projected to rise to 21% of the working population as state enterprises are privatized, some new enterprises fail and serious difficulties are encountered in converting centrally planned systems into market-driven economies.

## Commonalities and Differences

While it is possible to identify a number of common problems of children in a region such as 'central and eastern Europe', there are of course very important differences among and within countries which need to be taken into account in any programme of technical cooperation. For example, Polish authorities inside and outside of the Government, consulted early in 1989, stressed the importance of the strength of family ties in Poland and the reasonably effective combination of social sector, religious and traditional family responses to caring for children in difficult circumstances. One sees evidence of this phenomenon in the relatively low number of infants and young children (0-2 years of age) who are in nursery schools in Poland. Of the two million children in the under-two age group (1988), only about 105,000 (some 5%) are in nurseries, compared to 60% or more in the (former) German Democratic Republic and relatively high percentages in other countries in the region. (In several western European cases, by way of comparison, there is a quite low percentage of children in the under-three age group in nurseries in the Federal Republic of Germany: 2%; a high percentage in Denmark: 44%; and there was a reference at our July 1990 meeting to about 15% of the under-three age group in full-day nurseries in Milan, with a substantial waiting list.)<sup>8</sup>

Also in the same spirit of disaggregation among and within countries, Dr. Dunovsky proposed, largely for internal UNICEF planning purposes, a rough distinction which he feels we may find useful in terms of overall child care strategies and policies between:

**Central Europe** (Czechoslovakia, Hungary, Poland perhaps plus Croatia and Slovenia, within Yugoslavia), where he finds more participatory social patterns and less centralized and paternalistic attitudes emerging regarding child care and child development issues than elsewhere in the region;

**Eastern Europe** (Albania, Bulgaria, Romania, the USSR — or most parts of it — the rest of Yugoslavia), where he sees, for the time being, less interest in exploring alternatives to prevailing institutionalized approaches.

Obviously these distinctions could be the subject of considerable debate (not to mention political and geographic sensitivities). UNICEF's Innocenti Centre would welcome other views assessing current policies and degrees of interest in rethinking these policies from those concerned with this subject. These perceived distinctions do serve, however, to draw attention to the need for considerable 'fine tuning' in any analyses of alternative and/or supplementary family support and child care and child development policies and programmes in a region as large and extraordinarily diverse as 'central and eastern Europe'.

The very broad subject of family support and child care and protection and early child development in central and eastern Europe involves — and will continue to involve — an especially complex array of policy issues from the national to the local levels and also will be affected by a variety of transnational policy trends and sociopolitical currents. For example, the World Bank and the International Monetary Fund are becoming significant actors on the public policy scene in several countries of the region. The mass media are also now, post-*glasnost*, a quite different type of social force from earlier periods. Again, these forces affect different countries in quite different degrees.

In what is emerging in several countries, moreover, notably Czechoslovakia, the USSR and Yugoslavia, as rather loosely associated components of federal systems, major decisions about health, educational and other social policies previously taken in a highly centralized manner, could become the domain of state-level or constituent-republic policy-making. In addition, it is clear that critical decisions which are

<sup>7</sup> Study by the Morgan Stanley Bank, as reported in the *Financial Times*, 7 January 1991, p. 8.

<sup>8</sup> For an excellent review of child care policies and coverage, especially in northern and western Europe, see Sheila Kamerman, *Child Care Policies and Programs: An International Overview*, including Table I and its explanatory notes; 'Journal of Social Issues', special edition, 1 June 1990.



being made (or avoided) about the structures of the economies of these countries, as well as systems of governance, including the role of individual incentives, the State and the private sector, will have a powerful influence on the needs (and demands) of children and families, particularly those at the lower end of the income and educational ladders and those facing special difficulties, such as ethnic minorities, broken families and families with mentally or physically impaired children. Policy-makers at all levels of government will need to be unusually conscious of the enormous impact which their decisions, not to mention market forces and changing forms of social behaviour, will have both on the nature of the family and child-related problems to be addressed and the new forms of consumer demand for public and private services which will be emerging in these rapidly changing socio-economic and political contexts. Even countries which choose a cautious approach to economic and political reform will undoubtedly find that the attitudes and behaviour of their citizens, especially the younger generations — including young parents — will be heavily influenced by larger social forces (including the growing influence of the international media and 'consumerism') which increasingly transcend even the most closely guarded national borders.

### III. THE INSTITUTIONALIZATION OF CHILDREN: WHY IT HAPPENS AND WHAT ARE ITS CONSEQUENCES

Given their potential for full-time control and influence, residential institutions are at least in theory a means to attain the objectives families are, temporarily or permanently, unable to achieve. The number of children cared for in residential institutions as a consequence of inadequate family environments reflects a complex interplay of social, political and economic factors. The results of these forces determine the percentage of families rendered incapable of providing the basic survival, development and protective needs of their children.

For example, high-risk families as defined by inadequate financial resources, family discord and marital instability may influence the percentage of abused or neglected children requiring care outside the family. Rapid rates of urbanization, the breakdown of traditional family structures, and a deterioration of community identification and responsibility increase the number of children with only marginal attachments to family units. As a result, the number of socially deprived and at-risk children requiring institutionalization may increase. Moreover, increases in the percentages of children requiring out-of-home care is a consequence (often unintended) of social policies and legislation combined with the discouragement of non-governmental community-based alternative care arrangements. The numbers of illegitimate and/or unwanted Romanian children in institutionalized care as a result of pro-natalist policies and antiabortion legislation is a dramatic case in point.

Famines, war, epidemics and natural disasters also influence the proportions of orphaned and handicapped children in need of residential care. In other instances, migrant, immigrant or gypsy populations may utilize institutions as means of providing temporary child care and shelter. Changes in women's full-time labour force participation away from home may create a demand for semi-residential care on a weekly basis while mothers are engaged in economically productive activities.

#### Varied Systems

The residential care of children in institutions encompasses a complex system of many diverse components. The organization, structure and quality of care varies tremendously and reflects the different perceptions of the needs, nature and roles of children living away from home. A society's current system of institutionalized care is the consequence of diverse and numerous agencies and individuals working according to a wide range of motivations, objectives, standards and practices.

In spite of this complexity, several broad categories of residential establishments for children can be defined. These include, for example, children's homes and schools for orphaned and abandoned children as well as institutions for

children severely deprived and impaired socially, through impoverished family backgrounds, or personally through mental, educational, psychiatric or physical disabilities. In marked contrast to institutions caring for handicapped, orphaned or deprived children, are those serving elite children from privileged classes. The degree to which institutions segregate children according to a variety of factors including sex, age, handicap and behaviour, including maladjusted and severely disturbed children, varies tremendously. In reality, deprived children are not easily categorized and their behaviour and potential reflect a multiplicity of interrelated health, nutritional and developmental factors.

## Quality of Care

The organization, structure and quality of child care and development provided within an institution reflects the varying social roles ascribed to the deprived and disabled child. Such perceptions have ranged from less-than-human menaces to society, objects of pity, burdens of charity and holy innocents, to individuals with unique human potential and capacity. Each role is accompanied by a set of expectations as well as implications for the structure and delivery of services (Wolfsberger, 1969<sup>a</sup>).<sup>9</sup> These perceptions dictate a society's concern with the impact of institutionalization on the long-term development of the child.

In view of the wide variety of institutional settings and the evidence from studies on their varying effects on child development, the concept of the 'institution' as the critical causal factor has been replaced with models that consider the effects of different institutional regimes on different aspects of development. Simply stated any discussion of the effect of institutional upbringing on children must take into account the age, handicaps and length of stay of the children in residence, the type and quality of care provided in the institution, the alternatives actually or in principle available for the children not able to be brought up in their own homes, and above all the consequences for the child and the family of caring for the child at home. To these factors it is also important to consider the degree to which residential care is considered the cultural norm and therefore accepted and pre-

pared for, as well as the status and esteem attached to different forms of care (Tizard, 1974<sup>b</sup>, 1972<sup>c</sup>).

## Hazards of Institutions

In general, however, institutional care has rarely been designed to meet the physical, social, emotional and cognitive needs of infants and children in a way that approaches the nurturing, stimulating and protective atmosphere of an adequate family environment. In spite of the risks associated with the spread of respiratory and other infectious disease among young children in residential care, basic preventative and curative health care is often less than optimal and sometimes appallingly inadequate. The nutritional status of children reared in institutions is extremely variable and all forms of nutritional deprivation are apparent. The care of children in groups requires tremendous resources, both material and human, in order to address an individual child's needs, assets and sensitivities. Given the staff limitations combined with the substandard conditions and rigid administrative policies characterizing many institutions, the kind of care and attention necessary to support the normal physical and psychological development of a child is severely curtailed (Provence, 1989<sup>d</sup>, 1962<sup>e</sup>).

Characteristic of many institutions is the deprivation resulting from a hospitalized notion of care. Inflexible routines and daily schedules, characterized by a vicious circle of eating, bathing and sleeping, ignore a child's basic needs for cognitive, emotional and social stimulation. In fact the routines of the institution are not often related to the needs of a given child at a specific moment thus negating opportunities for learning and establishing a relationship with a responsive caregiver (Drotar, D., 1985<sup>f</sup>). Children deprived of stimulation and interaction with a sensitive caregiver also manifest stereotypic patterns of rocking and self stimulation accompanied by passivity and neuromotor delays. Research has demonstrated that separation is not the crucial causal factor in deviant development but the ability of the child to form meaningful and consistent relationships. Increasingly evident is the in-

<sup>9</sup> Bibliographic references in this section are included in Appendix III.



In a 'Home for Irrecoverables' in Romania – The pain of emotional deprivation

fluence placed on the quality of interaction between a child and its caregiver as the critical influence on all aspects of health, physical, social, intellectual and emotional development.

Few institutions are capable of distinguishing between children whose deviancy is the result of physical handicap or learning disability from those whose abnormality is the result of deprived early environments. It is not uncommon for children with simple handicaps to develop severe cognitive, emotional and social disabilities. Children are frequently misdiagnosed and mislabeled. Screening and diagnostic procedures are often performed haphazardly with no systematic effort to intervene with programmes based on those diagnoses. With little or no opportunity for reassessment, children can too easily be locked into inescapable systems of institutionalized care.

## Assessing Consequences

In assessing the impact of various factors of institutionalization on physical and psychological

development, it is important to distinguish the issue of maternal and other family deprivation from other types of deprivation characteristic of institutional care. While the negative long-term consequences resulting from inadequate health and nutrition are obvious, the impact of various forms of deprivation on the psychological development of the child is less easily recognized and understood. Moreover, once health and nutritional insults have been ameliorated, the developmental impairments and deficits in social and emotional functioning constitute the major factor in long-term morbidity. Children reared in institutions experience double jeopardy. They are exposed more frequently to such risks as illness and nutritional deprivation and they experience more serious consequences from these risks.

In assessing the impact of institutionalization on child development, one is reminded of the work of the resilient or invulnerable child. These children learn to survive, establish close bonds among themselves and elicit sensitive and responsive caregiving even in extremely negative environments. The protective factors inherent within these resilient children as well as the possible ameliorating circumstances, require further investigation.



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## Maternal Deprivation

Since Bowlby's first descriptions of the maternal deprivation syndrome in 1951 (Bowlby, 1951<sup>8</sup>), there has been a massive increase in evidence indicating the influence of deprivation and disadvantage on children's psychological development. The literature abounds with detailed accounts of delay and deviant behaviour in emotional, language and social development and in non-verbal problem solving. It is increasingly evident that the consequences of deprivation generate a complex and heterogeneous group of psychological abnormalities. For example, young infants separated from their mothers experience problems in the normal development of attachment behaviour. This abnormal early bonding is later manifested by an inability to establish and maintain meaningful interpersonal relationships. Intellectual retardation and developmental delay is a function of an absence of meaningful and stimulating interactions with both people and objects (Rutter, 1980<sup>h</sup>).

The evidence is unequivocal that the first few years are critically important in laying the foundation for bond formation and social development. The delays in development as a result of early deprivation, moreover, are cumulative. Delays in motor, social, emotional, language and cognitive development resulting from inadequate stimulation are common among children reared in institutions. For any given child, the extent of these delays is dependent upon the degree and duration of deprivation, combined with an inherent level of biological risk. The long-term individual and societal costs associated with such deprivation are excessively high and can be measured in terms of school dropout, unemployment, crime and delinquency. Thus, the policy implications of deprivation as a consequence of institutionalization are dramatic when one considers the effects on adult personality formation, skills and capacities.

## Evolving Concepts and 'Deinstitutionalization'

The need for flexibility in the residential care of children reflects the relative speed with which needs and perception of needs change, philoso-

phies come in and out of fashion and new knowledge is acquired. The terms 'orphans and foundlings' have been replaced by the concept of 'deprived children' and the view that delinquent and other children in public care need to be removed from the negative influences of the home and family. The percentage of institutionalized children and quality of care they receive has a profound influence on the community's and society's perception of need. Thus outmoded perceptions and attitudes, incorporated into old or foreboding facilities, continue to influence public attitudes and beliefs even when economic, political and professional opinions have changed.

Present generations are dependent on the overall system of past generations as well as the individual residential establishments. Individual institutions and systems survive even when the original purpose for their existence has passed. Well-established and influential patterns of staffing and management are reinforced by an intricate network of tradition, philosophy, values and sentiment. It is difficult to convert old buildings, outmoded in design, scale, location and overall concept, into structures compatible with current needs. Inertia and inflexibility are present in all organizations and services, but the combination of brick, social perceptions and professional doctrine render these factors particularly potent in the case of children in residential care (Moss, 1975<sup>i</sup>).

In spite of this inertia, powerful social, political and economic factors have fostered the social movement away from the placement of individuals in large institutions toward community-centered forms of care. This process, known as deinstitutionalization, encompasses three interrelated processes including: (a) prevention of admission by finding and developing alternative community-based methods of care and training; (b) return to the community of all children who have been prepared through programmes of habilitation and training to function adequately in appropriate local settings; and (c) establishment and maintenance of a responsive residential environment which protects the child's rights and fosters the fulfilment of her or his full potential.

Reflecting the public policy emphasis of deinstitutionalization, dramatic changes have occurred in the size of populations in publicly operated institutions. In the United States, for example, during the past ten to fifteen years the number of children in state and county residen-



An institution for infants in Prague built in 1921

tial hospitals was reduced by approximately 67%. Paralleling the general acceptance of the concept of deinstitutionalization has been the substantial growth in a wide variety of community-based options. Attempts to classify these various models have generated the following categories of care options: foster-family homes; community residential facilities; supervised staffed apartments; independent apartments; visiting professionals; boarding homes; sheltered or domiciliary care homes; nursing homes and residential villages (Bruininks, R.H., et al., 1980<sup>j</sup>).

An indispensable component of these community alternatives is the provision of needed services and opportunities within the community. In contrast to earlier institutional models which provided almost all services on the institution's grounds, it is clear that community residential programmes frequently do not have the personnel, the space nor the funding to undertake a

complete service programme. A frequently cited problem is that services are often organized on an *ad hoc* basis with little planning and coordination of responsibility, authority, funding or decision-making among groups. Successful attempts to design and implement effective community-based options have included: (a) planning for deinstitutionalization; (b) financial considerations; (c) individualized programme planning and evaluation; (d) regulatory issues; (e) legal protection; and (f) a continuum of well coordinated community services. Without careful planning and management of services, the process of deinstitutionalization will not achieve an adequate quality of life for children in need of care. Recognizing that different individual and socioeconomic conditions give rise to differing needs and appropriate responses, community-based alternatives to formal institutionalized care of children must be given serious attention and analysis.

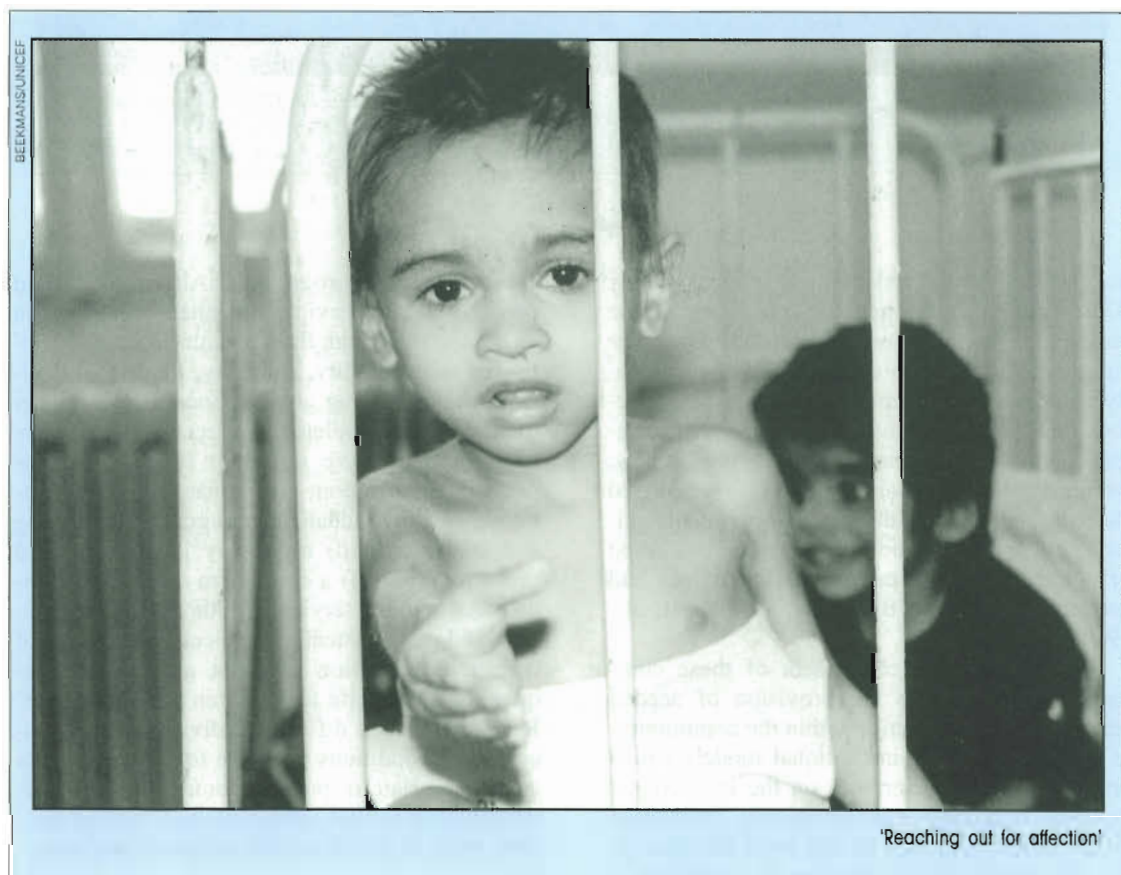
## IV. THE INSTITUTIONALIZED CHILD IN CENTRAL AND EASTERN EUROPE

This section is divided into two parts. The first draws extensively on the results of the August 1990 UNICEF mission to Romania, headed by one of this paper's co-authors, Susi Kessler, and on which Cassie Landers also participated. To some extent, the situation found in Romania is an extreme case. But it serves to illustrate not only the chilling consequences of institutionalization 'gone berserk', but also the complex social phenomena and public policies which can produce such a result. The second part of this section is a summary principally of parts of the statements by Dr. Dunovsky and Dr. Ranschburg at our July 1990 meeting, drawing particularly on their extensive experience in Czechoslovakia and Hungary respectively.

## THE SPECIAL SITUATION IN ROMANIA

It literally required a revolution, and the overthrow of the dictatorship of Nicolai Ceausescu, in December 1989, to allow full exposure of the plight of thousands of children interned in institutions in Romania. The sight of children in a shocking state, including an AIDS epidemic of some 700 HIV-infected children, sparked an international outcry, a declaration of emergency by the United Nations and a flood of offers of humanitarian aid.

The harrowing images of children in some of the homes for 'irrecoverables' will not be easily forgotten by all who saw them. In other institutions for children in Romania, children who appeared physically better cared for nevertheless showed the signs of psychological neglect, inadequate stimulation or deprivation of human contact. Thus, Romania's experience with children in institutions presents us both with a grotesque caricature of the severe consequences of 'neg-





lect' in the extreme, as well as the results of less negligent yet inappropriate care in other institutions. Lessons can be drawn which may be useful in addressing issues related to institution-based care of children and alternative approaches.

The repression and isolation experienced in Romania during its 45 years of one-party rule were indeed extreme. Particularly since 1965, when Ceausescu came to power, the situation has been likened to that of Stalinist totalitarianism. During these years, the country experienced extraordinary economic and moral decline. After decades of repression and hardship, many individuals encountered by the UNICEF mission in August 1990 appeared demoralized and apathetic, suffering from what Romanians referred to as a 'degeneration of conscience and morality'.

The situation of institutionalized children within that context is both a consequence of that decline and an expression of the victimization of children, often unintended, by economic and political turmoil.

## Magnitude and Causes of the Problem

The full scale of this tragedy in Romania is not yet known. The figures reported to the recent UNICEF mission suggest that at least 142,000 children up to 18 years of age can be found in more than 628 residential institutions. This estimate, however, does not include a number of institutions such as those maintained by the police. Some estimates therefore are as high as 200,000, or about 4% of the child population.

The high incidence of institutionalized children in Romania has resulted from a number of complex political, social and economic factors including the pro-natalist population engineering by the Ceausescu regime, compounded by the effects of a severely curtailed economy. As a result of the government's attempt to increase the population, abortions were prohibited in 1966 and family planning information and services were not available. These factors led to a sharp increase in the birth of unwanted children, many of whom were abandoned and placed in institutions. The lack of contraceptives gave rise to many illegal abortions, often self-induced. Some attempts failed, and although the results are difficult to document, a relatively large number of infants appear to have been born with impairments.

Particularly with the imposition of an austerity programme to reduce foreign debt initiated early in the 1980s, living conditions became increasingly difficult. Domestic food consumption fell and per capita income remains among the lowest in Europe. Such conditions, especially with parents working, often made it difficult for families to care for their children. Rural-urban migration and the relocation of families to collective farms led to the disruption of extended families and reduced the possibility of child care by grandparents. Furthermore, a divorce rate of 40% was reported. High rates of alcoholism were also noted as contributing to family conflicts and breakdown.

## Status of Families and Communities

The Ceausescu regime severely damaged the most basic of institutions, the family, as well as communities. In this environment the Romanian family persisted in isolation with little help from organized systems of social support. Individuals were discouraged from attending religious services and even marriages were celebrated outside the Church. While a health system was in place, the goal was not so much to improve the well being of the individual but to produce an individual who could contribute to the economic productivity of the State. Opportunities for health education and prevention were not adequately utilized. Women generally found it necessary to return to work following three to six months of maternity leave. Infants were often placed in creches, many of which were residential for part of the week.

The education system, remembered by older Romanian intellectuals as being quite strong, was compromised. Schools were seen as vehicles to impose political ideology and intermittently to provide collective labour. Even preschool children spent a portion of the school year in agricultural activities. Given this situation, combined with few or no reliable education statistics, claims of high literacy rates and educational achievement should be further reviewed. Almost all forms of higher education were curtailed during the past ten years, and educated persons were often forced to perform manual labour.

In this environment the concept of community, families sharing a common geographic area

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and professing similar attitudes, beliefs, and values, was severely undermined. Little value was placed on a community environment where families exchange ideas, share resources and find common solutions to problems. The individual was required to fulfil his responsibility primarily to the State thus greatly weakening his ties to family, community and social institutions.

## The System of Institutions

The responsibility for delivering services related to children in institutions is divided in a complex and relatively uncoordinated fashion among three ministries: the Ministry of Health, the Ministry of Labour and Social Protection and the Ministry of Education.

The Health Ministry operates residential institutions, or 'orphanages', in all districts for children from birth through three years of age. The quality of care found in these institutions varies tremendously. They are usually headed by doctors (often paediatricians) and run in close relation to the hospitals. At the age of three, a child is screened and then transferred to an institution run either by the Ministry of Education or by the Ministry of Labour and Social Protection. In addition, the Ministry of Health runs a few chronic care hospitals where some severely handicapped children are kept. Other children can be found in psychiatric hospitals. In addition to institutions for handicapped, abandoned or orphaned children, the Ministry of Health operates creches for 'normal' children between three months and three years. According to reports, approximately half of these provide residential facilities during the week. It is likely there are handicapped children within these facilities.

The Ministry of Labour and Social Protection operates 'Homes for the Irrecoverable' or *Kaminspitals* for children and young adults between 4 and 20 years of age. These institutions were designed to receive children with severe mental or physical handicaps. In reality, however, some children with minor disabilities and even with no disabilities were found in such institutions. The precise number of institutions is not available, and estimates of the number of children in these homes have been as high as 10,000.

The Education Ministry is responsible for most facilities providing care of abandoned and

orphaned children between 4 and 18 years of age as well as those with less severe handicaps. This Ministry also runs a large number of schools for children with special needs such as visual or hearing impairments. These are mostly boarding schools but some also accept day students as well as weekly boarders.

## Care and Development of the Institutionalized Child

The infants and children living in the institutions and orphanages in Romania portray the well-known symptoms and consequences resulting from inadequate attention to their health, nutritional and developmental needs. The specific condition of each institutionalized child was extremely variable and reflected the interrelationship among several factors including the infant's biological status at birth and the physical conditions and facilities of the institution. A most critical factor contributing to the overall quality of the environment in the institution was the attitude of the Director, which usually set the tone for the behaviour and sensitivity of the staff. Taking these factors into account, all degrees and forms of normal and abnormal child behaviour and development were evident.

In the assessment of these children it is important to distinguish the issue of deprivation of care and nurturing from other aspects of the institutional environment and of their biological status. In the institutions visited virtually all children suffered from inadequate attention to their social and emotional needs due to the absence of a specific caregiver. With a lack of adequate staff, combined with the poor physical conditions and rigid administrative policies, institutions failed to provide the kind of care and attention necessary to support the normal development of a child. The daily schedule had little scope for stimulation, at best minimal unstructured 'play'. For the severely disabled, immobile child even this outlet was not available.

The routines of the institutions were not related to the needs of a given infant or child at a specific moment thus negating any opportunity for learning or for establishing a relationship with a responsive caregiver. Infants were fed by bottle propping and were often swaddled in soiled cloth. Based on these limited observations,



In a 'Home for Irrecoverables' in Romania — An unrelenting cycle of deprivation, isolation, disability and loneliness

one could assume that much of the high rate of malnutrition seen could be attributed to 'inorganic failure to thrive' as a result of maternal deprivation. The behaviour of many of the infants was characterized by stereotyped rocking, passivity, low muscle tone, neuromotor delays and non-demanding social behaviour. Few infants showed evidence of stranger anxiety, reflecting absence of the normal development pattern of attachment. Infants often responded with lethargic but 'locked' interest as adults attempted social interaction. Many infants and children appeared starved for human interaction. Although most institutions had received some toys through the recent outpouring of foreign aid, the staff

often kept them hidden or out of reach of the children, fearful that they would get 'ruined'. Because of ignorance, lack of concern, or lack of time, the staff seemed generally unaware of the need to stimulate the development of the children under their care, or even to provide the most minimal kind of sensory contact.

Few institutions, even those run by the Ministry of Education, had staff capable of addressing special education needs. As a result of this deprivation, combined with inadequate screening and diagnosis, many normal children have been mislabeled. Others suffering from physical disabilities have developed severe social, cognitive and emotional disabilities.



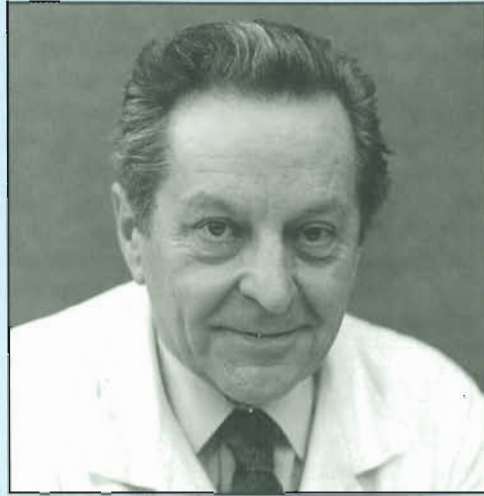
## Classification System

Under the current system, children in institutions maintained by the Health Ministry are assessed at the age of three and classified into one of three categories. The disabled but 'educable' child is sent to institutions run by the Ministry of Education. Some of the children receive vocational training for work outside of institutions while others receive limited training but remain institutionalized. The third group is classified as 'irrecoverable' and is not exposed to any education or training activities. The screening and diagnostic procedures are performed haphazardly resulting in a mixed and inappropriate grouping of children. Often included are children institutionalized for varying degrees of social delinquency.

With little or no opportunity for reassessment, children are locked into unescapable systems of institutionalized care. These children have little or no experience with life outside the institutions. Even those with normal capacities have not been integrated into the school system. Proposed efforts for the better integration of these children must proceed cautiously because of the existing attitudes of teachers and communities towards handicapped and orphaned children. Although the Catholic Church has expressed some recent concern there have been few advocates for improvement of the situation. Considering the struggle for the very survival of Romanian society during the past four decades, it is not surprising that little energy and resource is left for that society's most vulnerable groups.

## TWO VIEWS FROM CZECHOSLOVAKIA AND HUNGARY

The overall ideological orientation of the post-war, centrally planned systems of central and eastern Europe is viewed by Dr. Dunovsky as being largely responsible for the overly institutionalized responses to family and child-related problems. Excessive paternalism on the part of the State gradually eroded the natural social networks, often destroyed the work of voluntary and charitable organizations, and discouraged people from assuming social responsibilities, including for the care of children in need of special support. Dr. Dunovsky cited the dramatic example of the growing conviction among many par-



Excessive paternalism on the part of the State, according to Dr. Jiri Dunovsky, has eroded natural social networks

ents that the State 'guarantees' the right to a child's being healthy. "If a child, however, is born handicapped, the parents would begin to reject the child because of this declared right. These children were increasingly sent off to residential institutions. Very soon the institutions exhausted their capacity to admit these children." But the attitudes of many parents with handicapped children or children with other medical or social problems remained unchanged. It had become accepted practice for the State to remove children with special difficulties from their families rather than to seek to enable families to cope with their crises. In such circumstances, it is also likely that many parents lose confidence in their own abilities to cope with their children's difficulties and become convinced it is better for their children to be cared for by the State.

## Complexity of Causes

The deteriorating economic situations and growing social problems in most of the countries compounded the problems facing families. On the economic side, for example, several countries have been forced to reduce child allowances provided to foster parents and parents with handicapped children. Deteriorating housing conditions, alcoholism and early age of marriage were cited as significant factors contributing to increased stress on families. And in turn, centrally

controlled and rigidly managed institutions for children were less and less able to cope with the mounting problems.

Again, it is important to emphasize that situations vary greatly among countries in the region. Several nations, including Czechoslovakia, Hungary and Bulgaria have strong family and child assistance policies and good practices inherited from educational and other reforms going back to the 1930s and before. Levels of family income, as well as the quality and availability of social services, are also very different from one country to another. On the income side, for example, Czechoslovakia enjoys a relatively strong position.<sup>10</sup> Until about three years ago, only 8% of children in Czechoslovakia were classified as living below the 'social minimum'.<sup>11</sup> In the Czech case, moreover, special allowances have been available to help compensate for poverty-level conditions facing children. On the other hand, there are recent estimates from the work of Dr. Dunovsky's group in Prague that the number of children living below the social minimum has been rising rapidly during the last several years and may be approaching 20%, especially with the sharp price rises following de-regulation early in 1991. The economic prospects facing families with dependent children are likely to be even more difficult in most other countries in the region than in Czechoslovakia.

## Social Orphans

There has been considerable interest in the use of the term 'social orphan' in the central and eastern European context. Dr. Dunovsky provided an explanation of this phrase in terms of the nature of the dysfunction of the family, especially the parents. Social orphans typically have parents who either: (a) cannot provide adequate care for their children because of serious handicaps, chronic disease, severe poverty or other family disorders; (b) do not have adequate knowledge to provide necessary care, often because they are very young parents, or otherwise immature; (c) refuse to provide adequate care because of severe maladjustment or, in the most extreme cases, manifest outright hostility towards their children, resulting in child abuse.

Though statistical data in this area are obviously hazardous, it is estimated that about 1-

3% of the child population of these countries are institutionalized 'social orphans' in the sense described, and Dr. Dunovsky suggests that the figure is probably higher in Romania (as also suggested by the UNICEF mission) and perhaps the USSR. A colleague of his in Prague reports that in the Czech Republic, by and large a prosperous region, there were about 30,000 children in out-of-family placement, 1% of the age group. For the country as a whole, only 2% of all children in institutions are 'orphans', in the strict sense. About half of the total are of gypsy origin; the large majority are boys.<sup>12</sup>

Government policy and parental attitudes towards the institutionalization of 'social orphans' and other children in difficult circumstances, has varied somewhat during the Post-World War II period, as well as from country to country. The earlier period tended to be characterized by a more dominant policy of institutionalization, and that orientation — sometimes with extremely negative consequences for children — has largely continued to prevail in Bulgaria, the (former) German Democratic Republic, Romania and the USSR. The situation has been more varied in Czechoslovakia, Hungary and Poland, depending on a number of factors, including the varying degrees of Soviet influence in these countries at different periods. In general, Dr. Dunovsky finds that child specialists, largely paediatricians and psychologists, have been relatively more successful in Czechoslovakia and Poland than elsewhere in drawing attention to the negative consequences of excessive institutionalization, as well as inappropriate practices within institutions. As one alternative in Czechoslova-

<sup>10</sup> The World Bank apparently is in the process of revising its per capita GNP estimates for eastern and central Europe, many of which are of questionable reliability. Earlier estimates, shown in UNICEF's 1991 *State of the World's Children* report show: German Democratic Republic, \$7,180 (1980); Czechoslovakia, \$5,820 (1980); USSR, \$4,550 (1980); Bulgaria, \$4,150 (1980); Romania, \$2,560 (1983); Yugoslavia, \$2,520 (1988); Hungary \$2,460 (1988); Poland, \$1,860 (1988); Albania, \$790 (1987).

<sup>11</sup> While comparisons of this sort are highly approximate, particularly with the rather vague concept of the 'social minimum', it may be useful to note that about 20% of children in the United States (1988) live in families with incomes below the U.S. 'poverty line'. The rate is over 40% for black children. See Sheldon Danziger and Jonathan Stern, *The Causes and Consequences of Child Poverty in the United States*, 'Innocenti Occasional Paper' No. 10 (November 1990).

<sup>12</sup> Petr Struck, 'On the Turn: The Current Situation of Czechoslovak Children' (unpublished manuscript, 1990).

kia, concerned professionals and others were finally able to gain support for new legislation, in 1973, permitting various forms of foster care, reversing the prohibition of foster family arrangements in 1951. Legislative changes were also secured to facilitate the adoption of children whose parents had been unable to provide adequate care for at least one year.

An observation by Dr. Ranschburg, however, served to illustrate the difficulties facing efforts at the reform of child care in the absence of more comprehensive social policy changes. In some countries of the region foster parenting has been accepted as a regular form of employment. But it has often become a form of employment 'of last resort' for otherwise unemployable people, often, unqualified for the demanding work of child rearing.<sup>13</sup>

## Problems and Consequences

Drawing largely on his observations in Hungary, Dr. Ranschburg also provided a sobering list of some of the main problems of institutions for children, as well as the socio-psychological impact of institutionalization:

(a) Poor condition of the buildings, inappropriate locations (often quite isolated from human settlements), and poor-quality equipment;

(b) Low professional qualifications of staff, as well as personalities of staff members frequently inappropriate for child rearing;

(c) In many cases, aggressive and authoritarian styles of child rearing prevail, together with physical punishment;

(d) The institutionalized child lives in a highly dependent position, treated as part of a 'special' group rather than an individual; typically the child's goals, including for later employment, are determined by the institution;

(e) If an institutionalized teen-aged girl has a child, the child is immediately taken away from the mother and also institutionalized;

(f) Juvenile delinquency is very common among institutionalized children;

(g) Children 'reared by the State' must generally leave their institutions at age 16; they must then enter an almost unknown world, with little effective preparation, supervision or counselling; this process becomes a 'hotbed' for juvenile delinquency and criminality;

(h) There is a growing aversion towards the

institutionalized child in the 'normal society' resulting in conflictive relations between children who have been institutionalized and those who live with families.

Given this listing of potential problems associated with institutionalizing children, quite apart from the situation in Romania, one can well imagine the sense of urgency for reform in increasing numbers of circles in the region. As noted earlier, there is also a growing awareness of the inadequacy of many prevailing instruments and practices for early detection and screening of problems which may require some degree of institutionalized treatment or support. Much less clear is the range of alternative approaches under consideration in different countries. The growing debate on the institutionalization of children with physical, emotional, learning or social problems also will relate to the larger subject of family support, early childhood development and child care and protection for families whose principal child rearing problems relate to social circumstances such as low incomes, two working parents or single parenthood.

There is an urgent need for substantial reforms in institutionalized care, family support and child care policies. New ideas with respect to strategies and forms of service provision are thus being sought. More broadly, however, there is also a quest for new attitudes and new skills regarding education (for parents as well as young children), human rights, the family and society at large. These are exciting and ambitious challenges, to be sure. In the process, concrete policy options will need to be carefully analyzed. Participants at the July 1990 meeting stressed, in this regard, the importance of:

(a) breaking down paternalistic attitudes and systems and bringing about more participatory attitudes and skills;

(b) establishing non-governmental groups and associations with a new vision of sharing responsibility for child development and child care with parents and community; and

(c) bringing about a new partnership among the public services, non-governmental initiatives, professionals and families.

<sup>13</sup> Many of these child-related problems, of course, are far from unknown in the West. Difficulties with foster care and other out-of-home programmes are certainly no exception (Panel 4). A 1984 study funded by the U.S. National Centre on Child Abuse and Neglect found that about 3% of all children in foster care in the United States were abused.



Reared by the State, the institutionalized child lives in a highly dependent situation and faces a growing aversion by 'normal society', resulting in conflictive relations between children who have been institutionalized and those who live with families ... Dr. Jenő Ranschburg.



Hospitalized infant and toddlers group in a foundling home in Budapest



## V. OBSERVATIONS FROM THE EXPERIENCE OF OTHER COUNTRIES IN THE FIELD OF EARLY CHILD DEVELOPMENT AND CHILD CARE

One of the purposes of the July 1990 meeting on the 'institutionalized child' was to encourage a preliminary exchange of views regarding the possible relevance for central and eastern Europe of child care and child development experiences elsewhere in the world, including Italy. The Italian Government has expressed interest in cooperating with central and eastern Europe. Italy is also a country well advanced in making community and family-based child care programmes work, including those dealing with the problems of specially disadvantaged families and children, such as the handicapped. UNICEF's host institution in Florence, furthermore, the *Istituto degli Innocenti*, is seeking to build on its extraordinary history of five and a half centuries of caring for abandoned, illegitimate and other disadvantaged children to help address some of the more severe contemporary forms of deprivations families and children are facing in industrial and post-industrial societies. We will not attempt in this report to capture all of the rich detail provided by participants regarding programmes for child care and child development around the world which make a special effort to involve parents, other family members, and community support networks or organizations in their work. Increasing numbers of these programmes are reaching larger and larger proportions of the target populations, including at-risk groups, in part because of their greater affordability than most conventional systems. It would be useful to encourage a sharing of some of the best policies and practices which have been developed both in the 'West' and in the 'South' with central and eastern European countries which are 'rethinking' their approaches to dealing with children and families with special problems. These may include problems resulting from poverty, disabilities of various sorts and other disadvantages such as those of ethnic minorities. Several participants also spoke of the value for the general field of early childhood

### PANEL 4

## Perspectives from the U.S.A.

As east Europe either plunges — or edges gingerly — towards capitalism, her leaders should have no illusions that the 'market' provides any easy or automatic solutions for the problems giving rise to the need for out-of-home placement of children away from their families, often in institutions.

A leading private foundation in the United States reports:

'On any given day, nearly 500,000 children in this country are living apart from their biological parents, separated from their homes and families. They are in the social service system: in foster care or group homes, in juvenile justice, mental health, or special education institutions.

The number of these placements is growing, some at the alarming rate of 20 percent per year. Over half of the children will be kept away from their homes for a year or more; three out of five will be placed in more than one setting during their stay; some will have 15 or more 'homes' in their childhood, and some will never again live with any permanent family. At an early age, sometimes even in infancy, these children know the pain of conflict, crisis, separation, and loss. In many ways they are this country's youngest homeless, needlessly lost in a maze of over-used programs and facilities.'

— The Edna McConnell Clark Foundation, *Keeping Families Together; Facts on Family Preservation Services*.

The President of Howard University in the United States, Franklyn G. Jenifer, is reported to have commented favourably on the decision of the Bronx Regional High School in New York City to open what may be the first dormitory at a U.S. public high school: These will be a "sanctuary" from "homes in which disorder, neglect and often, violence is the norm."

*International Herald Tribune*, 2-3 March 1991.



## Different Approaches

1. A recent review found, particularly in northern Italy, an exciting movement away from thinking about "childcare services" in isolation and "towards a broader concern with the needs and rights of children and their quality of life". Child-related services "need to be seen in the wider perspective of developing an environment that is generally responsive to the needs of children. An important part of this environment is space and its use: in the home, in services and throughout urban areas". Among the services being changed in parts of Italy, "nurseries are evolving into flexible, multi-functional resources which contribute towards a child-friendly and carer-friendly environment".

— Peter Moss, unpublished paper presented at the International Seminar on Social Policies for Children and Adolescents, *Istituto degli Innocenti*, 20-23 February 1991 (pp. 6-7).

2. A growing number of countries, including Canada, Denmark, Hungary and New Zealand are developing 'Homebuilders' programmes, stemming from work initiated in 1974 in Washington State in the United States. "Homebuilders is an intensive, in-home family crisis counseling and life-skills education programme designed to prevent unnecessary dissolutions of troubled families and reduce placements of children into publicly-funded care." The system relies on well-trained therapists on call to families any time of day or night, any day of the week, for four to six weeks. Parents or children are seen in their own homes, neighbourhoods or schools. They are served free of charge.

— Homebuilders Evaluation Summary, Behavioral Sciences Institute, Federal Way, Washington, 98003-6737, U.S.A.

development of opportunities for well-focussed exchanges of experience across a broad range of country settings. Few countries have satisfactory solutions to the complex and changing needs of families in distress. Accordingly, there is great potential benefit in seeking a more systematic sharing of both good analysis of the problems and practical ways to address them: which approaches seem to be working best, which are not, and why the differences?

A brief summary of some of the relevant points in the presentations from a number of institutions at the July 1990 meeting may be useful:

***Istituto degli Innocenti:*** Although the oldest continuously operating institution, certainly in the western world (Panel 6), dealing with child abandonment and neglect of various sorts, the *Istituto* in fact is now developing new approaches to day-care provision, basic education and assisting families and children in distress. It serves the Regional Government of Tuscany in an advisory capacity on these subjects. Consequently, it has contact with child and family services throughout Tuscany and is expanding its outreach elsewhere too.

Among the *Istituto's* evolving interests is the concept of appropriate 'meeting places' for adults and children, linked to specific services which are important for families, including child health and day-care services. Already well functioning at the *Istituto*, is a *ludoteca* (lending library for toys and games, as well as books, also with attractive space for quiet play and adult-child interaction).

An experimental programme (*Casa delle Madri*) has been set up for young mothers and pregnant teenagers, often single and facing difficult family circumstances; services include the possibility of short-term residence at the *Spedale degli Innocenti* while their problems are sorted out.

Proposals are being considered for follow-up research on programmes such as the *Casa delle Madri* and on the infants and young children, though now few in number, served by the residential wing of the *Spedale*: Why are they here? What happens to them while they are here? How do they fare after they've left — generally after only brief periods of institutionalization?

The *Istituto* maintains close links with both governmental and voluntary or non-governmental





Early twentieth century scenes of foundlings and nurses at the *Spedale degli Innocenti*



## Lessons from History?

Florence's *Spedale degli Innocenti*, which occupies a beautiful early Renaissance building, designed by Filippo Brunelleschi in 1419-21, was not the world's first foundling hospital. It may, however, be the oldest one in continuous operation. From numbers exceeding 3,000-4,000 abandoned children under the *Innocenti*'s care in earlier times (the majority in foster-type arrangements, under some supervision), the institution now has residential facilities for just a dozen or so infants. They generally fall into one of the categories of what are called 'social orphans' in central and eastern Europe, including cases of infants at-risk of abuse or serious neglect at home. Fortunately, their periods of residence at the *Spedale* are brief, leading either to reintegration with their families or adoption.

Earlier generations of foundlings in Europe, of course, were much less fortunate — as well as far more numerous. According to one recent study focussed on the 19th century, 32,000 infants were abandoned each year in France in the 1830s, 15,000 a year in Spain during the same period, and over 27,000 in one year, 1887, just in the foundling homes of Moscow and St. Petersburg. In Florence and Milan in the mid-19th century, as many as 40% or so of all infants born were abandoned at institutions.

Social historians and demographers disagree about the balance of positive and negative consequences of the establishment of institutions specifically for abandoned children — which date from the early 14th century, beginning in Italy. Statistics and other evidence are often incomplete or unreliable. Value judgements inevitably arise: before the existence of foundling homes, a higher proportion of abandoned infants may have survived in some cases, due to the 'kindness of strangers'. But many who did survive the ancient forms of abandonment or 'exposure'

in forests, river beds or city streets, became slaves or indentured servants for life.

Infant and early child mortality was, to be sure, appallingly high in the foundling homes, even after the development, for example, of vaccination against smallpox at the end of the 18th century. It was not uncommon during the first half of the 19th century for half to two-thirds of all abandoned children to die before reaching their fourth or fifth year — the majority of them dying within months of their abandonment.

In interpreting these mortality rates, however, one must compare them with the then prevailing mortality statistics in the general child population. Italy, for example, in the early 19th century, had an Infant Mortality Rate (deaths per thousand live births during the first year) in the 250-300 range. But these rates were often much higher for illegitimate than for legitimate births. Rome (1877-80), for example, had an IMR of 330 for illegitimate births compared to 174 for infants born legitimate. Since during the past few centuries a high proportion of abandoned children were also illegitimate, it is often difficult to determine how much better or worse off these children were in foundling homes, compared to the situation of illegitimate and other disadvantaged children in the general population. And what might have been the alternatives for the children abandoned in institutions?

As the 20th century is also illustrating, a lot depends on the alternatives.

### Sources:

- John Boswell, *The Kindness of Strangers* (Pantheon Books, New York 1988), pp. 415-419.
- David I. Kertzer, *The Wheel of Misfortune: Infant Abandonment and Gender Ideology in Nineteenth-Century Italy*, 'Journal of Interdisciplinary History' (in press, 1991).



tal groups and sees strong advantages in working with both types of programmes. Exchanges with institutions with similar objectives elsewhere in the world are welcomed.

**Bernard van Leer Foundation:** Van Leer is an international private foundation which provides professional and financial assistance to some 120 projects in 41 countries, 'North' and 'South'. The Foundation's programme stresses low-cost community based approaches in early childhood development and child care in order to benefit socially disadvantaged children. **Recreating** social networks for families in situations in which the social fabric has been run down is an important feature of much of this work. There is an ongoing debate in which the Foundation is engaged on alternatives to traditional approaches to child care.

Community-based approaches to early childhood development and care are advocated by van Leer for four major reasons: (a) better quality of care for children through parent and community involvement; (b) cost containment; (c) more encouragement of a sense of identity and responsibility among children; and (d) wider distribution of the benefits touching the child and others. Obviously not all of these benefits follow automatically from less institutionalized approaches, but the Foundation's considerable cross-cultural experience suggests that the best of the family and community-based alternatives to traditional child care capture these advantages.

The policy considerations governing the Foundation's programme are continually developing in response to changing needs. Broadly they rest on the following considerations.

Traditional forms of institutionalized child care are expensive. The ratio of adults to children increases (and consequently the costs of the system) the further down the age range you go towards infants and newborns. Only when national resources for child care reach a high level and when the demands on women of the formal labour market intensify are there significant levels of provision of traditional institutionalized child care.

The pattern of traditional institutionalized child care tends to be strongly custodial. There is a heavy stress on physical aspects of care, on health, hygiene and nutrition. A 'medical model' often prevails. There are few instances of services, especially in the earliest years, with a

strong accent on child development. Where there is, often the effect has been to increase costs due to the stress on highly skilled staff and ever richer 'learning environments'.

The issue becomes how to introduce a developmental dimension into the traditional model without driving up the cost level and therefore often limiting coverage. One answer is the involvement of parents and community members. They bring: (a) commitment and (b) the cultural environment, into the child care system. The gap between the centre as an institution and the nurturing role of the family is bridged. The quality and cost-effectiveness of the early childhood structure is improved.

The primary role of the family as caregiver/child developer is thus increasingly recognized. Where then is it legitimate for the State to step in? One option is to recognize where the primary responsibility lies and seek to improve the developmental and support role of the family. Enhancing the developmental role of the family has obvious advantages in terms of savings on capital investment. But it requires new (and often expensive) approaches to service delivery, new professional styles and an ability to respect and to trust parents to play a large role in service delivery. At the same time the transfer of messages is enhanced through peer group interaction, and through this process parental self-esteem is improved.

The traditional model has its focus on: (a) the child (b) the professional. Alternative models add new partners: parents, older siblings, grandparents, neighbours and other community members. The accent is on community responsibility for services to its children. If community members identify with the service, see it as theirs, they will defend it, work for it, improve it. The involvement of other (mostly) adults in child care systems has a secondary benefit on the adults themselves. This involvement generates a process of personal growth and a sense of accomplishment that extends beyond the context of the child's environment, affecting the general environment of the community. Achievement in one sphere transfers to other spheres.

Although the Bernard van Leer Foundation does not currently work in central and eastern Europe, it would be pleased to be kept abreast of initiatives in these countries and perhaps consider ways to cooperate. It was noted that van Leer-supported projects in a number of quite



diverse countries might provide some interesting examples for 'rethinking' in this area. Italy, Ireland, Mexico, Colombia and China were specifically mentioned.

**'Tempo per le Famiglie', Milan, Italy:** Milan is among several Italian cities well known for the quality of its educational and social services. Some of the needs, however, especially of children 0-3 and their families, particularly in the working class areas, are inadequately met. Mothers often feel extremely isolated; increasing numbers of single-child families present wholly new problems of child-rearing. With increasing numbers of young mothers working, the city could use about twice as many places in full-time day nurseries as it currently has.

Since 1985, supported by the van Leer Foundation as well as the municipality, the *'Tempo per le Famiglie'* project has been concerned with the development of a family support structure — not so much to serve as an alternative but rather a supplement to the city's day-care facilities. Parental involvement is high, including parent education and discussion groups, training mothers as well as adolescents as child minders, and using parents as advocates for essential services for children, such as immunization.

Flexible schedules are maintained and children participate 3-4 times a week. About 40% of their mothers are working. A total of some 400 families are involved. The cost is a fraction of the full-day, formal nursery system.

A mixed public-private system, with strong ties to families, is viewed as highly advantageous in the Italian context. Motivating parents to become involved in conventional public-sector programmes is often difficult. To reach especially disadvantaged families, moreover, much more proactive methods are needed (including to overcome mistrust) than is typical of most public social service systems. On the other hand, it is often a mistake to ignore the public sector since wholly non-governmental initiatives rarely reach beyond small numbers, generally not the most needy, and are often difficult to sustain over time, not to mention potentially dangerous for children when totally uncontrolled.

Innovative programmes should seek to emphasize the possibilities for positive interaction between regular day-care programmes and supplementary, less formal arrangements. New approaches need to be introduced carefully in order not to appear too threatening to existing services.

'Retraining' of traditional care-providers, as well as social workers, should be one objective. The importance of gaining the trust of parents is critical, as well as finding ways to provide needed support for them, as well as their children.

Contrary to many impressions, a good non-formal system requires the close involvement of a number of highly qualified professionals to make it work. These systems are less costly, overall, than conventional approaches, but adequate resources must be allocated to them, including for training and supervision, and especially if satisfactory coverage is to be attained.

**UNICEF:** The importance of family and community-based approaches as described above, is clearly shared by UNICEF. In his Foreword to the Summary Report on the Innocenti Global Seminar on Early Child Development held in June 1989 in Florence, UNICEF Executive Director, James P. Grant, described six major challenges as we look to the future in the area of child development:

*A first challenge is to ensure that a major effort is made to work directly with parents and communities to empower them with knowledge that will increase survival and promote development. Given economic restraints, limited resources must be used to reach the largest number with the most effective approaches. Working with parents and other caregivers must take preference over increased expansion of expensive centre-based programmes which reach relatively few of those in need. Where centre-based programmes are operating, parents and other caregivers must be involved.*

UNICEF has been heavily involved in recent years in high-priority 'child survival' efforts, especially in the lower-income, high infant mortality countries. Now an increasing involvement of UNICEF is expected in more comprehensive child survival and development programmes, including basic education, as well as a shift towards 'post-survival' issues in many countries which have made dramatic progress in dealing with infant and under-five mortality. (See Panel 1 for a summary of the main reasons for shifting more attention towards early child development and family-support strategies.) Many of these factors appear to be increasingly common among disadvantaged families in both developing and industrialized countries.

In assessing the policy options and possible 'starting points' for expanded efforts in early childhood development and related programmes (including some focussed on women's needs), a number of UNICEF offices have found useful the summary of 'Complementary Approaches and Models' presented at the June 1989 Innocenti Seminar (Panel 3). Many UNICEF-supported country programmes are increasingly concerned with developing strategies for creating a stronger political will and public awareness of the importance of investing in children as part of a broader objective of countries to achieve sustainable human development (see references in Panel 3 to objectives such as 'create awareness', 'build political will', 'change attitudes' and 'increase demand'.) Furthermore, the 'Goals for Children and Development in the 1990s', approved at the unprecedented World Summit for Children, held in New York in September 1990, included a call for the "expansion of early childhood development activities, including low-cost family- and community-based interventions". Several other approved goals (notably: basic education, including for parents; women's health and education; and social communications) also relate to child development and family-strengthening strategies.

Many countries, particularly within the middle-income group of developing countries, are eager to have increased cooperation from UNICEF in developing and evaluating experimental approaches in actual 'real world' settings and in designing strategies for 'growing to scale'. Some of the more successful programmes which have achieved high coverage of disadvantaged families and children, at affordable costs, would appear to have valuable lessons even for countries with much higher levels of national income — but with seriously underserved minority and other high-risk groups. UNICEF could play a significant role in enhancing the quality and relevance of exchanges among countries in this area.

## VI. HOW MIGHT INTERNATIONAL COOPERATION BE HELPFUL IN THE RETHINKING OF POLICIES FOR CHILD CARE AND CHILD DEVELOPMENT IN CENTRAL AND EASTERN EUROPE

**P**reliminary ideas emerging from the July 1990 meeting in Florence and follow-up discussion include:

1) **identify a group of resource people**, from different countries and disciplines, who could form the basis of an evolving network of professionals concerned with the problems described, with the objective, among others, of overcoming the intellectual isolation with which colleagues from central and eastern Europe feel they have had to contend;

2) **prepare or assemble 'inventories' of child development centres, foundations and other institutions concerned with family support and child care**, already having pertinent activities underway or interested in launching new programmes related to the kinds of policy concerns in central and eastern Europe described in this Essay;

3) **arrange for 'key people', both on the professional-technical and the more senior political side, to spend some time visiting innovative approaches** to providing child care, protection and development which are less centralized, less medically oriented, and less institutionalized than the prevailing patterns in most of central and eastern Europe and which have demonstrated success in terms of desirable outcomes including programme quality, cost-effectiveness, participation of families and communities, and methods for monitoring and evaluation;

4) **organize meetings and/or commission studies on specific themes and problem areas**, involving either technical or research-oriented resource people or senior policy makers; examples of topics might include:

a) socio-demographic factors having a negative influence on families and child rearing, such as early marriages, teenage childbearing and high divorce rates;

b) public policy — including impact studies

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— designed to strengthen families, such as child care policies, parental leave and other labour legislation, paraprofessional social and medical work, parent education, family planning, community support services and other measures offering strong potential for addressing the problems of disadvantaged families and children while avoiding excessive reliance on institutional approaches — especially the unnecessary institutionalizing of children with special difficulties;

c) strengthening capacities and technical measures for identifying and screening high-risk families and children, monitoring their progress, and evaluating programme effectiveness;

d) the role of foster family care and other home-based custodial-parent approaches to dealing with the problem of ‘social orphans’ whose natural families are not able to cope with the minimum requirements of child rearing and protection;

e) practical ways to support and improve the management and financing of community organizations, including voluntary groups, concerned with child care, protection and development;

f) finding and promoting better approaches to getting children themselves involved in identifying their own needs, promoting their own rights and enhancing their own development; ‘child-to-child’ support strategies;

**5) provide study opportunities for young professionals**, especially through non-formal and in-service training approaches, including extended directed-study programmes based at existing programmes of exceptional quality;

**6) forging alliances with other interest groups** in the societies whose support is critical to this whole ‘rethinking’ of policies process: women’s groups, youth groups, trade unions, associations of educators and social workers, church groups, etc.;

**7) provide documentation and information support**, including the facilitation of services and assistance with acquisitions in areas where there has been unusually limited access, for economic and political reasons, to both printed and audio-visual materials.

One of the first steps following the July 1990 meeting is to gauge the extent of interest among other agencies, non-governmental groups and private foundations in participating in such an effort.

We could well see a useful role for the Innocenti Centre, in close cooperation with others, in

rethinking approaches to institutionalized child care and child development, in a larger context of support for families in difficult circumstances, in central and eastern Europe. The challenge would be especially exciting if effective ways can be found to link this initiative involving the ‘East’ with other innovative efforts, ‘North and South’, for the benefit of ‘endangered children’ and future generations throughout the world.



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APPENDIX I

Members of the  
UNICEF Mission  
to Develop Emergency  
Assistance Programme  
for Institutionalized Children  
in Romania  
8-17 August 1990

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Susi Kessler, MD  
Medicine and Public Health Specialist,  
UNICEF (Team Leader)

Tom Dehn, Msc  
Supply Specialist, UNICEF

Gary Gleason, PhD  
Communication and Programming Specialist,  
UNICEF

Cassie Landers, EdD, MPH  
Child Development Specialist,  
Consultative Group on Early Childhood Care  
& Development

Helen Monea, RN  
Psychiatric Nursing Specialist,  
Rehabilitation International

Gunnar Schioler, MD, DPH  
Community Health Specialist,  
Rehabilitation International

John Williamson, MSW  
Child Welfare & Emergency Operations  
Specialist, Christian Children's Fund, Inc.

Participants in the Meeting on  
'Rethinking Approaches to Institutionalized Child Care  
and Development in Central and Eastern Europe'

UNICEF International Child Development Centre  
Spedale degli Innocenti, Florence, 13 July 1990

Cristina Blanc  
Senior Project Officer (Urban Child)  
International Child Development Centre  
Istituto degli Innocenti  
Piazza SS. Annunziata, 12  
50122 Florence

Enzo Catarsi  
Consultant  
Istituto degli Innocenti  
Piazza SS. Annunziata, 12  
50122 Florence

Sandro Costarelli  
Consultant  
Istituto degli Innocenti  
Piazza SS. Annunziata, 12  
50122 Florence

Jiri Dunovsky  
Institut Pro Dalsi Vzdelavani  
Lekaru a Farmaceutu V Praze  
Department of Pediatrics  
Videnska 800, 140 59  
Prague 4, Czechoslovakia

James R. Himes  
Director  
International Child Development Centre  
Piazza SS. Annunziata, 12  
50122 Florence

Susanna Mantovani  
'Tempo per la Famiglia' Programme  
Via Giannone, 6  
20154 Milan, Italy

Angelica Mucchi  
Consultant  
Istituto degli Innocenti  
Piazza SS. Annunziata, 12  
50122 Florence

Bilge Ogun  
Senior Project Officer  
(Rights of the Child and Training)  
International Child Development Centre  
Piazza SS. Annunziata, 12  
50122 Florence

Elvira Pajetta  
President  
Istituto degli Innocenti  
Piazza SS. Annunziata, 12  
50122 Florence

Jeno Ranschburg  
Director  
Institute for Child Psychology  
Hungarian Academy of Sciences  
President  
National League for the Protection of  
Children  
Terez Krt, 67  
1067 Budapest, Hungary

Sandor Sipos  
Consultant (Economic Policies)  
International Child Development Centre  
Piazza SS. Annunziata, 12  
50122 Florence

Fred Wood  
Deputy Executive Director, Programmes  
Bernard van Leer Foundation  
P.O. Box 82334  
2508 EH The Hague, The Netherlands

Liesbeth Zwitter  
Deputy Director  
Department for Programme Development  
and Training  
Bernard van Leer Foundation  
P.O. Box 82334  
2508 EH The Hague, The Netherlands

### APPENDIX III

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**International Child Development Centre**

Piazza S.S. Annunziata, 12

50122 Florence, Italy

Tel. 39 55 2345 258

Fax 39 55 244 817

Telex 572297 UNICEF I

\$4.00 U.S.A.