

The MONEE Project
REGIONAL MONITORING REPORT

No. 4

CHILDREN AT RISK IN CENTRAL AND EASTERN EUROPE: PERILS AND PROMISES

a Summary





The UNICEF International Child Development Centre (ICDC), often referred to as the *Innocenti Centre*, was established in 1988. The Centre undertakes and promotes policy analysis and applied research and provides a forum for international professional exchanges of experiences. The Centre also provides training and capacity-building opportunities for UNICEF staff and professionals in other institutions with which UNICEF cooperates. The Centre is housed within the *Spedale degli Innocenti*, designed by Filippo Brunelleschi, a foundling hospital that has been serving abandoned or needy children since 1445.

The Centre's core activities are currently concentrated in two Programmes:

The rights of the child, which focuses in particular on analysis of mechanisms and strategies to support the implementation of the United Nations Convention on the Rights of the Child. Several of its key provisions are the object of study, including those concerned with the best interests of the child, the maximum use of available resources and non-discrimination. Specific areas of concern include child labour, children of minorities and children in armed conflicts.

Economic and social policy, which aims at improving the situation of children and their households through analysis of policy reform in the economic and social spheres. The Programme currently houses research projects on monitoring social conditions and public policy in Central and Eastern Europe and the former Soviet Union (The MONEE Project), child poverty in industrialized countries, and decentralization and child welfare.

The opinions expressed in this publication are those of the authors and do not necessarily reflect the policies or views of UNICEF.

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CHILDREN AT RISK
IN
CENTRAL
AND
EASTERN EUROPE:
PERILS AND PROMISES

A SUMMARY

This publication is a Summary of the fourth Regional Monitoring Report produced by the project 'Central and Eastern Europe in Transition: Public Policy and Social Conditions', known as the MONEE Project. This work has formed part of the Economic and Social Policy Programme at UNICEF ICDC since 1992. The fourth Regional Monitoring Report continues the pattern of the third, covering 18 countries in Central and Eastern Europe and the former Soviet Union. Future Reports will in addition cover former Yugoslavia and Central Asia. (The fifth Report will be published in early 1998 with a special focus on education.)

The fourth Regional Monitoring Report provides:

- an update on welfare changes affecting families and children;
- an investigation of the different risks facing children during transition;
- a special analysis of children in public care.

The reader wishing to learn more about the issues raised in the Summary is encouraged to obtain a copy of the full Report. In addition to a detailed analysis of the above topics, the Report also contains a substantial statistical annex of data relevant to the analysis of welfare trends in the region. The Report is available in both English and Russian language versions.

Earlier Regional Monitoring Reports (for which Summaries are not available) are as follows:

1. Public Policy and Social Conditions, 1993
2. Crisis in Mortality, Health and Nutrition, 1994
3. Poverty, Children and Policy: Responses for a Brighter Future, 1995

The MONEE Project is financed by core funding from the Italian Government to UNICEF ICDC and by contributions from the UNICEF Regional Office for CEE/CIS/Baltics and from the World Bank. The fourth Regional Monitoring Report was prepared by a team led by Gáspár Fajth, MONEE Project Officer. Judith Harwin, Professor of Social Welfare Studies, University of Sussex, was the principal author of the analysis of children in public care. This Summary was produced by John Micklewright, Director of the Economic and Social Policy Programme.

1 WELFARE CHANGES DURING THE TRANSITION - AN UPDATE

Economic growth

Economic recovery is under way in Central Europe, in parts of South-Eastern Europe and in the Baltics. Russia also may be over the worst of its economic turmoil, though here, as well as in other parts of the former Soviet Union, the transition-related depression is not yet over. The Regional Monitoring Reports distinguish five main geographic sub-regions: Central Europe (Czech Republic, Slovakia, Hungary, Poland, Slovenia), South-Eastern Europe (Albania, Bulgaria, Romania), the Baltic States (Estonia, Latvia, Lithuania), the Western CIS (Belarus, Moldova, Russia, Ukraine) and the Caucasian countries (Armenia, Azerbaijan, Georgia). Figure 1 shows that economic recovery is at very different stages in each of these sub-regions. (The figures for 1996 are estimates.) Central and South-Eastern Europe are the most advanced and here the falls in output were also smaller. Among the countries of the former Soviet Union (FSU), economic recovery in the Baltic and Caucasian countries is in its earliest stage or has not yet started, while the turning point is still uncertain in most parts of the Western CIS. Consequently, differences in economic development across the entire region have widened. (The recent faltering in Bulgaria has become more apparent since the publication of the Report, while the effect of the political turmoil in Albania of early 1997 is as yet unclear.)

Falls in output and the speed of recovery vary sharply across the region

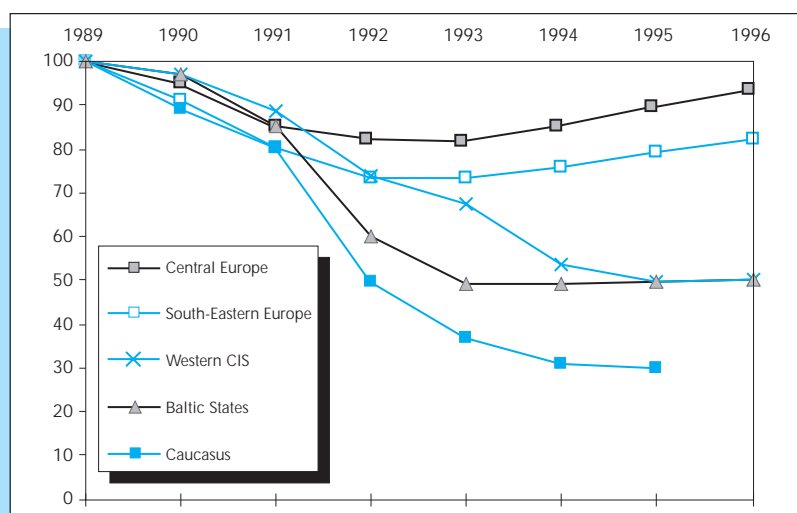


Figure 1 – Cumulative changes in GDP by main sub-regions (index: 1989=100)

Note: Data refer to the unweighted mean of GDP changes in the countries; 1996 data are forecasts.

Sources: RMR No. 4 - Figure I.1 - p.2.

Increased mortality

The Report covers a range of non-economic indicators including a variety of measures of demographic change, such as trends in mortality, fertility, marriage and divorce. These changes may be of interest in their own right or they may be indicative of underlying economic and social trends that are hard to measure well. Work from earlier Reports is updated, for example on mortality, where the MONEE Project played a prominent part in uncovering some startling changes in parts of the FSU, notably Russia.

Mortality indicators rose in most countries after 1989 and the evolution of the four main patterns of crude mortality in the region is illustrated by examples in Figure 2. The crude mortality and infant mortality rates showed some upward blips around 1990-91 in Central Europe but the situation improved in the following years and by 1995 mortality rates were at or below their 1989 levels in Poland, the Czech Republic, Slovakia and Slovenia, and only slightly higher in Hungary. In South-Eastern Europe, mortality increases were more persistent, being especially strong in Bulgaria.

Changes in mortality
also show
big differences

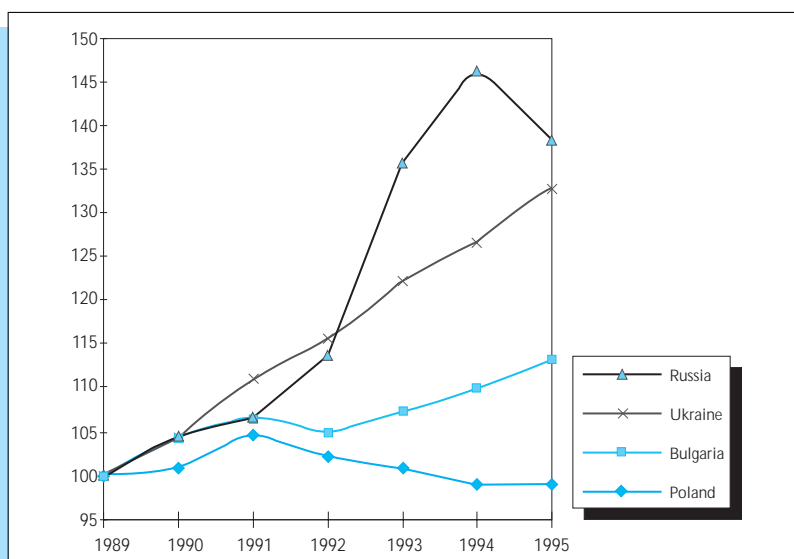


Figure 2 – Crude death rate patterns in selected countries, 1989-1995 (1989=100)
Sources: RMR No. 4 - Figure I.5 - p.11.

A steady increase in the crude death rate has so far been registered in several 'late-reformer' FSU countries, including Ukraine, Belarus and Moldova. Mortality has hit hardest in the leading reformer countries - Estonia, Latvia, Lithuania and Russia. The rates in these countries (with the exception of Latvia) levelled off in 1995, but Figure 2 shows the crude mortality rate in Russia to be still well over a third higher than that in 1989. Most of these changes in the FSU have been driven by changes in adult mortality, and not by mortality among infants and children, which has not

risen so much. A notable feature of changes in Russia has been the greater impact on men. Male life expectancy at birth in Russia and Latvia is now less than 60 years, below that in India and at the same level as in Pakistan. The mortality rate for men aged 40-49 in 1995 was twice that in 1989. The gap between male and female life expectancy in Russia is now larger than in any other country in the world.

2 CHILDREN AT RISK IN FAMILIES AND THE COMMUNITY

The second chapter in the Report looks at the changes in risks facing the 100 million children in the 18 countries covered by the project. Eight types of risk are considered in turn.

Poverty

The fall in economic output in the region means that households have on average suffered sharp income drops. In addition, inequality of income has increased, in some cases very sharply such as in Russia and other parts of the FSU. Many households have therefore suffered income falls that have been larger than the average.

With the exception of a very few countries (for example the Czech Republic and Slovenia), children in the region have been more affected by the increase in poverty than other traditionally vulnerable populations, such as the elderly. In several countries, child poverty rates have increased

A rise in poverty often affects children disproportionately. If the poverty rate grows by 1 per cent, it entails a 1.4-1.6 per cent increase in poverty among children.

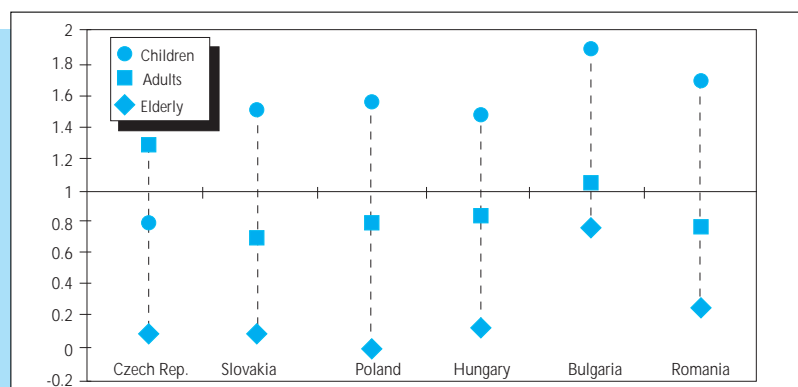


Figure 3 – Poverty increases of children, adults and the elderly related to a 1 per cent rise of the poverty rate in the total population

Sources: RMR No. 4 - Figure II.3 - p.21.

one-and-a-half times more than the overall poverty rate. Consequently, a higher proportion of children live in poverty than previously, even in the better-off countries. While in Central and South-Eastern Europe unemployment and losses in family benefits have especially penalized families with children, in the FSU countries child poverty has been increasingly associated with a dramatic rise in wage inequality and increases in the number and share of single-parent households. Figure 3 shows the relative risks of falling into poverty of adults and the elderly on the one hand and of children on the other, illustrating the disadvantaged position of the latter in a number of Central and South-East European countries.

Although most families find ways to manage with the increased hardships, coping strategies may also heighten risks for children. For example, responses to the more competitive labour market can take a toll on parental duties. Nearly one in ten 7-to-9-year-olds in Poland were reported to be left without adult supervision for more than two hours per day in the mid-1990s, a several-fold increase over the beginning of the decade. A number of countries show some evidence of growing child maltreatment, including the detrimental use of child labour. These phenomena may be associated with loosening social controls and day-to-day tensions related to making ends meet.

War and dislocation

Children exposed to war and children forced to leave their homes because of armed conflict are among those most exposed to risk in the region. War and dislocation leads to families losing jobs and homes and to communities losing many of their support and prevention networks, including immunization against preventable diseases. Thousands of children have been killed in the region and millions more have suffered severe hardship, including the trauma of the direct experience of war.

Armed conflict in the FSU and former Yugoslavia has forced about seven million persons, more than a third of them children under 18 years of age, to leave their homes since the late 1980s. The United Nations High Commissioner for Refugees estimates that some 30 per cent of the world's refugee and displaced population are from the region.

Those who have left home, either forcibly or voluntarily, often live in humiliating conditions and depend chiefly on humanitarian assistance or help from relatives for their basic needs, including shelter. Although hostilities ended in Georgia several years ago, there were still over 250,000 persons registered as refugees or internally displaced in the first half of 1996, a third of them below the age of 16. Nearly 8,000 of these were orphans.

Environmental degradation

Environmental damage and pollution have severe and long-lasting consequences on the health and well-being of the most exposed populations.

Children, because they are at the stage of physical development, are particularly vulnerable to the ill-effects of contaminants in the soil, water and air.

The legacy of environmental degradation in Central and Eastern Europe is frightening. Industrial, agricultural and energy policies during the communist era typically aimed at rapid growth and ignored the environmental and health risks involved.

The overall levels of atmospheric emissions have now fallen in most countries as a result of the drop in industrial production. In those countries suffering the most severe production losses (for example Moldova) emissions have gone down dramatically. Nevertheless, a study carried out between 1990-93 in Ukraine showed that falls in production did not lead to proportionate decreases in use of inputs or in pollution. And although some countries have passed legislation providing for stricter environmental protection and increased monitoring, either anti-pollution standards are still more lenient than those in the West or financial constraints make compliance and enforcement difficult. There is the risk that economic recovery will once again raise pollution levels.

Health and mortality among parents and children

Infant mortality rates have increased in a number of countries during the transition, with the largest rises occurring in those countries with the largest falls in output. This is shown in Figure 4 (the Caucasian countries are not included). However, one of the less negative aspects of transition in terms of risks for children has been the relatively modest rises in infant mortality in many countries. Indeed, infant mortality has fallen in some countries, which is a positive feature. After an upswing in 1990-91, infant mortality

Rising infant mortality is associated with falling output

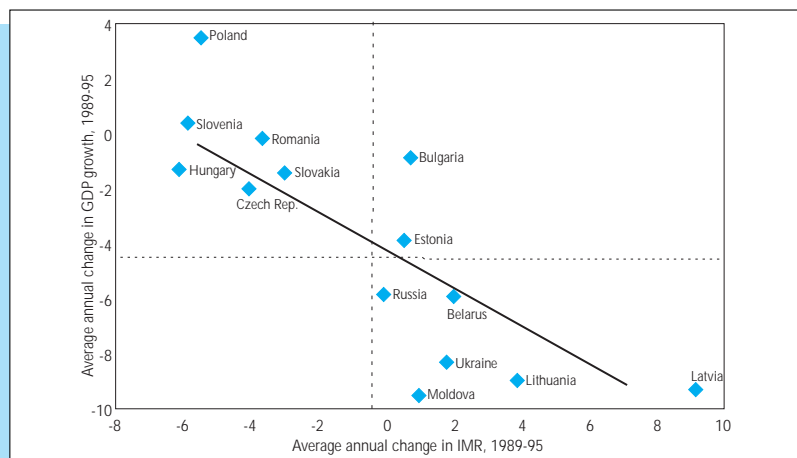


Figure 4 – Change in IMR and GDP growth in CEE countries, 1989-95

Note: Caution should be exercised when interpreting time-series data on infant mortality and comparisons across regions, as the methodological definition of 'live birth' used in calculating IMR has changed in most countries; however, these changes would not basically alter the correlation shown here.

Sources: RMR No. 4 - Figure II.12 - p.41.

rates fell in Central European countries, and rates in for example Slovenia and the Czech Republic (5.5 and 7.7 respectively per 1,000 live births) are now comparable to those in Western European countries.

The association between fall in output and rise in infant mortality implies that it is the FSU countries where the latter has been most prominent. Preliminary data for Latvia in 1995 show a significant rise in infant mortality, and an increase of nearly two-thirds over the 1989 rate. Poor health and nutrition of mothers are important explanations, and this is also reflected in larger changes in rates of perinatal mortality (late foetal deaths and deaths in the first week of life).

Another sign of deterioration in nutritional status is the alarming growth of anaemia, or iron deficiency, one of the most common micro-nutrient disorders in Central and Eastern Europe. (Anaemia affects the outcome of pregnancy, contributes to the risk of birth complications, and increases the risk of death from haemorrhage in childbirth.) The percentage of women suffering from anaemia at the end of their pregnancies has increased in many countries since 1989, and in Ukraine and Russia it has more than doubled – see Figure 5.

Rising anaemia among pregnant women is seen in both Russia and Ukraine

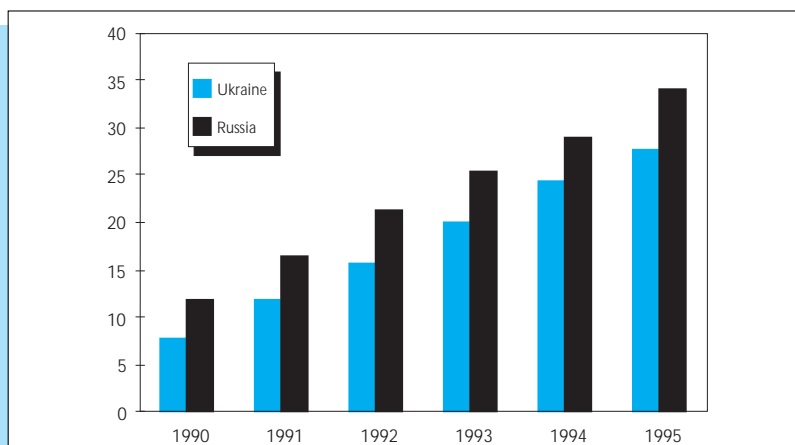


Figure 5 – Share of pregnant women, at term, with anaemia in Russia and Ukraine, 1989-95 (per 100 live births)

Note: The 1995 share for Ukraine is an estimate.

Sources: RMR No. 4 - Figure II.14 - p.42.

The typically small rises – and the falls – in infant mortality in the light of growing child poverty and declining access to health services and screening may be credited in part to the strengths of the inherited ‘public health assets’ and national efforts – often with considerable international help – to maintain good public hygiene and immunization levels. The incidence of serious malnutrition among children also seems low in the region, but under-nutrition is more common. The link between poor nutrition and health is reflected by the increase in infectious diseases among children in some countries. Transition in the region has witnessed

a marked increase in the incidence of infectious diseases among the population as a whole, such as diphtheria and tuberculosis, particularly in the FSU countries. The reappearance of these 'diseases of poverty' is especially troubling, as they had been almost eradicated pre-reform. Changes in the incidence of extreme poverty and tuberculosis underscore the relationship between economic and health indicators – see Figure 6.

*Infectious disease
springs up
where poverty
has risen most*

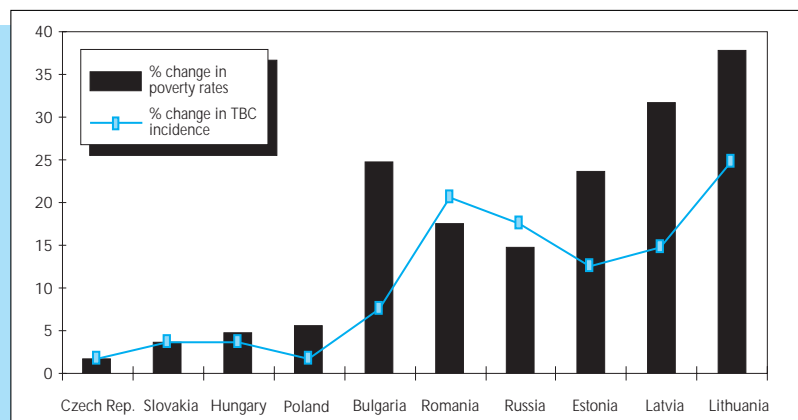


Figure 6 – Percentage change in extreme poverty and tuberculosis incidence, 1989-94
Sources: RMR No. 4 - Figure II.16 - p.44.

The number of new tuberculosis cases among children has risen parallel to new cases registered among the adult population. The incidence of tuberculosis among children is relatively low and stable in Central Europe and it is highest in Azerbaijan, followed by the Western CIS and Baltic countries, where it has begun to rise substantially, with children accounting for 10 per cent of new cases.

The rationalization of health sector expenditures has led in many countries to a weakening of child-health monitoring systems. It seems that there is a growing trend in Central European countries towards changing institutional responsibility for monitoring, for example moving the responsibility from schools to parents. In Poland, with fewer doctors now working within the educational system, the number of children examined dropped sharply, for example from 600,000 10-year-olds in 1990 to 300,000 in 1993.

Insufficient financing has been a primary cause behind falls in immunization rates. For example, in Georgia and Armenia, child immunization dropped sharply in 1992-93, and only with the help of international organizations, such as UNICEF, were vaccinations resumed the following year. Despite enormous falls in the production of the necessary pharmaceuticals and drops in expenditures for imported drugs (from \$1 billion to \$300 million between 1992-93), rates have begun to recover in Russia.

Discussion of mortality and health risks for children must go beyond a focus on children and their mothers. The rise in mortality among men in

large parts of the region has already been referred to. Many of the men who died were fathers. Aside from the emotional pain involved, the illness or premature death of a parent jeopardizes the economic sustainability of families, increasing the risks of under-nutrition, disease and neglect for young children. The loss of a parent increases the risk that a child will be removed from his or her family and placed in public care. The Report estimates that the increase in the number of children who lost a parent prematurely over 1990-95 was about 500,000 in Russia. When 'excess parental mortality' in other countries is taken into consideration, the total in the region rises to an estimated 700,000 children.

Changes in family formation

The number of children living in incomplete families has also risen as a result of higher rates of family breakdown and increases in the proportion of births to unmarried mothers. The divorce rate has increased considerably in all Central and Eastern European countries covered by the Report; the changes for a selection of countries are shown in Figure 7. In Russia, Belarus, Moldova, Slovakia and Estonia the increase in the divorce rate has been especially significant; in the extreme case of Estonia, more divorces than marriages took place in 1995. It might have been expected that families pull together in times of economic crisis. But the huge pressures of the transition, including those from unemployment and reduced incomes, appear to be splitting families apart.

*Rising numbers
of divorces relative
to marriages*

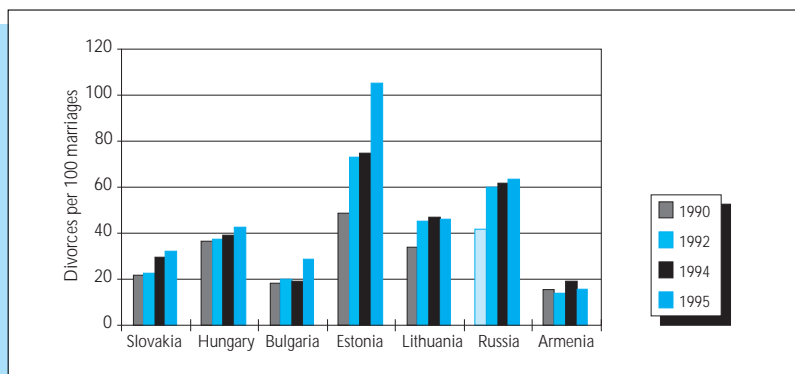


Figure 7 – The general divorce rate in selected countries

Sources: RMR No. 4 - Figure II.7 - p.35.

Despite large drops in marriage and fertility rates, as well as shrinking child populations, there are about 150,000 more children affected annually by divorce in the 18 countries covered by the Report than there were at the end of the 1980s, bringing the total to more than one million each year.

Falls in the marriage rate and the birth rate have been substantial in many countries. This is not necessarily a bad thing in itself, but these demo-

graphic changes may be seen in part as a reflection of hugely diminished expectations and insecurity about the future. Along with the falls in fertility, there have been sharp rises in the share of births to teenage and unmarried mothers in a number of countries. The share of teenage births in Russia, for example, rose from 11 per cent in 1989 to 20 per cent in 1995. Figure 8 shows the changes in the share of births out of wedlock in a number of countries for each year from 1989 to 1995. The figure has risen, for example, from about 12 to 20 per cent in Hungary and in Russia, from 11 to over 25 per cent in Bulgaria, and from 25 to nearly 45 per cent in Estonia.

An increasing share of births is to unmarried mothers

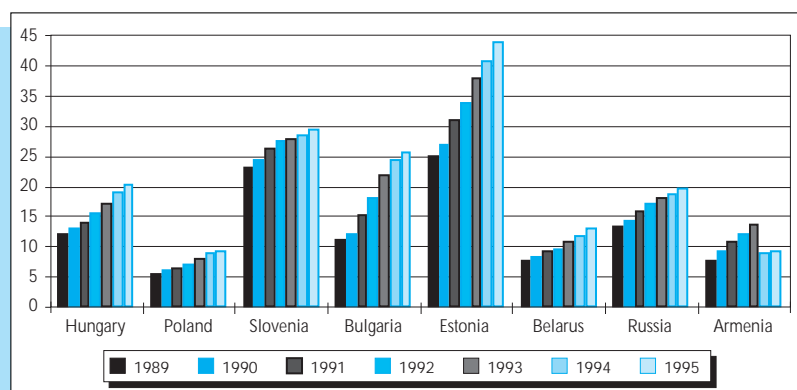


Figure 8 – Percentage of births to unmarried women, 1989-95

Sources: RMR No. 4 - Figure II.10 - p.37.

Like the fall in overall fertility, the rises in births out of wedlock and in teenage parenthood should not be seen as wholly negative outcomes. There are many children born out of marriage and born to young mothers who thrive and live happy lives. But evidence from many Western countries suggests that these demographic changes do, on balance, represent a notable increase in risk for children's economic well-being and development.

Risks at school

The region's educational systems, together with those for public health, were often seen as among the more positive inheritances from the former regimes (although they were not immune from criticism). Parents today can no longer count on systems of universal public health and education to screen and check for potential problems of child health and educational development with the same effectiveness as before.

One of the region's comparative advantages was in kindergarten education, which played an important role in preparing children for elementary schooling. Pre-primary enrolment rates dropped between 1989 and 1995 in all countries of the region except in Hungary and Slovenia. The steepest declines occurred in FSU countries and in South-Eastern Europe, for example from nearly 70 per cent to 54 per cent in Russia – see Figure 9 – although

it is important to note that the decline had set in before the break-up of the Soviet Union in 1991.

Families must now pay for many of the services that were formerly included in 'free basic education'. The growing use of fees means that children from poorer households increasingly face problems in gaining access to pre-primary education, extra-curricular activities in primary and secondary education, as well as remedial and foreign language courses. Yet these are the very children who stand to benefit most from investment in their education and associated peer activities to enhance their social skills and to help avoid poverty in later life as a result of inadequate qualifications.

Kindergarten enrolment rates fall in a number of countries

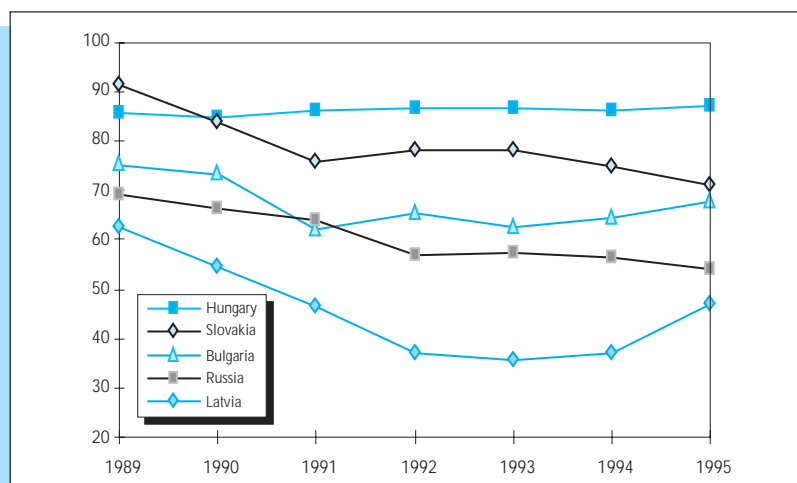


Figure 9 – Pre-primary enrolment trends in selected CEE countries, 1989-1995
(rates per 100 children aged 3-5 years)

Sources: RMR No. 4 - Figure II.23 - p.53.

There are indications that a growing share of children do not attend schools because of truancy, work or family problems. In Russia, for example, approximately 5 per cent of primary school students - about 100,000 children in each grade - appear to be out of school. In Romania, secondary school enrolment rates in 1995 were 14 per cent lower than in 1989, even though cash child allowances were linked to school enrolment and attendance. As a result of these trends, the child protection, equalizing and social functions of the school system have been eroded, placing many poor and socially marginalized children at higher risk.

Youth lifestyle and health

Drinking and smoking trends among young people in the region have been resistant to improvements in recent years - in contrast to the situation in many Western countries. But Central and Eastern Europe are now witnessing new threats to youth that unfortunately are already well-known in the West.

Various types of evidence paint a frightening picture of the spread of drug abuse. For example, a survey in the Czech Republic in 1996 found that drug abuse is no longer only a problem of homeless and street children, but is gradually becoming 'normal' in secondary schools, just as drinking alcohol did a few years ago. Among students, 14 per cent were regular users and 37 per cent reported having tried drugs at least once. Other countries, such as Poland and Hungary, show similar trends.

With the weakening of the social control present in the previous political system, the occurrence of sexually transmitted diseases (STDs) such as gonorrhoea and syphilis has increased across the region, particularly in the Baltic and Western CIS countries. The recorded incidence of STDs among 14-18-year-olds trebled in Latvia between 1991 and 1995. Levels of HIV prevalence are lower in the region than in neighbouring Western European countries. However, numerous reports suggest that the potential for the spread of all sexually transmitted diseases is great due to low awareness among young people of the risks of unprotected intercourse, the lack of means for safe sex, and the spread of prostitution.

Mortality among adolescents due to accidents, poisoning and violence has increased in many countries and teenage suicide rates, especially among boys, have risen in the Czech Republic, Poland, Slovenia, the Baltic countries, Belarus, Russia and Ukraine. In Russia, 1 in every 2,500 males aged 15-19 was recorded to have committed suicide in 1994. The explanations for this tragic outcome are no doubt varied, but suicide rates are often considered a barometer of a breakdown in social integration.

Crime and youth

Crime rates in the region were historically low. But the lifting of social and political controls, along with disintegrating public order and the deteriorating economic situation, has led to a rapid increase in criminal activity. The growth in juvenile crime is related to the same factors, as well as to inadequate social support for adolescents at the important juncture between school and work, and to pressures within families. Risks have been heightened by reduced possibilities for continuing education or entering into the labour market, especially for adolescents released from residential or correctional institutions.

Statistics on crime are incomplete in any country but the trends over time in the data from the countries of Central and Eastern Europe are nevertheless worthy of inspection. The great proportion of reported crimes committed by juveniles in the region are crimes against property (for example, thefts and burglary). But violent crimes are also on the rise in many countries. Murders committed by juveniles show alarming growth in Russia, Latvia and Lithuania, especially in 1994 and 1995, rising for example five-fold from 1989 in Latvia and two-and-a-half-fold in Russia. On average 1 in every 4,000 males aged 14-17 in Russia and in Lithuania were

convicted of murder in 1995. Juvenile homicide rates are up to eight times higher in Russia and the Baltic countries than in Central Europe. The increased involvement of juveniles in organized crime may be one factor behind the rises.

Not only has the risk of juvenile delinquency risen, but the risk of children becoming the victims of crime has grown as well. Data on crimes against children are not collected uniformly across the region and registered cases represent only part of the problem, but some noted increases have been recorded in several countries. There is also some evidence that criminal activity is increasing among juveniles at the instigation of adults. In Russia, the number of adults charged with involving children in criminal activity tripled between 1989 and 1994 to almost 21,000 cases.

3 CHILDREN IN PUBLIC CARE

Preventing children from entering public care, where they risk irretrievably losing family ties, is a challenging task. And children who really cannot live with their parents, for whatever reason, are an especially vulnerable group. The welfare of these children deserves special attention; but besides being an important issue in its own right, trends in the use of public care can tell us a great deal about changing patterns of risks for children, about parental coping strategies, and about levels of social cohesion in society as a whole. The third chapter in the Report looks in detail at public care for children in the region.

Inherited conditions – and the lack of change

The conditions found in Romanian orphanages at the beginning of the transition shocked the world. But institutional care in other parts of the region also carried major risks: high death rates, a downward spiral of disabilities and emotional harm, the withering of family ties, and several other deviations from the spirit of the United Nations Convention on the Rights of the Child.

The system of public care prevailing in Central and Eastern Europe at the end of the 1980s relied on outdated practices, notably the total removal of children to large-scale institutions – frequently leading to a loss of all family ties. This approach, even in its most enlightened form, was wholly unsuited to meeting child protection needs in the late 20th century. There was a greatly excessive reliance on institutional care, rather than fostering – reflecting the ideology of the collective above the individual. Adoption, as an alternative to public care, was also under-used. In most countries there was little development of social services to help families and thus reduce the need to take children into public care. As political change opened windows

to the rest of the world, it became evident that the whole system of child protection was in need of sweeping reform.

Hopes for swift progress ran high but reality has proved different. With the exception of a few Central European countries, numerous difficulties have inhibited any major improvements in institutional care in the region or a shift to more humane placement options. Obstacles have included divided ministerial responsibilities, dwindling financial resources and uneven support for reforms. Even more worrying, there has been insufficient change towards more preventative systems of support within the community. In countries like Moldova, Georgia or Armenia, the public child protection system has virtually collapsed. International assistance has buoyed-up numerous initiatives in Russia and other FSU countries, and in Romania and Bulgaria, but these have not succeeded in alleviating the pressure on orphanages.

Trends in use of public care

Despite sharp falls in the birth-rate throughout the region since the late 1980s, the total number of children living permanently or temporarily in orphanages and similar child institutions or placed with foster parents has increased. Currently there are about one million children in public care across the 18 countries monitored in the Report, an increase of about 50,000 since 1989. This represents 1 in every 100 children. These children are mostly living in large-scale institutions: infant homes, orphanages, homes for the disabled and hospitals. In Russia alone the number of children in public care in 1995 exceeded 600,000.

In 10 out of the 14 countries of Central and Eastern Europe in which it has been possible to obtain data over the period, the rates of infants and tod-

With few exceptions, the rates of infants receiving institutional care increased sharply in the region, reflecting a growing frequency of nurturing problems, family dysfunction, and child abandonment

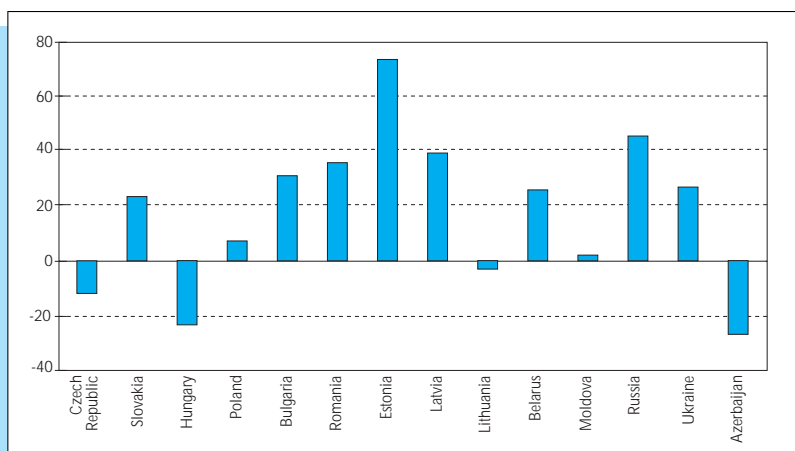


Figure 10 – Changes in the rates of children placed in infant homes (percentage change over 1989-95)

Notes: Czech Republic and Slovakia: 1989-94; Poland: 1989-1993; Moldova: 0-2 years.
Sources: RMR No. 4 - Figure III.1 - p.71.

dlers living in institutional care have risen since 1989. Children who have been born during the transition years have therefore faced a higher risk of entering institutions. Figure 10 shows that in eight of the countries - Slovakia, Bulgaria, Romania, Estonia, Latvia, Belarus, Russia, Ukraine - the rates of children aged 0-3 placed in infant homes have risen by over 20 per cent and in some cases by a substantially larger amount: by between 35-45 per cent in Romania, Russia and Latvia and by as much as 75 per cent in Estonia. This is a profoundly worrying development, contrary to all policy intention.

It is not only the 'infants of the transition' who have faced greater risks of losing family ties. In Lithuania, for example, institutions now look after more children above the age of three. Even in the Czech Republic, a country with more coherent reforms, stronger family benefits and community services, and fewer children in infant homes compared to the pre-reform period (see Figure 10), the proportion of older children in public care rose by over 25 per cent between 1989 and 1994. The persistence of greater vulnerability for children and families in countries that have shown economic growth over the last few years is a clear warning that many types of childhood risk will not vanish with economic recovery. Hungary, on the other hand, despite its somewhat disappointing economic record, has so far been able to avoid higher rates of children in public care (Figure 10 shows that placement in infant homes, for example, has fallen), emphasizing that the link between the state of the economy and the rate of use of public care is not clear-cut.

Trends on the number of children in foster care, as opposed to institutional care, give reason for both concern and optimism. With very few exceptions, the numbers and rates of children in foster care have increased across the region. This mirrors the higher rates of institutionalization in many countries, suggesting that the overall pool of children needing care from the State has increased. More optimistically, wherever countries have succeeded in swinging the pendulum towards foster care and away from institutions, it may signal a more active approach to family placement and the development of better alternatives to institutional care.

The figures from Russia reflect both views. It is a concern that the number of children in foster care rose from 175,000 in 1989 to 250,000 in 1995, but it may be a positive sign that as a proportion of the total in public care this represents an increase from 30 to 40 per cent. Romania, to take another example, has made the development of foster care a priority, but the fostering rate is still very low and declined slightly after peaking in 1991. Most children in need of substitute care in Romania still end up in institutions. (And Bulgaria, to take an extreme case, still has no formal foster care programme.)

The quality of care

Trends in the numbers of children in public care give only part of the picture – changes in the quality of care that is provided also need to be con-

sidered. Due to lack of systematic monitoring, information is inevitably limited but the Report discusses a range of factors, including funding, conditions in institutional care and innovatory practices.

Money spent on public care is one measure of input to provision. Available information on changes in public expenditure on child institutions reveals considerable differences among countries. Data for several countries are drawn on in Figure 11, and the trends show more consistency with changes in GDP than with changes in children's needs. In Poland, expenditure fell by 20 per cent in real terms by 1992 and remained at that level until 1995, when preliminary data showed a return to pre-transition levels. (The data refer to children aged 0-17 living in long-term care centres, smaller family homes, children's villages and temporary centres.) A similar pattern is found in the Czech Republic, although expenditures here held up at a higher level, dropping slightly until 1991 and increasing steadily thereafter. By comparison, in Slovakia, expenditure on children's homes (including boarding schools) fell by 50 per cent. And Bulgaria has experienced an especially disturbing drop in expenditure, which fell by almost two thirds over 1989-95. (The data here refer to infant and children's homes and homes for children with disabilities.)

*Expenditure
on child institutions
is one determinant
of their quality*

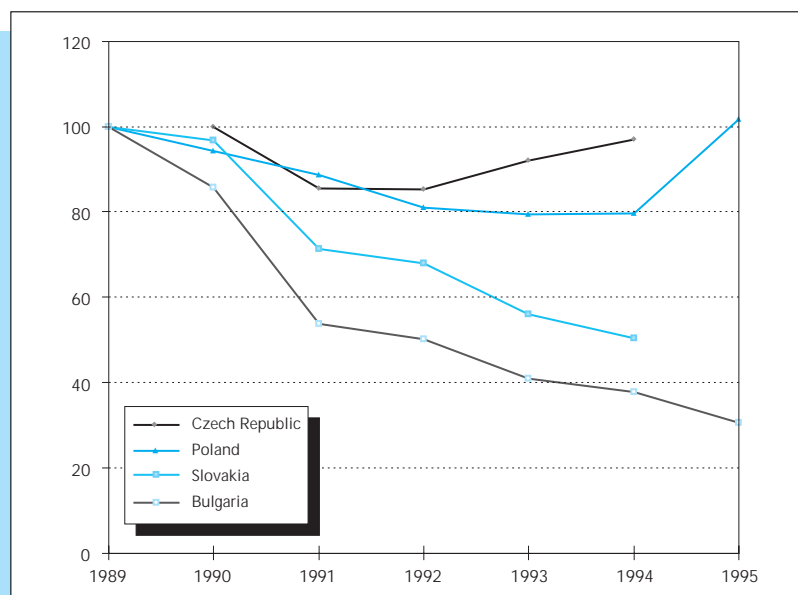


Figure 11 – Public expenditure on child institutions in real terms in the Czech Republic, Poland, Slovakia and Bulgaria (index: 1989=100; for the Czech Republic 1990=100)

Sources: RMR No. 4 - Figure III.8 - p.85.

The implications of lower spending depend on which expenditures are cut. In Georgia whole institutions have been closed as a result. A UNICEF survey of child institutions in Moldova found widespread under-nourishment and lack of suitable clothing, shoes, bed linen and heating; lice and

nits were endemic. Surveys from Russia show disabled children in state care to suffer from infectious and parasitic diseases far more frequently than other groups due to the lack of proper hygiene and medical care.

Although there are examples from some countries of improved arrangements, the various factors together suggest that the quality of institutional care has deteriorated substantially in parts of the region, making the increasing use of this form of public care all the more disturbing.

Adoption

Adoption offers the best prospects for a secure upbringing for young children who have no chance of remaining with or returning to their own parents. The total number of adoptions has declined in much of the region, but adoption rates in the 0-3 age group (thus taking into account the falling numbers of young children in the population) have either risen or remained constant. The exception is in the Caucasian countries, where sharply falling adoption in Armenia and Azerbaijan may in part reflect the tremendous dislocation associated with armed conflict and the difficulties of maintaining even the most basic semblance of everyday life.

In all the Western CIS countries (and in Slovakia and Bulgaria), the absolute number of adoptions, as well as adoption rates, has increased. These higher numbers could be a sign of increasing orphanhood. This pessimistic interpretation is consistent with the geographic distribution of adoption trends – gains in absolute numbers have occurred in the same countries that have shown the sharpest upswings in adult mortality.

The rise in gross adoption rates in parts of the region is partly explained by the growing importance of international adoptions. Falling living standards have had a negative influence on domestic demand – as they have had on natural births. Most prevalent in South-Eastern Europe and the Baltics, the share of international adoptions among all adoptions was almost 50 per cent in Lithuania in 1994. Figures for 1995 include 45 per cent for Latvia, 42 per cent in Romania and 22 per cent in Bulgaria.

How should one view these figures on international adoptions? The Report argues that the experience of Central and Eastern Europe in the 1990s has been an example of the serious problems that poorly controlled intercountry adoption can pose to the rights and interests of children. The experience of a number of countries is reviewed, including Albania, Poland, Russia and Ukraine. Romania in the early 1990s provides an illustration (the Romanian authorities have since tightened regulations). Couples flooded into the country in 1990 with a view to adopting children from the orphanages that had so shocked the world. Within a year Romania came to supply about one third of the children adopted annually throughout the world. But by 1991, most of the children being adopted were not being 'rescued from institutions' but were being procured directly from their biological families, usually in exchange for consumer goods or money. Prospective

foreign adopters may be prepared to pay thousands of dollars to obtain a child in a country where US\$200 is a good monthly salary.

Entry and exit

Information on the reasons for entry of children into public care is not available in many countries, nor are there data on whether entry is with parents' acquiescence or whether it has been legally enforced. Similarly, many countries provide no data on exits from public care. In the lack of data on entry and exit, all that is known is the total number in public care at any one time, and this will be much less sensitive to changes in pressures on the system of public care or in policy towards it.

Entries to institutions in Russia have risen faster than exits from them

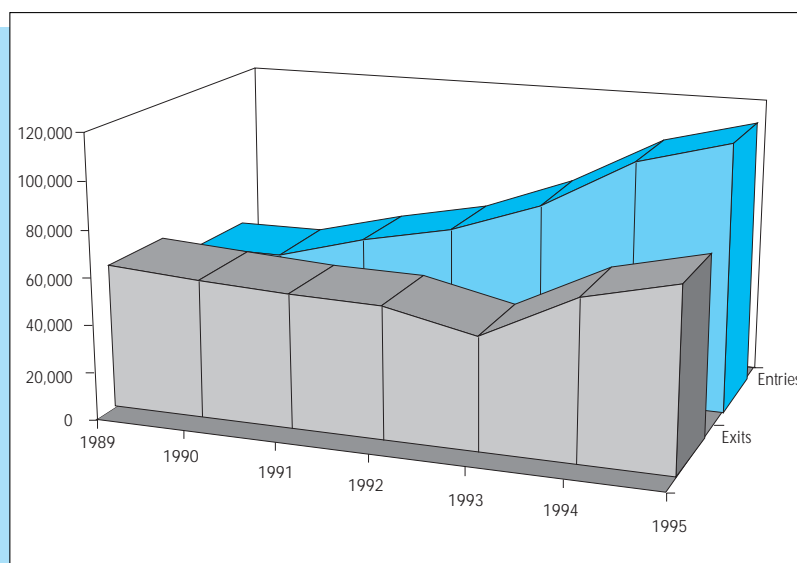


Figure 12 – Children without parental care: entries into and exits from public care in Russia, 1989-95 (in absolute numbers)

Sources: RMR No. 4 - Figure III.4 - p.80.

Some data do exist for the Western CIS countries. Figure 12 shows the total numbers of entries and exits over the first half of the 1990s for Russia, the country that contains over half the children in public care in the region. Between 1989 and 1995 the number of new registrations of children left without parental care jumped by 130 per cent – up from 49,100 to 113,296 cases. The diagram also shows that the number of exits fell slightly between 1989 and 1992, and more sharply in 1993. The rise in the number of children leaving public care in 1994 and 1995 has not been enough to reduce the total number of children dependent on the State.

The destinations to which exits from public care are made is the subject of Figure 13, which again refers to Russia. The data are restricted to homes for infants (children aged 0-3). Some marked changes have taken place over

The structure of exits from infant homes in Russia shows that fewer young children are returned to parents and more children are adopted

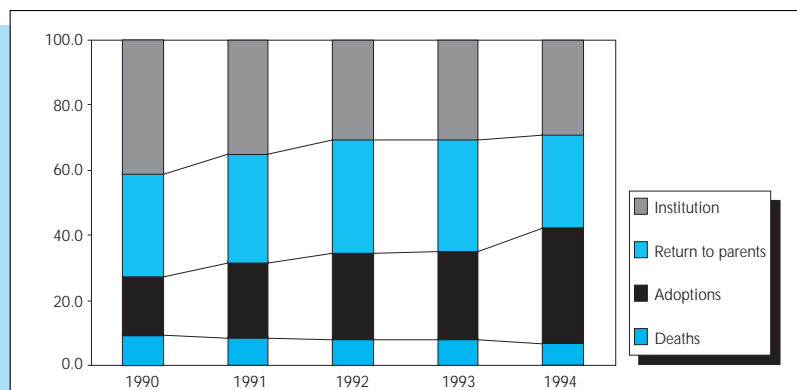


Figure 13 – Exits from infant homes in Russia, 1990-94

Sources: RMR No. 4 - Figure III.3 - p.76.

1990-94 in the importance of different exits. Exits to other institutions have fallen notably. This is certainly encouraging, but the share accounted for by this route was still nearly 30 per cent at the end of the period, which is depressingly high. Not surprisingly, in view of several of the trends in risk factors reviewed in the Report, the importance of return to parents has declined slightly and this is a depressing outcome. The most notable change has been the rise in adoptions, accounting for more than a third of exits in 1994 and almost doubling in importance over the period. (Since most adoptive parents prefer taking very small children, adoption is likely to be a more common form of exit from infant homes than it is from institutions for older children.)

4 REDUCING RISKS: THE ROLE OF POLICY

The Report identifies ‘a pyramid of risks’, ranging from those affecting most children and their families, such as the threat of income loss or the risk from environmental degradation, through to those concentrated on a minority. There is likewise a pyramid of public responses to address them, ranging from the broad to the specific. And if risks mount so steeply that no other suitable alternative remains, the authorities may exercise a final option and ‘rescue’ the child through separation from the biological parents and placement in adoptive or foster families or, usually only as a last resort, in institutional care.

A change in approach is needed

The system of child protection in pre-reform Central and Eastern Europe focused on primary help on the one hand (for example cash transfers for

families) and child rescue on the other. Children either lived without major problems at home or were placed in substitute care. A broad range of social services tailored to families in difficulty was underdeveloped or altogether absent. While some countries, such as the Baltic States, experimented with family counselling, these services never became part of the child protection infrastructure. Similarly, certain forms of social work established in parts of Central Europe were far from fully developed. In other countries, such as Romania, social work was deliberately suppressed for ideological reasons.

Reform of policy towards the family in present day Central and Eastern Europe needs to proceed along a number of lines. The Report argues that the development of social services is a priority. Just as market-building requires financial intermediaries such as commercial banks and stockbrokers, so does the establishment of the social sector in the new economic and political system require an intermediate level of help between the family and the State.

Erosion of family benefits

The pre-reform system of primary family support in the region was a considerable achievement and often recognized as such in the West. Many of its features – cash transfers, maternity and parental leave, pre-school education – promoted child and maternal health and child development.

This system has been considerably eroded during transition. Reduced expenditure was in part inevitable given falling output and government revenues and the need to achieve macroeconomic stabilization. But the Report argues that public expenditure on family support has fallen disproportionately, especially since 1992. Parents have not been given sufficient support to respond adequately to the needs of children. And faced with the dilemma of reduced resources but increasing needs, governments have tended to make the wrong compromise. They have allowed cash family allowances to absorb enough resources to weaken other child-related programmes, but not enough to ensure levels of allowances that are sufficient to improve family income levels appreciably.

There are also indications that the coverage of family support programmes has fallen along with benefit levels. In part this has been a deliberate policy, or at least an outcome that could have been easily foreseen. For example, one reason for falls in kindergarten enrolment has been the closure of facilities previously provided by enterprises. But there have also been unintentional exclusions from eligibility resulting from unfavourable changes in the 'status' of parents (for example, a move to unemployment or a shift to employment without social security coverage), delayed or rationed payments (a common phenomenon in FSU countries), and poor administrative capacity among local governments (which have been given increased responsibility for programme delivery).

The different forms of family programme require careful revision and the Report provides a number of examples from the region of initiatives

designed to strengthen the development role of cash support, such as the pegging of birth grants to health checks during pregnancy.

A new system of child protection and welfare services

The reduced capacity of family policies to provide comprehensive support for income, parental employment, health care and education exposes families with children to more risks. Crisis-oriented child protection, responding only to those already in the most vulnerable circumstances, leaves many families at high levels of risk, forced to cope as best they can.

Providing services to support vulnerable families helps to strengthen, and not weaken, parental responsibility. This has been a key principle underpinning recent child-related legislation in numerous Western countries with a broad spectrum of social welfare traditions. Despite differences in systems of education, health care and social security benefits, there has been a striking convergence within child welfare philosophy towards services for children in need and the promotion of parental responsibility. This philosophy embraces the notion that agencies must attempt to work on the basis of voluntary consent and to take into account parental opinion and the rights of the child. It is this kind of relationship between the State and the family that holds out the most promise for Central and Eastern Europe.

Figure 14 summarizes a new approach to addressing children's needs. Children may be loosely categorized into one of four tiers in a pyramid of needs for support. The level of need faced by a child, and hence the tier occupied in the pyramid, depends on the degrees of risk resulting from the child's personal circumstances, the capacity of the family to respond, and the availability of benefits and services to support the child and family. Children may move between the four levels as their circumstances change. Children at the top of the risk triangle are those in the most acute need, for example those without parental care, with major disabilities, or with severe behavioural problems.

Mounting risks need to be addressed by three types of support policy; type 'A' has been eroded, type 'B' has been absent or underdeveloped, and type 'C' requires reform.

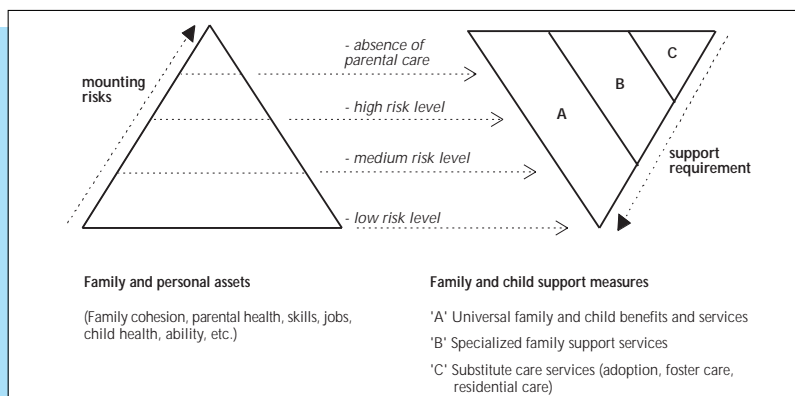


Figure 14 – The twin pyramids of protective factors for children and the continuum of risks to be addressed

Sources: RMR No. 4 - Figure VI.3 - p.102.

Corresponding to the pyramid of needs is an inverted pyramid of support requirements. Children at the base of the needs pyramid require only general support – family allowances, and education and health services. Children higher up require more support and those at the top of the needs pyramid require crisis intervention and the most intensive services. The challenges for policy in Central and Eastern Europe are to overhaul the general support, to reform the nature of the crisis-level intervention, and to increase the medium level of support that was so lacking in the pre-reform period. These reforms should be aimed at *preventing children moving up the risk pyramid and enabling them to move back down.*

Some key areas for action

- **Preventive services**, led and coordinated by the State and based in the community, are needed to provide help to families in their task of raising children and to help adolescents. This means developing new kinds of social service such as family centres, respite care schemes and family and youth counselling. It means building up new professions such as social workers, health visitors and community nurses. In some cases this task requires extending and modifying existing services rather than starting from scratch and the Report details examples of innovations in the region.
- **The non-governmental sector** plays a major role in the provision of social services in many Western countries. By no means all benefits or services to support families need to come from the State, although the unequivocal commitment of government is essential. The non-governmental sector is dynamic in Central and Eastern Europe, but it is often chaotic. There are thousands of organizations competing for limited funding, with little monitoring of the provision of services or organizational management. Many businesses run for profit masquerade as NGOs, thus undermining public confidence in the genuine organizations. There needs to be substantial reform in the framework of this sector.
- Systems of **public care** require urgent attention. Legislation and infrastructure need to reinforce the premise that the family is the best context in which to raise a child. Laws should be revised to make it difficult for parents to give up their children. Foster care should be stimulated and used more flexibly. Proper recruitment and selection programmes are needed together with support and monitoring. Home adoption also needs development. And to help those children who will remain in institutional care, conditions within children's homes must be rigorously monitored to ensure an adequate quality of care.
- **Information needs** are not being met, and consequently the planning and management of services cannot be based on reliable data. There are inconsistencies and gaps in the collection and sharing of information. To take one example highlighted in the Report, even the most basic information on flows of children through public care and the reasons for their

entry and exit are missing in many countries. Data collection is a major element in an integrated approach towards the family and child of assembling information, setting priorities, allocating resources and forward planning.

Reform requires money and the greatly reduced economic circumstances of many countries in the region are undoubtedly one constraint on action. But lack of funding is not the most important problem – spending on general social security provisions, for example, has remained relatively extensive. Besides a lack of information on an alternative approach, there has been a reluctance at all levels of government to make a priority social services for groups perceived to be marginal. But the scope of these networks in promoting general well-being is much broader than this view implies. The Report shows that the risk of unmet needs is not confined to only a small percentage of children in Central and Eastern Europe. A new approach to social policies promises to be an investment in the future of all children in the region, and thus of society as a whole.

“The children of Eastern Europe are among the main losers of the upheaval and revolutionary change of the 1990s according to a UNICEF report published yesterday”
The Guardian

“Die junge Generation sei von wachsender Armut und dem Zusammenbruch sozialer Strukturen am härtesten betroffen, berichtete UNICEF”
Die Welt

“A new report from UNICEF documents the growing impact of social breakdown on children’s lives and the disintegration of education and health services which are essential to their well-being”
The Irish Times

“UNICEF rapport bekräftar: Barnen far illa i Östeuropa”
Hufundstadsbladet, Helsinki

“Dal Rapporto risulta che la condizione dell’infanzia è preoccupante: la percentuale dei bambini negli orfanotrofi è aumentata, malnutrizione, alcolismo, droga, crescita della violenza sono sempre più presenti nelle famiglie”
Radio Vaticana

“Il faut lire le rapport que vient de publier l’UNICEF”
Le Monde

The Fourth Regional Monitoring Report was launched in Bonn on 21 April 1997 with the help of the German Committee for UNICEF.