

A Decade of Transition

**The MONEE Project
CEE/CIS/Baltics**

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'A decade of Transition'.
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3. *Poverty, Children and Policy: Responses for a Brighter Future*, 1995
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5. *Education for All?*, 1998
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THE UNICEF INNOCENTI RESEARCH CENTRE

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The Centre's publications are contributions to a global debate on child rights issues and include a wide range of opinions. For this reason, the Centre may produce publications that do not necessarily reflect UNICEF policies or approaches on some topics. The views expressed are those of the authors and are published by the Centre in order to stimulate further dialogue on child rights.

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Foreword



A Decade of Transition reviews the momentous changes in the 27 countries of Central and Eastern Europe and the Commonwealth of Independent States since 1989, focusing on the well-being of ordinary people and their children. It builds on years of authoritative research carried out by UNICEF's Innocenti Research Centre, to produce an end-of-decade report on the human face of the transition.

This Report, the eighth from the Centre, is published at a time when the world's commitment to children's survival and development is under close scrutiny. In 1990, world leaders met at the World Summit for Children to pledge their support to a series of goals to improve child well-being by the year 2000. This year, the UN Secretary-General's review of the progress made reveals a mixture of success and failure. Thanks to a decade of strenuous efforts, child mortality rates have fallen in many countries. However, millions of children continue to suffer from poverty, ill health and marginalization.

This global picture certainly reflects the situation in the transition countries, but no other region has experienced such a root and branch transformation of its social structure, its societies, infrastructure and borders. Eight countries splintered into 27. Every one of them experienced some kind of economic crisis. In many, tensions that had been simmering for years erupted into open conflict.

The human impact has been immense. Fundamental freedoms have been recognized in most countries – the right to vote, to express an opinion, to use one's own initiative and enterprise, to travel and so on. But many people have been stranded by a tide of progress that has swept past them.

It is clear that the original goals of the transition – to raise the standard of living for everyone and to develop humane and democratic societies – now need to be re-affirmed. The economic goals of the transition should be seen as tools to achieve these greater human goals. In reality, the ultimate success of the transition will depend on improvements in social conditions and the promotion of human rights, as well as on economic strength.

We hope that *A Decade of Transition* will be a useful tool for decision-makers, economists, child rights campaigners and for children and young people wishing to make a difference. As a record of the progress and setbacks of the 1990s and the lessons learned, this Report acts as a signpost for the way forward.

Carol Bellamy
Executive Director, UNICEF

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5 Children Deprived of Family Upbringing



“I have never seen my mother. I’d like to see her once at least, but I don’t know where to find her.” (Sebastian, 18)¹

All societies recognize the importance of trying to create the conditions in which children can grow up protected from poverty and ill health and in receipt of an education that maximizes their potential. Even more important is the opportunity for a family upbringing because of the unique foundation in social relationships and emotional development it provides.² For this reason, the UN Convention on the Rights of the Child places special emphasis on family upbringing and sees out-of-home care as a last resort. In many Western societies this has led to the active promotion of an array of social services to prevent family breakdown and to support families in trouble. Even when out-of-home care is unavoidable, modern child protection strategies try to keep placements as short as possible, emphasize the goal of regular contact with the family to avoid the withering of bonds, and seek reunification whenever feasible.

Children who cannot remain with their parents in the shorter or longer term because of parental death, illness, imprisonment, abandonment, or inadequate parenting are therefore among the most vulnerable in any society. Often separated in the most traumatic circumstances, these children are dependent on the state, through the “public care system”, to promote their welfare and find them a new temporary or permanent home with adoptive parents, foster carers, relatives, or in an institution. While separation is sometimes the only option, international research has consistently shown how difficult it is for the state to meet the standards of the good parent. Care leavers are over-represented in the statistics on poor education, homelessness, crime, prostitution, teenage pregnancies, unemployment and poverty.

The situation of children in out-of-home care has a special significance in Central and Eastern Europe and the countries of the former Soviet Union. Communist ideology viewed the family with suspicion and overestimated the capacity of the state to “rescue” children living in precarious environments. It led to a massive over-reliance on institutional care and upbringing at the expense of services to help families in their own homes. This was perhaps the most serious problem of the socialist welfare system: a problem both of scale and quality. At the start of the 1990s there was considerable national and international concern over the way in which children were being looked after when they

entered out-of-home care. Many countries saw the collapse of the old totalitarian regimes as the chance for a new start – and no more so than for children living away from home. They called for wholesale reform of the childcare system and a major drive to reduce the numbers of children living in institutions and those entering public care.

It is therefore deeply disturbing that, a decade after the start of the reforms, even higher numbers of children are living in out-of-home care. This Report finds that as many as 1.5 million children are separated from their parents, living mostly in one of the several thousand child institutions spread across the 27 countries. *Regional Monitoring Report*, No. 4 already identified the high and rising rates of children in institutional, guardian, or foster care in the region by the mid-1990s. The end-of-decade reports from countries in the region suggest that, in the related areas of “special protection measures” and “enhancing family knowledge and strengthening family values”, the transition countries have encountered special difficulties or provided patchy information in terms of reaching the goals set a decade ago at the World Summit for Children.³

More than a decade after the fall of communism, the reform of the child protection systems in most countries is no longer regarded as the sole responsibility of central government, even though over-reliance on the state persists. Local communities, non-governmental organizations, public and private agents, and national and international actors increasingly recognize that they have a role to play. Experience shows that a coherent strategy addressing a major social concern that requires contribution from many different actors needs to:

- Define and measure the issue.
- Prove that there is a problem.
- Highlight risks and the scope for action.
- Debunk myths and challenge inertia.
- Set targets.
- Share experience.
- Maintain awareness and build partnerships.⁴

The aim of this chapter is further to develop each of these action-points so that fewer children in the region are deprived of family upbringing and better care is provided for those children who cannot stay with their parents.

The chapter is divided into five main sections. The first issue addressed is definition and measurement. Section 5.1 reviews the numbers and rates of children in out-of-

home care and investigates changes in the principal placement patterns over the decade. Section 5.2 focuses on structural changes in institutional care and on persistent quality problems. Section 5.3 evaluates policy and practice in the use of alternative placement options; it raises certain concerns and discusses positive developments over the last

10 years. Section 5.4 highlights the need for stronger family support and more family-friendly approaches by discussing available information on why children enter care. Section 5.5 lays out a region-wide strategy and makes practical suggestions for policy reform. ■

5.1 Child Vulnerability and State Intervention

The term “public care” refers to the responsibilities vested in the state to make arrangements for the care of children who are unable to remain with their own parents. Generally, the state has three main placement options that are collectively referred to as “substitute care” because they are a substitute to parental upbringing. They comprise fostering and guardianship (the latter is usually provided by relatives), institutional care, and adoption. The state retains an ongoing responsibility to monitor the child’s welfare in all options except adoption. As adoption transfers legal parental responsibility to the new carers, adopted

children are not counted among those children in public care. The term “institutional care” is both broader and narrower than the term “public care” because not all children who live in institutions are officially regarded as being “left without parental care” (Box 5.1). This Report therefore adopts a broad definition: “children living in out-of-home care arrangements”. In this way, the Report attempts to lessen errors of exclusion, despite the risk of including some children in the statistics who may regularly see their parents or who might not be officially designated “in public care”.

Box 5.1

Defining the problem: children deprived of a family upbringing

A small proportion of children in public care are orphans, but the overwhelming majority are “social orphans”. This term refers to children whose parent or parents are still alive, though these are unable or unwilling to provide care in the short or longer term because of parental illness, abandonment, imprisonment, or harmful or neglectful parenting. It also includes children with disabilities whose parents have placed them in state care. The term “left without parental care” is widely used in the countries of the former Soviet Union and denotes those children for whom the state must make substitute care provision.

With specific regard to child institutionalization, as already noted, the problem extends well beyond the numbers of children officially received into public care in Central and Eastern Europe and the CIS and includes a pool of children living away from home who share accommodations with those children “in care”. In Russia, for example, 90 percent of the 69,800 children living in children’s homes (detskie doma) were registered as “left without parental care” in 1999. The share fell to 70 percent (13,500) of the 19,300 children in infant homes (doma rebenka) and, on average, dropped to about a quarter of those children living in boarding schools for “orphans” or “of the general type” (internati). Finally, only one-fifth of those children in boarding schools for the disabled were officially “in public care”. To draw attention to the overlapping needs of all these children despite their different legal status, this Report uses the term “out-of-home care”. Ideally, children in “out-of-home care”, but

not “in public care”, and children “in public care” need to be clearly differentiated, since the legal responsibilities and powers of the state differ. However, because of practical problems, this has not always been possible in the statistics presented in this Report.

Adolescents with behavioural problems and those placed in “corrective” institutions, such as reform schools or “colonies” (or very infrequently in jails) are normally not counted among those children in public care, and they are mostly excluded from the figures in this chapter. However, the workings of the justice and welfare systems are often insufficiently kept apart in the region, and, indeed, for many young people corrective institutions are simply another type of “care” – a sad, but telling critique on the care conditions in the region.

Since 1995-96, when the MONEE project first undertook a concerted endeavour to collect data on this issue in the region, many countries have made strenuous efforts to improve transparency and data availability. They have been helped by increased public concern and by better coordination among interministerial policies. Despite these developments and the considerable attempts made by the MONEE project to gather high-quality information on this topic, conceptual difficulties and uneven reporting practices remain. Moreover, the data cannot be cross-checked against other international sources, since these are practically non-existent. For these reasons, the data are less reliable than those presented elsewhere in the Report, but the compilation of such information is nonetheless important because it is unique.

How many children in the region are deprived of family upbringing?

The answer to this simple question is difficult. There is a real risk of underestimating the numbers of children deprived of a family upbringing. Official data on children in public care reflect service provision rather than the actual need of children for family care. Hence, there is an unknown number of unrecognized cases, such as children living on the streets. A part of the children living in institutional arrangements is normally excluded from the official data on children in "public care". Moreover, there is a risk of omission, since figures are scattered across a range of ministries and cover children living in many types of accommodations. But it would be quite as easy to inflate the figures because they mostly do not (or cannot) differentiate between those placed on a temporary or permanent basis out of home. The measurement difficulties are further compounded by the fact that children are also now living in new service entities which supplement rather than replace former structures, such as shelters where children may live for relatively long periods. It is often unclear whether these children are included in the official data. Finally, the demand pressure on the number of places in the traditional structures of public care may cause children to be looked after in service entities created for other purposes – principally in health and education. For example, in Kazakhstan babies must remain in maternity homes because of the lack of accommodations in the designated infant homes.⁵

Table 5.1 provides a bigger picture on out-of-home care arrangements by aggregating the data available in the 27 countries in the region. The first main point to draw from the table is the upward trend in the total numbers of children living in out-of-home care – in state, NGO, or private establishments, in foster care, or with guardians. These figures also include children living in institutions for the disabled and, in several parts of the region, children living in boarding schools. The 1.5 million children in out-of-home care at the end of the 1990s represented a rise of nearly 150,000 since the start of the decade. This increase is undoubtedly disappointing and against the intention of policy. But given the overall, extensive rise in child vulnerability over the period, the increase is not as large as might have been expected. Yet, the picture becomes more worrying when the falling birth rates since the early 1990s are taken into consideration.

As Table 5.1 shows, the rates calculated with regard to child population indicate both bigger rises and smaller drops in the proportions of children in out-of-home care today than would be evident if only the absolute numbers had been reviewed. Moreover, the rates across the region mostly started at a high level and have remained so. When these regional rates are compared with data from Western European

countries, the extent of the reliance on public care becomes striking, although caution is always needed in cross-national comparison because patterns of service delivery may differ. In England and Wales in 1999 the rate was 490 per 100,000, almost three times less than the average for Central and Eastern Europe and the CIS.⁶

The figures also point to a North-South divide, which had become more marked by the end of the decade. In 1999, 1-2 percent of the total child population were living in institutions or in guardian or foster care in Central Europe and the northern parts of the former Soviet Union (as well as in Romania and Bulgaria in South-Eastern Europe), while this was the case of only about half a percent of the child population in former Yugoslavia, the Caucasus and Central Asia.

The rise has taken place in most parts of the region, with the sharpest increase in the Baltic states, which had the second lowest rate in the region at the start of the decade. Of note and perhaps contrary to public perception, Central Europe has the highest rate of all, maintaining its 1989 position through a climb in rates. This finding is in clear contrast to other social indicators, where Central Europe, which has been at the forefront of the transition, performs the best. These countries may believe that this finding says more about their efficiency in uncovering child vulnerability than it does about higher absolute levels of risk. However, they need to recognize that their systems contribute to the separation of the highest proportion of children from their parents in the region; if the problem is defined as "being deprived of parental upbringing" rather than as "being at risk at home", their performance is the worst.

Only two sub-regions, former Yugoslavia and the Caucasus, record falling numbers and rates. In the Caucasus this is unlikely to be the result of deliberate policy. There, as in Central Asia, traditional care arrangements for children and stronger family networks seem likely to have

Table 5.1

The number and rate of children in out-of-home care, by main sub-region, 1989 and 1999

	Absolute number (1,000s)			Rate (per 100,000 0-17 year-olds)		
	1989	1999	Difference	1989	1999	Difference
Central Europe	276.6	290.3	13.7	1,507	1,916	409
Former Yugoslavia	41.1	28.2	-12.9	635	504	-131
South-Eastern Europe	154.2	134.8	-19.3	1,529	1,680	151
Baltic states	15.7	32.8	17.2	748	1,860	1,112
Western CIS	829.0	908.0	79.0	1,436	1,871	435
Caucasus	54.1	43.4	-10.7	971	796	-175
Central Asia	87.6	114.9	27.3	402	495	93
Total	1,458.2	1,552.5	94.3	1,194	1,441	247

Sources: Statistical Annex, Tables 8.1-8.4; MONEE project database.

Note: Data refer to weighted averages at the end of the year. All types of institutional and public care arrangements are included. Data for children in public institutions for Romania, Ukraine, Kazakhstan, Kyrgyzstan and Turkmenistan and data for children in foster and guardian care for Croatia, Armenia, Georgia, Kazakhstan, Tajikistan and Turkmenistan: IRC estimates. Children in public institutions in Bosnia-Herzegovina for 1999: estimate based on data for Federation of Bosnia-Herzegovina.

played an important role. The drops, however, have mainly taken place in war-torn areas and in countries experiencing huge declines in living standards. They probably therefore reflect the collapse of infrastructures to handle any but the most acute and urgent child needs. *Regional Monitoring Report*, No. 4 finds that children's homes in Georgia, for example, were forced to close down because of lack of domestic funding, compounded by a shift in the aid from international sources from childcare institutions in order to tackle the growing problem of child refugees and internally displaced populations. There, the closure of childcare homes has been linked to a rise in the numbers of street children. In former Yugoslavia pre-transition, family upbringing was much more at the centre of public policy than it was in neighbouring Central European and Balkan states; between 1991 and 1999 conflict and migration

increased vulnerability, which, however, does not show up in the child registration rates.

Overall, the geographical pattern suggests that the more urbanized societies have higher rates than those societies where traditional rural life styles and communities remain strong. Even in smaller countries with relatively homogenous cultures, such as those in the Baltic area, the overwhelming majority of children registered as being left without parental care come from the bigger cities.

... and what are the main care options?

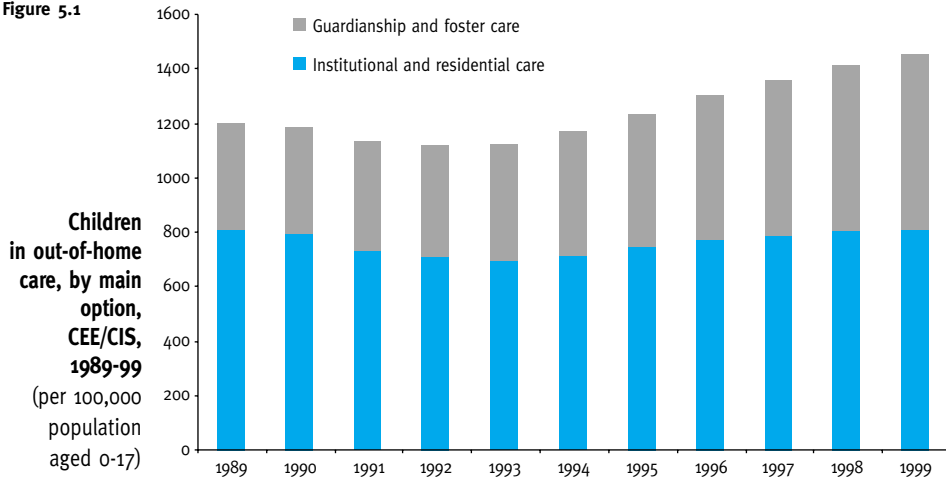
An appreciation of the trends in the aggregate numbers and rates of children in out-of-home care over the last 10 years is the first essential step in service planning and policy development. But it is equally important to understand the

way in which the three main substitute care options are used when children cannot stay in the care of their parents. At the start of the decade several parts of the region were committed to reduce the reliance on institutional care because of a growing awareness of its harmful psychosocial consequences and in order to increase the numbers of children placed in substitute families – through foster care, guardianship, or adoption. To what extent was this objective achieved in practice?

As Figure 5.1 suggests, there has been only a very limited shift in favour of family-based care through guardianship and foster care. Although the overall rates of children living in each type of placement option have grown, institutional care still predominates. This is so because, after bottoming out in the early to mid-1990s, there was a steady rise in the institutional placement rates in all sub-regions except the ex-Yugoslav states, as Figure 5.2 confirms.

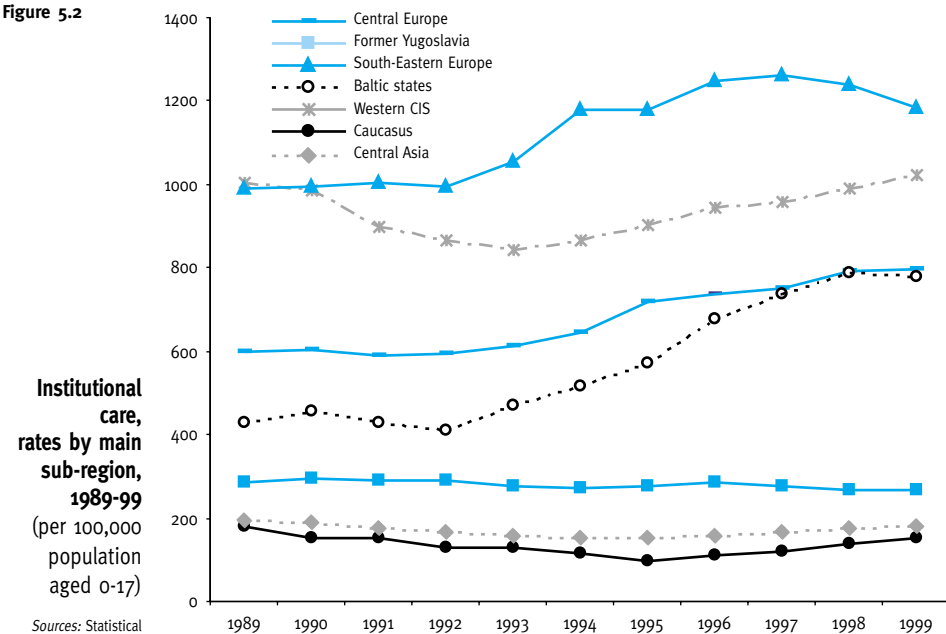
The pattern of institutionalization has a marked regional character which has been strikingly consistent over the decade and demonstrates the very strong influence of culture and history – for better and for worse. Areas such as Central Asia, which have traditionally made little use of institutional care, have continued almost unchanged. South-Eastern Europe, which has relied more heavily on institutional care than any other part of the region and did not have a foster care option, has continued to record very high rates. Western CIS, which has the lion's share in the region of children looked after by the state, has also continued to maintain high rates. Table 5.1 shows that the overall rates of

Figure 5.1



Source: Statistical Annex, Tables 8.2 and 8.4. Note: Weighted regional average. Data refer to end of year and exclude Bosnia-Herzegovina. Data for total number of children in public institutions for Romania, Ukraine, Kazakhstan, Kyrgyzstan and Turkmenistan and data for children in foster and guardian care for Croatia, Armenia, Georgia, Kazakhstan, Tajikistan and Turkmenistan: IRC estimates.

Figure 5.2



Sources: Statistical Annex, Table 8.2; MONEE project database. Note: Weighted averages as of year-end. Former Yugoslavia excludes Bosnia-Herzegovina. Data for Russia include children in boarding schools of general type.

children in public care rose the most in the Baltic states. Figure 5.2 suggests that about a third of that increase is accounted for by more frequent use of residential care.

In 10 of the 27 countries – the Czech Republic, Poland, Albania, all three Baltic states, Ukraine, Azerbaijan, Kazakhstan and Turkmenistan – even the absolute number of children living in institutions has grown since 1989, despite falling 0-17 populations (with the exception of Turkmenistan).

The data discussed so far refer to the “stock” of children in out-of-home care. Unfortunately, there is little information on the average amount of time children spend in public care or on turnover and exit rates in the region, although these are vital data in the effort to monitor the usage of substitute care options and to promote de-institutionalization effectively. Some countries, however, publish

data on entry into public care. As Box 5.2 highlights, both “inflow”- and “outflow”-type data are very important and can lead to conclusions which are different from those to be drawn from the usual stock-type information.

Adoption is the third main option for children who cannot be returned to their parents. It is often considered the best option, particularly for very young children, because it provides them with permanency in a new family and removes them from the public care system. The MONEE project has been unable to obtain relevant data from Bosnia-Herzegovina, FR Yugoslavia, Kazakhstan, Tajikistan and Turkmenistan. In the remaining 22 countries, representing 87 percent of the region’s child population, about 42,000 new adoptions were registered annually in both 1989 and 1999. (Russia alone had about 13,000 adoptions in each of the two years).

Box 5.2

Children entering and leaving public care

The data available on children in out-of-home care in the region are usually limited to a snapshot referring to those children in care at a given point in time; this is known as “stock data”. Certainly, the common perception of public care in the region is that these children spend *most* of their time in institutional or foster care, and that they constitute a largely fixed pool, with very little turnover.

Recent empirical studies, however, point to the existence of a “mobile” segment in care. For example, a six-country study has found that every second child leaving an institution has spent less than a year in care.⁷ This implies that a significantly larger proportion of children experience placement in public care than the stock-type data would normally suggest. (This is particularly true for infant homes.) It also underlines the importance of collecting data on entry and exit rates in order to develop policies that aim to prevent entry or to speed up the removal of children from care.

Official, stock-type information from Russia shows that the number of children left without parental care rose from 421,000 to 533,000 between 1989 and 1995 and to 637,000 by 1999.⁸ These figures suggest a huge 1.5-fold increase over the last 10 years. In each year, about a quarter of these children were living in institutions. What do the “flow”-type data shown in Figure 5.3 add to this?

The light blue columns in the diagram suggest a much steeper rise in child vulnerability over the period: 2.3 times as many children were registered as left without parental care in Russia in 1999 than 10 years earlier. The graph also makes clear that entries levelled off

beginning in 1995. It suggests that the continuing rise in the Russian stock figures over the last five years or so is due to a slowdown in exit rates rather than to ongoing increases in entries.

The diagram also shows that the number of children left without parental care and placed in institutional care has climbed the most steeply: it rose by 3.5 times between 1989 and 1999. This suggests that in Russia proportionately more orphans and social orphans are placed in institutions than in other, family-like arrangements relative to the picture 10 years earlier. Significantly, the evidence from stock-type data produces exactly the opposite conclusion. The reason for this is that stock-type data also reflect the duration of placement, and family-based care (in Russia mostly guardianship) has a longer average duration than does institutional care.

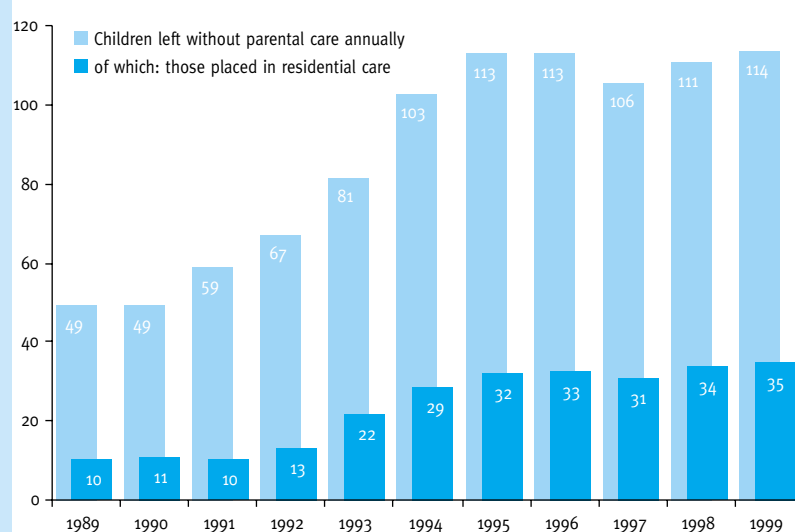


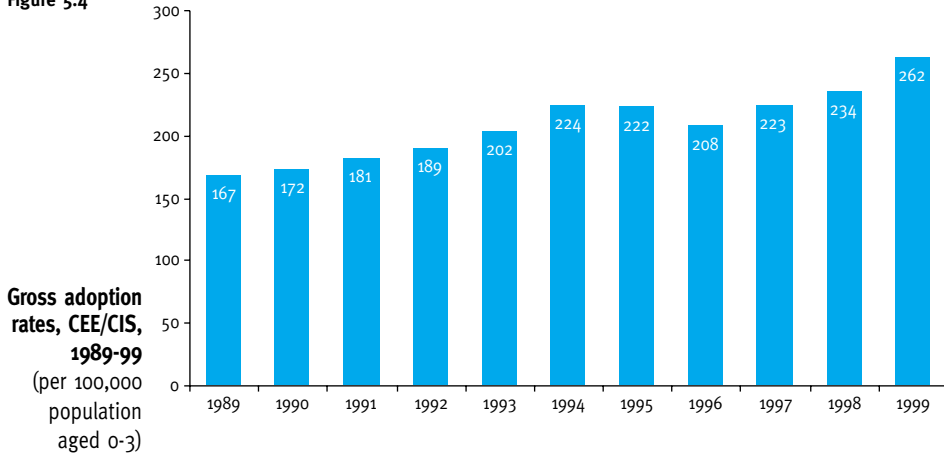
Figure 5.3

Children left without parental care annually, Russia, 1989-99 (1,000s)

Source: Ministry of Labour and Social Development (1997), (2000), “The Situation of Children in the Russian Federation: Annual Report”, Moscow: International Publishing House “Energy”.

Note: Registered as “children deprived of parental care” (dети лишённые родительского попечения) according to the Russian Family Code.

Figure 5.4



Gross adoption rates, CEE/CIS, 1989-99 (per 100,000 population aged 0-3)

Source: MONEE project database.

Note: Weighted averages of 22 countries. Adoption figures include domestic adoptions (with step-adoptions), as well as international adoptions. Albania and Moldova for 1989-93, Romania for 1989-94, Estonia, Lithuania and Uzbekistan for 1989-91 and Georgia for 1989-95: IRC estimates.

Adoption typically involves young children, and Figure 5.4 shows the rates of new adoptions calculated per 100,000 population aged 0 to 3. This crude rate rose from 167 to 262 between 1989 and 1999. Later sections explore the factors behind this apparently very positive trend. The adoption figures might signify that there has been a far more active approach to helping children leave public care, or indeed avoid initial entry, or more step-parent adoptions (as the available data do not make a distinction in the forms of adoption). More pessimistically, these figures could also reflect rises in the proportions of abandoned children.

5.2 Stability and Change in Institutional Care Patterns

Policy reform during the 1990s took three main directions: the diversification, the decentralization and the restructuring of existing provision. Most countries have developed policies to create smaller homes supplying more personalized care than the large-scale establishments. They have also sought to restructure the large institutions – for example, by providing care in smaller groups and by promoting opportunities for children to mix with the local community and to receive education with their peers. The third main strategy has been to shift responsibility for homes from the central state to the local level so as to encourage local responsibility and accountability and, finally, to curb the role of the state altogether by encouraging providers from NGOs and the private sector to develop services.

As Section 5.1 makes clear, the risk of being brought up in out-of-home care has risen since 1989 in most countries in the region. Although the likelihood that children in public care will be placed with a guardian or foster family has also risen in many countries, institutions continue to play a major and – in many ways – central role in child protection arrangements in each country. Currently, an estimated 900,000 children in the region are living in residential care. But what has changed behind the continuing predominance of institutional care? And what can disaggregated data on child institutions tell about child vulnerability and public responses?

Higher placement rates in infant homes

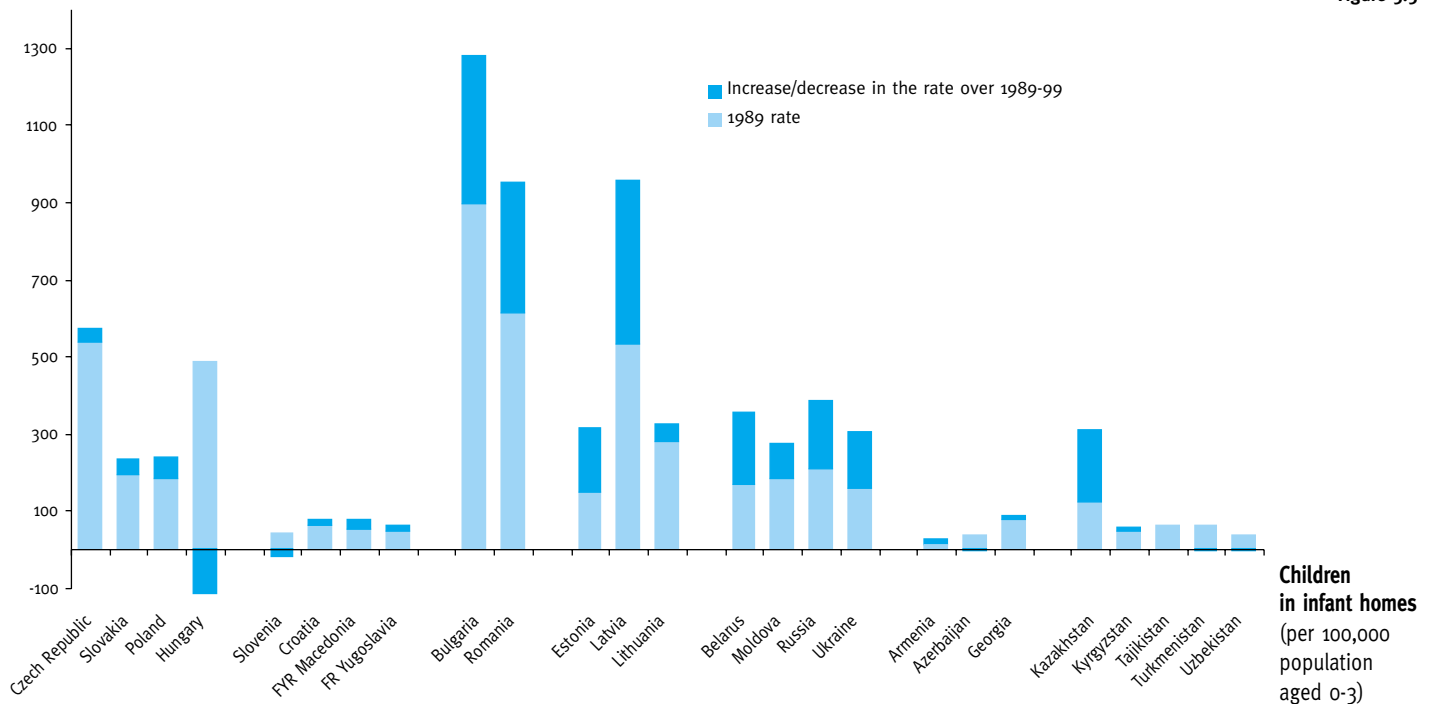
Modern child welfare approaches consider infant institutionalization especially damaging for child development.⁹ Many Western countries have closed down their residential homes for infants and place the children with foster or adoptive parents instead. Infants growing up in institu-

tions, especially large-scale ones, are likely to experience what has been described as “anonymous serial carers”, and they lack the opportunities to develop secure selective attachments. Non-attached babies are particularly vulnerable to experiencing longer term difficulties in social relationships. Many theorists consider that the first years of life represent a critical period for social, intellectual and identity development, and this makes infant institutionalization particularly hazardous. Although children can show a remarkable capacity to overcome early adversity (see later, Box 5.5), the reversibility of harm caused in the early years is contingent on a number of factors, including the duration of the harm, the quality of the subsequent care and the child’s resilience.¹⁰

During the communist era, countries in the region took a very different approach and had a very extensive network of infant homes providing care for children up to the age of 3 or 4 and sometimes older. The homes catered for a wide variety of situations and looked after children whose parents worked long shifts or were sent to different parts of the country, as well as caring for children with severe medical conditions, the disabled and the abandoned. Entry into infant homes was often the start of an entire childhood spent in care, particularly for disabled, abandoned and unwanted children or those whose parents were deemed unfit.

For all these reasons it is particularly worrying that rates of infant institutionalization have climbed in many parts of the region. As Figure 5.5 shows, several sub-regions with traditionally high rates – South-Eastern Europe, the Baltic states and the western CIS – have seen further increases. Altogether, 16 of the 25 countries on which data are available have witnessed rises in the rates of children placed in infant homes.

Figure 5.5



Note: Total child population in infant homes per 100,000 0-3 year-olds (0-5 year-olds for Armenia, 0-7 year-olds for Estonia). First year is 1990 for Croatia, FR Yugoslavia and Romania. Last year is 1995 for Slovenia, 1997 for Romania, 1998 for FR Yugoslavia and Uzbekistan. The number of children in orphanages in Slovakia, Poland and Estonia for 1999: IRC estimates. Insufficient data for Bosnia-Herzegovina and Albania. Source: Statistical Annex, Table 8.3.

The figure also draws attention to the huge differences among individual countries across the region in the institutionalization rates for young children. Bulgaria and Romania, with their traditionally high rates of teenage pregnancies, have seen further climbs in infant institutionalization. The very low use of infant institutionalization in the Caucasus and Central Asia shows how far family and community traditions have protected infants from state parenting. Only Kazakhstan is an outlier there, probably due to the strong Russian presence in the population, but also reflecting a rise in abandonment associated with the continuing socioeconomic instability and the increase in broken families. In Central Europe, although upswings were contained, Hungary alone has made a major shift in infant placement. There, the rate has dropped substantially, a clear example of a deliberate, successful strategy.

The mounting rates have taken place in the context of a huge decline in the 0-3 child population in the region – on average, a fall of one-third. (In Latvia, for example, behind the spectacular jump in the rate, broadly constant numbers of infants were being placed in care in a period when birth figures were plummeting.) Since 1989, despite the fall in the number of newborns, eight of the 25 countries – Croatia, FYR Macedonia, FR Yugoslavia, Estonia, Belarus, Ukraine, Armenia and Kazakhstan – have seen an increase in the number of infants in homes, as well as in the rate.

Structural changes in institutional arrangements

The system of substitute care pre-1989 was based on a highly differentiated network of services for children in

public care after they had left the infant homes. The Soviet model, adopted in much of the region, transferred healthy children from the infant homes (run by the Ministry of Health) to children's homes for orphans and abandoned children (run by the Ministry of Education). The children's homes catered for pre-school and school-age children and took between 50 and 120 children. Some only took pre-school children, but more commonly they provided for all age groups from 3 years and up.

The other main type of establishment in the Soviet model was the boarding school, which also provided education on site. These were very large establishments which admitted between 150 and 300 children. Many of these children were kept apart from their peers and families for the duration of childhood. Though the actual arrangements and names vary considerably in the region, apart from separating very young children (healthy, as well as sick) from older ones, all countries undertook separate provision for children with disabilities, often differentiating between those deemed "educable" and those deemed "ineducable". General boarding schools in many countries became important in offering shelter and education for significant numbers of children in public care, and for many other children they became midway solutions between parental and public upbringing.

Over the 1990s the restructuring of the institutional network took two main directions. One direction was the move to smaller, family-like residential units, in line with international recommendations. The other main shift was in the proportions of children living in children's homes and orphanages and those living in various boarding schools and homes, including institutions for the physically

Table 5.2

Children in residential care, by type of institution, Russia

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
	Absolute number (1,000s)										
Infant homes	19.3	18.5	17.8	17.7	17.7	18.0	18.3	18.5	18.1	19.3	19.3
Child homes (orphanages)	–	42.4	39.9	39.6	42.0	46.9	55.4	62.6	67.3	67.0	68.9
Homes of family type	–	1.8	2.2	2.2	2.3	2.3	2.3	2.4	2.6	–	0.3
Child homes-schools	–	–	–	–	–	–	–	–	–	7.7	9.7
Boarding homes/schools of general type	176.3	176.3	149.6	149.6	141.4	141.4	148.8	148.8	140.6	140.6	137.1
Institutions for the disabled	264.6	255.5	235.6	218.4	206.7	205.6	201.0	202.3	199.2	194.8	193.0
All public institutions	503.8	494.5	445.1	427.5	410.2	414.3	425.8	434.6	427.7	429.3	428.3
	Relative share (%)										
Infant homes	3.8	3.7	4.0	4.1	4.3	4.4	4.3	4.3	4.2	4.5	4.5
Child homes (orphanages)	–	8.6	9.0	9.3	10.2	11.3	13.0	14.4	15.7	15.6	16.1
Homes of family type	–	0.4	0.5	0.5	0.6	0.6	0.5	0.6	0.6	–	0.1
Child homes-schools	–	–	–	–	–	–	–	–	–	1.8	2.3
Boarding homes/schools of general type	35.0	35.6	33.6	35.0	34.5	34.1	34.9	34.2	32.9	32.7	32.0
Institutions for the disabled	52.5	51.7	52.9	51.1	50.4	49.6	47.2	46.6	46.6	45.4	45.0
All public institutions	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: MONEE project database.

Note: Data include only residents of child institutions.

ill and mentally disabled. This occurred in those countries undergoing deep economic and social crises, where shrinking public resources led to cutbacks in provision for children in need of health and educational support. These cuts were possible because the boarding schools were looking after many sick and poor children not legally designated “in public care”. Parents still maintained contact with and held legal responsibility for the child (see Box 5.1).

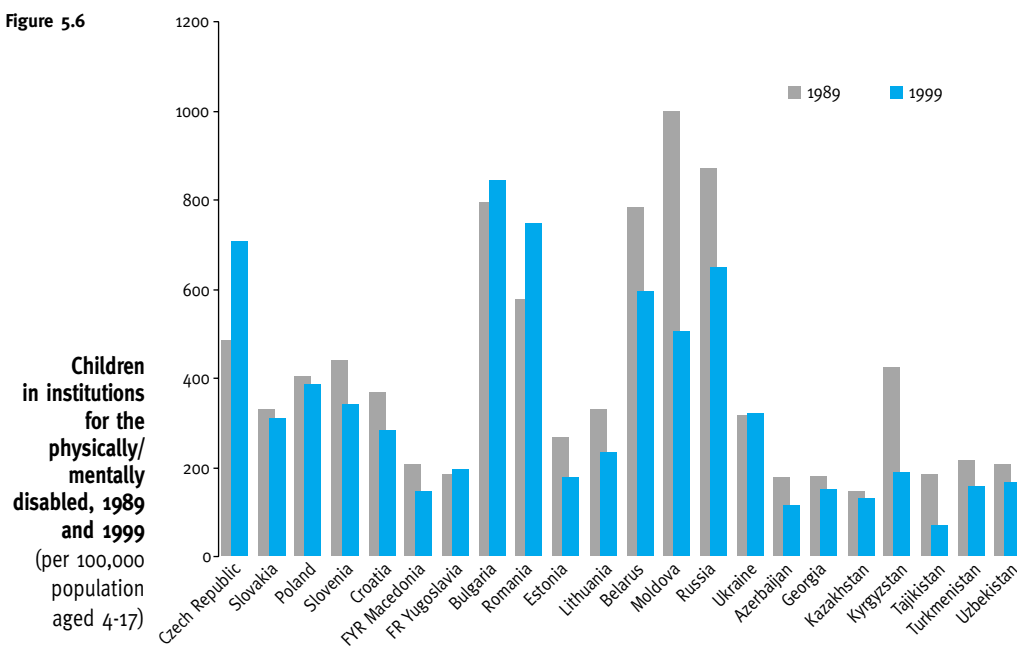
Presenting data on children in the main institutional care forms in Russia, where almost half of the region’s institutional child population lives, Table 5.2 illustrates these

trends. The falling number and share of children looked after in special establishments for children with physical or mental handicaps in the early 1990s are clear from the table. With few exceptions, this change was widespread throughout the region, and in some countries, like Moldova or Kyrgyzstan, was even more pronounced than in Russia. However, since the mid-1990s, the child population in institutions for the disabled has stabilized in Russia, and in many other countries increases occurred. The Czech Republic, Armenia, Turkmenistan and Uzbekistan had more children with disabilities in specialized institutions in

1999 than a decade previously. When the changing size of the child population is taken into consideration, apart from the Czech Republic, also FR Yugoslavia, Bulgaria, Romania and Ukraine exceed the 1989 rates (Figure 5.6).

Table 5.2 also shows a steady fall in general boarding school enrolments in Russia. Table 5.3 extends the picture to six other CIS countries. Enrolments in these institutions mostly withered – in Georgia they collapsed – in the early 1990s. Although the impact of drops in the birth rate also affected these institutions from the mid-1990s, the absolute number of enrolments started to grow again in Belarus, Moldova, Ukraine and Azerbaijan. It is very probable that

Figure 5.6



Source: MONEE project database.

Note: Romania, Ukraine and Turkmenistan: include children in boarding schools for the disabled. Data for Kazakhstan: IRC estimates.

this trend reflects growing child need, as well as indicating readiness by service providers to secure new placements. Table 5.4 illustrates the mixed functions of general boarding schools, offering data by age, gender and official public care status for children in Belarus.

Of special concern is the increase in the numbers of children who are being placed in temporary accommodations or left unplaced altogether because of shortages in the network of children's homes. In Russia, for example, delays and inappropriate placements in temporary accommodations such as shelters and medical or prophylactic centres rose from 1 percent of all those left without parental care in 1996-98 to 9.2 percent in 1999.¹¹ The same trend, though on a smaller scale, is evident in Belarus, where almost 4 percent of those newly identified as being without parental care in 1999 remained unplaced.¹²

Finally, the higher numbers of children placed in orphanages and various child homes confirm the frequent failure of the community to help families care for their vulnerable offspring. In many parts of the region, the growing demand for places has led to overcrowding, despite increases in the numbers of homes. In Kazakhstan the network was expanded from 41 children's homes and boarding schools in 1990 to 65 by 1999 so as to accommodate the increase in the numbers of children, up from 4,700 to 10,961. At the same time, the average number of children accommodated per home increased to 169 from 115. In Latvia the rate of children in social care institutions increased 2.6 times between 1990 and 1999. Across the region, care leavers have been particularly hard hit by the loss of the former "socialist" guarantees, which provided some housing, access to education with free student lodgings, or entry into occupations such as the army. One con-

sequence has been the rising number of young adults in children's homes and boarding schools.

While efforts to prevent new need and to restructure existing services rather than extending the inherited network of institutions are at the centre of enlightened policy intentions, few old institutions have been closed down in the region. Nonetheless, policy reforms have been more successful in creating new, smaller residential homes. Typically, progress has been easier in smaller countries with fewer institutions.

Table 5.5 shows the more marked results of efforts to diversify in Estonia, a country with 300,000 children. There, infant homes were closed down altogether in 1998 so that children did not have to move on when they were approaching school age. Special homes for children with

Table 5.3

Children in boarding schools of general type (1,000s)

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Belarus	10.6	8.9	9.5	9.9	10.2	10.4	10.4	10.9	10.8	11.1	11.2
Moldova	2.7	2.3	2.2	1.6	1.6	2.1	2.2	2.6	2.5	2.3	2.0
Ukraine	8.2	7.6	7.2	7.4	7.8	8.0	8.7	9.6	10.7	11.2	11.5
Azerbaijan	19.2	19.8	18.3	16.8	15.4	15.3	15.2	16.2	17.0	16.1	17.1
Georgia	-	13.8	-	-	-	-	6.2	6.2	6.3	5.4	4.9
Uzbekistan	-	-	-	2.1	2.2	2.1	2.5	2.9	3.0	3.1	3.2

Sources: MONEE project database; MONEE project country report, Georgia.

Table 5.4

Children in boarding schools of general type, by age, sex and care status, Belarus, 2000

	Absolute number	Share (%)
Ages 3-4	14	0.1
Ages 5-6	145	1.3
Ages 7-15	10,235	90.8
Ages 16 and over	878	7.8
Total	11,272	100.0
of which:		
Girls	5,457	48.4
Children left without parental care	5,745	51.0

Source: Direct communication, Ministry of Statistics and Analysis, Belarus.

Note: Beginning of 2000/01 school year.

Table 5.5

Children in residential care, by type of institution, Estonia (absolute number)

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
General children's homes	622	551	540	701	783	764	762	-	-	-
Homes for infants and young children	286	290	301	305	295	317	338	335	-	-
Special homes	116	110	111	92	72	-	-	-	-	-
Children's homes	-	-	-	-	-	-	-	772	1,143	1,133
School homes	499	453	430	354	332	389	443	459	409	385
Family homes	-	-	-	-	-	-	61	71	88	140
Youth homes	-	-	-	-	-	-	19	20	36	24
Mixed childcare institutions	-	-	-	-	-	-	35	29	23	28
Total	1,523	1,404	1,382	1,452	1,482	1,470	1,658	1,686	1,699	1,710

Source: MONEE country report, Estonia.

disabilities have also ceased to operate as part of the endeavour to integrate these children into mainstream society. The new types of children's homes, called "family homes" and "youth homes", that were created in 1996 are smaller than the former children's homes. They are more intimate and personal, catering for between 10 and 35 children – far fewer than in the former institutions, although the average number of children per institution has fallen less than expected. Meanwhile, in Poland, with 10 million children, many of the 77,000 children in institutions remain in the old structures, despite the rising significance of new types of residential homes (caring for 8,185 children in 1989 and 28,033 in 1999).

The growing importance of the non-state sector is also evident in many parts of the region, for example, in the Czech Republic, Slovakia, Ukraine, Romania and Georgia. The programmes tend to be concentrated on new services, most notably mother and baby homes and SOS small-group homes provided by NGOs, as well as church-run services. In Lithuania in 1997, for instance, 14 non-governmental residential homes existed, caring for 4 percent of all children in institutions.¹³ However, efforts to create new, smaller family-type homes have also met with difficulties in many countries. In Kazakhstan, local authorities, in association with the Kazakh Children's Fund, set up 51 such units in 1994, of which only 40 have survived. In Latvia, too, there has been a cutback since 1996 in this form of provision: a small but worrying marker of the difficulties in ensuring that these more expensive kinds of institutions are sustainable.¹⁴

Concerns about the quality of institutional care

"They should have cared for me all these years. But after all this time I don't expect any help from them." (Gheorghie, 19)

The structural changes in the residential care system outlined above are very promising and in the long term are likely to help bring about an environment which is more responsive to children's requirements, as well as creating a more decentralized and efficient network. However, in the short term there is a serious need for extra funding to speed up the reform process. One reason for this is the poor quality of infrastructure and services. This should be tackled urgently. Another is the urgency of bridging the gap created when old institutions are closed, but new structures are lacking.

The financial difficulties in the 1990s have left many institutions in bad condition. Outright falls in expenditure have led to major problems in safeguarding supplies of nutritious foods, adequate heating, lighting, clothing, shoes and bed linens. Crumbling infrastructure is neglected. Such problems are most acute in the southern belt of the region: parts of Central Asia, the Caucasus and other areas where economies have collapsed, as in Moldova. In Georgia, the situation was so untenable that in 1999 funding was transferred from the local level back to the state, but this has not

resolved the problem. Russia has likewise been forced to transfer funds away from the municipal level in several regions. The situation is equally serious in Armenia. In a survey of 21 of 49 institutions catering for approximately 30 percent of all children in institutions, 80 percent had problems with food, clothing, shelter and medical services.¹⁵ In Tajikistan, the expenditure on homes for children with disabilities dropped throughout the 1990s, even though this group is among the most needy of all.¹⁶

In Latvia overall public expenditures on children's homes rose by 46 percent between 1997 and 1999 partly reflecting the 11-percent rise in the numbers of those looked after. Meanwhile, direct expenses per child fell by 10 percent, although food and medicines were protected. But higher spending on medicines reflected a rise in ill health among the children: the prevalence of sexually transmitted diseases has increased, and, in 1999 one of nine children in institutional care suffered from tuberculosis – an extraordinarily high proportion.

Although child-related spending is important, there is plenty of scope to improve the quality of care, even without substantially increasing funding, wherever care standards embrace a rights-based approach. As Box 5.3 details, the treatment of children as individuals and the promotion of contacts with families in various ways have a long way to go in many countries.

Systematic information on the quality of life in the new, smaller scale establishments and on licensing arrangements and the mechanisms for monitoring standards of care is lacking. And recent NGO reports maintain that, despite some restructuring, the large institutions have often been neglected as a medium for change. They claim that there are profound violations of children's rights, wrongful diagnoses and inadequate material conditions and conclude that social orphans and children with disabilities are an underclass.¹⁷

For all these reasons, the introduction of ombudsmen in countries such as Hungary, Poland, Albania, Russia, Bosnia, Georgia and the Ukraine is an important development which will help safeguard standards. In Hungary the remit is wide-ranging. It includes powers to investigate specific human rights abuses in residential institutions and homes for disabled children and broader powers to recommend to parliament the accelerated restructuring of large-scale institutions. Because the remit is also linked to the duty in the Children Act to prevent institutionalization and thus to question the appropriateness of placement in institutional care, the Hungarian ombudsman also acts as an early warning system.¹⁸ The ombudsman is an important foundation for independent monitoring, but the office needs to be seen as part of a wider system of standard-setting in order to strengthen the rights of children to articulate their concerns and find redress. Mechanisms such as the regular review, with the children, of the placements and the use of independent visitors and local children's rights officers still need to be put in place.

Box 5.3

Poor contacts and communication reflect poor institutional practices

A major challenge facing the system at the start of the 1990s was the need to try to counter the rigid institutional regimes that prevailed pre-transition and to promote active individualized care planning. A rather bleak picture emerges from a study carried out by the Child Care Forum initiative in 1999 in six countries: Lithuania, Poland, Slovakia, Hungary, Bulgaria and Moldova.¹⁹ The study found worrying evidence of the persistence of rigid, outmoded practices in institutional care. Children lacked contact with parents and siblings, and, indeed, these links were actively discouraged. The environments continued to degrade basic rights to privacy and to communication, such as telephone calls or the exchange of letters, thereby violating Article 16 of the UN Convention on the Rights of the Child. Visiting took place in corridors, and often children did not even have a locker of their own to keep small possessions.

One of the most worrying findings was that there was a lack of knowledge among the carers about the children in their charge. Many could not provide any information on the child's health status, whether the child had a disability, or behavioural problems. They also lacked background information on the family, and the majority could not specify whether the parents were employed or the kind of accommodations where the child had previously lived. As Table 5.6 shows, in a significant number of cases, carers were unable to answer elementary questions such as "where is the child going now that she/he is leaving the institution?". Even in the more well off Central European countries family-related questions

proved the hardest to answer. This suggests that there was little contact with the family or plans to reunify – a finding that is supported by the carers from Moldova and Lithuania, where over 40 percent of children were expected to remain in care for from five to ten years. Equally worrying was the widespread inability of carers to state when placements were due to end. All this implies that individualized planning as a goal has still not been addressed.

Table 5.6

How frequently carers could not provide information requested on the children leaving care, 1999 (percent of all cases)

a. Where is the child going now that she/he is leaving the institution?	6.5
b. Who made the decision on placing the child in this institution?	12.4
c. Who initiated the out-of-home placement of the child?	13.3
d. With how many persons had the child been living?	45.5
Total	17.5
of which:	
Hungary	11.2
Moldova	11.3
Poland	11.3
Lithuania	19.6
Slovakia	24.0
Bulgaria	27.9

Source: Child Care Forum survey microdata: see Herczog, M., E. Neményi and N. Wells (2000), "Routes and Reasons: Children Entering and Leaving Institutional Care in Six CEE/CIS Countries", Geneva: UNICEF.

Note: Data refer to children leaving 15 percent of all institutions during February-April 1999. Unweighted averages. Only questions a-b apply in Slovakia, only a-c in Poland.

5.3 Stability and Change in Foster Care, Guardianship and Adoption

The "crisis management" perspective of child protection agencies that relies on institutional care to deal with a wide range of risks within the child's own home must be constantly challenged through comprehensive, culturally sensitive and rights-based preventive and support strategies. Equally important are reforms to enable children with special education needs and milder forms of disability to receive appropriate care in their local communities and to avoid the social exclusion they often face today. When these support structures are well developed, they not only reduce the number of children deprived of a family upbringing, but shield a much larger pool of children whose plight now goes unnoticed.

There are a number of ways in which foster care and adoption can have a prominent part in these reforms. As a first step, active family-finding programmes for children currently in institutional care can help countries with high rates of children in public care buy time to develop preventive strategies, as well as meeting the immediate need of the children for a family. Shifts to adoption and foster care

result in considerable savings, which could be used to finance infrastructure development for preventive services. As well as being considered far more successful in meeting children's needs, foster care is always a much less expensive option than residential care: in Western countries it costs about a tenth to a fifth as much.²⁰

Foster care and guardianship can also play a key role in preventing initial admission to care or the need for out-of-home placements. Respite care schemes for disabled children and fostering programmes for teenagers or for children with special emotional and behavioural difficulties can relieve pressure on a wide range of parents. Moreover, they are part of the continuum of family support. Even when strong preventive strategies are in place, well-developed guardianship, foster care and adoption programmes will always be relevant in representing an alternative to institutional placement, albeit for a smaller number of children. To fill any of these functions, however, current care alternatives must be changed in many ways.

Fostering and guardianship

Without effective fostering and guardianship schemes, de-institutionalization programmes remain a distant dream. In many places children separated from parents still enter institutional care for the harsh reason that this is the only care option readily available. The viability of foster care as a realistic alternative to institutions depends on long-term infrastructure development. Enabling legislation is required to regulate the activities of foster carers and to clarify the responsibilities of the state (through its delegated childcare organizations) to recruit, train, support, monitor and fund foster carers and make arrangements for terminating unsatisfactory placements. This alternative relies on an adequate supply of carers selected for their capacity to respond to children of differing ages and with differing needs. Finally and crucially, the development of foster care depends on the capacity to win public and professional acceptance and support.

At the start of the 1990s, care within a family-type environment in the Baltic states, the western CIS, the Caucasus and Central Asia usually meant guardianship or care by relatives. Fostering by unrelated adults was available as an alternative only in a few Central European countries. During the 1990s, many parts of the region adopted legislation to introduce fostering (including countries with relatively high rates of child separation, like Russia, Romania, Bulgaria and Georgia) and began to initiate pilot fostering schemes and foster care allowances. Despite this infrastructure development, the shifts in favour of guardianship and foster care have not been large enough in most countries to absorb the rapidly rising numbers of children in public care.

Table 5.7 shows the contribution made by foster care

and guardianship in 14 countries between 1989 and 1999 or other years for which time series are available. (Bulgaria, where fostering did not exist until very recently, is not included.) The ratio of foster and guardianship care in the table ranges from 12 percent to 67-68 percent in the last year for which data are available. The last two columns in the table give grounds for both optimism and concern. Encouragingly, the majority of countries increased the proportions of children placed with foster carers and guardians by between 5 and 10 percentage points, while Slovenia and Kyrgyzstan dramatically altered their ratios. More worryingly, the increases across the region have been insufficient to meet the challenge of the huge rises that have occurred in many countries since 1989 in the total number of children in public care. And in two countries, the share has gone down: in the Czech Republic from a very low initial base and in Poland from a peak of 70 percent. Significantly, in no country in the region does the ratio reach the high proportions (80 percent or more) found in Sweden, the US and some other Western countries.²¹

The 5- to 10-percent rises in the ratio of guardianship placements in several countries occurred almost exclusively with the traditional form of guardianship care, usually grandparents, replacing parents. In Slovakia, for example, 83 percent of foster care is provided by relatives, of which 42 percent is provided by grandparents. Only 17 percent is provided by carers who are unrelated to the child – the reverse of the proportions in Denmark.²² Slightly higher ratios of unrelated carers apply in the Czech Republic, but grandparents still predominate. Guardianship and fostering play a very marginal role in much of South-Eastern Europe.

The contribution of foster care and guardianship to public care in 14 countries

Table 5.7

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	1989-99*	
	Share (%)**											Difference (% points)	Children in public care (%)**
Czech Republic	30.7	31.1	31.7	31.0	30.3	29.7	29.3	29.5	29.1	29.0	28.9	-1.8	114.9
Slovakia	21.2	21.5	21.8	21.8	22.0	21.7	20.3	20.4	19.6	21.5	26.7	5.5	87.4
Poland	70.1	69.0	68.5	67.7	67.4	66.8	64.5	65.6	66.4	66.5	66.9	-3.2	110.3
Hungary	29.2	30.7	31.5	33.1	33.8	34.1	34.2	34.1	35.0	36.3	37.1	7.9	67.0
Slovenia	52.0	59.1	57.9	56.4	60.5	71.4	69.5	71.6	75.1	73.7	-	21.7	117.7
Romania	-	-	-	10.2	10.6	9.5	12.0	12.1	-	-	-	2.0	122.0
Estonia	-	-	-	57.7	62.8	59.1	59.2	69.1	68.9	68.2	67.3	9.6	164.8
Latvia	-	-	-	-	61.4	66.1	65.6	64.1	66.3	67.5	68.2	6.8	218.7
Lithuania	-	42.1	45.7	50.1	47.4	45.5	46.7	44.1	43.6	44.3	47.9	5.8	146.6
Belarus	36.6	35.0	38.1	38.5	40.6	28.4	31.1	34.9	38.0	40.6	42.2	5.6	93.7
Russia	58.8	60.0	63.7	65.7	63.3	64.1	64.3	64.5	64.9	64.1	64.3	5.5	164.2
Ukraine	49.0	49.0	50.9	52.0	52.9	53.2	54.7	56.0	57.2	58.0	58.6	9.6	130.8
Azerbaijan	58.0	62.4	64.3	68.3	69.7	71.4	73.0	70.7	72.8	68.6	67.9	9.8	115.8
Kyrgyzstan	-	36.6	42.4	50.7	56.2	62.7	61.1	59.5	59.9	57.0	57.3	20.7	96.0

Sources: Statistical Annex, Tables 8.1 and 8.4; Ministry of Labour and Social Development (1997), (2000), op. cit.: see Figure 5.3.

Note: Slovakia, Hungary, Romania and Lithuania: only foster care. Estonia 1992-95, Belarus, Russia, Ukraine, Azerbaijan and Kyrgyzstan: only guardian care. * The reference period is the span between the first and last year. Data are available as in the tables. "Difference" shows rises or falls in the ratios in this period. "Children in public care" refers to the change in the absolute numbers during the same period. No foster data before 1992 are available for Romania, where much of the existing foster care was built up in the 1990s. ** Public care refers to the sum of residential care and foster/guardian care. National data may differ due to the use of a legal concept on "in public care". For Russia, the total public care figure is calculated by deducting from the official numbers on "left without parental care" the children who were registered with adoptive parents. Data exclude those institutional populations which are not "in public care" in the legal sense (i.e., refer to 486,000 children in 1999 instead of 741,000, the sum of Annex Tables 8.1 and 8.4).

Box 5.4

Advancing guardianship and foster care: Samara's success

The Samara region, offering an example to the rest of Russia, significantly increased the provision of both foster care and guardianship over the 1990s. It nearly doubled the number of guardians and achieved an increase in the placement of children with guardians who have no children of their own. Payment has been one important factor, with the proportions receiving index-linked benefits rising up to 64 percent in 1998 from only 7 percent in 1991. But also a range of other supports has been offered for the children that are directed at enhancing their welfare outcomes and simultaneously relieving the pressures on the carers. These include free travel and health camps, free extra schooling, financial support at age 18 with housing, opportunities to send the children to lycees and other

schools with in-depth learning schemes, and fostering access to higher education through exemptions from examinations. At the same time, foster care programmes have also been established to serve children with complex needs (three in five had health difficulties). The number of children involved rose rapidly, from 200 in 1996, when the programme started, to 1,109 in 1999, partly because of the implementation of more flexible eligibility criteria than elsewhere in Russia (including single parents and no requirement for higher education), as well as generous social supports for the carers.

Source: UNICEF and the Department for the Affairs of the Family, Women, Children and Youth, Ministry of Labour and Social Development (1999), "State Policy: The Experience of the Regions of Russia in the Provision of Social Protection to Children and Families", Moscow: UNICEF and the Ministry of Labour and Social Development. -In Russian.-

Box 5.4 presents a case demonstrating how a sub-national initiative can have a significant impact.

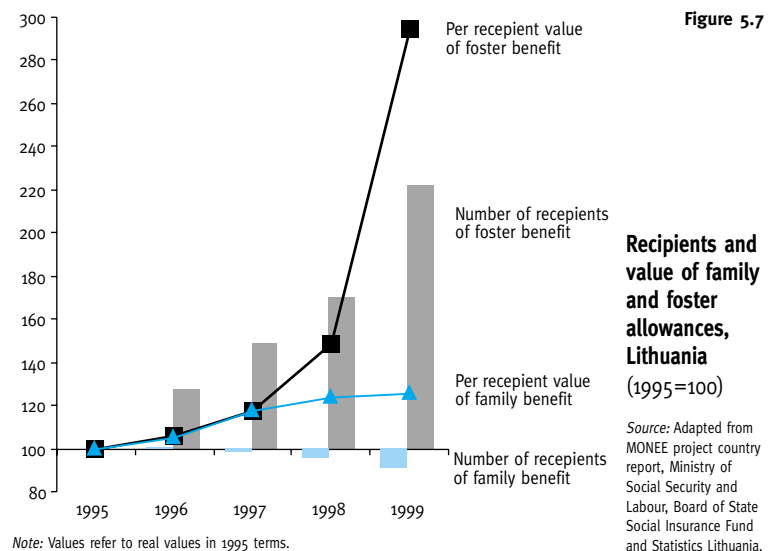
The region is particularly fortunate in its capacity to draw on extended families when children need out-of-home care. US research suggests that care by relatives has a number of advantages over foster care: children have fewer placement changes, and they may experience fewer behavioural or mental health difficulties.²³ Kinship carers enable children to remain in close contact with their families and local communities, and, because of the family tie, they appear more willing to provide long-term care and to view the child positively. But maximizing the effectiveness of this type of care depends on adequate financial and professional support and monitoring – conditions unmet in much of the region. For example, some studies of guardianship in Russia have found that carers lack information on the special medical and social needs of the children in their care. Given the predominance of elderly carers, the studies also worried about what would happen to the children if the carers fell seriously ill or died.²⁴ Financial supports, too, have not always been sufficient. In Russia, official sources attribute fluctuating admission to guardianship in the late 1990s to late payments and the underpayment of children's maintenance.

Financial difficulties have also constrained the development of foster care. For example, in Georgia, the progressive Foster Care Law of 1999 set out norms to cover maintenance costs and salary levels to be based on the child's age and health, but, because of the budgetary crisis, the funds have not been allocated.²⁵ In Latvia the recent law on foster care which places funding responsibilities on local municipalities has resulted in few placements, while guardianship, funded by the state, has increased. By contrast, where countries have been able to protect and increase the level of allowance, this appears to have helped expand the numbers of carers willing to look after children at risk. This association can be seen clearly from the Lithuanian data presented in Figure 5.7.

Very few countries in the region have the kind of schemes that are found in Hungary. Through these, chil-

dren may be cared for by both traditional and professional foster carers. The latter take children with complex needs and receive a fee of no less than 150 percent of the minimum wage.²⁶ A fee has recently been introduced for traditional foster carers, but it is set at much lower levels (20 percent) to reflect the less demanding nature of the care task. Moreover, the 1997 Hungarian Children Act extends the period of entitlement for foster carers to the age of 24 of the child in recognition of the special difficulties faced by young people at the age of 18 in moving out of the care system. By contrast, most guardianship care in Poland caters for young children who do not have many difficulties at the time of placement. Although still very unusual, there have been a few important initiatives in Russia which have proved very successful in taking children with difficulties from institutional care.²⁷ These placements have not broken down, and the children have flourished emotionally and developmentally. The key has been:

- Skilled assessments of the children's needs (by psychologists).
- Careful selection of foster carers.



- Access to training and ongoing support for foster carers.
- Ongoing psychosocial support to the child.

Knowledge of the conditions in which children are cared for by guardians and foster carers is very limited, as is knowledge about the welfare outcomes for the children. In general, debates about the quality of foster care have been overshadowed by a focus on institutional provision. Little is known about the children's social and health profiles or the risks and safeguards in foster and guardianship care and the way in which monitoring of the well-being of children is carried out. And, the voice of the child in foster care has not yet begun to be heard.

Adoption and international adoption

Figure 5.4 draws attention to what seems an encouraging picture: the gross adoption rate in the region has risen since 1989. Adoption has a particularly important place in de-institutionalization strategy because it provides children with a home for life, unlike fostering and guardianship,

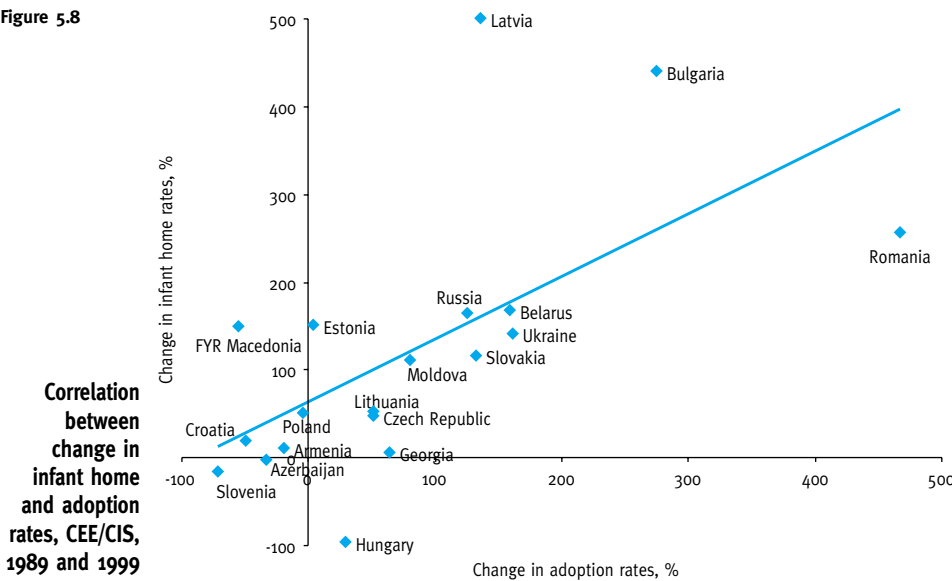
which cease at the age of 18. The international literature suggests, too, that placement breakdown rates are very low, especially when children are placed young.²⁸ Welfare outcomes also tend to be favourable, and longitudinal follow-up studies suggest that children can flourish through adoption even when placed at comparatively late ages such as 7.²⁹

Does the rising rate mean then that adoption has been replacing infant institutionalization? The picture that emerges from Figure 5.8 shows that the rise cannot be explained by the use of adoption as an alternative to institutionalization. Quite the reverse is true. Adoption has soared in those countries that have also seen growth in the size of their young institutional child populations. In Belarus, for example, a 160-percent rise in the number of adoptions per the population aged 0-3 has been accompanied by a 170-percent upswing in infant home placements calculated on the same basis. The outliers deserve particular attention in both directions. Hungary, for example, has turned its back on institutionalization, while Romania has demonstrated more willingness to use adoption for infants left without parental care. On the other hand, countries like FYR Macedonia and Latvia appear to show more reluctance than others to utilize adoption.

It might be thought that a rise in adoption rates, even if adoption augments rather than supplants institutionalization, is a benign trend. But, as Figure 5.9 shows with data from four large countries, whenever adoption rates have shot up, this has been due to upturns in international adoptions.

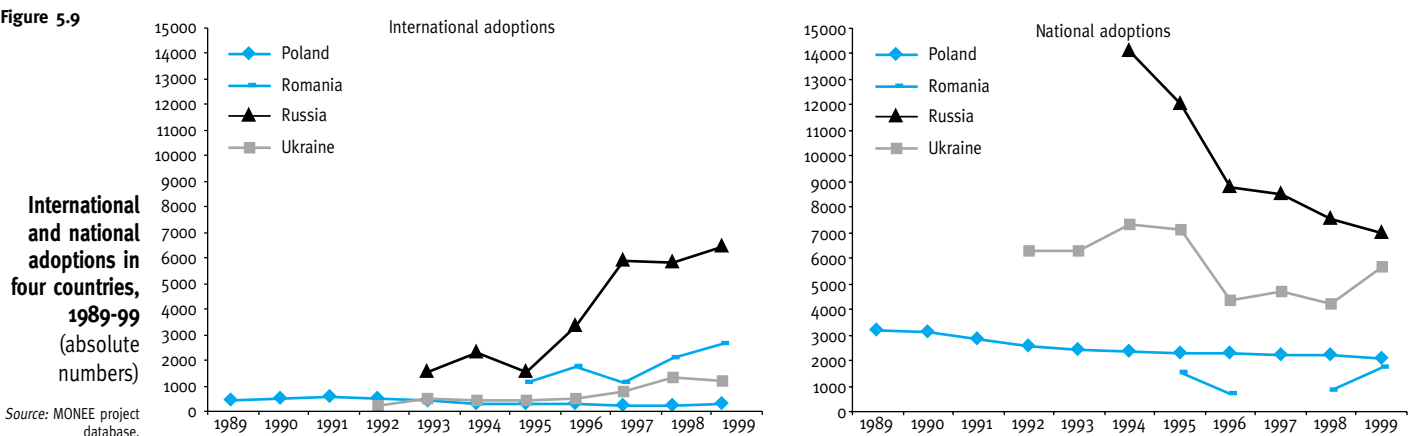
Moreover, in some countries, most spectacularly in Russia, rises in international adoptions have paralleled declines in national adoptions. This demonstrates the growing power of the international "market" in an increasingly global world – a market that is particularly hungry for "white babies".³⁰ But the trend is not uniform across the region. In Poland, international adoptions have declined, and so have domestic adoptions, thereby placing the country in that group where – as Figure 5.8

Figure 5.8



Source: Statistical Annex, Tables 8.3 and 8.6. Note: Change in rates calculated per 100,000 population aged 0-3. The rates are "crude" in that the total adoption and total infant home population has been divided by the number of 0-3 year-olds (although some children are older when adopted and may remain in infant homes after they have reached age 3).

Figure 5.9



Source: MONEE project database.

suggests – the worst option is being realized: the infant institutionalization rate is growing, while the adoption rate is falling.

Table 5.8 demonstrates the growing importance of international adoptions especially in the last few years. The table presents the share of international adoptions within the total for all countries and years that are available. Overall, it appears that the number of countries sending their children to be adopted abroad has increased, and, with few exceptions, the higher rates have become steady year to year. Romania still leads, but Bulgaria, parts of the Baltic states and the western CIS are catching up.

What is more, there is some evidence that international demand distorts the “supply” of babies available for home placement. For example, USAID has found that in Romania the youngest babies are being placed abroad, leaving children aged over 3, who are harder to place, for domestic adoption.³¹ While this bias may be directly due to the now defunct “points system” that operated in that country to regulate international adoption, there is too little information to report reliably on how the international demand affects the supply across the region.

Alongside the rise in international adoption, there has also been a much less publicized increase in international fostering, in which children from Central and Eastern Europe have been “in the front line”.³² Although intended as a temporary measure, international fostering is sometimes used as a way of bypassing the normal legal processes for intercountry adoption. Even though international fostering falls within the remit of the Hague Convention on Inter-Country Adoption, the safeguards for the children in the region are

The share of international adoptions in total adoptions in 15 countries (percent)

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Poland	11.4	13.9	15.6	15.9	14.4	10.5	9.5	9.6	8.4	9.3	11.3
Hungary	9.5	13.8	14.9	12.0	15.5	15.6	13.7	12.8	20.0	9.4	15.8
Slovenia	–	–	–	–	–	–	–	2.5	3.5	1.6	–
FYR Macedonia	3.6	1.4	1.2	0.5	1.5	2.1	4.0	6.3	6.6	7.0	2.2
Bulgaria	1.0	0.9	3.9	8.4	13.2	14.1	21.6	26.4	31.4	40.1	44.1
Romania	–	–	–	–	–	–	40.7	71.5	–	70.6	60.1
Estonia	–	–	–	–	–	–	–	10.8	16.3	15.5	22.0
Latvia	–	–	–	–	18.3	24.9	37.2	50.8	52.5	54.2	40.2
Lithuania	–	–	–	4.5	20.9	64.3	42.7	24.9	30.6	37.3	31.8
Belarus	–	–	–	–	–	2.5	3.5	3.5	3.8	2.3	13.2
Moldova	–	–	–	–	–	17.9	18.6	22.0	20.6	24.3	38.3
Russia	–	–	–	–	9.7	13.5	11.1	27.0	40.2	42.9	47.4
Ukraine	–	–	–	3.0	7.1	5.6	5.5	9.2	13.4	23.2	16.5
Georgia	–	–	–	–	–	–	–	–	24.4	39.8	–
Kyrgyzstan	–	–	–	–	–	–	–	0.1	0.0	–	0.1

Source: MONEE project database.

particularly poor because of the weak regulation of fostering.

The placement of children abroad is contentious, and it represents a political and ethical issue, as well as an issue of child welfare. There must be widespread agreement with the view that children should not be sent abroad because there is no future for them in their own country. This is a basic tenet of the Hague Convention, to which a number of countries in the region – but not all – are now signatories. The steady increase in international adoption is therefore a matter of deep concern. It is also a highly debated issue, and, as Box 5.5 illustrates, the common view that children's health and psychosocial and cognitive development can considerably benefit from international adoption is being underlined by research. But this same evidence could be used to make a very different point: one which could be used to

Box 5.5

A follow-up study of Romanian adoptees

A study carried out by British researchers has tracked the social, developmental and cognitive progress of 165 Romanian babies from their arrival in England up to the age of 6. The children were adopted at ages up to 42 months by English families between 1990 and 1992. The researchers have also compared the progress of these children with that of 52 English children adopted before 6 months of age.³³

The Romanian children who had arrived in England before their second birthday were tested at 4 and 6 years of age, but those who had been above 2 on arrival were only assessed at 6 years of age. (Further follow-ups are planned at age 12 and in adolescence.)

The quality of the orphanages from which these children came has been described as “ranging from poor to appalling”. Eighty percent of the babies had spent the majority of their lives in institutions, and 50 percent were severely malnourished on arrival, with weights below the third centile. Over 50 percent were functioning in the

“retarded” [sic] range. Skin and intestinal problems were very common.

Among the children tested at 4 years of age (those who had arrived in England before their second birthday), the vast majority had caught up with their peers in physical development and had normal heights and weights. At this age many children had also caught up cognitively. These children also had higher average cognitive scores on retesting at age 6 than did the children who had arrived after the age of 2. The children from the better establishments, particularly those children with access to more individualized care, made greater progress than did the children from the poorer establishments. Similarly, children had better family and social relationships and fewer behavioural difficulties if they had spent less than two years in the orphanages.

Sources: Rutter, M. et al. (2000), “Developmental Catch-up and Deficit: Following Adoption after Severe Global Early Privation”, *Journal of Child Psychology and Psychiatry*, Vol. 39, pages 465-76; Rutter, M. et al. (2000), “Recovery and Deficit following Profound Early Deprivation”, in P. Selman (ed.), *Inter-country Adoption: Development, Trends and Perspectives*, London: BAAF.

stimulate domestic adoption. For it shows that, with the appropriate quality of care, children from the care system are eminently adoptable and can overcome huge adversity. This is the message that needs to be promoted at home. It could

help challenge the stigma surrounding even young babies from the care system and inform a more active strategy to stimulate domestic adoption. ■

5.4 Reasons for Public Care and Deprivation of Family Upbringing

"I didn't have to face any serious difficulty here, but I know that outside life is tough." (Angela, 17)

Without an understanding of the reasons for entry into public care, policy is a blunt instrument. Since the onset of transition, far more information has been collected from both official sources and survey data, which greatly enriches understanding of why children enter public care and become deprived of family upbringing. However, the data across the region are still patchy, not always comparable because of different classification systems and, with rare exceptions, focus almost exclusively on institutionalized children. Analyses of the social profiles and histories of the children placed with relatives under guardianship or in foster care are largely missing.

More specifically, the available sources focus mainly on the establishments within the residential care system in which social orphans and orphans are placed (that is, children who are officially classified as without parental care). They tend to overlook the reasons for placement in boarding schools, which are carrying out health, education and poverty-alleviation functions, but where parents retain legal responsibility. Despite these caveats, the main message is that, while the background factors in the communist era continue to have an important role, a wider array of forms of social disadvantage and parenting problems is playing a larger part in the entry to institutional care now relative to the start of the decade.

Higher rates of child abandonment

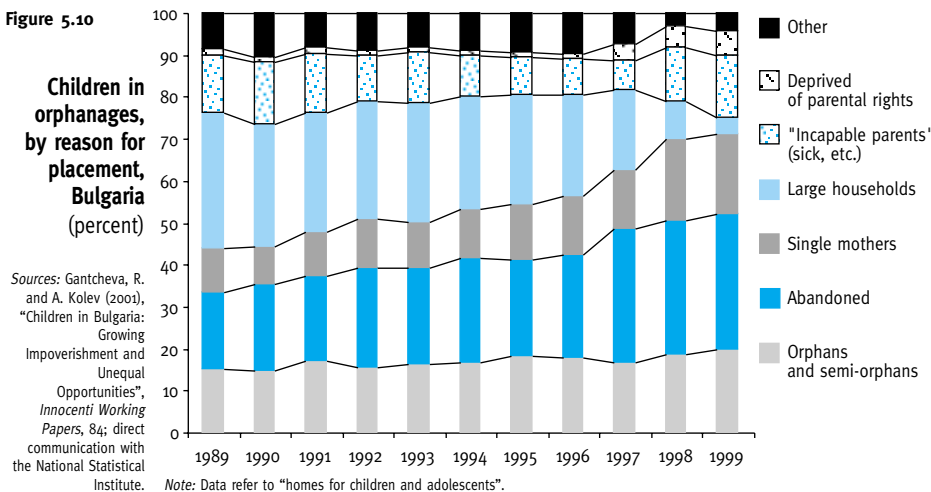
The increase in abandonment that is foreshadowed in the

infant institutionalization trends discussed earlier is one of the most worrying developments of the decade. The picture is not uniform across the region, but is particularly clear in South-Eastern Europe, parts of the Baltic states and the CIS.

Figure 5.10 highlights the case of Bulgaria. There, abandonment is the most rapidly growing cause of institutional placement, accounting for 18 percent of all cases pre-transition and as many as a third in 1999. This must be linked to the fact that the incidence of births to unmarried adolescents, outstandingly high also pre-transition, showed further big increases over the 1990s.

Various sources confirm that in the region Bulgaria is not alone in experiencing this problem. As Chapter 1 shows, the incidence of unmarried teenage motherhood has risen in many countries. While poverty, poor education, cultural factors and difficulties in accessing contraception might act as underlying causes for abandonment, a crucial immediate factor is the absence of support services in maternity hospitals and inadequate community assistance to enable families in precarious situations to keep their offspring. In Moldova, every year on average 300 children are abandoned in the maternity homes.³⁴ According to survey data from the Observatory of Children Growing up in Europe, the Romanian abandonment rate is a staggering 17 per 1,000 live births.³⁵ This is associated with the rapid rise in pregnancies among unmarried mothers, as well as the lack of help in maternity homes and afterwards. Here, as in other parts of Central and Eastern Europe, abandonment is more common among Roma minorities. However, despite falls in overall birth rates, the incidence of births to unmarried women – and to unmarried adolescent girls in particular – has risen across the region, with a few exceptions. The gaps in services therefore leave an important route wide open so that infants will end up in public care.

Typically, a complex nexus of factors lies behind abandonment, and these interplay also with issues related to the child's health and the number of children already in the family. In Moldova second- and third-born infants are more vulnerable to abandonment, and so are children with health difficulties and disabilities. In Russia, of the 70 percent of the children in infant homes who are abandoned, most exhibit serious physical or psychological deficits: four in five appear to show marked developmental delays, and official sources suggest that most



of these are congenital. In Georgia the share of children left without parental care and with disabilities doubled from 11 to 22 percent between 1990 and 1999. This again points to the importance of public and professional attitudes and the lack of proper community support for raising in a family environment those children who have health and educational problems. As noted above, however, because many or most children living in general and specialized boarding homes are not officially in "public care", little information is available on why older children are being placed there.

Rises in poverty-related causes and dysfunctional parenting

Abandonment is mainly associated with infant institutionalization, but there has also been an increase in the numbers of children left without parental care across all age groups. Scarcely any part of the region is unaffected, and sometimes the rise has been quite staggering.

The annual number of "children left without parental care" has more than doubled over the last 10 years in Russia despite falling birth rates, as Box 5.2 shows. Belarus reports a fourfold increase between 1990 and 1999 in the number of children first registered as entering public care. Estonia indicates a similar rise in inflows since 1992: up from 436 to over 1,750 cases annually.³⁶ Among the cases in 1999, 1,248 children had been separated from parents by the protective agency; nine of ten cases involved children over 3 years of age.

The pattern of overall rises in entry into care may reflect increased levels of vigilance by the relevant agencies, but is likely to be more strongly influenced by the climb in dysfunctional parenting, including violence, neglect and parental substance misuse, as well as imprisonment. In Lithuania these factors account for almost 80 percent of the 3,261 cases where parental care was lost in 1999.

The rise in reported family dysfunction also helps explain the parallel increase in court ordered removals of children from the birth family because the standard of parenting is deemed to pose a serious risk to the child's welfare. In Latvia more than half of the 3,600 children living in various types of child homes had been institutionalized because of the interruption of parental rights through temporary and permanent court orders (Figure 5.11).

In Russia there has been a steady spiralling of orders for the deprivation of parental rights that withdraw from parents all entitlement to remain involved in the child's care unless a new court order is handed down to restore the parental rights. This happens very rarely, indeed, partly because the child protection agencies have no legal duties to assist a parent following an order for the deprivation of rights. As Figure 5.12 shows, orders for the deprivation of parental rights have grown fourfold in 10 years.

The reasons outlined above are based on official classifications, and these tell little about the underlying causes of the admission to care. A sharp difference in causal frame-

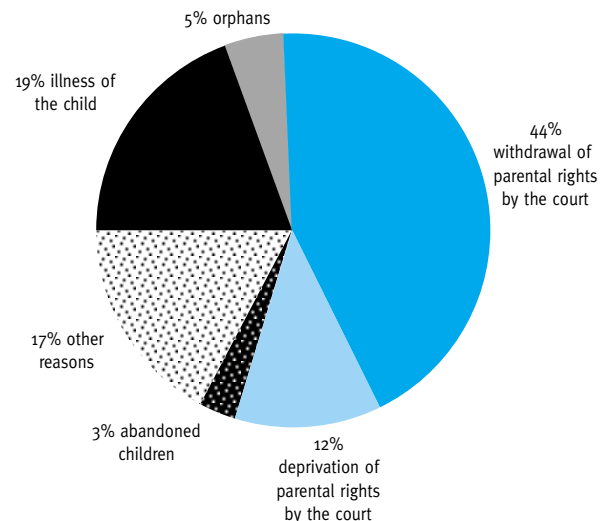


Figure 5.11

Note: Data refer to number of children in social care centres for orphans, children's homes and specialized social care centres for children at the end of the year.

Reasons for placing children in social care institutions, Latvia, 1999 (percent)

Source: MONEE project country report, Latvia.

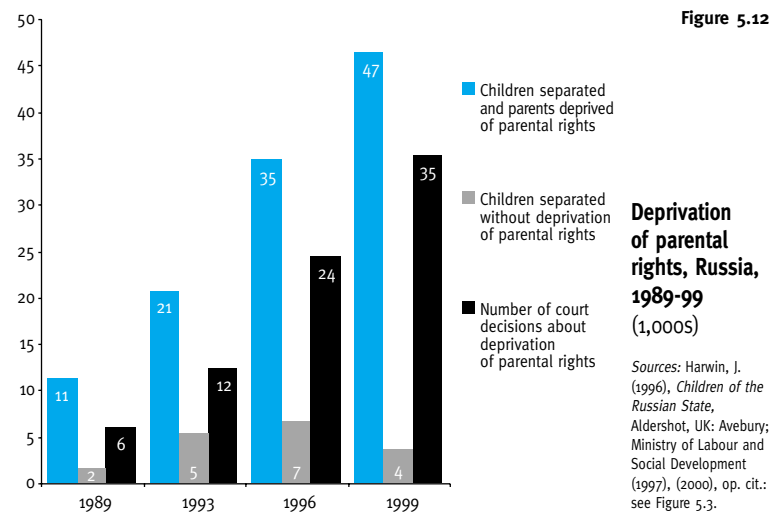


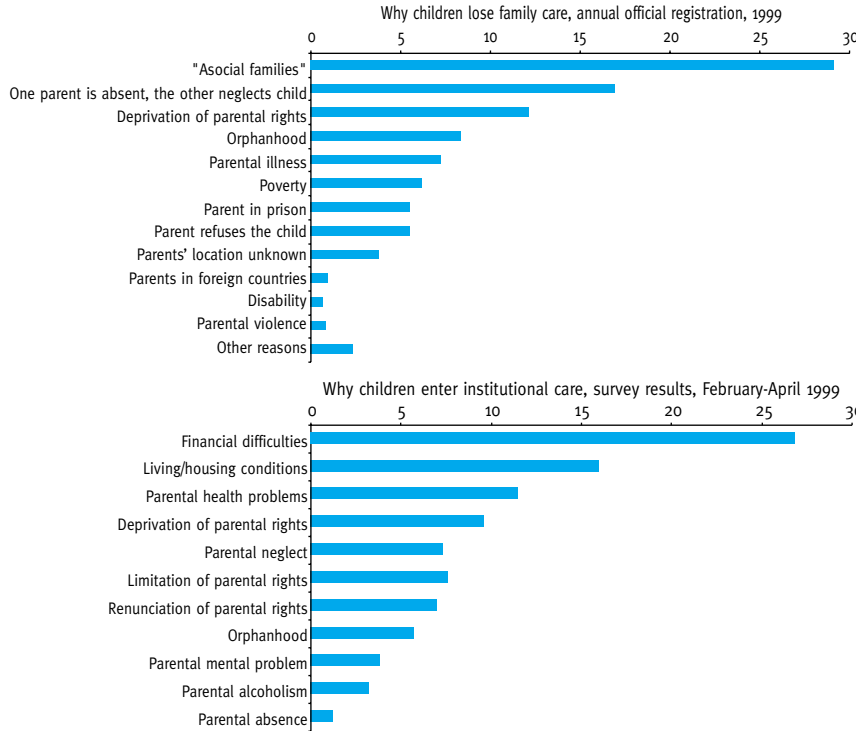
Figure 5.12

Deprivation of parental rights, Russia, 1989-99 (1,000s)

Sources: Harwin, J. (1996), *Children of the Russian State*, Aldershot, UK: Avebury; Ministry of Labour and Social Development (1997), (2000), op. cit.: see Figure 5.3.

works emerges when official and survey data are compared, which suggests a more sympathetic view from carers than from official classifications. In Lithuania official classifications emphasize parental failings: these make up almost 60 percent of all reasons for the child losing parental care. As the first diagram in Figure 5.13 shows, poverty is ranked only sixth among the official reasons for entry into public care. In a survey sampling 15 percent of all institutions, local carers ranked poverty first and placed housing difficulties, which are a masked form of poverty, in second place (second diagram, Figure 5.13). Even though differences in concepts, methods and survey periods blur the picture, the discrepancy in perspective is obvious. And, it is important because the underlying models of causation point to different intervention strategies. The official classification, which stresses parental failure and individual responsibility and tends to de-emphasize wider structural factors, is far more likely to be associated with child rescue and state paternalism.³⁷ By contrast, approaches that link parental difficulties to structural factors are more likely to lead to poverty relief strategies and professional practices directed at supporting families to avoid breakdown, maintaining

Figure 5.13



Views on why children enter public care: reasons most frequently mentioned in Lithuania (percent)

Sources: Children's Rights Protection Service in MONEE project country report, 2000; Child Care Forum survey microdata (Herczog, Neményi and Wells, 2000, op. cit.: see Table 5.6).

Note: The numerical results of the two surveys are not directly comparable as they refer to 12- and 3-month periods and involve concepts which are not identical. Moreover, not all children deprived of parental care enter institutions.

contact when removal is necessary and, if appropriate, working towards reunification.

Available data rarely bring out the influence of ethnicity. In Central and Eastern Europe information on this dimension is almost exclusively confined to children who are of the Roma minority. Official statistics from the Czech Republic put the share of Roma children in the total entry at 28 percent in 1998.³⁸ According to the six-country survey quoted earlier, in Bulgaria two-fifths of the infants newly received into care were of Roma origin. Although the rates in Hungary are lower, they still account for 37

percent of all babies. The higher probability of Roma children being placed in care when compared to other children predates the transition, but Roma families have generally fared poorly since 1989.³⁹ As various studies confirm, their children are more at risk of living in poverty than any other group, and their relative position in society has deteriorated since the onset of reforms.⁴⁰

The contribution of poverty and parenting difficulties to public care admissions easily diverts attention from the steady, but continuing impact of parental mortality in the region. The Latvian rate of 5 percent for 1999 is a little less than that in Estonia, which averages 6-8 percent, while some sources suggest that in Moldova every third child of the 1,400 registered as left without parental care every year is now an orphan. The ratios are much lower

for Central Europe. For example, the share of orphans in Polish childcare establishments is 3 percent. In that country valuable survey data show the differential effect that the cause for public care has on placement routes. Children whose parents have died are far more likely to be placed with foster families than in childcare establishments; about 15 percent of the children with foster parents are orphans.⁴¹ In parts of former Yugoslavia, the Caucasus and Central Asia, loss of a parent tends to have minimal effect on public care due to strong family networks.

5.5 Developing a Strategy to Safeguard and Promote a Family Upbringing

The 1997 *Regional Monitoring Report* identified two major problems in the child welfare system of the post-communist countries.⁴² First, it found a major gap between universal and late-stage services for children: those children who fell through the cracks that appeared after 1989 in universal service coverage entered public care because the crucial gates were missing in the provision of timely support to children and families in their own homes. A whole range of community-based, family-support measures were lacking in almost every country. Preventive services such as counselling for parents and children, parenting skills training, therapeutic help, respite care, services to help children with special educational needs, financial, legal and advocacy services, and so on were absent or very rare. Second, it found that substitute care systems needed sweeping reforms.

The discussion so far has focused mostly on the second problem, investigating the ways, both creative and defensive, that child protection systems have met the new challenges. With 10 years of reforms already undertaken, a more comprehensive and vigorous strategy is needed to act simultaneously on preventing family breakdown, as well as on the arena of institutional care reforms.

But how can the efforts for better family-support and out-of-home care services be further stimulated and incorporated into a coherent strategy? How to avoid perverse incentives, whereby improvements in care services could lead to more separations of children from their parents? What concrete tasks emerge to promote and safeguard family upbringing? And, how can sufficient momentum be achieved and maintained to bring about the necessary reforms?

Focus on both the quantitative and qualitative aspects of the problem

Deprivation of parental upbringing is a major problem in the region, but its dimensions are not identical in the various countries, as the earlier analysis has pointed out. Figure 5.14 presents a summary picture by constructing a league table on child institutionalization based on available data from all the 27 countries in the region, apart from Bosnia-Herzegovina.

The data refer to the late 1990s, and the ranking is based on aggregated child institutional rates calculated per 100,000 population aged 0-17. The aim is to draw attention to the big numerical differences in scale. Indeed, errors and omissions in the data might change a country's actual ranking, but this would not alter the overall picture greatly. Because of their own significance and their implications for the emerging needs for care, the diagram also includes infant home rates.

Whichever institutionalization rates are looked at, Bulgaria and Romania were leading in child institutionalization in the late 1990s. Latvia has significantly lower total rates, but its infant home rate is similar to that of Romania, reflecting the transition-related "build up" of the problem. Although children in infant homes generally make up less than 10 percent of the child institutional population, as the earlier analysis has shown, the infant home rate is important for many reasons.

The next 11 countries – from the Czech Republic to Ukraine – form a very mixed group in many ways, but they share a common concern: a much bigger share of their young population, including infants, are separated from their families there than in other countries.

Further down the list, some ex-Yugoslav urban societies follow, reflecting the relatively minor role of institutions in sheltering at-risk children in former Yugoslavia noted earlier. Kazakhstan is situated among these countries, though its infant institutionalization rate would push it up higher in the risk-ranking.

Finally, nine, mostly rural, countries from the southern belt of the region close the league table. The positive note about the relatively low institutional child population rates is tempered by indications of serious quality problems in service provision in most of these countries: it must not be forgotten that the quality of care is also very important.

These sub-regional variations show that there can be no single blueprint for restructuring: the concrete targets must be tailored to specific country profiles. For those coun-

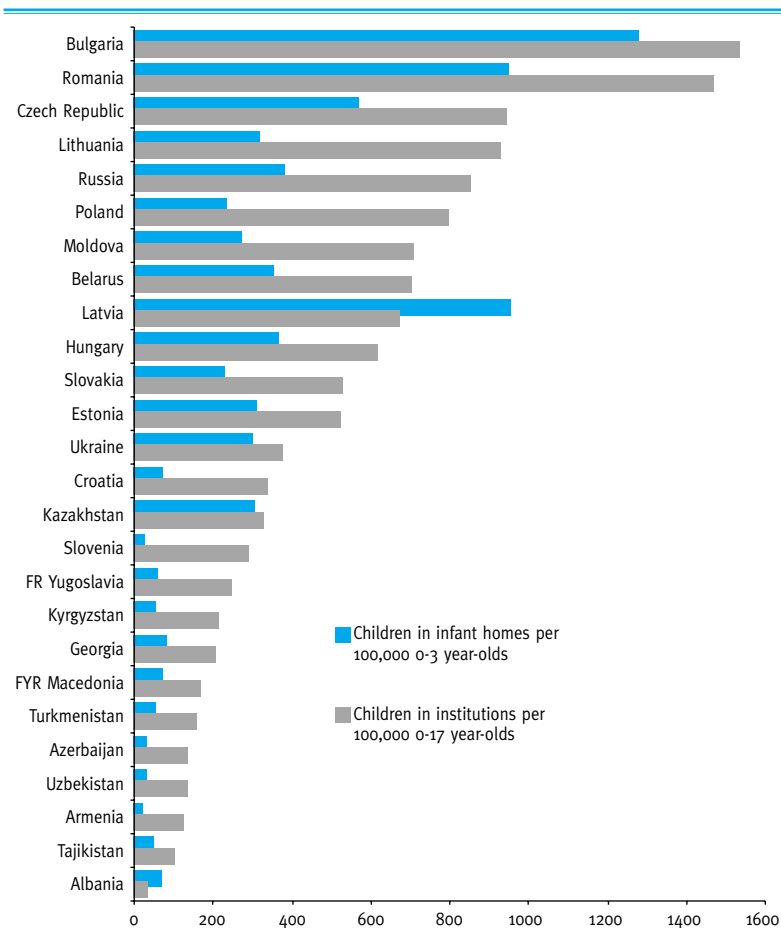


Figure 5.14

A league table on child institutionalization rates in 26 countries, late 1990s*

Note: Data refer to 1999 unless otherwise noted. Romania: 1997. Albania, Tajikistan and Croatia: 1998. Data for FR Yugoslavia refer to 1998 and exclude Kosovo. Data for Moldova exclude Transdnistr. Data for Slovenia and total number of children in institutions for Kazakhstan and Bulgaria: IRC estimates. Children in infant homes for Estonia, Slovakia and Poland: IRC estimates based on the number of 0-3 year-olds in child homes. *Ranking is based on "total" rates per 100,000 population aged 0-17. The figure is illustrative only since the nature, character and scope of institutions vary greatly, and the variations and recent changes could alter the ranking. Children in general boarding schools are excluded since the nature of these institutions varies considerably in the region. Children with disabilities cared for in residential homes and boarding schools have been included wherever such data are available.

Sources: Statistical Annex, Tables 8.2 and 8.3; MONEE project database.

tries where the infant rates exceed or almost equal the rates for older children, concrete targets are likely to focus on infant home closure as a cornerstone of a policy that best fits with long-term planning and that places primacy on vigorous family reunification and adoption programmes. Countries with higher rates of older children in care will need to prioritize expansion in the supply of guardians and foster carers and develop effective leaving care strategies. Where institutionalization rates are low, quality issues will predominate, but there are also opportunities to set targets to strengthen systems to protect children at home.

Whatever the priority for targets, timescales will vary according to the size of the problem. All countries will need to focus on developing environments that actively promote children's welfare and human rights. As Box 5.6 illustrates, there is already a vast experience in the region that could be used and built upon.

Although there can be no one blueprint, the key components are similar. Expanding the supply of family-based out-of-home care options, improving the standards of care in the institutions and developing targeted family-support services that make systematic links across education, health and social welfare sectors are issues to be addressed in each country.

Progress in extending preventive support and childcare reforms

Many countries made progress over the 1990s in establishing family-support services and programmes, and some of them have recently begun to restructure their child welfare system radically, sometimes with the aim of developing a continuum of family support and child protection. What are the main areas of development and progress? Here are some examples.

Overhauling legislation. All countries are signatories to the Convention on the Rights of the Child, and many countries have made good progress in adopting national legislation to meet the international standards laid down in the Convention. In Bulgaria the new comprehensive child protection legislation (the new Family Code and Child Protection Act) calls for the establishment of the State Agency for Child Protection and municipal structures for child protection and community involvement. Romania created the National Agency for the Protection of Children's Rights (now redesignated as the National Authority for Child Protection and Adoption), with parallel municipal structures and the active involvement of NGOs; in many ways this country is now becoming a model of how to start tackling a very burdensome heritage.

Creating new types of services and benefits. Commentators frequently note the gap between "Western" legislation and "Eastern" reality, particularly with regard to progress in implementing new laws. It is certainly true that it takes time to create entirely new infrastructures, but progress has been made in the region in the establishment of community-based services and help for vulnerable families. The 1997 Hungarian Children Act, which forbids child institutionalization on the grounds of family poverty, has generated new types of welfare assistance and has empowered stakeholders to make their voices heard. In the Czech Republic the number of mother and baby homes has doubled since the mid-1990s, reflecting the need, but also new approaches. By the year 2000, under the umbrella of the Federal Programme "Social Services for Children and Families", three kinds of services had been established in 87 regions of Russia: centres for children in need of social rehabilitation, centres for the disabled and some multi-disciplinary centres for children and families. In 1999, family and child social-support agencies covered more than 321,000 families in need of social assistance, rehabilitation and support. An entirely new kind of service, home visiting (social patronage) is also gaining a foothold.

Increasing local-level responsibility. From 1998 Latvia began to decentralize services and financial responsibilities, and the municipalities now pay for all placements – residential, foster care and guardianship – for children aged 2 or more and children with disabilities. At the same time, the intention is to build up a range of services to support poor and vulnerable families in their own

homes; these services will also be provided through the municipality. Although the infrastructure is still too weak to realize the benefits of family-based support, the model is important because it will offer the opportunity to manage key areas of the childcare budget and thereby link the expenditures for family support and child protection within one system.⁴³

Launching pilot initiatives. In Kazakhstan, where the introduction of inclusive education was expected to encounter resistance (as in many other parts of the region), in 24 schools in Almaty, so-called "levelling classes" have now been formed that admit children with learning difficulties. In the town of Taldykorgan, a special school for 150 children with special educational needs has been merged with a standard general education school, and now each class includes children with learning difficulties. In Tajikistan a monthly radio programme, "From Curiosity to Tragedy", and a special broadcasting journal, "Young People of Tajikistan for a Drug-Free Future", have been introduced, among many other preventive measures. Albania now provides a family centre offering advice and counselling services, financial support, groups for mothers with children at risk of institutionalization and services to help promote contact and facilitate the reintegration for children in out-of-home care.

Creating new partnerships and models. In schools in Belarus, school meals have been organized for children through funding from collective and state farms and enterprises in the Vitebsk region. In Bulgaria, the small numbers of social workers to be appointed to the new child protection departments will be expected to purchase services from the NGO sector, which, as part of its contracts, will be required to select and retrain the staff in residential institutions. In Albania disabled children now manage a courier service with support from the private sector.

Strengthening the information and knowledge base. The problem of weak information and administrative systems to identify children in need (especially children living in remote mountainous areas or on the streets) is also being addressed. The World Bank has launched a multi-country project on street children and is now an important partner in childcare reforms.⁴⁴ Countries in the region have been establishing ways of exchanging skills and knowledge and evaluating best practice in the light of the Convention. For example, UNICEF and the NGO Committee for Children in the Region have developed a template so that countries can readily document and assess their positive initiatives according to shared criteria. Information on the individual initiatives which meet the criteria, as well as the evaluations, will be placed on the web and compiled in book form.⁴⁵ Since evaluation is still uncommon in this field, providing a sound evidence base to learn what works and what is less successful is a vital way of enhancing good practice.

Create links across education, health and social welfare sectors

Previous chapters in this Report investigate recent progress in providing or reinstating basic income, health and education services and supports to families with children. With specific regard to the deprivation of family upbringing, this chapter suggests various additional affirmative measures.

First, it proposes the development of new early identification and counselling services for at-risk pregnant mothers (including maternity wards) and the concurrent creation of mother and baby homes and low-cost parenting programmes to assist mothers with care in the first years of childhood. Second, schools need to reinsert staff to pick up vulnerable children now that pastoral care programmes and after-school activities have been disappearing and create support schemes and after-school provision together with the local community. Third, the health, welfare and education sectors need to come together to plan jointly their community services for each child with a disability and review the individual's progress and provision at regular intervals. Fourth, foster care services need to be developed to provide support to parents in difficulty through short-term and medium term fostering and respite care as a mechanism to avoid family breakdown.

A last priority for targeted services is for care leavers: to promote their reintegration in the community. Financial incentives or tax breaks for employers prepared to hire and train fixed quotas of young people from care should be considered. Similarly, extra per capita allowances could reward educational institutions that systematically build educational links with local care homes and take agreed target numbers of care leavers. Housing benefits should be earmarked to help care leavers obtain independent accommodations. Finally, a system of volunteer mentors should be established to help see care leavers through the first very difficult transition years when their need for ongoing support and advice is most acute. All these developments will demand better use of administrative data reliably to estimate local needs and the resources required to meet the needs, including the need for social care staff.

Develop country-specific action plans

Ten year years ago all the countries in the region were in the initial phase of attempting to destroy the great divide within their child population between those living with parents and those deprived of a family environment. As the analysis here makes clear, despite persistent problems, many countries have made significant progress since 1989. How can these reforms now be extended to bring family upbringing and inclusion in the community to far more – by intention *all* – children, and what steps need to be included in country action plans?

Set concrete targets. The analysis above suggests that setting targets, such as to

- End infant institutionalization,

- Close down all big institutions and
- Establish regular, independent and high-profile reporting on and control over the quality of care,

would provide clear signposts for institutional reforms and, with *concrete deadlines*, would also identify the milestones to reach. These targets would not only result in improved care quality, but would also send strong messages indicating governments' preferences and commitment to change.

Introduce or overhaul the standards of care. Setting ambitious targets like those above will mean that a range of definitions and standards must be applied against which progress can be measured and assessed. National research and policies on child protection will need to be matched with international experience and recommendations. Existing standards will need to be well publicized and applied, such as the European Council's suggested threshold on the size of residential establishments, which is set at a maximum of three groups catering for up to eight children in each group.⁴⁶ New standards that build on recent international research on early childhood development and youth-friendly environments will need to be considered and taken into account. Three main tasks emerge:

- Safeguard basic survival needs.
- Individualize planning to promote fulfilling children's social, health and emotional needs and family placement.
- Strengthen children's rights in institutions and other care structures.

Better assessments involving individualized care plans that lay out placement objectives and timescales for implementation are a first step, and regular reviews to monitor progress could help enhance children's rights and increase accountability and transparency. Active exit strategies – an essential part of planning – will require new initiatives and mechanisms to promote contact and, if appropriate, reunification. For older children, imaginative life-skill programmes, perhaps involving former care leavers, should be consolidated and expanded to help prepare for leaving care.

Build new services and infrastructure. Bringing about changes to the quality of existing structures is often difficult, and, unless there are alternatives to infant homes and large-scale orphanages, resistance to radical reform can easily build up. At the same time, while the broader preventive networks are being reconstructed, children may be left at risk in the community. Reforms will need to work towards:

- Targeted family-support services that make systematic links across education, health and social welfare sectors.
- Rapid expansion of family-based out-of-home care.

The most pressing need is to expand rapidly the supply of guardians, foster carers and adopters through the

establishment of target numbers and timescales for recruitment. The range of expertise must also be increased to cover the age and ethnic spectrum and to enable placements for sibling groups, care leavers and children with disabilities and with special social and emotional needs. Eligibility criteria should be reviewed to see if there is scope to expand the pool of guardians, foster carers and adopters. Financial incentives should be used actively, with earmarked funds created to enhance existing guardianship and fostering allowances. Consideration should be given to use the tax system to stimulate domestic adoption rates. Discretionary housing transfers and improvements should also be part of the strategy for all family-based substitute carers.

Harness market incentives – secure state funding. The reforms demand investment, and there is a real risk that children will end up paying the bill unless more funding is provided in the short term. However, apart from exceptional cases of acute need, increases in state funding should be conditional on strengthening gatekeeping and changing financing frameworks (see Box 5.7). This must be undertaken to avoid enhancing the monopoly position of the

current providers who can hold back the reform process. The value of creating public-private partnerships should be actively promoted and publicized as a way of widening the range of services and providers and generating additional funds. At the same time, a number of safeguards needs to be put in place to clarify respective roles and responsibilities and ensure accountability and responsiveness to clients' rights and needs. Reforms that target the involvement of the private sector will need to:

- Rethink the roles and, if necessary, separate functions of agents with regard to monitoring, referral, gatekeeping, financing and service provision.
- Strengthen the role of the state as regulator and guarantor of quality care through effective licensing, monitoring and inspection procedures and through the development of national standards within which all sectors and providers have to work.
- Ensure the transparency and accountability of funding arrangements to safeguard against hidden costs in the private sector being passed on to publicly funded services.

Box 5.7

The role of gatekeeping

Gatekeeping ensures that *intensive* services are provided only to those who meet tightly specified eligibility criteria; others are barred. The high rates of entry into institutional care in many countries in the region make gatekeeping a key concept of child protection reforms. In theory, the main criterion for admission into public care or into a residential home should always be the best interests of the child. However, without clearly defined responsibilities and criteria, gates are often left open. And, without organizational guarantees and structures for proper needs-led assessments and satisfactory alternative measures to residential care, there is a risk that simple “availability of places” will drive admissions, thereby depriving children of parental care.

Two gates should be passed before a child at risk can enter institutional care. Effective gatekeeping should first employ clear – and tough – criteria to warrant child separations from parents (thereby deliberately narrowing the net) and rely on outreach and family-support services to tackle vulnerability (thereby using broad-based eligibility criteria to widen the net of entitlement to services). Second, gatekeeping should raise thresholds for institutional placements and broaden eligibility criteria for alternative options, such as guardianship and foster care, as well as adoption. In both cases, gatekeeping needs to be built on active service development; otherwise, children in need will be left behind.

The decisions of individuals and agencies are not taken in isolation, but they are influenced by a range of formal and informal regulators that need to be considered for triggering change. Among others, these include:

- Family and childcare values that underpin policy, law and practice.
- Norms that define the mandate of institutions and decision-makers.
- Service availability and institutional-organizational cultures.
- Procedures governing the assessment of individual children.
- Training and information management systems.
- Community values, attitudes and behaviours.
- Financing frameworks that determine the allocation of funds to service options.
- Organizational roles and responsibilities.

Sound financing frameworks and clear organizational responsibilities are essential preconditions for efficient gatekeeping. In the region, however, these often still reflect the myth of the “caring state”, which acts as an underlying reason for the underdevelopment of family-based alternatives. More generally, the public responsibility for ensuring that no child will be left with unmet needs and the public involvement in direct service provision are still often not clearly distinguished, thereby hindering the involvement of households and non-profit and profit-seeking private-sector entities from competing with public providers on equal terms and from supplying better services for children and families in need.⁴⁷ Finally, effective gatekeeping means the development of ways to obtain the views of the end user – children and families – on service delivery either through the offering of choice (that is, participation in decisions), or through other channels.

- Build in rights of complaint and challenge for service users, including children.

This set of proposals involves far-reaching change and will require a major training programme at all tiers, including among those who select services. Similarly, ways will need to be found to involve parents and children in a non-token manner. In the choice of services, the role of the gatekeeper will become particularly important.

Extend the reform of the public care system to all services involving deprivation from parental upbringing. As the analysis has highlighted, a significant proportion of the children in the region receive institutional care, although their parents continue to hold legal responsibility. To confront this heritage, countries may want to consider:

- What role, if any, there should be for long-term, publicly funded boarding facilities for children of compulsory schooling age (and develop alternative supports as necessary).

- Introduce or raise fees for boarding facilities, so as to reduce demand and remove financial incentives to buy “shelter” with health and education services that increases the risk of social exclusion.

Any rundown in these facilities could not be put into effect without a prior expansion of the support services in health and education systems and related community provisions to enable children with milder disabilities and special education needs to stay safely with their families.

Build a broad coalition to carry out the reform. The reform of the child protection system will not succeed without involving a wide range of parties. Parliamentary committees, ministries, professionals in the field, universities and independent research institutions, non-governmental organizations, including unions of carers and associations of foster parents, and the media all have an important role and so will the private sector and children and parents themselves. ■

5.6 Conclusions

Childcare systems that rely heavily on the deprivation of family upbringing as a major element of protection strategy call out for radical reform. Many examples of infrastructure development in law, service organization, management information systems, new personnel and new approaches to practice attest to the existence of a determination in the region to bring about a shift to family-based substitute care and to reduce dependency on institutional provision.

Despite reforms, the child protection systems in most countries have been unable to keep pace with rising child vulnerability, higher levels of parental dysfunction and poverty. More children are entering public care now than a decade ago, and so, too, more children are being placed out of home who are not in care. Two trends are particularly worrying: the numbers and rates of children placed in institutions are rising, particularly among infants, and international adoption is playing a steadily growing role in public care strategy. The persistent difficulties in safeguarding children's well-being in institutional care are equally of concern.

A radical paradigmatic change in the operation of the child protection system is needed no less forcibly today than 10 years ago if the numbers of children in out-of-home care are to be brought down and the quality of care improved. As a starting point, the fulcrum of service delivery needs to shift away from rescue towards family upbringing, in line with the spirit of the Convention on the Rights of the Child; with far greater public and professional recognition for the fact that child rescue brings its own risks.

This review has found that too many children – the disabled, those from poor environments and ethnic minorities – are being separated from their families because of risks and needs which would be better managed by and within the community. At the same time, the significant differences revealed in child institutionalization and fostering rates across the region appear to be weak indicators of risk situations for children in the community. There is reason to think that many vulnerable children in the community go unnoticed and without assistance because of the lack of services and staff to carry out early screening and identification. If this situation is to be redressed, there must also be a shift in the proportion of personnel working in frontline services away from institutional provision.

Inevitably these developments will take time to bear fruit – as is true of the new infrastructural foundations that have been built over the decade. But for the children already being deprived of family care and for those already adrift in the community, action is needed now. A broad coalition must be built from the public, private and voluntary sectors and the community at large to create a better world for children at risk. To this end, this last chapter of the 2001 *Regional Monitoring Report* calls for the setting of an agenda in each country of the region, with concrete targets and specific timescales, directed most particularly at ending infant institutionalization and closing large-scale homes. This is one of the most tangible ways of eliminating the great divide between those deprived of a family upbringing and their peers. ■

Notes and references

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33. The comparison group of 52 English adoptees from non-deprived backgrounds has been chosen to ensure that the study is able to draw conclusions on the consequences of institutionalization and early gross deprivation.
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