



Family matters:

A study of institutional childcare in Central and Eastern Europe and the former Soviet Union

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FOREWORD

The image of the executed bodies of Nicolae and Elena Ceaușescu on our television screens at the end of December 1989 was a powerful indication that their terrible regime in Romania was over. But this image was soon replaced in people's minds by the horrific pictures of abandoned children in 'orphanages' – children who peered through the prison-like bars of their cots, rocked obsessively back and forth, and were dirty, malnourished and dressed in rags. These images were so stark that even now, 15 years later, the average person still associates Romania with orphaned children shut up in cages – whilst, at the same time, assuming that the problem had been solved.

But in this report we show that, although some reforms have been effected, notably in Romania (largely as a result of pressure from the European Union), the problem of 'abandoned' children is a common one across the whole of Central and Eastern Europe and the former Soviet Union. Furthermore, the proportion of the region's children in institutional care has actually increased over the past 15 years. The reasons for this are complex, but largely revolve around the catastrophic economic effects of the 'transition' to a market economy and the lack of any alternatives to institutional care.

Because of this gap in childcare services, traditional family support networks are slowly breaking down. The state offers little support for vulnerable families and as a result, the decision to place a child in an institution is often the first, rather than the last, choice for desperate parents. This has inevitably led to increased pressure on state services, which provide little social welfare support to families in poverty, leading to more children at risk of abandonment.

But, as our findings in this report reveal, the future does hold some hope. In particular, we argue that there are ready solutions – which we have successfully tested – to the region's reliance on institutions as a form of childcare. By providing emotional and practical support to vulnerable families, we can help prevent infant abandonment or enable the reintegration of a child who is already in care back into their birth or extended family. Where this is not possible, family-based solutions, like foster care, are a cheaper, more effective and wholly better option for vulnerable children.

With an estimated 1.3 million children living in institutional care in Central and Eastern Europe and the former Soviet Union, and the increasing number of children throughout the world at risk of entering institutional care, there is much work to be done. We urge leaders in childcare reform across the region to use the findings and recommendations in this report to guide and inform their decisions to effect positive change for these most vulnerable children.



Anna Feuchtwang

Chief Executive

EXECUTIVE SUMMARY

This report reviews the faltering progress made in childcare reform across Central and Eastern Europe (CEE) and the former Soviet Union (FSU) over the 15 years since the 'orphanages' of Romania were revealed to the world. We demonstrate that the overuse of institutional care is far more widespread than official statistics suggest; it remains a very serious problem, with damaging effects on children's development. Many attempts at reform have been well meaning but misguided, and there is a serious danger that many view the overthrow of the communist system as sufficient evidence of reform in the region. These problems have far-reaching consequences: each generation of damaged children is likely to turn into a generation of damaged adults, perpetuating the problems far into the future.

Although most of the evidence in this report is based on CEE and FSU, it is very important to stress that the problem of children in large residential institutions is not confined to that region. The escalating growth in HIV/AIDS in recent years, as well as the many ongoing violent conflicts in the world, has meant that there are many more children in the world without parents. For example, it is calculated that Ethiopia alone had an estimated 989,000 children orphaned by AIDS in 2001, a figure which will have increased to over 2,160,000 by 2010 (UNICEF 2003). With such numbers, it is hardly surprising that governments cannot cope, and are susceptible to suggestions that orphanages are the answer. If there is only one lesson to be drawn from this report, it is that the rest of the world must learn from the mistakes made in CEE and FSU, and avoid creating more large-scale orphanages.

Our research highlights a number of important revelations, which are explored in detail in this report. In summary, we conclude that:

1. The rate of children entering institutional care has risen, despite the fact that actual numbers have decreased, due to declining birth rates.

Over the past 15 years, there has been a small decline (about 13%) in the absolute number of children in institutional care in the region. However, over the same period the child population, like the population overall, has fallen by a slightly higher amount. This means that the proportion of the child population in institutions has actually risen by about 3%. Consequently, the position, far from having improved since the collapse of the communist system, has actually worsened.

2. The number of children in institutional care is significantly higher than the official statistics indicate.

Largely, as a result of a combination of poor official record keeping and inconsistently applied classification methods, official statistics are unreliable and significantly understate the true numbers in care. Wherever full surveys have been carried out, the numbers of children counted have been considerably higher than hitherto recognised. Using a variety of sources (including some full surveys and country reports to the 2003 Stockholm Conference on institutional care), EveryChild estimates that the official figure of around 715,000 children in institutions is incorrect, and that the true figure is at least 1.3 million, and possibly much higher.

3. Orphanages remain in CEE and FSU, and their use is increasing in other parts of the world.

Most children's homes in Western Europe have been phased out as a result of such findings but in CEE and FSU they remain. The presence of so many large residential institutions in the region, coupled with a disposition to use them, fuels their continued use. Evidence is accumulating that some governments and NGOs are responding to the crisis of children orphaned by HIV/AIDS by accommodating children in orphanages. Most children orphaned by HIV/AIDS are cared for by extended family and community. But anecdotal evidence suggests that extended family support is weakened to breaking point by poverty, and that is why children orphaned by HIV/AIDS may find themselves in residential institutions.

4. The last 15 years of economic reform in the region has been disastrous for children and families living in poverty.

The great hopes that were expressed when the communist systems collapsed at the beginning of the 1990's have largely been dashed by subsequent experience. Although some of the former communist states have achieved the kind of personal freedoms that people dreamed of, many others, particularly Russia, Belarus and the Central Asian republics, have relapsed into authoritarian rule – although recent political reforms in Georgia, Ukraine and Kyrgyzstan give grounds for optimism. Furthermore, the neo-liberal ideology that was imposed from the outset (with its large-scale privatisations, removal of price controls and decimation of previous welfare safety nets) produced an economic collapse that was far worse than the Wall Street collapse of the 1930s and rivalled even Argentina's 'Lost Decade' in severity. Even now, many countries in the region are struggling to reach pre-collapse economic levels.

5. Children are in care for largely social reasons – but poverty plays a significant part.

The conventional view over the last decade has been that poverty is the reason why families in the region leave their children in institutions. However, EveryChild's research suggests that this is only part of the problem. After all, many families are poor, but not all of them utilise institutional care. We believe that although poverty is a significant underlying factor in the decision, the actual precipitating factors are social ones linked to family breakdown under the pressure of economic and other circumstances, such as single parenthood and unemployment.

6. The conditions in institutions are almost always terrible.

There is abundant evidence of poor conditions in institutions, from in-country literature, independent reports and our own experience: poorly-trained staff present in inadequate numbers; badly-maintained premises have poor (or sometimes non-existent) heating and sanitation; dietary provisions are inadequate; and for children with disabilities, there is a serious lack of rehabilitation methods. Largely this is due to the economic collapse in the region, but constraints resulting from the prevailing ideology and poor organisation and corruption have also played their part.

7. Institutions are almost always harmful for children's development.

Since the 1940s and the pioneering work of Goldfarb and Bowlby, the damaging effects of large-scale residential institutions on the development of children have been clear. These include delays in cognitive, social and motor development and physical growth, substandard healthcare and frequent abuse by both staff and older inmates. Young adults who have spent a large part of their childhood in orphanages are over-represented among the unemployed and the homeless, as well as those who have been in jail, been sexually exploited or abused substances. There are, of course, some children who, for a variety of reasons, cannot live in a family. For them, some kind of institutional care may be better than living on the streets. However, these children are relatively few in number.

8. Family-based care is both better for children than institutional care and significantly cheaper for the state.

The evidence shows that care in family-type settings (the child's natural or extended family, foster care or adoption), is immeasurably better than life in even a well-organised institution for almost all children. The individual, one-to-one love and attention that only parents (whether birth, foster or adoptive) can give, is extremely powerful and cannot be bettered by institutional care in promoting the development of children.

Furthermore, there is a huge body of evidence, not just from CEE and FSU but from a wide range of countries, that institutional care is very much more expensive than family-based alternatives. EveryChild's assessment of the evidence indicates that on average, institutional care is twice as expensive as the most costly alternative: community residential/small group homes; three to five times as expensive as foster care (depending on whether it is provided professionally or voluntarily); and around eight times more expensive than providing social services-type support to vulnerable families.

These cost differences are highly significant. Although the transitional costs associated with moving from one system to another may well increase during the period of change, it is clear that the argument, *"We understand that family-type care is better but we can't afford it"* is a false one.

EveryChild, with 15 years' experience in helping to develop these family-based solutions, is well-equipped to be a leader in this field.

INTRODUCTION

When the Ceaușescu regime finally collapsed in December 1989, the pictures of children who were living in appalling conditions in orphanages that were sent home by journalists, particularly television journalists, were universally shocking. Children who were obviously malnourished and dressed in threadbare, tattered clothing were clearly wholly neglected; furthermore, they exhibited the classic symptoms of children who were deprived of all normal human contact: rocking to and fro, banging their heads obsessively or who were at best totally unresponsive. It quickly became apparent that the Ceaușescu regime's pro-natalist policy – aimed at boosting population growth to increase the state's workforce – encouraged women to have babies and banned contraception and abortions. The result was an abundance of babies whom parents were simply unable to support. Rather than keep them, the parents were encouraged to place them in residential care institutions where the state would be able to bring them up as 'good citizens'. Unfortunately, the state proved incapable of carrying out this task, with the result that was only too apparent on our television screens.

The natural reaction of concerned people all over Western Europe was to do something to help these poor children: many appeals were launched and NGOs, small and large, were set up to provide assistance to Romanian 'orphans' (it being generally supposed that the children who had been seen in what were freely referred to as orphanages were indeed true orphans). Accordingly, toys, clothes and medicines were collected across Western Europe and sent by lorry. Also, many groups traveled to Romania to work in the 'orphanages,' painting them, and rectifying the obvious deficiencies of structure and services in the buildings.

But this all too natural humanitarian response proved to be the wrong one: although in the short term it was entirely desirable to improve the conditions of children in the institutions, in the longer term what was needed was to get them out by restoring them to their own families. But the prevailing belief that they were 'orphans' militated against this being understood; in addition, even if the children in the institutions had been sent home at once, the prevailing conditions that encouraged people to place their children there in the first place still existed.

Gradually, it came to be understood that the solution in the longer term was to attack not the symptoms (the existence of the 'orphanages') but their cause (and these were many and varied, as we shall see).

We are now removed by a decade and a half from those early misperceptions, and many organisations have learned that what is needed is longer-term development rather than the short-term provision of aid. In the process, two crucial understandings have been attained:

- There were no alternatives for desperate Romanian parents, other than placing their children in residential institutions.
- This problem was not confined to Romania, but existed across all of CEE and FSU.

This report explains how the problem of institutional care arose in the first place and how we have come to understand its implications. After many mistakes and false starts, it is now clear what needs to be done, and by whom. EveryChild has experienced, first-hand, the problems faced by children in this region. We hope that the recommendations made in this report will provide a better life for them, and secure a safer foundation for future generations.

There have, of course, been other reports about institutional care in the region and wider area; David Tobis (1999) produced an excellent and thorough report on institutional care for all ages for the World Bank, and there have been very good reports on the wider issues of institutional care from David Tolfree (1995) and Save the Children (2004).

However, this report concentrates on CEE and FSU, since it is the region where EveryChild has had the most experience in working to end institutional care, and it also provides a much more accurate estimate of the numbers in such care than has hitherto been available.

CHAPTER 1: INSTITUTIONAL RESIDENTIAL CARE: HISTORICAL BACKGROUND AND CONTEXT

The historical predisposition for residential care in the region

The history of the use of institutional residential care for abandoned children is long – and certainly not confined to Russia or elsewhere in the region. The first institution of any kind for the care of neglected children was probably that established in Constantinople in 335; the first foundling homes were those developed in Italy in the Middle Ages by the church in the light of concern over infanticide. The first known example was established in Milan in 787 (Langmeier and Matějček 1975), followed later by that in the San Spirito hospital in Rome in 1212; similar ones followed in other Italian cities, notably in Florence in the late 13th and early 14th centuries (Trexler 1973). This approach was developed elsewhere in Europe, notably in France, and the French model was the one adopted in Russia (Ransel 1988).

As elsewhere in Europe, infanticide was a growing problem. It became a matter of government concern in Russia at the beginning of the 18th century: the government of Catherine the Great built, under the direction of the reforming official Ivan Betskoi, two large foundling homes in Moscow (1764) and St Petersburg (1770), to turn the foundlings into a new class of urban citizens (Ransel 1978). The homes had linked schools, the purpose of which was “to inculcate enlightened morality, the work ethic, civic mindedness and respect for constitutional authority, and thus to create from unwanted children the educated, urban estate that Russia then lacked.”¹ As we shall see, to a certain extent this foreshadowed the approach of the Russian government after the revolution.

The two foundling homes were impressive buildings: during Napoleon’s invasion of Russia in 1812, many of the French were struck by Moscow in general and some of the public buildings in particular: “Dr Larrey [a surgeon with the French army] thought the [foundling] hospitals ‘worthy of the most civilized nation on earth,’ and was of the opinion that the foundling hospital was ‘without argument the grandest and the finest establishment of its kind anywhere in Europe.’”² However, despite their obvious grandeur and the good intentions of Betskoi, conditions in the homes were very bad: out of 523 children admitted to the Moscow home in 1764, 424 died in that same year; in 1767, 1,074 out of 1,089 admitted died the year.³ This was mainly because too few wet nurses could be recruited to care for the children so, although it had originally been anticipated that they would stay in the homes to receive the education that Betskoi had planned, it was decided that the children should be farmed out to wet nurses in the surrounding villages. The wet nurses receive a payment of two roubles a month, with a bonus of a further two roubles if the child was returned alive after nine months (later, at five years)⁴ – an interesting early example of a foster care scheme in action.

In later years, numbers of admissions soared, largely as a result of increases in the numbers of children born out of wedlock, mostly, it seems, to young peasant women who came to the cities to work as domestic servants (Ransel 1978).⁵ The main reason for the babies’ abandonment was probably the poverty of the mothers, who could not afford to stop work in order to look after their children. By the second half of the 19th century, the central home in Moscow was receiving 17,000 children a year – and some reforms of the system were carried out to improve conditions.

In addition, another system of orphanages was being set up which may have also helped to inculcate a presumption that orphanages were acceptable:

“The Russian army [in the early 19th century] was unlike any other in Europe... particularly where the common soldier was concerned. He was drafted for a period of twenty-five years, which effectively meant for life... When he was drafted, his family and often the entire village would turn out to see him

¹ Ransel (1988) page 31.

² Zamoyski (2004) page 342.

³ The experience of the new Foundling Hospital in London was similar (Nichols and Wray, 1935).

⁴ A P Piatovskii (1873) cited by Ransel (1988) page 46.

⁵ There are present-day parallels here, with a similar pattern being observed in, for example, Kosovo/o (Carter 2002).

*off, treating the event as a funeral. His family and friends excised him from their lives, never expecting to see him again... As the children of men drafted into the army could not be looked after by single working mothers, they were sent to military orphanages to be brought up and trained to become non-commissioned officers when they grew up.*⁶

However, conditions in these orphanages were also very bad, and only about two thirds of the resident children survived into adulthood.

Nevertheless, the system remained largely in place until the 1st World War – but then everything changed with the Russian Revolution of 1917 and the devastating civil war and subsequent famine. Firstly, the Bolsheviks had very definite views on raising children, based on Engels' analysis of the interrelationship of property, commodity production, gender and class.⁷ The family was seen as a wholly bourgeois institution, and at least until the 1930s, the official line was that then family would die out (Creuziger 1996). Goikhbarg, helping to draft the first Soviet Code on the Marriage, the Family and Guardianship said in 1918 that:

*"Our state institutions of guardianship... must show parents that social care of children gives far better results than the private, individual, inexpert and irrational care by individual parents who are 'loving' but in the matter of bringing up children, ignorant."*⁸

Similarly, Z Lilina (the wife of Zinoviev) declared in the same year that:

*"Children, like soft wax, are malleable, and should become good communists. We must rescue [them] from the nefarious influence of family life... we must nationalise them. From the earliest days of their little lives, they must find themselves under the beneficent influence of the Children's Gardens and the Communist Schools. They will learn the ABC of Communism, and later on become true Communists. To oblige the mother to give her child to us – to the Soviet state – that is our task."*⁹

This attitude towards parenting (note the quotation marks around the word 'loving') was largely determined by a perhaps understandable lack of confidence that parents would not be able properly to bring up the 'New Soviet Man' (Harwin 1996), in part at least because it was realised that 'pre-socialist' relationships still existed. As a result, despite the statements of such as Goikhbarg and Lilina, these early views had to be modified somewhat – although, even when it was accepted that parents had rights in looking after their own children, these rights were seen very much as delegated rights rather than primary ones, and were enjoyed only at the discretion of the state (Alt and Alt 1959).

However, attempts at the practical application of these different theories were derailed by reality: firstly, in the dreadful impact of the World War, then subsequently of the epidemics, the huge numbers of deaths in the widespread conflicts of the Civil War and the famines that followed; of these, the famines played a greater role in depriving children of their homes than any other single cause (Ball 1994). Vast numbers of children were orphaned: at one point, the number of parentless children, the *besprizornye*, was estimated at between six and eight million.¹⁰ Their conditions were horrific: a contemporary account described children at the train station in Ekaterinburg:

⁶ Zamoyski (2004), page 114.

⁷ Asking "What will be the influence of communist society on the family?" Engels answered himself: "It will transform the relations between the sexes into a purely private matter...it does away with private property and educates children on a communal basis, and in this way removes the...traditional...dependence...of the children on the parents." (Engels 1847)

⁸ Cited in Harwin (1996), page 5.

⁹ Cited in Zenzinov (1931), page 27.

¹⁰ Zenzinov (1931), page 93, Ball (1994), page 1 – although clearly accurate figures are impossible to obtain in the chaotic circumstances of the early days of the Russian Revolution.

*“Children with their limbs shrivelled to the size of sticks and their bellies horribly bloated by eating grass and herbs, which they were unable to digest, clustered ‘round our windows begging piteously for bread – for life itself – in a dreadful ceaseless whine. We could not help them...”*¹¹

Heroic efforts were made to cope with this crisis, and many homes were set up; the children’s homes from Tsarist times were utilised but were wholly insufficient, and disused churches and landowners’ estates were taken over – but conditions were terrible, most of the temporary homes had no sanitation or even the most basic amenities (Goldman 1993).

“They picked up the wretched children, lost or abandoned by their parents, by hundreds off the streets, and parked them in these ‘homes.’ At the place I visited an attempt had been made to segregate those who were obviously sick or dying from their ‘healthier’ fellows. The latter sat listlessly, 300 or 400 of them in a dusty courtyard, too weak and lost and sad to move or care. Most of them were past hunger; one child of seven had fingers no thicker than matches refused the chocolate and biscuits I offered him and just turned his head away without a sound. The inside of the house was dreadful; children in all stages of a dozen dreadful diseases huddled together anyhow in the most noxious atmosphere I have ever known.”

Duranty (1935)

At this point the theories of Anton Makarenko, Lenin’s educational adviser, became particularly influential. Makarenko believed in community upbringing of a highly militaristic kind and, in the communities that he established, he claimed to be able to show that children who arrived “so completely devoid of norms that they were unable to use eating utensils, even spoons with any degree of certainty”, could become the ‘New Men’ that the Bolsheviks wanted (Bowen 1962).¹²

“Children in orphanages are state children. Their father is the state and their mother is the whole of worker-peasant society.”

A Lunacharskii, head of Narkompros (the People’s Commissariat of Enlightenment), cited in Ball (1994), page 87

However, the numbers of parentless children were too great for the available homes to be able to cope. Foster care was also employed, although conditions were frequently very bad, since many of the families only reluctantly accepted their charges:

*“Children... often lived miserably – exhausted by work, begrudged food and clothing, and made to feel every inch an affliction.”*¹³

Further waves of parentless children were created by Stalin’s campaign against the *kulaks*, and the famines in the 1930s and during the Great Patriotic War with Germany. But somehow the state managed to cope, though at what cost it is impossible to say; many of the parentless children must have died but, because no adequate records were kept, we do not know how many (Harwin 1996).

The main point to be made is that the clash between theory (as expounded by the early Bolsheviks) and reality (in the form of the successive terrible crises that racked the Soviet Union in its first decades)

¹¹ Hammer (1932), page 44, cited in Ball (1994).

¹² For a summary of Makarenko’s work, see Filonov (2000), and for a description of the nature of the New Soviet man, see Heller (1988).

¹³ Ball (1994), page 145.

resulted in inevitable compromise. The family survived as an institution, despite the criticisms, but – and this is crucial in the context of this report – there remained deep in people’s consciousness, albeit in attenuated form, the feeling that institutional care was an acceptable – even ideal – form of childcare. This persists even now, long after the collapse of most of the other ideals of the communist period, and the attitude that it is not unreasonable to place your child in institutional residential care is essentially a hangover from the communist period.

A further point¹⁴ concerns the Bolsheviks’ attitudes to the Russian peasantry. Initially, the Bolsheviks’ aim was to lift the peasantry out of poverty and, in so doing, create a fully communist society that could educate and support all. However, the collectivist policies that were adopted failed in this regard, and the peasants continued to exist throughout the Soviet era – and, in fact, they still exist today. Worse, the Bolsheviks blamed the peasants themselves for this failure, regarding them as ‘feckless’ and, therefore, the authors of their own misfortunes. This also added weight to the view that poverty was a failure of the individual rather than a product of the society, since Soviet society must by definition be perfect and could not be the cause of this continuing problem.

But it is not the only aspect that has remained in public consciousness. There is also the argument that ‘the professional’ knows best – particularly common, as we shall see later, in the context of children with disabilities or who come from minority groups – this results from a subliminal feeling that the family is inadequate to bring up children. Although there are few who would cite with any approval the words of such as Goighbarg or Lilina, their influence does survive, to the detriment of children across the region.

Interestingly, the idea that the state should take over responsibility for the upbringing of children emerged again in the 1950s, when Nikita Khrushchev introduced a decree establishing a new kind of state boarding school to do precisely this. The scheme proved to be far too ambitious in practice, and had to be withdrawn after five years. Judith Harwin argues that the experiment was important in an entirely unanticipated way, in that

“...it showed clearly that social deprivation was an important factor in parental inability to cope with child rearing. By implication it suggested that there was a lack of family support schemes in the community which could sufficiently relieve pressure from single parent families and those with many children to enable them to bring up their own children. Poverty was the common underlying base for a politico-educational project turning into a social welfare programme (Harwin 1996, page 29)

But of course, it was not possible to admit that poverty existed in the Soviet state, since that (in Soviet ideology, at least) was a problem of the West. This move proved to be the end of the state’s formal attempts to remove children’s upbringing from the ‘dangers’ of parental care.

Another factor that became important, especially after the Second World War and the huge losses in manpower that resulted (at least 25 million Soviet deaths) was the need to boost the workforce. Women now made up a greater proportion of the population than men, and so were actively encouraged to work. Therefore, to free mothers for employment, the provision of boarding schools (the *internati*) was increased. As we shall see elsewhere in this report, this policy reached its extreme in the pro-natalist policy adopted in Ceaușescu’s Romania, but elsewhere in the region, the pressure for women to work had the side-effect of increasing the numbers of children in institutions (Burhanova 2004).

Another consequence of the dominant state ideology of the communist period, besides the over-reliance on institutional care for children, was a corresponding disapproval of social work,¹⁵ which was not seen as a distinct profession with its own knowledge base and expertise (Harwin 1991, 1996). The Soviet mindset did not accept that it was appropriate to work with problem families, instead believing it

¹⁴ Thanks to Jon Barrett of EveryChild Moldova for making this point.

¹⁵ For a discussion of social care policy across the region both before and after the break-up of the communist system, see Munday and Lane (1998).

was better to take children away from such families. The situation was the same in the other countries in the region, for example:

“...during the communist period, social work in Romania was extremely reduced, generally passive, and bureaucratic... the view adopted was that the mechanisms of the socialist economy, reinforced by political and administrative mechanisms, were able to solve by themselves any personal problems of individuals... social assistance proper at that time only envisaged institutionalised relief for the aged, the handicapped, the chronically ill the mentally deranged and children in special circumstances.” (Zamfir and Zamfir 1996, pages 113-114).

Similarly, when childcare was nationalised in Hungary, psychological childcare was ended, and psychology and sociology were banished as idealistic pseudo-sciences, with the official claim that *“in a Socialist society there is no need to examine social phenomena, everything in it can be planned and checked in advance”* (Domszky 1991). There was, indeed, no need for a welfare policy *“because every action of the socialist state is welfare itself”* (Kemecsei 1995).

And, although social work education was introduced in Estonia in 1936, after the Baltic States were annexed by the Soviet Union in 1940 it was gradually suppressed in favour of the Soviet model of mainly financial provision (Suni 1995).

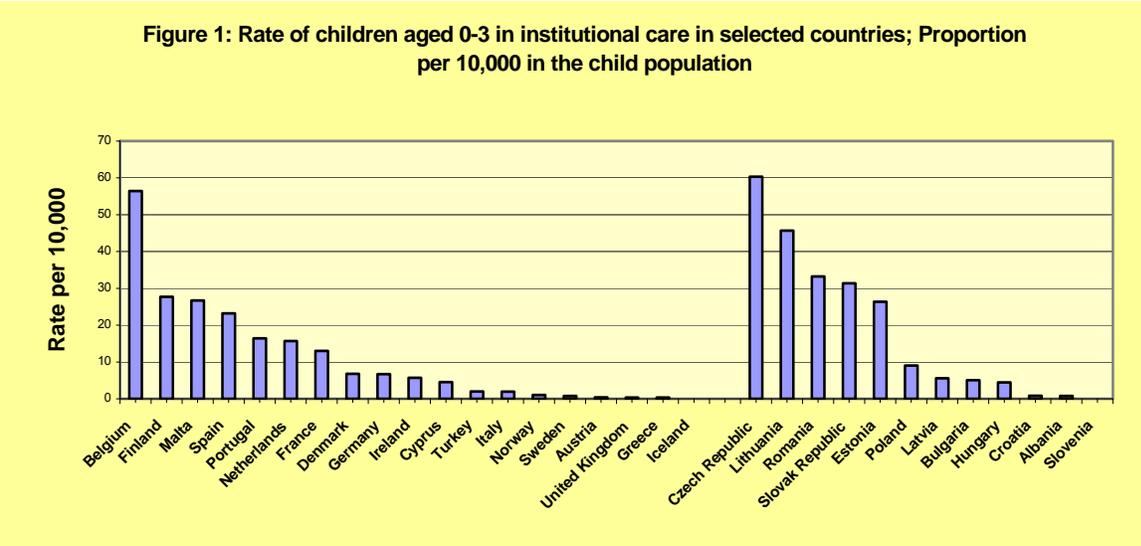
Deacon et al (1992) have described this system as ‘bureaucratic state collectivism’: a vast state bureaucracy to manage the two basic benefits, employment and consumer price subsidies (the latter to ensure affordable housing, food and transport), which were guaranteed by the state. Any social protection depended entirely on one’s place of work, and since it was only ‘social deviates’ that were unemployed or who had social problems, such people could safely be ignored.

Consequently, there is a vacuum in the region at the heart of social policy for children and families, since there is nothing between two extremes: between (a) the provision of such levels of financial benefit as are left over from the old system and (b) a reliance on institutional care. The system under communism meant social provision was based around the workplace; employment was guaranteed, rents, transport costs and food prices were kept down by subsidies, and social problems were defined as non-existent. In western society social work and more informal systems of family support exist in this in-between area, but in former communist countries there is nothing. This, combined with the remnants of an ideological mindset that regards the vulnerable family as culpable and incapable of looking after its own children, is the reason behind the widespread use of institutional care in the region.

This is not, of course, to claim that social work rather than institutional residential care has always been relied upon in the West. It is only comparatively recently that foster care has been largely substituted for residential care in many countries. For example, in Britain, the numbers in institutional residential care were reduced from around 25,000 in 1984 to under 10,000 in 1995 (Carter 1997); by 2000 it had fallen again to 6,500 (Department of Health 2004). Similarly, in Italy there were more than 200,000 children living in institutions in the 1970s, but by 1998 this had been reduced to under 15,000 (Ducci 2003).

Fully comparative figures for the numbers of children in institutions in Western and Eastern Europe are very hard to obtain because of data incompatibilities, but a recent study compared the proportions of children aged 0-3 in institutions in a selection of former communist countries with a group from other parts of Europe (Browne and Hamilton-Giachritsis 2003). The results (**Figure 1**) show that, with the exception of Belgium, the levels of institutional care are high in the former communist countries – and it should be pointed out that these figures exclude both Russia and Bulgaria, which would be expected to have the highest rates of all.

- Overall, the rate of institutionalisation was 13 per 10,000.
- For the former communist countries the rate of institutionalisation was 25 per 10,000.
- For countries that were in the European Union in 2003, the rate of institutionalisation was 10 per 10,000.



Source: (Browne and Hamilton-Giachritsis 2003).

Consequently, we can see that the levels of institutional care in Western Europe are, on the whole, much lower than in the former communist countries. It is an unsurprising result, but given the much higher levels recorded in the past, this does show that it is possible to reduce the reliance on institutional care – an encouraging sign for the former communist countries.

Romania’s pro-natalist policies

Finally in this section, there is the special case of Romania. The widespread use of abortion as the main method of birth control was common across the region: for example, the early days of the Soviet Union saw a very liberal policy in this respect, and although Stalin outlawed abortion in the 1930s (Harwin 1996), the ban did not seem to have been particularly successful. At any rate, the Russian abortion rate has been the highest in the region for many years; in 1988, 86% of women between the ages of 15 and 49 had at least one abortion, and in total there more than six million during that year – a figure that had doubled by 1991 (Cox 1991). The overall rate was over 200 abortions for every 100 live births until the mid-1990s, and although it has since fallen, it was still as high as 139 in 2002 (UNICEF 2004).

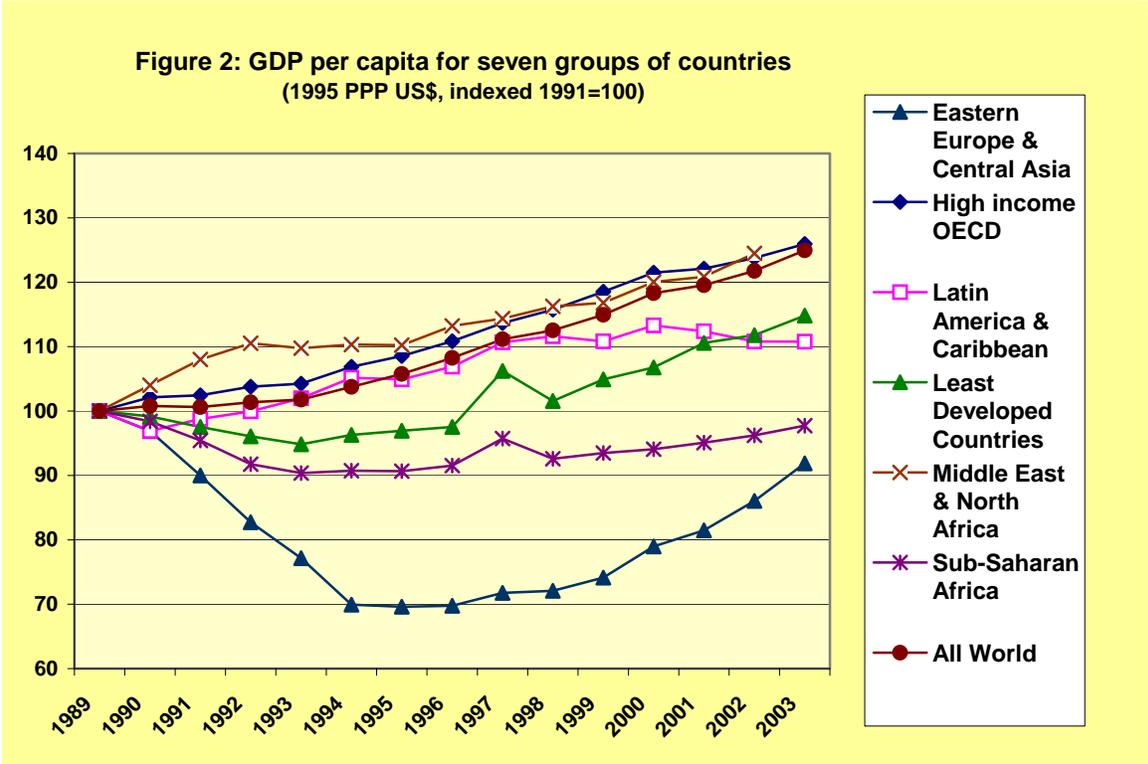
However, Romania had the most liberal abortion policy in Europe, and was in fact the most widely-used method of birth control (World Bank 1992); in 1965, there were four abortions for every live birth (Berelson 1979). But Ceaușescu, concerned that the Romanian population was not growing quickly enough to fulfil his grandiose dreams for the country, introduced his infamous pro-natalist policy in October 1966. Under this policy abortion was abolished except for women over the age of 45 or in certain other at-risk categories, the importation of contraceptives was suppressed; the taxation of childless couples was introduced; and increased benefits were provided for each successive child (Johnson et al 1996, Kligman 1992 and Moskoff 1980). As well as ensuring that many families produced more children than they were able to support – and thus increasing admissions to residential institutions – they also resulted in the highest maternal mortality rate in Europe (approximately 150 maternal deaths per 100,000 live births). Consequently, thousands of unwanted children found themselves left in institutions (Stephenson et al 1992).

The experience since the collapse of the communist system

Since the collapse of the communist system, conditions in the region have become much worse – in some cases catastrophically so. The economic collapse that followed the break-up combined huge rates of inflation with high levels of unemployment, and the reductions in public expenditure which were made in the wake of the economic liberalisation – the so-called ‘shock therapy’ – combined with the economic collapse to impose a huge cost in terms of human suffering. Poverty greatly increased: a

conservative estimate is that, between 1989 and 1994 in CEE,¹⁶ an additional 75 million people fell into poverty (UNICEF 1995). We described the effects of the resulting crisis, and the effects it had on children and families, in an earlier report (Carter 2000), but may be useful to update the figures provided in that report.

Firstly, the economic effects of the collapse. The figures for the decline in gross national product (GDP) in the earlier report ran up to 1998 and indicated that CEE and FSU were still, at that time, in the trough of the depression. However, the World Bank has now produced more recent data, and the figures for the earlier years have been recalculated. The result now (**Figure 2**) is that the region appears to have experienced the trough of the crisis in the mid 1990s and to have begun gradually to recover. Nevertheless, the average figure for the region is still only at around 90% of its pre-collapse level, whereas most other regions (with then single exception of Sub Saharan Africa) have improved significantly on their position in 1989.



Plotted from figures in World Development Indicators database, World Bank (2005)

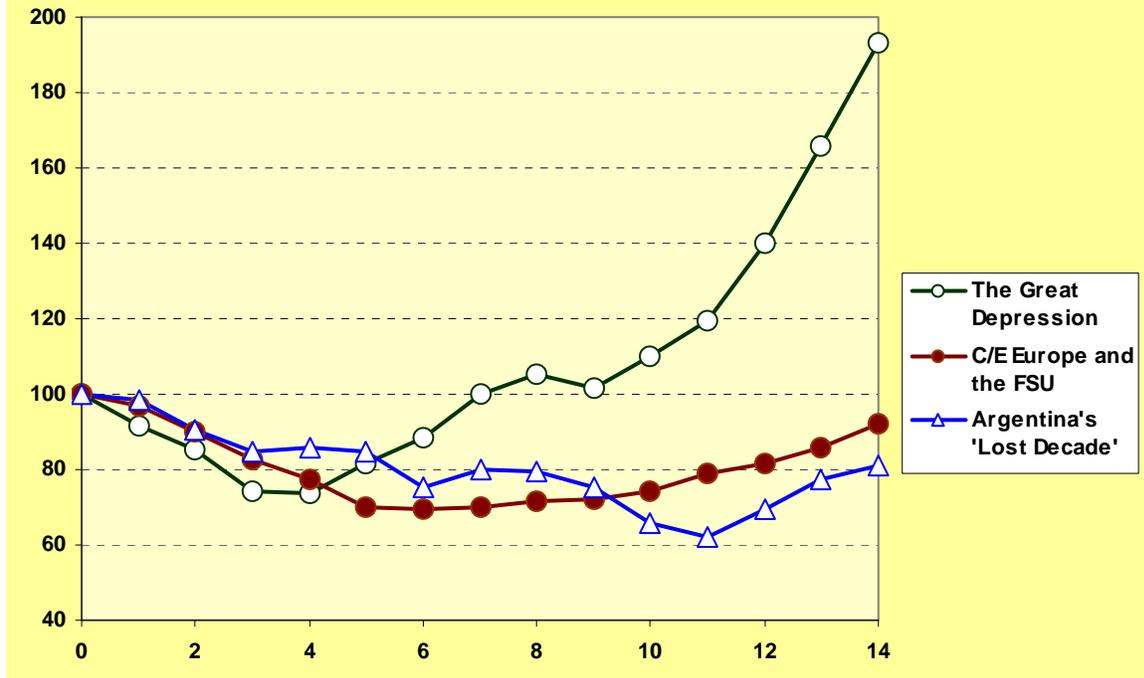
To set these figures in context, it is instructive to compare the recent experience of the region with that of the USA in the Great Depression – which many people would regard as the worst depression in the last 100 years – and Latin America’s ‘Lost Decade.’ **Figure 3** compares the economic collapse in CEE and FSU with, as a representative of Latin America, that in Argentina.

These were very similar in both their depth and the length of time they have lasted, but show their effects were far worse than the USA’s Great Depression: by the fifth year of the crisis, the US economy had started to climb again, and by the seventh year it had risen above the level at the start of the crisis. In contrast the economies in CEE, FSU and Argentina, after six and eleven years respectively, were still well below pre-crisis levels. Thus these crises were both worse in scale and duration than the Great Depression.

¹⁶ Excluding the Central Asian republics and most of the former Yugoslavia.

Figure 3: The Great Depression, Argentina's 'Lost Decade' and the "Transition" compared

Real GDP in the USA, in Argentina and in Central/Eastern Europe and the former Soviet Union after the collapse, indexed to the first year of the respective crises

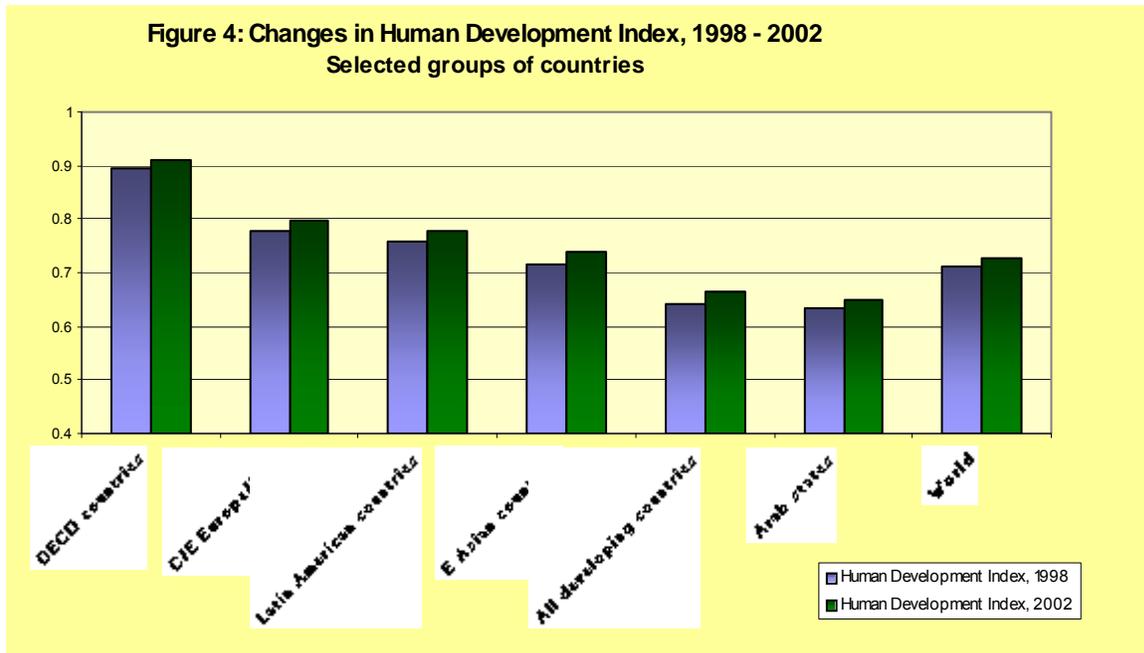


Plotted from figures in World Development Indicators database, World Bank for CEE/FSU, BEA (1994) for the USA, and Kydland and Zarazaga (2001) for Argentina.

Furthermore, although the Lost Decade in Latin America follows an almost identical pattern to that in CEE and FSU, the consequences were very different. In both, a steep rise in poverty was accompanied by cuts in public health expenditure and high rates of inflation. But in Latin America all the main health indicators continued to improve throughout the subsequent decade – in the former communist countries they actually worsened. This difference was caused by the huge transformation in the economic system in CEE and FSU, partly because the health improvements in Latin America were centred around relatively simple interventions like child immunisation and improved water supplies, and partly because of the greater strength of civil society in that region (UNCEF 1994).

Since the former socialist countries prided themselves, with some justification, on their education and health care provision, their relative standing might have been thought to have been better if broader measures of development were examined. Using the Human Development Index (HDI), a composite measure based on: longevity, educational attainment and standard of living,¹⁷ it is possible to examine the broader picture. **Figure 4** shows the average HDI levels for 1998 and 2002 for grouped countries as before. The CEE and FSU average is just above those for Latin America and East Asia, but a considerable distance behind the OECD (the richer, industrialised countries) – and the changes between 1998 and 2002 show no relative improvement in the position of CEE and the FSU.

¹⁷ See UNDP (1999) pages 159-160 for a fuller description of the Human Development Index.



Source: UNDP (2000a) and UNDP (2004a)

Because of data discontinuities, it is not possible to examine either the adult survival rates (persons not expected to survive to age 60) or rates of infection with tuberculosis, as was done in the earlier report, but there is widespread evidence of the further decline in living standards during the period of the transition.

Many reports have listed the problems that have occurred as a result of the 'transition.' The United Nations Development Programme (UNDP 1999a) defined seven specific costs of the 'transition':

1. Loss of life expectancy
2. Increases in morbidity
3. An extraordinary rise in both human and income poverty
4. An increase in income and wealth inequality
5. Rising gender inequalities
6. A deterioration in education
7. The increase in unemployment

Summing up, the reports' authors write of:

*"...the dramatic and widespread deterioration of human security. Employment is no longer secure, nor are incomes. The old system of full, guaranteed employment is gone, with no prospect of its return. For many people, income poverty has become a way of life for the foreseeable future. People's place of residence is also no longer stable, with mass migrations occurring within countries in transition, among them, and to countries outside the region. Regional conflicts and tensions have also augmented the numbers of internally displaced persons and refugees. There has been a tragic breakdown in human security with respect to access to social services and social protection. There is no longer any secure entitlement to a decent education, a healthy life or adequate nutrition. With rising mortality rates and new and devastating epidemics on the horizon, life itself is increasingly at risk."*¹⁸ and ¹⁹

¹⁸ UNDP (1999b), pages 9-10

These adverse effects impact especially severely on children and families (see Cornia and Sipos (1991), UNICEF (1998) and the boxes below). The UNICEF MONEE project²⁰ has reported that the rate of child poverty has increased by 1.5 times more than the overall poverty rate (UNICEF 1997) and, according to GOSKOMSTAT, the Russian Statistical Committee in 1997, 33% of all households with children lived below the minimum subsistence level (see Holm-Hansen et al 2003). The position was much worse for families with large numbers of children: 72% of households with four or more children lived below minimum subsistence levels (Henley and Alexandrovna, cited in Holm-Hansen et al 2003).

Children who grow up in poverty “are more likely to have learning difficulties, to drop out of school, to resort to drugs, to commit crimes, to be out of work, to become pregnant at an early age and to live lives that perpetuate poverty and disadvantage into succeeding generations.”

UNICEF (2000a)

Things were no better in 2000 (Posarac and Rashid 2002). Single parent families were particularly severely affected: four out of five single parent families with three or more children were living in poverty in the third quarter of 2000 (Goskomstat Rossii, cited by Posarac and Rashid 2002).

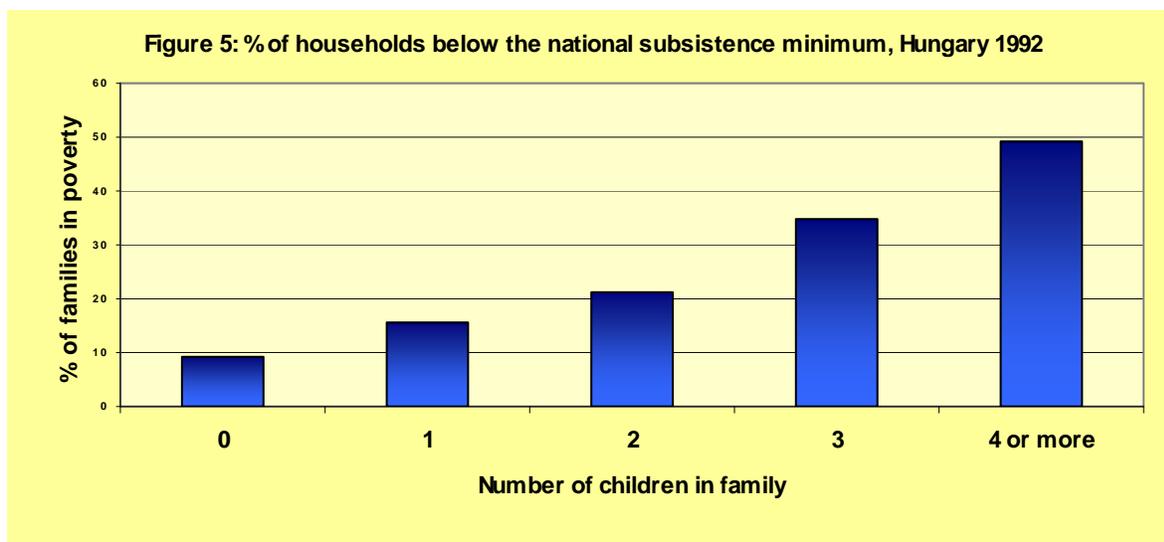
“Child welfare deteriorated significantly during the 1990s. Russian children face an increased risk of being poor, particularly if they have multi-children or single parent families. Their health and nutrition status has worsened. Quality education and access to it shows symptoms of deterioration as well ... children face a higher risk of being deprived of family upbringing and placed in an institution.”

Posarac and Rashid (2002)

Furthermore, the greater the number of children in the family, the greater the likelihood that they will be living in poverty: for an example from Hungary, see **Figure 5**.

¹⁹ The mention of ‘new and devastating epidemics’ was clearly a reference to HIV/AIDS, and the severity of that pandemic as it affected the region was most recently recognised in a special UNDP report (UNDP 2004b).

²⁰ The MONEE Project is the UNICEF-ICDC project to monitor the impact of social and economic policies on children by conducting research on child well-being in the 27 countries of Central and Eastern Europe and the Former Soviet Union.



Source: data from Central Statistical Office of Hungary (UNICEF 1995)

The adverse effects of institutional care

Largely as a result of the appalling mortality rates in children's residential institutions until comparatively recent times, the adverse effects of institutional stay were not fully recognised until the 1940s because not enough children survived the experience long enough. Nevertheless, the advantages of growing up in a family-type environment were understood quite early on. In Russia in 1860, a critique of the government's foundling home policy was published that stated clearly that children "needed a family. Only in this way could they learn about real life and the mutual obligations and assistance that were vital for it. A foundling home upbringing was sterile, because it was not tied to real-life situations" (Ransel 1988).²¹

However, in that decade the work of researchers, in particular Goldfarb in the USA and John Bowlby in the UK, had a highly significant effect on our understanding of institutional life.²² Goldfarb discovered that, in many respects, children brought up in an institution compared less favourably with children from foster homes, particularly in intelligence tests; he concluded that the effects of early parental deprivation were long-lasting (Goldfarb 1945).

John Bowlby (1907-1990) developed his theory of maternal deprivation after observing children who were separated from their parents (particularly their mother): he found that their psychological development was severely affected by separation (Bowlby 1951, 1969, Rutter 1972). Bowlby's work was especially influential in Western Europe and, largely as a result, the use of residential child care has been greatly reduced. This did not apply, however, to Eastern Europe, where there was an excessive reliance on institutional care, to the disadvantage of children in the region.

But what are the effects of institutional care? Children from the region who have been adopted internationally have enabled, albeit unwittingly, the effects to be studied. One of the reactions in the West to the sight of 'children suffering terribly in the Romanian 'orphanages' was to try to 'rescue' them (Fowler 1991), and many thousands of children from Romania (and also Russia, Ukraine and other

²¹ For an interesting description of the debate in the USA at the end of the 19th century between those who favoured institutions and those who preferred family-type care, see Ashby (1984).

²² For a particularly useful and accessible summary of the literature on the significance of care-giver relationships on child development, see Richter (2004).

countries in the region) went to adoptive parents in Western Europe, the USA and Canada.²³ One by-product of this process was the opportunity to study children 'before and after' institutional stays; a number of longer term studies are being carried out,²⁴ as well as studies where children from institutions were compared with control groups from 'normal' family backgrounds.²⁵

The results of these studies are consistent and powerful, showing that the adverse effects of institutional care can include:²⁶

- **Poor health.** Infectious diseases and intestinal parasites are common (Johnson et al 1992, Saiman et al 2001). Although there are claims that immunisation programmes have taken place, records are often falsified.
- **Physical underdevelopment.** Both weight and height for age are universally low, with stunting and head growth being common problems often affecting cognitive development.
- **Hearing and vision problems.** These arise partly through poor diet, inadequate medical diagnosis and treatment, and lack of emotional or physical stimulation.
- **Motor skill delays.** Profound motor delays are found in children in institutions, as are stereotypical behaviours such as body rocking and face guarding (Sweeney and Bascom 1995).
- **Reduced cognitive and social ability.** Research findings have indicated that children brought up in institutional care have significant and serious delays in the development of both their intellectual capacity (for example, language skills and the ability to concentrate on learning) and in their ability to interact socially with others (temper tantrums and behavioural problems are common).
- **Abuse.** Abuse of children (including psychological, physical and sexual abuse) is regrettably all too common in residential institutions

Studies have shown that the longer a child stays in an institution, the worse these effects are. For example, Romanian adoptees taken out of institutional care below the age of six months have been found to almost completely counteract the developmental delays suffered earlier, and even those removed after six months show remarkable, though incomplete recovery (Rutter et al 1998).²⁷

However, recent work by neuroscientists, aimed at developing an understanding of how children's brains develop, has produced some disturbing results.²⁸ It appears that the key part of the brain in the development of our social abilities is the orbito-frontal cortex – the part that lies immediately behind the eyes. Evidence from the study of people in which this part of the brain is damaged suggests that it affects the way in which people interact socially. Furthermore, it seems from this work that the orbito-frontal cortex acts as the effective controller of the entire right side of the brain, which controls our emotional behaviour and responses (Schoore 2003).

²³ In 2002, nearly 8,000 children were adopted to the USA from central/eastern Europe and the former Soviet Union (OIS 2004); for a discussion on inter-country adoption, see elsewhere in of this report.

²⁴ See, for example, Nelson (2000) and Zeanah et al (2003) for work based in the USA; Chisholm et al (1995) and Ames (1997) for work in Canada, and Rutter et al (1998) and O'Connor et al (2000) for work in the UK.

²⁵ For example, in studies by Goldfarb (1945). Tizard and Hodges (1978), Ahmad and Mohamad (1996) and Vorria et al (1998).

²⁶ This part relies in large part on Richter (2004), D Johnson (2000) and R Johnson (2004).

²⁷ See, for example, Nelson (2000) and Chisholm et al (1995).

²⁸ Gerhardt (2004) gives an accessible though somewhat populist account of this work: see especially her Chapter 2.

Furthermore, and this is of particular concern for us,²⁹ the orbito-frontal cortex is not fully-functioning in the new-born baby, but develops during the first three years of life – what makes it develop is the child's social interactions with its carer. When the child looks at its carer and receives a positive response (a smile or encouraging verbal or non-verbal responses), this stimulates the child's nervous system and triggers the release of beta-endorphins and of dopamine into the orbito-frontal cortex. These, by regulating the uptake of glucose, enable this region of the brain to grow. In other words, a positive response from the parent or carer triggers the release of biochemicals that enable this vital part of the brain to grow (Schoore 1994).

In this way, an emotional interaction has apparent physical consequences – which begin to explain exactly why institutional care is so harmful for children's growth. What is particularly worrying is that the damage caused in this way is unlikely to be capable of being reversed. The consequences of that conclusion for children from institutions are very serious: it suggests that, although the physical delays in development so typical of institutional care may well be negated by proper subsequent care (whether internationally or in the children's country of origin), the delays in children's emotional and social development may be much harder to counteract. This may mean that as international adoptees enter adolescence serious problems may emerge.

It is clear that the long-term consequences of institutional care on attachment have yet to be investigated fully, but the neurobiological perspective would suggest that these problems will be ongoing for a number of children who spent their early years without a significant caregiver. Many will be emotionally vulnerable and their craving for adult attention may result in a readiness to trust strangers, making them obvious targets for trafficking (Elliott, Browne & Kilcoyne, 1995).

Difficulties with personal relationships may be another lasting consequence of early institutional care, as would poor academic performance and limited ability to parent their own children.

Two more points are worth mentioning here in support of the question of deprivation and mental development. Firstly, there is evidence, particularly from the studies of Romanian adoptees, that severe early deprivation in children has detrimental effects on language acquisition in later life, due to a lack of development in speech centres of the brain in the formative years of childhood. Secondly, there is also evidence that other areas of the brain are affected adversely by stress: a recent review of the effects of abuse and other stress factors on children's development (National Clearinghouse on Child Abuse and Neglect Information, 2001) noted that:

“One area that has been receiving increasing research attention involves the effects of abuse and neglect on the developing brain during infancy and early childhood. Much of this research is providing biological explanations for what practitioners have been describing in psychological, emotional, and behavioural terms. We are beginning to see the scientific ‘evidence’ of altered brain functioning as a result of early abuse and neglect. This emerging body of knowledge has many implications for the prevention and treatment of child abuse and neglect.”

Institutional care cannot support the optimal development of children, but, with the provision of the appropriate resources, it can result in *adequate* cognitive development. However, even though children brought up in institutions may function in the normal range, their cognitive and brain development is likely to be behind that of children who have been brought up entirely in family care. The earlier a child is removed from institutional care and placed in a supportive family environment, the better the outcome will be. Furthermore, early intervention is important for subsequent cognitive and brain development because it is the length of time in an institution, rather than length of time with a supportive family, that has a lasting impact on outcome (Hodges & Tizard, 1989a; O'Connor et al, 2000).

²⁹ It should be noted that these arguments have not been fully accepted by everyone, though even a fierce critic of the theories accepts that the extreme conditions in the Romanian (and other) 'orphanages' are very damaging to children's development (Guldberg 2004).

CHAPTER 2: THE CURRENT STATE OF INSTITUTIONAL CARE

How many children are there in residential care?

To add up the total number of children in residential institutions in the region would, on the face of it, appear to be a relatively simple task. After all, unlike street children, who are notoriously difficult to count,³⁰ children living in institutions are likely to be there for some time, so a simple headcount at regular intervals should provide a reliable figure. Unfortunately, the true situation is quite different and there are, in fact, virtually no figures that are wholly trustworthy. There are a number of reasons for this:

- **Lack of reliable statistics.** Many countries in the region are still in what is euphemistically described as the 'transition' from semi-totalitarian to democratic rule. Civil society is in an early stage of development and the state organs remain extremely powerful. There are few checks and balances against the state and no tradition of state-collected statistics being questioned.
- **Inconsistent data collection.** Responsibility for childcare is generally divided between four or more ministries, each with their own budgets and information systems. Collecting consistent data across the different ministries clearly presents problems. For example, during the course of a situation analysis of childcare in Azerbaijan, EveryChild was quoted figures for the numbers of children in institutional care in the country that ranged between 8,000 and 120,000.
- **Problems of definition.** For the purposes of this report we define an institution as a large residential home for long-term childcare. We would expect such a home to house at least 15 children; anything much smaller can be regarded as a substitute family. But the definition used in state-collected data is often uncertain.
- **Lack of clarity of purpose.** Children's institutions that were originally provided for orphans (or for educational or health reasons) are frequently used to house children for social reasons. For example, in many countries in the region, boarding schools give an education to children who live in remote rural areas that do not have an adequate population to support their own schools. However, the children are frequently placed there because their parents are simply too poor to support them.³¹
- **Faulty collection of data.** Poor data collection can be the result of inadequate mechanisms or manipulation. The former are typified by problems in Azerbaijan, where some officially-existing institutions could not be found, and others existed in fact but were not recognised by the system.³² And the latter are typified by EveryChild's own experience in Georgia, where it was, in practice, very difficult to determine what the true number of residents was at certain institutions (see box).

³⁰ For example, UNICEF produced a rough estimate of the numbers of street children worldwide, but subsequently appear to have disowned it as insufficiently reliable.

³¹ See Carter (1999)

³² See UAFA (2000).

Trying to count children at an institution in Georgia

In the 28 institutions where data collection was successful, the total number of children who, according to the official records, were there was **3,668**; however, the number actually enrolled was **3,386**. But the number of children that were actually seen by our interviewers was different again: **2,335**. This was 64% of the enrolled figure, and for individual institutions it varied between just over 100% down to 20%.

There were a number of questions over these figures, and we were not able to entirely resolve them. The biggest discrepancy we found was between the numbers of children who were enrolled and the numbers we were actually able to see. On the face of it, the official figures overstated the actual numbers by a considerable margin: over 1,300.

We asked the different directors of the institutions the reason for this discrepancy. Their explanation was that many of the children were away at the time, visiting their parents, and we accept that this may well have been true in some cases. We were unable to find out what proportion of the 'missing' 1,300 children really were visiting their families and what proportion was not real children at all, but 'ghosts' used to inflate the institutions' numbers. It is possible that the directors of the institutions claimed inflated numbers in order to cover budgetary shortfalls. Our survey could not answer this question as our interviewers did not have the authority to investigate the issue properly, and the evidence we were able to collect made it impossible for us to say either way.

Source: Lashkhi and Iashvili (2000)

Despite all these problems, there have been valiant attempts to determine the numbers of children in institutional care in the region, most notably in an early study for the World Bank, and the work of UNICEF's Innocenti Centre in Florence over the last decade or so.³³

The World Bank study (Tobis 2000) compiled figures for the number of children in residential institutions, based primarily on data collected by UNICEF, for the year 1995; the total number of children in institutions across the region was estimated at 821,272. However, data for around half the regions' countries was missing and their figures could only be estimated. Furthermore, even when figures were included, they were incomplete: "*Children in punitive institutions [were] excluded in most instances [as were] children who attend boarding schools or sanatoria and are in the custody of their parents*" (Tobis 2000). The latter point concerns the children referred to above, who were placed for social reasons, and it is likely that they represent quite large numbers.

However, for a consistent longer-term series of data, covering the whole region, the UNICEF database used by Tobis is the only one available and although it considerably understates what is likely to be the true figure, it does give some insight into changes over the last 15 years since the collapse of the communist system. **Table 1** gives the estimated total number of children in institutional care over the period from 1989 to 2002, based on the UNICEF data series.

³³ The TransMONEE database "is a public-use database of socio-economic indicators for Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS/Baltics). The database allows the rapid retrieval and manipulation of economic and social indicators for 27 transition countries in the region;" see <http://www.unicef-icdc.org/resources/> for the latest edition.

Table 1: Total numbers and rates of children in residential care, all countries in CEE and FSU, 1989 to 2002, as calculated in the UNICEF TransMONEE database.

| Year | Total <i>number</i> of children in care (000s) (See Note) | Overall <i>rate</i> of children in care (per 100,000 children aged 0-17) |
|-------------|--|---|
| 1989 | 825.5 | 678.4 |
| 1990 | 815.4 | 667.9 |
| 1991 | 752.0 | 616.3 |
| 1992 | 724.8 | 595.5 |
| 1993 | 707.3 | 585.1 |
| 1994 | 722.5 | 605.3 |
| 1995 | 741.6 | 630.1 |
| 1996 | 757.6 | 653.1 |
| 1997 | 749.7 | 657.2 |
| 1998 | 746.5 | 667.1 |
| 1999 | 739.4 | 673.2 |
| 2000 | 757.1 | 703.6 |
| 2001 | 731.1 | 697.0 |
| 2002 | 714.8 | 700.7 |

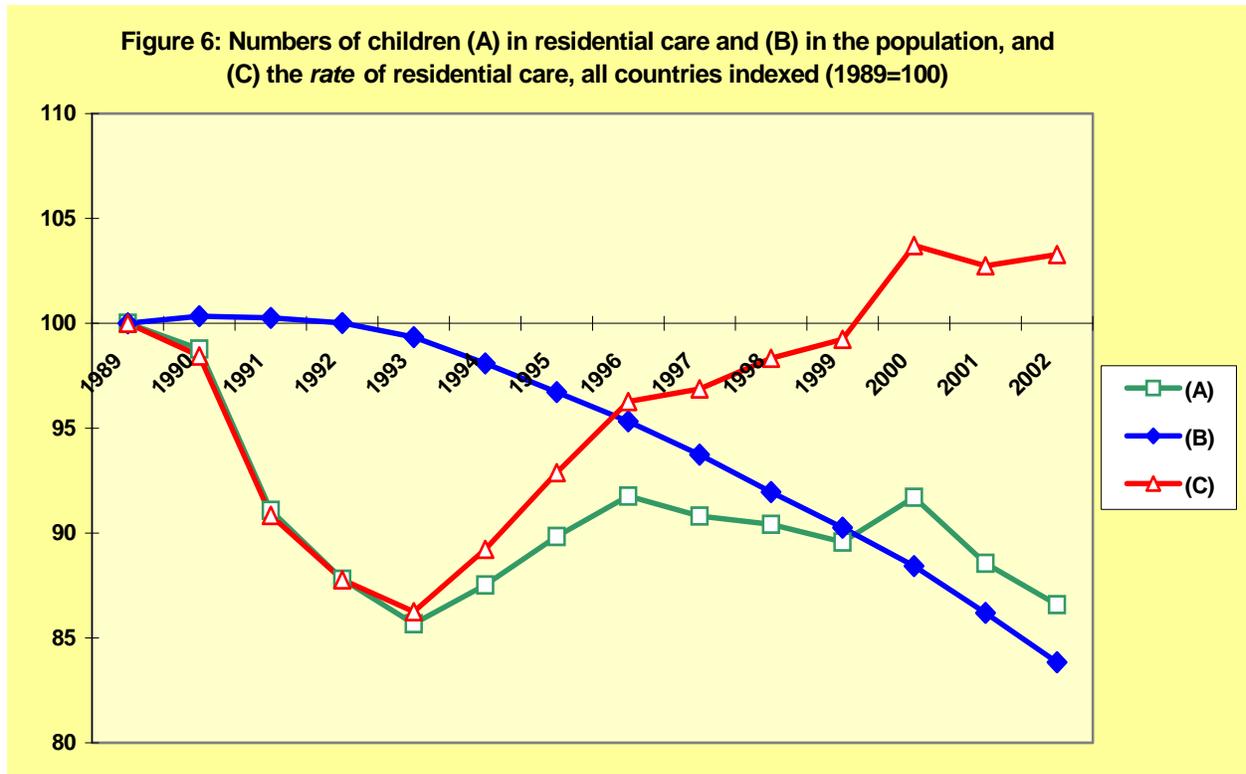
Source: UNICEF 2004

Note: Data is missing for some countries for a number of years; where figures are missing, the author made estimates by interpolation.

At first sight, these figures may seem reassuring: they suggest that the total number of children in institutions has fallen since the collapse of the communist system: from just over 825,000 to around 715,000 (a fall of some 13%). However the true picture is rather different.

Although the *number* of children in institutions may have fallen, the child population of the region, like the population overall, has also fallen over the same period, and by a slightly higher rate than the numbers in institutions. This means that the rate of placement of children in institutions rose between 1989 and 2002 from a little under 680 per 100,000 children in the population, to a fraction over 700 – an increase of about 3%. Consequently, the over-use of institutional care has actually increased (see **Figure 6**).

To show how just high the level of institutional care is in the region, it is worth pointing out that the latest figures for the level of residential care in the United Kingdom (Department of Health 2004) indicate that the current level is 49 per 100,000, nearly one fifteenth of the figure for CEE and FSU.



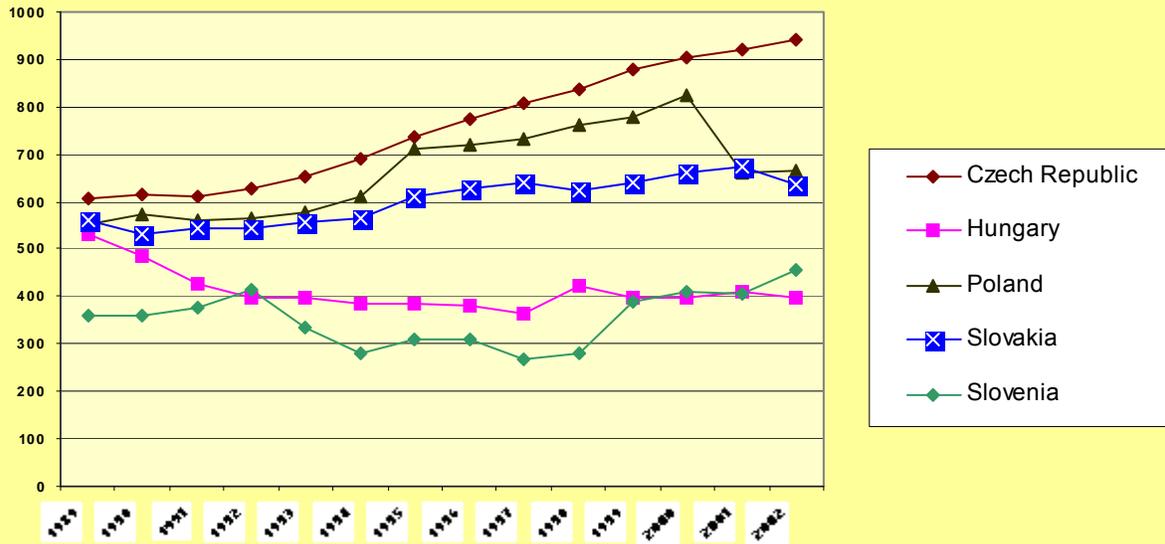
Source: TransMONEE database 2004 (UNICEF Innocenti Centre)

The apparent fall in overall numbers in institutions across the whole region disguises wide variations between individual countries. This is most clearly shown by looking at the individual rates of placement (shown separated into five groups for clarity in **Figures 7 to 11**).

In CEE (**Figure 7**) there were marked rises in the Czech Republic and Poland (though a sharp reduction between 2000 and 2001 in the latter) and a more modest rise in Slovakia; Hungary and Slovenia remained fairly constant and at a rather lower level. In the Balkan countries (**Figure 8**) there were wide disparities, but relatively little movement over time. The level in Bulgaria is very high – with the apparent sharp fall between 2001 and 2002 being, as we shall see later, highly misleading.

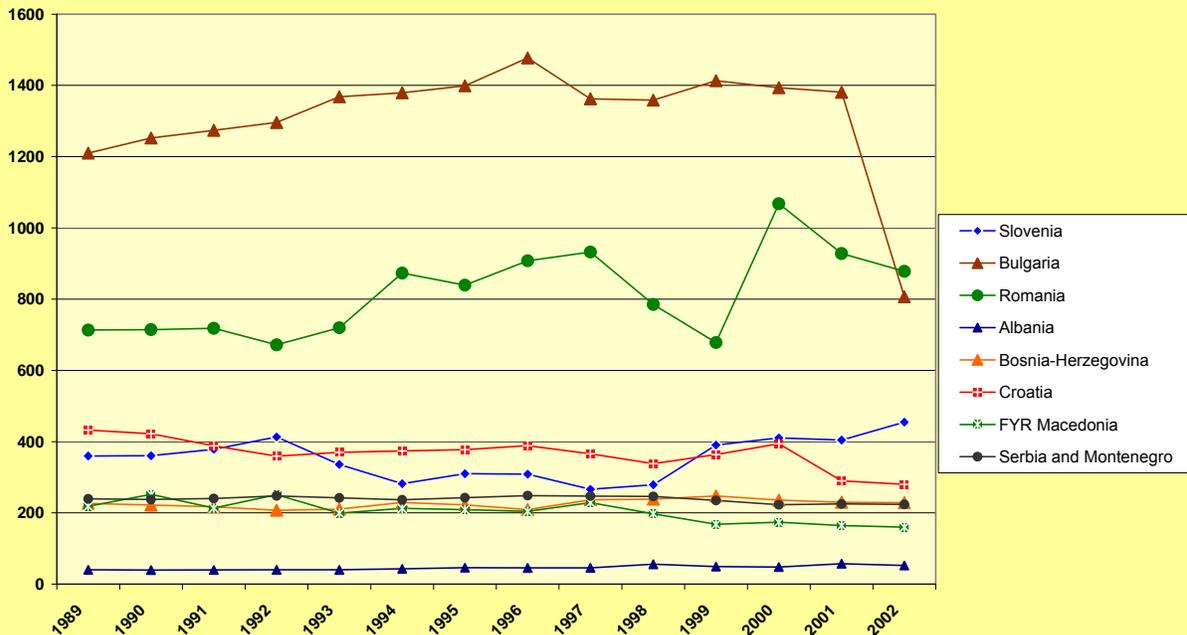
In the western former Soviet Union (**Figure 9**) there is a consistent picture of marked increases everywhere except in Moldova (a reduction of about a third) and Belarus; the Baltic States all show increases (especially Latvia's of a factor of over five), as does Russia (from a very high baseline) and Ukraine. In the South Caucasus (**Figure 10**) there were increases in Georgia and Armenia (where it increased by a factor of almost six over the whole period) but not Azerbaijan. In the Central Asian states (**Figure 11**) there was again a mixed picture, with sharp reductions in Tajikistan and Kyrgyzstan (of almost 50%) but an increase in Uzbekistan and a very large increase in Kazakhstan.

Figure 7: Rate of children in residential care (per 100,000 population aged 0-17), Central/Eastern Europe



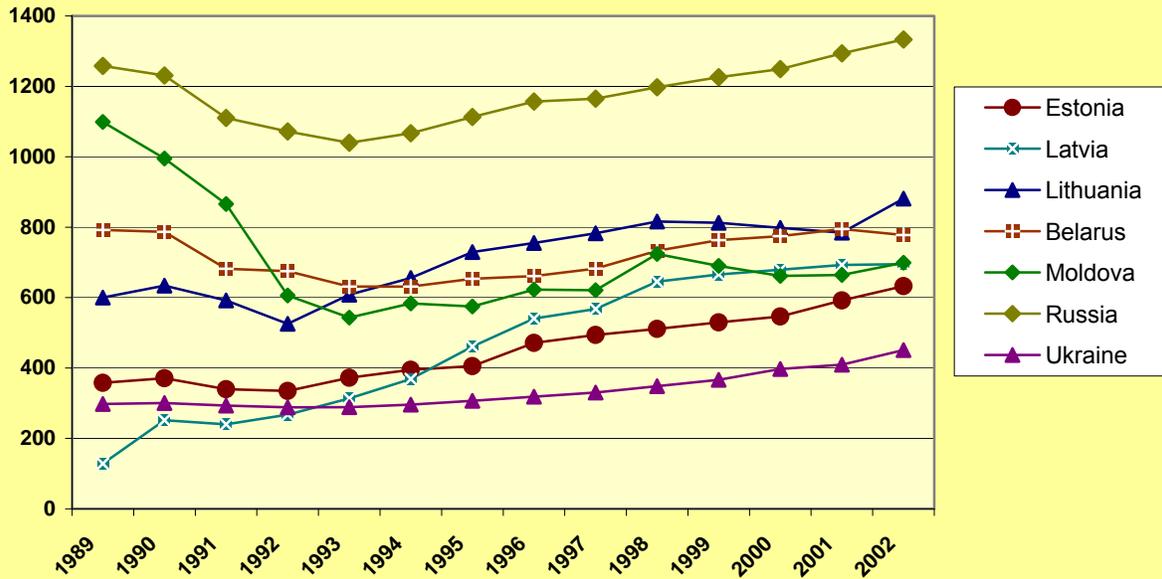
Source: TransMONEE database 2004 and author's calculations

Figure 8: Rate of children in residential care (per 100,000 population aged 0-17), Balkan countries



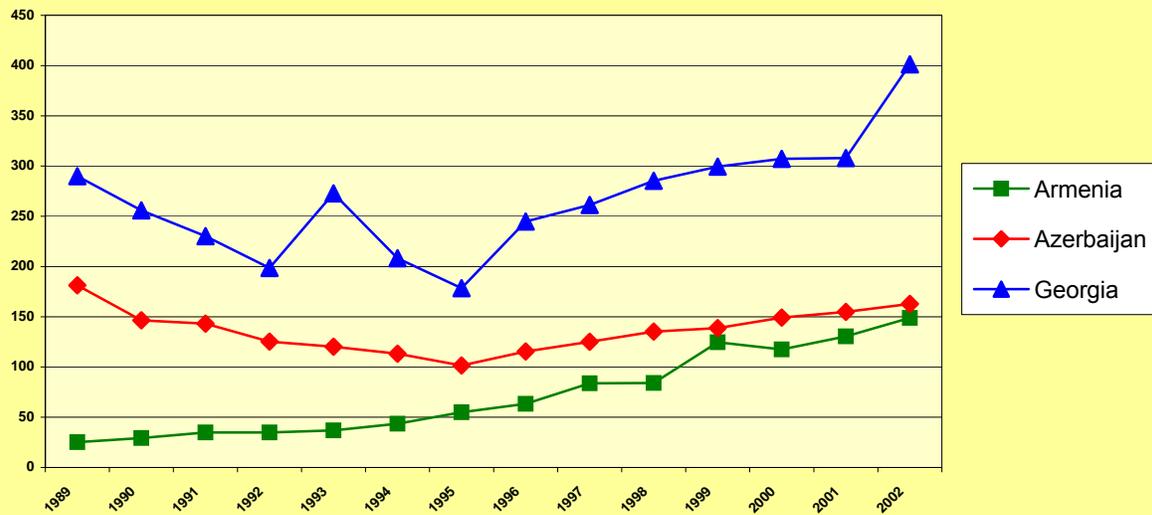
Source: TransMONEE database 2004 and author's calculations

Figure 9: Rate of children in residential care (per 100,000 population aged 0-17), Western republics of the former Soviet Union



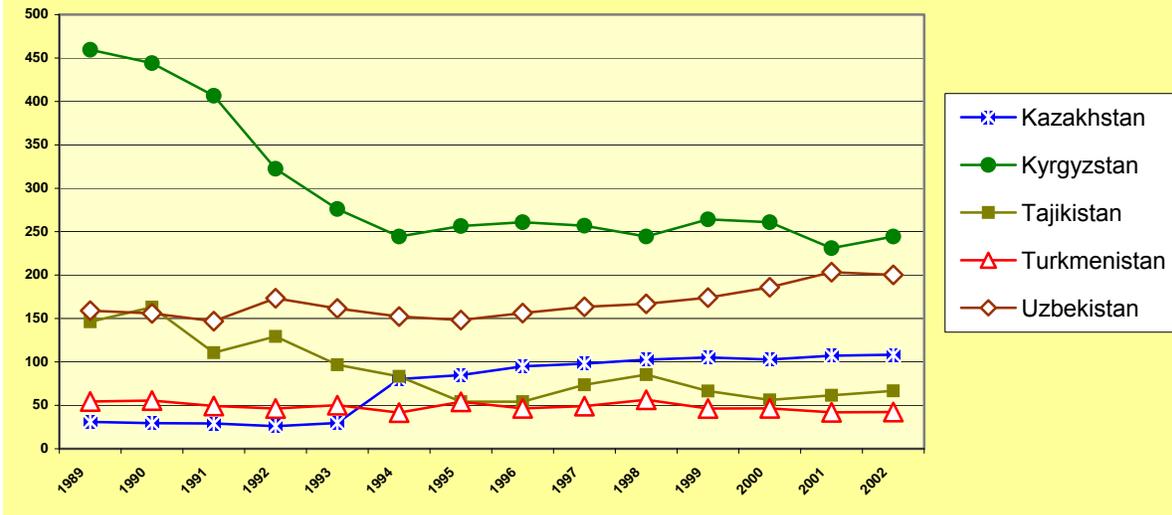
Source: TransMONEE database 2004 and author's calculations

Figure 10: Rate of children in residential care (per 100,000 population aged 0-17), South Caucasus republics of the former Soviet Union



Source: TransMONEE database 2004 and author's calculations

Figure 11: Rate of children in residential care (per 100,000 population aged 0-17), Central Asian republics of the former Soviet Union



Source: TransMONEE database 2004 and author's calculations

However, all of the foregoing figures were based on the official figures in the TransMONEE database. Despite the very good work that goes into compiling the database, there are many areas where the figures are simply inaccurate, for all the reasons outlined above. Furthermore, where the figures shown here do diverge from the true ones, they usually (though not invariably) underestimate them – in other words, the true position is actually worse than it appears to be.

EveryChild has always argued that the true figures are much larger than the officially estimated ones, but this has been based on anecdotal rather than systematic evidence. Given the size of the countries involved and the complexities of the task, it is extremely difficult to obtain a wholly accurate figure. A striking example is that of Bulgaria (**Figure 8**), which appears to show a sharp fall in the rate of placement between 2001 and 2002 (see box).

How institutional care figures in Bulgaria fell at the stroke of a pen

According to figures in the TransMONEE database, the number of children in Bulgarian institutions fell from just over 22,000 in 2001 to 12,100 in 2004. However this decrease was not the result of children being released from institutional care, but rather as a result of reclassification.

The approximately 16,000 children in special schools under the Ministry of Education are expected to return to their homes at weekends to stay with their families. Children from villages too small and remote to have their own schools, do indeed attend for educational reasons, using these establishments as boarding schools. However, many of the children are admitted for other social reasons – for example their families are unable to care for them. By redesignating the children in the Ministry of Education's special schools as not being in residential care, approximately 10,000 children could be removed from the figures. The reality, however, is otherwise. The true number of children in institutions in Bulgaria was approximately 31,000.

Save the Children et al (2004)

The Bulgarian NGOs calculate that the true total number of children in institutions in Bulgaria was not the 12,000 in the official Bulgarian government statistics (and also in the TransMONEE database), but approximately 31,000 (Save the Children et al 2004); the European Union agreed with this figure (European Commission 2003a).

The particular reasons for the wider discrepancy are uncertain, but they illustrate again that official statistics cannot be fully relied upon. To gain a better understanding of the true numbers of children in institutions, other source material must be used:

- In some of the countries in the region, full surveys have been carried out to try to establish a more accurate figure for the numbers in institutions. In this category are: Georgia (Lashkhi and Iashvili 2000; Child and Environment 2005) and Azerbaijan (UAFA 2000), where NGOs have carried out thorough and detailed work.³⁴
- Country reports by organisations like UNICEF, though not based on surveys, are nonetheless solidly based, e.g. the UNICEF estimate for Armenia³⁵ and a census report on Romania³⁶ which did not agree with either the official government figures or the EU Regular Reports (which were anyway based on government sources).
- The country reports produced for the Stockholm conference on Children and Residential Care in May 2003 (Stockholm University Department of Social Work et al 2003). Unfortunately, by no means all countries in the region produced such reports, but they were made for Slovenia, Estonia, Latvia, Croatia, Macedonia, Belarus, Ukraine, Russia and all five of the Central Asian republics.³⁷ Not all of these reports were entirely convincing, but most of them provided at least some useful information.
- Other information that can be gleaned by reinterpreting the official statistics – here we include the case of Russia, where we have been able to make some approximate estimates of the excluded numbers.

Drawing on such source material, EveryChild has been able to provide an alternative estimate of the number of children in residential care in the region (see **Table 2**; fuller details of the calculations are provided in Appendix II).

It will, of course, be argued that arbitrary assumptions were used in these calculations to produce revised figures, and that is true. As a result, any individual figure can be challenged, but the since overall movement in the numbers is upwards, the total effect is *not* in doubt. The official figures understate the true position, and the calculations are simply an attempt to correct these. Our assumptions have been consistently on the conservative side and it would not be unreasonable to put these figures even higher. Further work is now urgently needed to provide a more accurate figure across the entire region. EveryChild is undertaking such a project, particularly in Russia, since that country's figures make up such a high proportion of the total for the region.

³⁴ Of course, even here the results can never be 100% reliable, for reasons already discussed. Nevertheless, these kinds of studies represent the closest to a true figure that we are likely to get.

³⁵ Naira Avetisyan of UNICEF Armenia, interviewed by McCoy (2002, page 29).

³⁶ Cited by Stan (2004).

³⁷ Stockholm University Department of Social Work et al (2003).

Table 2: A better estimate of the numbers of children in residential care, CEE and FSU

| Country | Total number of children in residential care (TransMONEE figures for 2002) (Note 1) | Total number of children in residential care (EveryChild estimate) | Notes | Ratio of EveryChild to TransMONEE figures |
|------------------------------|--|---|--------------|--|
| Czech Republic | 19,030 | n/a | Note 2 | n/a |
| Hungary | 8,122 | n/a | Note 2 | n/a |
| Poland | 59,546 | n/a | Note 2 | n/a |
| Slovakia | 8,086 | n/a | Note 2 | n/a |
| Slovenia | 1,747 | 1,977 | Note 3 | 1.1 |
| Estonia | 1,881 | 4,206 | Note 3 | 2.2 |
| Latvia | 3,493 | 7,256 | Note 3 | 2.1 |
| Lithuania | 7,298 | 13,951 | Note 3 | 1.9 |
| Bulgaria | 12,100 | 31,000 | Note 3 | 2.6 |
| Romania | 43,234 | 49,484 | Note 3 | 1.1 |
| Albania | 565 | 1,200 | Note 3 | 2.1 |
| Bosnia-Hercegovina | 2,000 | n/a | Note 2 | n/a |
| Croatia | 2,594 | 3,376 | Note 3 | 1.3 |
| Macedonia | 862 | 755 | Note 3 | 0.9 |
| Serbia and Montenegro | 6,000 | n/a | Note 2 | n/a |
| Belarus | 17,514 | 30,000 | Note 3 | 1.7 |
| Moldova | 7,052 | 11,992 | Note 3 | 1.7 |
| Russian Federation | 421,621 | 716,200 | Note 3 | 1.8 |
| Ukraine | 46,504 | 80,000 | Note 3 | 1.7 |
| Armenia | 1,435 | 4,200 | Note 3 | 2.9 |
| Azerbaijan | 4,657 | 7,236 | Note 3 | 1.6 |
| Georgia | 4,560 | 4,834 | Note 3 | 1.1 |
| Kazakhstan | 5,268 | 73,678 | Note 3 | 14.0 |
| Kyrgyzstan | 4,886 | 14,018 | Note 3 | 2.9 |
| Tajikistan | 2,052 | 8,000 | Note 3 | 3.9 |
| Turkmenistan | 933 | 3,234 | Note 3 | 3.5 |
| Uzbekistan | 21,870 | 31,000 | Note 2 | 1.4 |
| Total for the region | 714,910 | 1,300,000 | | 1.8 |

Notes:

- 1: Some countries' data were missing for 2003, so their values were estimated from previous years' data
- 2: Insufficient information was available to calculate a revised figure
- 3: These countries' revised figures were calculated as explained in Appendix II

Conditions in the institutions

Even before the regions' economic collapse, conditions in the institutions were far from ideal. For example, writing in the late 1950s, the Alts saw, in the institutions they visited, conditions that were physically reasonable, but very poor for the emotional and social development of children:

"We arrived in the early afternoon [when] the children were waking up from their afternoon nap. The children were divided, as in most childcare institutions, into age groups [they] looked well nourished and very well cared for. What was startling was that, as we went from room to room. Children of two years... in groups of at least twenty in each room were awakening without sound. Some in each room were still sleeping but those whom we observed had their eyes open; they looked up at us but remained impassive. At no point did we see any of the awakening children jump up, cry out, demand attention, or do anything that was mischievous, demanding or spirited. It was the lack of any impulsive behavior and the degree of control in the way they were awakening that startled and troubled us. Never had we seen a group of healthy children awaken after afternoon naps in this fashion." (Alt and Alt 1959).

Similarly, a Russian observer gave what Harwin describes as a textbook account of the consequences to children of living in state orphanages:

"These are all children of normal intelligence. Yet they are without all sorts of basic concepts and experiences. When the children are taken to their summer dacha, they are terrified of the bus: they have never seen one. When their upbringing absent mindedly forgets to take off her hat, the children are amazed. They have never seen headgear other than the white hats of the nurses... Most heart-breaking of all, when one of the little children inspects a photo, she can name all but one child. It is herself. She has never seen herself in a mirror" (A Kotovshchikova, cited in Harwin 1996).

The conditions in the Romanian 'orphanages' as shown in the media coverage after the collapse of the Ceaușescu regime were genuinely appalling. These conditions did not (and do not) apply across the region, but because of the economic crisis of the last decade and a half, conditions in many institutions have worsened. Poor conditions include:

- **The poor physical state of buildings.** Many institutions have serious structural problems; equipment is also in a poor state of repair: plumbing is bad and washing and toilet facilities are highly substandard. Heating is also often poor to non-existent.
- **A lack of financial resources.** Food supplies are inadequate, cooking methods and conditions are poor, and clothing supplied for the children is substandard.
- **A lack of individual attention.** It is hardly surprising that children do not receive the love and attention they need to thrive when 30 or more children are frequently kept in one room with one or two poorly-trained carers. Childcare policies are also frequently out of date.
- **Frequent abuse.** Abuse in residential institutions appears to be common across many different cultures and settings³⁸. Research has identified staff, relatives and minors as perpetrators (Roth and Bumbulut 2003). Severe physical and verbal bullying and humiliation by both staff and other children is also common (Human Rights Watch 1998).
- **No right of contact.** It is our experience that there are no regulatory requirements to sustain contact between child and parent. Staff frequently impose stringent conditions on parents and Child Protection Departments when a child is admitted. For example, in many institutions in Bulgaria, there is an arbitrary rule that no child should be allowed see his/her parents in the first month of their stay because they might be upset by the contact. Even after the initial month, there are only occasional non-planned visits and intermittent contact.

³⁸ For a very useful review of abuse of children in institutions, see Barter (2003); for a shorter review, see Kendrick (2003).

There are many reports about conditions in the institutions including, to take a few at random, reports by Cox (1991), Rosenthal (1999), UNDP et al (2000) and Amnesty International (2003a). It is not necessary to quote from these at length, but it is worth including, as a fairly typical example, a paragraph from an Amnesty appeal concerning an institution for children with learning disabilities in Bulgaria:

“Living conditions and inadequate treatment in the Fakia social care home for children with mental disabilities are life-threatening, in violation of numerous standards of international law and professional best practice. The situation in Fakia, an institution with 40 children, remains critical... The institution, located in the mountains is still without central heating and providing only basic living quarters. The children’s lives are at risk, particularly in winter months when transportation to the nearest hospital can be difficult. In January 2000, two boys suffering from fever died because the roads were impassable and they were not taken promptly to a hospital. For the past three years the municipal and national authorities have been unable to agree on the most appropriate location for the new institution, although a German charity had reportedly offered to provide the bulk of the required finances.” (Amnesty International 2003b)

From EveryChild’s own experience in the region, there are two reports; these catalogues of appalling conditions speak for themselves:

Social and living conditions for children in Internat No.2, Lviv, Ukraine

This internat (institution) houses almost 400 children. The children sleep in large bedrooms, with six to eight children per room. They have nowhere to store private things, only a small bedside table.

The children spend all their free time in classrooms under supervision of the teachers, and their bedrooms are locked during the day. They are not allowed to leave the internat or to go out with friends. There is no leisure room at all.

Discipline is strict. At breakfast the children have to stand by their tables, waiting for a teacher to give them permission to eat. On one occasion, the children were waiting so long that they became hungry and began their breakfast before the teacher arrived. The children were punished and deprived of their daily walk.

The food usually lacks vitamins and fresh fruit and vegetables. Sometimes children complain that they are hungry. There is only one shower room, where boys and girls take turns, in small groups, to shower. They are only allowed to do this on Wednesdays – on all other days, the shower room is locked. The only other places where children can wash are the toilet rooms, where there are washstands but no hot water. The WC cubicles have no doors, so the children have no privacy.

The general condition of the building and equipment is poor. There has been no renovation over the last 11 years. The kitchen equipment is old and inefficient. The majority of staff have been working at the internat for at least eight years, so they cannot imagine how anything could be different. Their behaviour towards the children is often humiliating and intimidatory – the children are terrified of some of the teachers and carers and they are afraid to share these feelings with the social workers. The children feel especially lonely and unsafe at night, when older pupils can come to the younger ones’ bedrooms. No one feels able to stick up for the younger children for fear that the older inmates will play some cruel trick on them.

EveryChild Ukraine (2004)

From a report on conditions in an institution in Skobelevo, Haskovo Region:

“Healthcare: the general practitioner that is used to do the medical check-ups of the children in the institution has to come from Dimitrovgrad, a town some 20 kilometres away, which practically prevents the children from receiving regular health care. In most cases there is no periodic evaluation on the health and psychological status of the children, there is no update of earlier diagnoses or assessment of their current status by the specialists. The institution itself doesn’t have a medical official to take care of the children. In emergencies when a child becomes ill, staff have no way of providing medical care since all telephones are cut off due to unpaid bills. There are no conditions for the children’s personal hygiene – the basins are broken, there is no running water, everything in the toilets and bathrooms is broken and doesn’t function.

Quality of care: despite the relatively constant number of staff working in the institution, they have no understanding of the essence of teamwork. There are no care plans, no individual programmes for the development or progress made by each child, no regular meetings and discussions to examine each case individually, no minutes of the meetings are taken and there is no record of the decisions taken, let alone follow up on the implementation of the objectives set for each child. Most staff lack the necessary qualifications to carry out needs assessment of the children or to produce the best care plan based on those needs. Personnel lack motivation, there is no coordination between the management and the employees or support from the director of the institution.

None of the children have any personal belongings; they don’t even have lockers to put their clothes in: instead the clothes are locked in a storage room where they are left to go mouldy. Most of the children are dirty and wearing dirty shabby t-shirts, most are barefoot and with visibly undernourished appearance. The afternoon snacks are simply left by staff in a washbasin for the children to collect. None of the children have photographs from events of significant importance for them, there are no photos of birthday or other celebrations in the institution, and no work is done to record the personal history of each child. No room is set aside for meetings with parents; nothing is done to preserve links between children and parents.

Material base: the buildings of the institution are in extremely bad condition, there is dirt everywhere and all the furniture and equipment is broken and quite unusable. The recommendations of the Hygiene Epidemiological Inspection are ignored.”

Bulgarian State Agency for Child Protection, May 2004

How do these conditions violate the basic rights of the UNCRC?³⁹

One paragraph in the **Preamble** to the UN Convention on the Rights of the Child⁴⁰ sets out a very clear statement of principle on how children should be able to grow up:

Recognising that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding.

This is an important general statement, but more specific principles for action in the CRC are set out in the Convention’s 54 Articles. There are none that cover specifically the child’s right to their own family, but several come very close; the over-riding one concerns the best interests of the child, and in the first paragraph of **Article 3** this is set out as follows:

³⁹ EveryChild Bulgaria have been particularly helpful in providing material for this section

⁴⁰ The text of the CRC, as well as the status on national ratifications of the Convention, can be obtained from the UNHCR website (UNHCR n.d.).

In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

To take a specific example, EveryChild Bulgaria has commented that:

“The recently passed standards for institutional care in Bulgaria are closer to a minimum standard, and yet the majority of the institutions do not meet even these standards. Institutions are not supposed to be given a licence from the State Agency for Child Protection; since their levels of staff (who are anyway under-qualified for the work, especially in the more isolated regions) can not meet the best interest of the child.” (EveryChild Bulgaria, personal communication)

It should be quite clear from the material presented in this report that the serious effects on children’s development if they stay in institutional care are certainly not in their best interests.

Other articles from the CRC are also relevant, including the following:

Article 7, particularly the first paragraph, which reads as follows:

The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, **the right to know and be cared for by his or her parents** (emphasis added).

Our concern here, and this was brought out in the section on **Entry into and Exit from the System** is that too often decisions are taken on the basis of outmoded ‘professional’ concerns, rather than the best interests of the child.

Article 9, particularly the first paragraph again:

States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child.

This is particularly important where the maintenance of contact between children in the institutions and their parents. It is EveryChild’s experience that most institutions of in the region do not uphold any right of contact, and there is in any case no regulatory requirement to sustain such contact. Frequently, staff in the institutions impose stringent conditions on the parents and on the Child Protection Departments when there is placement of a child. For example, in many institutions in Bulgaria, there is a totally arbitrary rule that no child should be allowed see his/her parents in the first month of their stay because they might be upset by this contact. Even after this initial month, there are only occasional non-planned visits and intermittent contact. There is no one who is in the position to set out the rules on the way that the right to maintain contact should be fulfilled.

Subsequently, in **Article 10** it is laid down that:

Applications by a child or his or her parents to enter or leave a State Party for the purpose of family reunification shall be dealt with by States Parties in a positive, humane and expeditious manner. States Parties shall further ensure that the submission of such a request shall entail no adverse consequences for the applicants and for the members of their family.

As we have seen, there is little evidence that applications like this are dealt with accordance with the CRC.

Articles 12, 13, 14, concerning the rights to opinion, to expression, and to freedom of thought, conscience and religion, are also relevant. In particular, the right of the child “[to] be provided [with] the opportunity to be heard in any judicial and administrative proceedings affecting [them]” is almost invariably violated. There is no participation of children in this kind of decision-making anywhere in the

region. Children do not participate, directly or even vaguely, in the way life is organized in the institutions, in the routines there – except when they may be members of the institution’s Council. And if there are any examples where children are allowed to participate, their opinion is based not on their individual characteristics but on their age.

Another example from Bulgaria: a girl has been raped. She had been caring for her three younger brothers. She was placed in an institution and nobody worked with her because her expressed opinion was that she needed no therapy. Of course, this opinion was accepted at once, and no one thought to try to examine whether this really was her informed view.

In view of the kinds of treatment that children can receive in institutional care (see above), **Article 19** is also relevant here:

States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) **or any other person who has the care of the child** [emphasis added].

We have will see in the next section, on abuse in the institutions, that this article is wholly neglected in institutional life.

And the first item of **Article 20** is especially relevant in the context of institutional or other forms of out-of-family care:

A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

In particular here, the rights of children with behaviour that staff deem to be ‘difficult’ are also routinely violated. When such ‘behaviours’ are diagnosed, a cycle begins of constant moves from institution to institution, with no support for the child; this reinforces the ‘difficult’ behaviour and so the moves continue without regard to the child’s needs. Also, in most institutions medicines are the used as a tool for subduing such behaviours rather than in genuine therapies.

Article 25 concerns the right to the periodic review of the placement and of the decisions that have been taken. This is constantly violated. There is nowhere an effective concept of the review of cases. Indeed, far from their placements being regularly reviewed, most children do not even have a care plan in the first place. Most court placements are made ‘without term’ or ‘without deadline,’ reinforcing the feeling that no such periodic review is necessary or desirable.

The right to a standard of life, adequate to his/her physical, intellectual, spiritual, moral and social development (**Article 27**), is seldom if ever considered. Institutional care is based only on the age of the child and not on its development – and most of the children in institutions are at a very different level of development compared with the average for their age, and no consideration of this is generally allowed for.

Finally, the right to identity and belonging (**Article 30**) is wholly violated for children in institutions. The are usually not allowed to speak their own languages, to practice their own culture and rituals, traditions and so on. This bears particularly severely, as we have seen, on children from minority groups, and once again it is necessary to single out children from Roma families as recipients of consistently bad treatment that amounts to a scandal.

Other articles, for example on the right to health and to an appropriate standard of living, are also relevant to a large extent, but the main ones are those set out above; it is clear, from the section on the conditions in which children in the institutions are forced to live, that life in large residential institutions is wholly inimical to these principles.

Furthermore, it must be emphasised that countries have voluntarily signed up to and ratified the CRC. In doing so, they have taken on a solemn commitment to adhere to the CRC's Articles, and it is up to all elements of the international community to ensure that they are held to account, to justify their actions (or inactions) in implementing (or not implementing) the CRC. The Committee of the CRC is one mechanism for doing this at the official level, but it is not the only level. NGOs bear a heavy responsibility, difficult though it may be at times, to encourage, cajole and bully governments that are reluctant to uphold the CRC into accepting their freely-agreed responsibilities.

Abuse in institutions

"From a child developmental perspective, the upbringing of children in large and impersonal institutions, always subjects them to the risks of dependency and discrimination, denial of personal privacy, the impossibility of receiving individual attention and re-establishing attachment with one or few carers" (Burhanova (2004))

Not surprisingly, abuse in residential institutions appears to be common across many different cultures and settings; a few examples are given here.⁴¹ In the UK, Stanley (1999) records the emergence of abuse in residential settings into the public consciousness and the responses to it. A series of scandals in the 1980s (mostly involving highly repressive regimes with a crude behavioural basis, but also sexual and physical abuse on a considerable scale) gave rise to a corresponding series of enquiries aimed at understanding why this abuse had been allowed to develop.⁴² Also in the UK, Hobbs et al (1999) examined the incidence of abuse in both residential homes and in foster care; abuse occurred in both, and the levels in each were not significantly different, but, in their sample, children in residential care were more likely to suffer physical than sexual abuse.

In the USA, Spencer and Knudsen (1992) examined reports of maltreatment children in care and found much higher abuse rates in residential home care than in foster care. Garnier and Poertner (2000) studied rates of reported abuse (which may be rather lower than actual rates) in different settings, finding that family foster care gave rise to higher rates of reports than institutional care (although administrative reasons explained much of the difference). Rindfleisch and Rabb (1984), in a comprehensive study to assess the level of abuse in residential care across ten US states, found an average of 39 reports of maltreatment per 1,000 children; but in a later study (see Barter 2003) they found a high level of non-reporting of abuse: fewer than one in five incidents were reported.

In Canada, there were horrifying reports in 1989 of both physical and sexual abuse of young boys at the Mount Cashel Orphanage run by the Christian Brothers; neither the child protection services nor the police proved effective in preventing this abuse (Harris 1991).

All of these reports refer to Western countries, but it would be illusory to suppose that child abuse does not occur in the institutions in the regions covered by this report. For example, national studies dealing specifically with sexual abuse, based on the first reliable database on state institutions in Romania, revealed high levels of reported abuse. 50% of respondents specified that they had been the victims of abuse by other children, and other research also identified members of staff of the institutions, relatives and minors outside the institution as perpetrators (Roth and Bumbulut 2003). There is no reason to suppose that the experience of these Romanian children is exceptional.

⁴¹ For a very useful review of abuse of children in institutions, see Barter (2003); for a shorter review, see Kendrick (1998).

⁴² For overviews of the relevant inquiries into the abuse of children in residential care in the UK see Smith (2004) and Corby et al (2001).

“When I first entered the hall of the institution I saw children sitting on the floor and watching TV. Nobody turned to look at me. There was a supervisor sitting on the chair, with a baton in her hand. She would bang anybody who moves or doesn't sit still.”

An institution in Kyrgyzstan from S Kurmanova (cited in Burhanova 2004)

One further point concerning the sexual abuse of children that it is important to mention is that it is a phenomenon whose existence is frequently denied. This was certainly the case in, for example, the United Kingdom when evidence first emerged in the 1980s. In fact, such is the fog that tends to surround the problem of child sexual abuse that the Leadership Council has produced a list of eight myths on the subject, including Myth 4: ‘*Children who are being abused would immediately tell their parents*’ and Myth 7: ‘*If asked about abuse, children tend to exaggerate and are prone to making false accusations*’ (Leadership Council, n.d.). This may be likely to be an argument deployed in the region if the issue is broached.

In Russia, Human Rights Watch (1998) reported on the systematic and casual abuse of the children in their care by staff in the institutions (see box below), including:

Abuse of children in Russian institutions

- slapping or striking them
- shoving their heads in the toilet
- squeezing a hand in a vice
- squeezing testicles while interrogating them
- stripping their clothes off in front of peers
- locking them in a freezing, unheated room for days
- engaging them in sexual relations
- sending them to a psychiatric institute to punish them for misdeeds such as attempting to run away

Also, HRW reported that older or stronger orphans, goaded by the adult staff, had maliciously abused younger or weaker ones by such measures as:

- beating them on the neck and face
- throwing them out the window in a wooden chest
- wiring a metal bed to electricity and shocking a child forced to lie on it
- forcing a child to beg or steal for them

Human Rights Watch (1998)

Finally, Amnesty International recorded serious violence and bullying among children and young adults placed in social care institutions in Croatia, and criticised the failure of the authorities to prevent this abuse (Amnesty International 2004).

“Most of the *dyetskiye doma* [children's homes] are fully closed institutions, and almost no one gets access to them. No NGOs, no private citizens, only government control. Even children living in homes do not complain to officials when they are abused by their parents because they feel ashamed about it and they are scared and do not know what they can do. The orphans live in isolation. They do not know their own human rights and rights in general. They get a very bad education and no one gives them information about the structure of society.”

Lyubov Kushnir, interviewed by Human Rights Watch (1998)

Detecting child abuse of any kind is difficult. Research in the USA has shown that children in institutions are more vulnerable to abuse than children living in families, and that the under-reporting of institutional abuse is common. In Europe, a comparative study of child abuse and neglect in seven CEE countries (Balachova et al 2001) shows widely varying levels of sexual abuse as a percentage of all abuse and neglect cases; the authors suggest that this results not from real differences in the levels, but from differences in the child protection services in those countries.

The under-reporting of abuse results partly from the refusal of many in authority to recognise the occurrence of abuse, and partly because the children themselves are afraid to report it (Barter 2003). These in turn result from the fact that, where staff abusers are concerned, many of them are in positions of trust and, for many people, have been above criticism (Walsh 1998). Indeed, many abused children only discover the deception that resulted from their placement in institutional care after they have reached adulthood (Walsh 1998); such are the traumas involved in this kind of abuse.

Consequently, it is not surprising that many children run away from institutions to escape abuse – only to end up in vulnerable situations on the street (see box). Although this choice may seem an entirely rational one, in that they are getting away from intolerable treatment, the children may not always be entirely aware of the dangers they may face. However, these considerations are beyond the scope of this report.

Question: “Why are you in the Centre?”

Answer: “I ran away”

Question: “Where from did you run away? “

Answer: “From the institution “

Question: “Wasn't it nice there?”

Answer: “No. It's better here. They treat us well. At the institution the older boys used to take my money and clothes.”

Question: “Haven't you complained to the headmaster?”

Answer: “No. If you complain he doesn't believe you and says that you have to manage it on your own.”

Focus group of children street children in Bulgaria (UNDP et al 2000)

Why are children in residential care?

It has long been accepted that residential institutions, although often referred to as ‘orphanages,’ do in fact contain very few genuine orphans. Various studies have tried to estimate the true figure of orphans in the institutions, and, although the figures vary, they almost certainly lie between 2-3% (Tobis 1991) and 4-5% (Jones et al 1991), except where wars or natural disasters have caused the deaths of both parents (Tobis 1999, page 8). In normal circumstances in institutions in the region, most children in residential care have at least one parent.⁴³

⁴³ It is not only in the former communist bloc that the use of the word ‘orphans’ is sometimes used loosely: in Zimbabwe, for example, “It is difficult to count orphans because there is no clear distinction made between children who have lost both their parents, who have lost their fathers only, or who have lost contact with their families.” (Chinyangara et al 1997). Similarly, in a very different context, ‘orphanages’ in the USA in the late 19th/early 20th century had few real orphans: for example, in 1904 the Protestant Orphan Asylum in St Paul had only two real orphans among around 40 residents – a rate of 5 per cent (Ashby 1984, page 32).

There has been much discussion of the reasons why institutional care is so widespread in the region. It has often been asserted that the main reason that families place their children in institutions is economic: for example, in Hungary, of children at risk *“the overwhelming majority are at risk due to family financial circumstances”* (Tennant 1998, page 321). However, it is recognised that economic reasons are not the only significant factors, and a number of others have been identified. A relatively early study of the root causes of child abandonment (Vitillo 1992) suggested a taxonomy of reasons with three main categories:

- Social and economic imbalances in society (mainly relating to poverty).
- Negative cultural and social attitudes and practices (including lack of acceptance of single mothers, a tendency to hide disabilities and social problems and ethnic prejudices⁴⁴).
- Situations of war and civil disturbance (but only in certain countries).

Similarly, a study in Bulgaria (Gantcheva and Kolev 2001, pages 35-36 and 54) identified a wide range of reasons, including parents whom the professionals adjudged ‘incapable’, single mothers, orphans and semi-orphans, abandoned children and the deprivation of parental rights. Furthermore, it noted that, over the period 1989 to 1998, the balance of reasons had changed somewhat. There had been a significant increase in abandonment and also in single mothers, and a corresponding reduction in the proportion of children placed because of large families – although it is not clear why the change occurred (it may have been caused by the increase in poverty in the relevant period, or by widespread migration by – mainly – men in search of work. The authors do not suggest any possibilities). Tobis (Tobis 1999) identified three main groups:

1. Children who were socially vulnerable
2. Dependent or neglected children with physical or mental disabilities
3. Children who were attending boarding schools for a range of reasons

Finally, Harwin (Harwin 1996) suggests that at least five main determinants can be identified:

1. Living standards (including income levels, housing conditions and health)
2. Family structures
3. Legislation
4. Culture
5. The level of stability in society

Clearly, in the present context, both legislation and culture play a highly significant part in the decisions to commit children to institutions.

The position is thus very complex;⁴⁵ some commentators recognise external factors whilst others still assert that the problems lie with the parents. Indeed, some fairly simplistic ideas have been expressed. For example, an early MONEE report argued that *“most children are in care because they are poor, disabled, belong to the gypsy ethnic minority or come from families that neglect or care inappropriately for them”* (UNICEF 1997 page 82, emphasis added). This view was modified later, though ‘dysfunctional parenting’ was still identified as a major factor (UNICEF 2001 page 109). Similarly, a Russian study described social orphans, 90% of the total living without parents, as coming *“as a rule... from problem families, those of alcoholics, drug addicts, etc”* (Zdravomyslova 1998). This appears very much in line with an older, Soviet philosophy on social problems, in which it is just inadequate parents who were to blame; this philosophy does not allow for social support networks to keep families together.

This is rather an oversimplification of what is, in fact, a more complex picture. Also, there is very little accurate information that is readily available on the reasons why children are sent to institutions. For example, the Budapest Conference in October 2000 was told that there was an alarming lack of data on

⁴⁴ The over-representation of ethnic minorities, and particularly of Roma, in children’s residential institutions in the region is an ongoing scandal. For details, see Carter (2001).

⁴⁵ Of a number of other analyses of reasons for admission see, for example: UNDP (2000b), Stephenson et al (1997), and Children’s Health Care Collaborative Study Group (1994).

such basics as the reason for a child's institutionalisation, the situation of their families and so on, and that professionals lack the basic information they need to do their job (Nemeniyi 2000). As a result of these considerations, it is essential that this issue is explored fully. This kind of work is being carried out, notably by the Child Care Forum for CEE, and the present paper aims to contribute to that process.

Currently EveryChild works in nine of the countries of the region, and we have carried out a number of studies of institutions as a part of our work. Here we draw on the findings of five of these: in Bulgaria, Romania, Georgia, Azerbaijan and Kyrgyzstan.⁴⁶

Table 3 collates all the reasons given in the five studies. The respondents in the surveys were encouraged to give as many reasons as they thought were appropriate – we have not included studies in which only one reason was sought because of the risks of over-simplifying what already is a complex picture.

The figures show that, although family poverty is identified as the most important single reason for children being admitted to institutions, what should be described as social reasons account for almost as many children. Thus 34% of children overall were admitted as a direct result of their families' poverty, whilst a similar figure – 31% – was admitted for social reasons (including a range of factors: single-parent families, very young mothers, vulnerable families and families with social problems such as alcoholism).

This finding is encouraging in that, whereas poverty is an intractable problem that can really only be solved in the long term, social reasons can be approached much more readily. Such problems, mainly concerned with families in crisis, are susceptible to the kind of practical support that can be provided by social and community support teams.

The remaining children, slightly over one third, were admitted for a range of reasons. Of these, abandonment by the family, disability or illness of the child (the latter two sometimes being hard to distinguish from each other, given the prevalence of the medical model that is used in much of the region to explain disability) accounted for most of the remainder.

Looking more deeply at individual reasons, it is interesting to note how surprisingly infrequently some reasons were found. In particular, reasons associated with anti-social behaviour by the parents, which, as we have seen above, is frequently cited as a major reason for the removal of parental rights, were surprisingly absent. For example, in the Georgia study, four reasons: prostitution, alcoholism, drug addiction and child abuse, accounted between them for only two per cent of all reasons. This finding is supported by other work: for example, a study of eight institutions in Georgia by UNICEF found that alcohol addiction and violence against children were the reasons for admission in only 1.5% of cases (UNICEF Armenia).

Finally, a significant finding was that only a very small proportion – barely 2% – of all children were admitted because they were orphans. This finding, supported by evidence elsewhere, supports the view that the 'orphanages' of popular imagination are not, in fact, orphanages at all. This is again supported by the UNICEF Armenia study (UNICEF), which found that the proportion of children who were admitted because they were orphans was 1.7%.

⁴⁶ The studies cover a wide range of methodologies: the Romania and Bulgaria studies are based on relatively small samples with detailed questioning of the parents of the children, whereas the other three were larger-scale, broad brush studies which relied mainly on the case notes of the children in the institutions.

Table 3: Reasons for admission to child care institutions, five countries in EE and FSU: Percentage of all reasons given

| | Romania | Bulgaria | Georgia | Azerbaijan | Kyrgyzstan | All five averaged |
|----------------------------|---------|----------|---------|------------|------------|-------------------|
| Social reasons | 40.0 | 43.5 | 15.3 | 47.4 | 67.7 | 43 |
| Poverty | 18.0 | 39.5 | 34.0 | 15.2 | 2 | 22 |
| Child abandoned | 25.0 | 6.5 | 3.2 | 14.1 | 3 | 10 |
| Disability of child | 5.0 | 2.4 | 21.0 | 6.2 | 4.4 | 8 |
| Illness of child | 12.0 | 7.3 | 7.3 | 7.0 | 10.9 | 9 |
| Educational reasons | 0.0 | 0.8 | 7.5 | 0.0 | 9.9 | 4 |
| Orphan | 0.0 | 0.0 | 0.0 | 7.3 | 1.6 | 2 |
| Refugee status | 0.0 | 0.0 | 4.2 | 2.8 | 0 | 1 |
| Other reasons | 0.0 | 0.0 | 7.5 | 0.0 | 0.5 | 2 |
| | | | | | | |
| All reasons | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100% |

It is noticeable that poverty is a much less significant factor in Kyrgyzstan than in any of the other countries, with the biggest factor by far being social reasons. It is not clear why poverty was not more of a factor, particularly since the countries of Central Asia, which were already extremely poor, were badly affected by the economic breakdown following the collapse of the Soviet Union. Social reasons, on the other hand, appear to be far more important in Kyrgyzstan. It is possible that poverty is so prevalent that the respondents in the Kyrgyzstan study simply discounted it as a cause. Evidence in other Kyrgyzstan studies by EveryChild suggests that, whilst poverty is the main presenting factor, once its immediate effects are dealt with, social problems can emerge - and that may be happening here. Also, it's necessary to consider the fact that, in Central Asia more generally, the extended family is a more powerful feature than elsewhere in the former communist bloc; this underlines the dangers of ignoring cultural factors in making comparisons across the region.

Other differences between the four countries include:

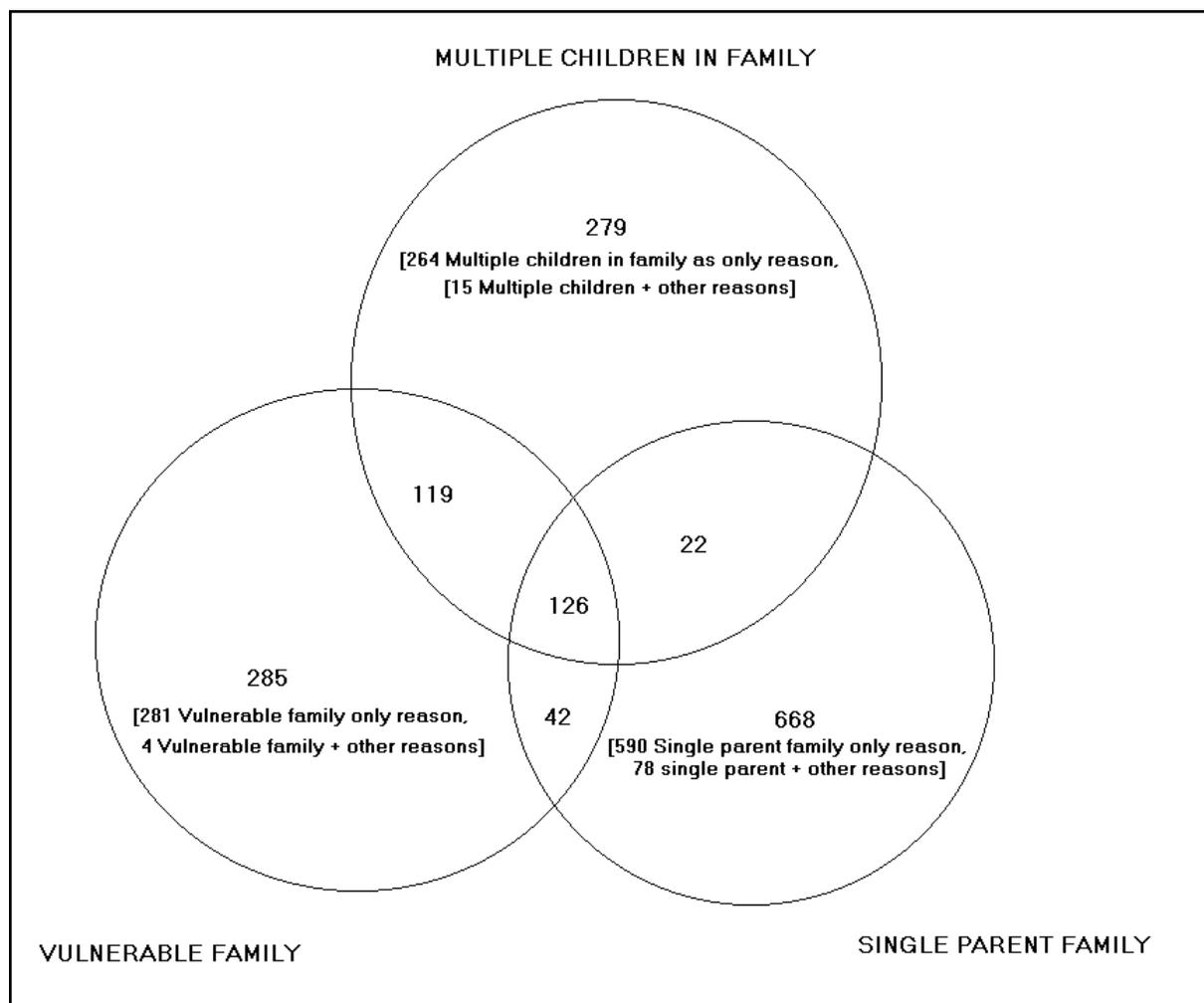
- A high level of social reasons in Romania, Azerbaijan and, especially, Kyrgyzstan.
- A high level of abandonment in Romania. This is likely to be a consequence of the more general societal breakdowns caused by the stresses of the particularly savage Ceauşescu regime. There are also issues around the lack of knowledge of, or inclination to use, contraception, which also relate back to the policies of the previous regime.
- A relatively high level of child disability in Georgia, and a relatively low level in Bulgaria. Again, the reasons for this are not obvious.

These results help to give some understanding of the reasons behind the placement of children in institutions. However, this kind of presentation also tends to obscure the real picture. This is because there are frequently many reasons why a child is placed, and we need to get underneath the surface to explore them in more depth; one way of doing this is to look for patterns in the way the reasons are grouped. The paper goes on to analyse two of the sets of results, for Kyrgyzstan and for Romania, in

more detail. Since the data is somewhat complex, the paper further explores alternative, graphical ways of interpreting the information.

Firstly, the Kyrgyzstan study. The three main reasons cited for admission to an institution: multiple children in the family, single parent families and vulnerable families, account for 1,541 children in all, or 55% of the total in the survey. As a result of the way these reasons are intermingled, analysing these figures is somewhat complicated, and it is probably easiest to see this by setting them out in the form of a Venn diagram (see Figure 12).

Figure 12: Reason for admission by three main reasons, Kyrgyzstan study



Note: The circles represent the children by reason for admission. Where two circles overlap, the number appearing in the overlapping segment shows the number of children who were listed under both those causes.

To understand this diagram, consider children for whom 'single parent family' was listed as a reason (the bottom right-hand circle). The diagram shows that the total number of such children was 858, made up as follows:

- 668 involved *neither* vulnerable families *nor* multiple children families; 590 of them had single parent family as the only reason, whilst a further 78 also had (various) other reasons.
- 42 also came from vulnerable families.
- 22 also came from families with multiple children.
- 126 came from families with all three attributes.

Similarly, the 546 children (279 + 22 + 126 + 119) who were listed as coming from families with multiple children and the 572 children (285 + 42 + 126 + 119) from vulnerable families can be analysed in the same way.

This analysis, based as it is on over half of the children in the survey, suggests that the main reasons of admission are centred around essentially social/economic factors for which a social service type of intervention would be most appropriate.

Secondly, data from the Romanian study. Initial analysis of the figures here did not appear to tell a particularly coherent story about why families made the decision to commit their children to the institution: in particular, the social and economic factors were entangled together. To attempt to separate them, we divided the reasons for admission into one of two groups: those which were primarily associated with poverty and the lack of material resources, and those which were primarily associated with the failure of the family unit and other social problems. The former group included poverty itself, unemployment, poor material conditions, and an overcrowded home. The latter included single-parent family, multiple children in the family, child unwanted, and parent(s) abusing alcohol, violent or in prison. All the identified reasons were allocated in this way except for two: disability and long-term illness of the child; these two did not fit in either group and so the cases involving these reasons were set aside (**Table 4**).

Table 4: Reasons for children being sent to institutions by broad type, Romania study

| | Poverty and lack of material resources | Family failure and other social reason |
|---|--|--|
| Total number times mentioned | 104 | 184 |
| Number of cases where it was the main reason ⁽¹⁾ | 21 | 63 |
| Number of cases where one type was mentioned more times than the other ⁽²⁾ | 23 | 60 |
| Number of cases where it was not mentioned at all | 36 | 10 |

Notes: (1): The remaining 16 cases were made up as follows: disability of the child: five cases; illness/failure to thrive of the child: 11 cases.

(2): In the remaining 17 cases (100-23-60), the numbers were equal.

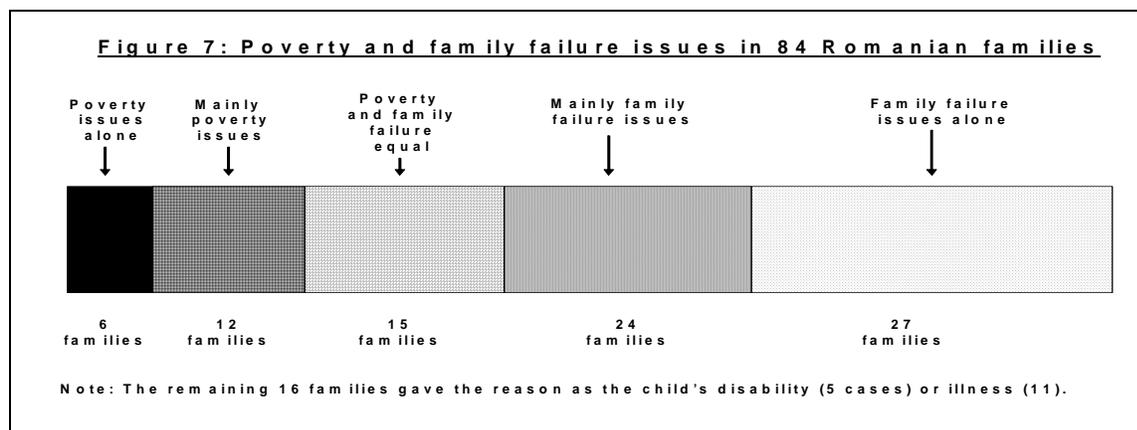
The aim of this process was to try to separate the effects of poverty from those of family failure (although it must be recognised that there may be some interaction between the two: the pressures exerted by great poverty must be a factor in causing some families to break up). Of course, the two were in fact quite closely related – a poor family would not necessarily have to give up a child to the institution, and neither was family failure necessarily the only reason in most cases – although this certainly was so with some families, as the following analysis will show. However, this attempt at separating the two strands does give an indication of what the primary underlying reason of the decision to commit the child to an institution. The results of this are shown in **Table 4**.

To try to illustrate this more effectively, we use a different graphical approach, in which the results are shown on a continuum between solely family reasons and solely economic reasons. Reasons connected with family failure were mentioned a total of 184 times (an average of almost two per family), and reasons connected with poverty were mentioned a total of 104 times (once per family). The family failure group was the main reason in 63 families, as compared to 21 in which poverty was cited as the main reason. The main reasons in the remaining 16 families were either the disability of the child or illness/failure to thrive and, as explained above, these cases were excluded from this part of the analysis.

In 83 families, both family failure and poverty were mentioned; in the large majority (60), family failure was mentioned more often than poverty, with the remaining 23 the other way around. Finally, 36 families did not mention poverty issues at all, and ten families did not mention family failure issues.

Setting aside the 16 families where the disability or illness of the child was the only factor, 84 families remain in which either poverty and/or family failure were a factor. In 36 of these, family failure alone was involved, and in a further 24 families, it was the main issue. Issues around poverty were the sole factor in ten families, and the main factor in a further 14. This is probably easier to see if it set out diagrammatically (**Figure 13**).

Figure 13: Poverty and family failure issues in 84 Romanian families



The main inference we can draw is that poverty, although important, may not be the major factor in the decision to place a child in an institution – it is the main or only factor in 18 of the families interviewed, under 20%. On the other hand, family failure represented the main or only factor in 51 of the families, slightly over half. This is again an important result, in that it suggests, as did the Kyrgyz example, that the provision of social or family support could be the major factor in the families' ability to cope and thus keep their children.

An alternative way of looking at it is to regard poverty as what might be termed an underlying factor: that is, one which is in the background for very many families, but which is not, on the whole, the main reason for their resorting to the institution. This would, in this view, be found more in the social or family failure reasons, which we can define as 'trigger' or precipitating factors.

Potentially, the strongest evidence against poverty as the primary reason of institutionalisation in Romania and elsewhere in the region is the fact that it is so widespread. With so many families living in poverty and deprivation, why are all of their children – or at any rate, many more of them – not committed to the institutions? Since this does not occur, it represents prima facie evidence against the use of poverty as a sole reason for institutionalisation, and indicates that the other factors are vital. Although this argument could only finally be settled by examining, in conjunction with a group of families who had referred their children to an institution, a matched group of families who had not, in order to act as a control group. A comparison of the two groups, to elucidate factors that are common between them as well as factors that are not, would determine the relative strength of the different factors. However, until this has been done, the evidence presented here is sufficiently strong to establish the validity of the argument.

Entry into and exit from the system

Entry into the system

In all countries in the region, certain formal processes have to be carried out before a child can be admitted to an institution. Although the rigour of these processes varies from country to country, in general it is easy to admit a child to an institution. Essentially there are two main routes: voluntary admission and compulsory admission.

In voluntary admissions, the parent(s) ask for the child to be admitted or they are persuaded to accept admission. In involuntary admissions, parents' rights are removed by the state in a process that is usually carried out by the state Commission for Minors. There is little consultation with the parent(s) in a rigid process that tends to take an extremely narrow view of what might be in the child's interest. As Mihova has argued in the context of Bulgaria (although this applies equally to the rest of the region), decisions on the placement of children are taken on the basis of a dominant discourse that is informed by strongly judgemental attitudes to parents on the part of the professionals: *"decisions followed the line of control, and not support and understanding"* (Mihova 2004). A typical example of this approach is given by a case encountered by an EveryChild team carrying out a situation analysis in Azerbaijan (see box).

A simplistic assessment of a child's needs

EveryChild was notified of a case concerning a single mother who was supposedly found to be abusing alcohol. The Commission for Minors decided that she was incapable of looking after her child properly and the child was compulsorily admitted to an institution. However, closer examination of this case revealed that, although the mother drank occasionally, there were long periods when she was perfectly capable of caring for her child. If she had been provided with support and rehabilitation the child could have remained at home, instead of suffering untold emotional distress in the institution. There is no evidence that a consultation of the child was even considered. The decision that excessive drinking led to bad parenting was taken with no real attempt at empathy, understanding or counselling.

EveryChild (Azerbaijan, 2000)

Attitudes such as those in the Azeri example are not, however, confined to the professional staff of the system: even some NGOs adopt similar attitudes. For example, a report on children and youth in Russia from the International Youth Foundation discusses the reasons for 'social orphans;' it comments that *"as a rule, these children come from problem families: those of alcoholics, drug addicts, etc"* (Zdravomyslova et al 1998). There is no recognition here these children are coming from families which are struggling with insuperable difficulties, only a virtually Soviet classification of them as 'problem families'. Such attitudes, as we have argued elsewhere, are heavily ingrained in the fabric of post-communist society.

Admissions of either kind can occur from at a variety of levels in the system:

- **Baby Homes** (up to three years of age); invariably these fall under the control of the Ministry of Health. The admissions come mostly from maternity hospitals or paediatric clinics, either because the mother has abandoned the child or on the recommendation of the doctor concerned.
- **Children's Homes** (three to seven years of age); these are usually run by the Ministry of Education. Admissions are mainly transfers from Baby Homes but may also be directly referred by the parents. Admission can be sanctioned by the local authority or by the Director of the

institution. Certain documentation is generally required, including the child's birth certificate and the parent's identity documents, but evidence suggests that these are often not very rigorously assessed.

- **Internats** (generally seven years of age upwards); these are also usually run by the Ministry of Education. Admissions frequently come from the Children's Homes for three to seven-year-olds; once a child has started on a path through the institutional system it can be very hard to break out of it. Admissions also come from parents.

Admissions for children with disabilities follow a different pattern:

- If a disability is diagnosed at, or soon after, birth, the child is likely to be transferred to a special hospital unit for children with disabilities, (these come under the Ministry of Health). Here children are generally grouped by age, and are likely to progress through a succession of wards arranged in different age groups until they reach the age of three. During this time some may go home to their families, but the remainder are transferred to:
- Children's Homes for children with disabilities (these usually fall under the Ministry of Labour and Social Policy/Protection, and are for varying age ranges even within one country). There they are likely to stay, although if there are separate institutions for older children with disabilities they are most likely to transfer to them on reaching the appropriate age. From there, it is most probable that, thoroughly institutionalised by a lifetime spent in institutions, they will transfer on to institutions for adult people with disabilities.

However, often the voluntary nature of the admission can be problematic, so that, in practice, it may be somewhat compromised. This is particularly true where children with disabilities and children from minority groups – especially Roma children in Eastern Europe – are concerned. Taking these two in turn:

Children with disabilities: this whole area is fraught with difficulty, since the medical model of disability dominates the prevailing attitude to the treatment of disability, rather than the social model. In the medical model, (which has only been challenged in the West in relatively recent decades), disability is seen as an individual, physiological condition which can somehow be treated or cured (Imrie 1997). Consequently, *“a person's functional limitations (impairments) are [seen as] the root cause of any disadvantages experienced and these disadvantages can therefore only be rectified by treatment or cure”* (Crow 1996).⁴⁷ In other words, it is *disabled people* who are seen as the problem, and the solution is to adapt them so that they are able to fit in with the rest of the 'normal' world. On the other hand, the social model sees the person as a person, rather than a condition, and implies moving away from medical intervention and control towards interventions based on social and welfare considerations.

The medical model is still very heavily subscribed to in CEE and FSU, where disability is wholly treated as a health issue; even enlightened people will contrast disabled people with 'healthy' people. Furthermore, the medical services that are provided are often woefully inadequate. In addition, in many societies in the region, a family will feel shame having given birth to a child with disabilities, as if, in some way, it is their own fault. They were – and often are still – told to forget about a disabled child and to continue with their own lives (Burhanova 2004). Consequently, when doctors in a maternity hospital tell the parents of a disabled child that it is *in the child's interests* that they are placed in an institution, it is hardly surprising that they are often prepared to accept this advice.

There is the additional problem of over-diagnosis: even the smallest kind of 'abnormality' or impairment can mean a child is classified as 'disabled' (see box).

⁴⁷ For other criticisms of the medical model see, for example, Abberley (1991), British Psychological Society (1989), Brisenden (1986) and Oliver (1981).

“Natalia, who has a congenital deformity of the fingers of her right hand, was sent to a new special kindergarten for disabled children, and thus was unable to enter regular school when she was seven. Her parents are divorced and her mother does not have the time or energy to fight the authorities for a new diagnosis. However she is worried about Natalia's future; being labelled as disabled and not having access to a decent education reduces her future opportunities.”

Psychologist, Moscow, Russia (Sammon 2001)

To take a further example, children with cleft palates were being diagnosed as ‘defective’ and placed in institutions for children with learning difficulties. Thus Alina, a little girl with a cleft palate who was consequently unable to talk, was classified as an ‘imbecile’ and placed in an institution accordingly (Human Rights Watch 1998).

The terrible irony of this kind of process is that, once such children are admitted to an institution, the lack of stimulation will very soon delay the children's development so badly that they become, to all intents and purposes, disabled. A further serious problem is that children with genuine but milder disabilities are left without adequate support or stimulation to help them develop. Cerebral palsy is an example of a disability that, in mild forms, is eminently treatable, but the regimes in many of the institutions in the region simply do not provide it (see box).

Development delay worsened by lack of therapy

Radi, aged two, has cerebral palsy and spent the first years of her life in the children's ward of a hospital. She was then moved to an institution for children with disabilities; it was some time after this that EveryChild was able to intervene. The social worker assigned to Radi's case agreed with the professionals' opinion that her development had been severely delayed as a result of prolonged stays in the hospital and institution. It was clear she needed the individual care and attention that could only be provided in a family-type environment. The social work team encouraged Radi's grandmother to look after her, and with support, guidance and specialist care Radi is now doing well. The team regrets that they were not alerted to Radi's situation earlier.

EveryChild Bulgaria (2001)

But this is not all: many of the diagnoses of disability that are made, are very primitive. Soviet medicine in particular affected to recognise a condition known as ‘oligophrenia.’ This term, which has been obsolete for many years in Western medicine, refers to what was then called ‘mental retardation’ (another obsolete term that is not even mentioned in most current medical dictionaries) is common in the region. Soviet medical science also produced a specialism known as a ‘defectology.’ One might have thought that such terms would have been abandoned years ago, but this is sadly not the case – to take just one example, a school in Ukraine even now proudly refers to itself as a “special school for backward children with oligophrenia,” and its headmistress as “an outstanding...teacher-defectologist of the highest category” (Kirovgrad n.d.).

Children from minorities: these children form the second main group of semi-voluntary admissions, of which Roma children in CEE are the largest single group. There is overwhelming evidence of disproportionate levels of Roma children in institutions. In Romania, a study found that between 42.6% and 52.4% of children in institutions were of Roma origin (Children's Health Care Collaborative Study Group, 1994), and a similar proportion was reported in the Czech Republic (Buchanan and Sluckin 1994). In Hungary, Roma children represent between 25% and 80% of children in institutions, although they make up only 5 - 6% of the population (Herczog and Irk, 1995). Finally, in Bulgaria, a study (UNDP et al 2000) found that 28.4% of children in Bulgarian institutions were Roma – and this is likely to be a

considerable underestimate since there is a tendency for Roma children to self-identify as Bulgarian;⁴⁸ this compares with a proportion of between 3.7% and 8.9% of Roma in the population (Carter 2000).

As with children with disabilities, many professionals regard parents of children of Roma origin as inadequate, poor parents from whom it would be better if their children were removed, claiming that it is in the child's best interests. As with the question of disability, great pressure is often brought to bear on the parents. This, combined with the appalling living conditions which many Roma people have to endure, means that it is very hard to resist the 'advice' to admit the child.

Worse still: sometimes the staff of institutions, where the occupancy is lower than desired by the management, go into minority neighbourhoods actively to seek out children from those communities to admit them to the institution. In one particularly bad example in Bulgaria it is recorded that it is a common occurrence for staff from some institutions, concerned about the (lower) numbers of children in their care because of a prohibition of admissions of children of single parents, go into Roma neighbourhoods *"in an attempt to convince parents that it is in their children's interest to be cared for in the respective specialised institution"* (UNDP et al 2000, page 43).

Finally, it is important to state that it is not just Roma children who are present in disproportionate numbers in institutions: for example, a study in Kyrgyzstan found high numbers of children of Russian origin (Carter 1999); given the appallingly high level of discrimination against people from the North Caucasus in Russia, it is highly likely that these children are over-represented in that country.

But even outside these two groups, the evidence that 'the professionals know best' is powerful. For example, a survey of staff in Bulgarian institutions found that even though the staff consulted agreed that the family environment is best suited to a child's upbringing, in practice, when looking at the actual situation of the children, *"they recommend placement in an institution, since they are convinced that the biological parents are not capable of providing good care for the child"* (UNDP et al 2000). Thus the old Soviet attitude to parental care still carries a heavy weight.

It should also be pointed out that there is an especially unpleasant intersection of these two strands (children with disabilities and children from minority groups). This occurs with Roma children in Bulgaria, the Czech Republic, Slovakia and Romania, and concerns the excessive placement of Roma children, frequently with biased testing – or even no testing at all – in special educational institutions. This has been recognised as a problem ever since the collapse of the communist system, but a recent report (European Roma Rights Center 2005) shows that there has been no improvement in this practice.

One further problem with institutional placement is the lack of adequate mechanisms for keeping siblings together. It is generally recognised that one way in which children are able to maintain their identity is if they are allowed to remain in the same institution as their sibling(s). But the system seems to show little interest in keeping them together. In fact, it is organised in such a way as to keep many apart, because of the rigid application of the fixed age structure followed by institutions. Thus if three children aged 3, 6 and 8 are simultaneously admitted to care, they will each end up in a different institution. This is quite unnecessary and further damages children's prospects of development. The whole process is, of course, reinforced by the fragmented responsibilities for institutional care, with at least four different ministries involved in most cases: the Ministries of Health, Education, Labour and Social Policy/Protection and the Interior.⁴⁹

⁴⁸ This is only to be expected in an atmosphere in which Roma children are not allowed to speak Romani even to each other and "gypsy" is a derogatory word in institutions and is often used for children regardless of their ethnic origin" (UNDP et al 2000, page 92)

⁴⁹ See Table III.1, page 65 in UNICEF (1997).

Exit from the system

Just as entry into the system rarely seems to be carried out in the best interests of the child, so exit from it follows the same dismal pattern. There is very little evidence that children are properly prepared for leaving, and outcomes are frequently poor. It is recognised that care leavers are the most vulnerable members of society all over the world (Ruxton 1996). For example, data from Russia indicate that one in three residential care leavers becomes homeless, one in five ends up with a criminal record and as many as one in ten commits suicide (cited in Harwin 1996).⁵⁰ Harwin concludes:

“All these findings in relation to residential care outcomes are extremely depressing because they fly in the face of everything that child care practitioners and policy makers have been striving for over the last few years and they show that residential care today disadvantages the child even more than it did a few years ago – at least in relation to educational opportunity.” (Harwin 1996 pages 148-149)

In view of the vital link between educational achievement and later life chances, the final qualification here does nothing to reduce the force of the preceding argument.

One further issue is the number of young people staying in institutions beyond the age of 18. This frequently occurs when young people have no acceptable home to go to and cannot, for a range of reasons, work and become independent. EveryChild staff have observed this in many countries in the region. In one institution in Georgia, we have seen adults in their early twenties staying in an institution long past the normal leaving age. Sometimes this has been known to cause serious problems: in Romania, for example, there is evidence of sexual and physical abuse of children in institutions by some of the young adults remaining there (Zamfir and Zamfir 1996), and similar problems have been reported in Bulgaria (UNICEF 1997).

This is not a problem that is confined to the region: in the UK, for example, preparation for leaving care has been severely criticised. Young people in care are thrown out without adequate preparation and left to fend for themselves, and it is the precipitate nature of the change that is so damaging:

“A group of young people regarded as being in need of care and control up to the age of 16, 17 and 18 are catapulted into a position of greater vulnerability than that of other people their age” (Stein and Carey 1986).

The consequences are that young people who have been in residential care in the UK experience disproportionate levels of poor health, unemployment, homelessness and conflict with the law (Mendes and Moslehuddin 2004). For example, a study of young people leaving care in the UK found that a majority had long-term illnesses and disorders and one-sixth had a chronic mental illness (Saunders and Broad 1997). A Glasgow study indicated that nearly a third of heroin users had been in the care system (Neale 2002), and a further study showed that 38% of young prisoners and 23% of adult prisoners had been in local authority child care (Ogden 1992).

⁵⁰ What is not clear from these figures, however, is the extent of overlap between the three groups mentioned – the figures are unlikely to be purely additive.

The need for an alternative to institutional care

The babies, two girls, were born to a Roma family in which both parents had long-term mental illness; they live in abject poverty in a one-roomed shack. There is no sanitation, water or electricity, and only two small beds for the whole family. There are five children; the two oldest, a boy of 15 (currently in a correctional institution) and a girl of 14, are from the father's first marriage; their mother is dead. The younger children from this marriage are a boy of two and baby twin girls. The 14-year-old girl is the primary carer for the two year old, who, although dirty, is basically healthy with normal development.

The babies were born prematurely and in poor state of health. One of the twins was particularly frail and poorly and the family felt unable to care for her properly. Pure desperation made them consider separating the twins and placing one in an institution in the hope she would be better looked after.

However, it is very unlikely that she would ever be placed for adoption, mainly because she is of Roma origin, but also because of her uncertain health and her parents' mental illness. Children like her are most likely to remain in institutions all their lives, moving between institutions as they get older. The chances of reuniting them with their birth family are always remote, because parental rights and contact have long since ceased.

EveryChild Bulgaria (2004)

CHAPTER 3: DEVELOPING FAMILY-BASED CARE

A number of different approaches

“For over 50 years the socialist regimes battered away at families, attempting to rupture family and community values and reduce families to helpless dependency on the state. That families endured at all and that many children did grow up to be productive, loving individuals is testimony to the sustainability of families.” (Burke, 1995)

Despite decades of trying, the governments in the region did not manage to eliminate the family, and despite its imperfections, it remains the best hope for the world’s children. To adapt Churchill’s 1947 judgement of democracy,⁵¹ the family is the worst way to bring up children – except for all the others. Of course it is not perfect, but all the evidence is that some form of care based around the family is the most effective way of bringing up healthy, well-adjusted children. Consequently, that is what remains as the best hope for the children of the region in developing alternatives to the institutions that involve family-based care. The box below illustrates the need to fill the gap between the extremes of placement in an institution and doing nothing.

As we saw earlier in this report, the initial response to the ‘orphanage’ crisis, when it first emerged into Western consciousness in Romania, prompted a considerable response to help the children involved. Initially, this took the form of attempts to improve conditions for the children in the ‘orphanages’. This response, though understandable in humanitarian terms, was actually counter-productive because it did not take into account the damaging nature of institutional care.

Furthermore, when the economies in the region collapsed following the fall of the communist system, the combination of price rises, spiralling unemployment and welfare cuts put increased pressure on already struggling families. Since family support did not exist in the region, for all the reasons we have discussed earlier, desperate families were even more likely to place their children in residential institutions than before. And by improving the conditions in the institutions, the likelihood of this decision was rendered all the greater – so that a well-meant gesture ended up producing a worse result.

⁵¹ “Many forms of Government have been tried, and will be tried in this world of sin and woe. No one pretends that democracy is perfect or all-wise. Indeed, it has been said that democracy is the worst form of government except all those other forms that have been tried from time to time.” (Winston Churchill, Hansard [House of Commons Official Report], 11 November 1947)

The material that is presented in the remainder of this chapter is based on the experience of EveryChild; other organisations have, of course, been involved in developing family-based alternatives to institutional care, but we have not attempted to summarise all the different work that has been done across the region. However, it may be useful to point some of the many publications that have been produced:

- For research in (northern) Russia by the Nordic Institute for Urban and Regional Research that examines the reasons why children are sent to institutional care as well as an examination of alternatives to it, see Holm-Hansen et al (2003).
- For a Europe-wide analysis of institutional care and alternatives, including the important issue of post-care support carried out for the Council of Europe, see Guðbrandsson (2004).
- For a more general discussion of the reforms in social care following the collapse of the communist system, see Munday and Lane (1998) and Constable and Mehta (1994).
- For an evaluation of the USAID *Assistance to Russian Orphans Program* to reform Russian state institutions by retraining state child welfare staff and supporting NGOs, see Heegaard et al (2001).
- Finally, in this very brief list, for material from the joint World Bank/UNICEF project *Changing Minds, Policies and Lives*, see UNICEF (2003a, 2003b and 2003c); this contains some useful material but overall it is marred by an over-reliance on the World Bank's heavily ideological approach to reform, based mainly on the assumption that privatisation is the only model to use.

One suggested solution was the building of '**children's villages**', whereby a family-like structure is built in the form of a village, centred on four basic principles: mother, siblings, house and village. Each child has a 'mother', who is extensively trained and lives in the house as the main carer and substitute for the child's natural parents. However, the enclosed villages does separate children from their natural surroundings and culture, and it seems likely that they are expensive to establish and maintain.⁵²

Similarly, in **small group homes**, about 10-14 children are supported by paid full-time staff who provide some of the care and nurture that parents normally offer. Small group homes can serve an important purpose in childcare reform and EveryChild has successfully used them for short-term placements to aid the transition process for children who are to be reintegrated back into families. However, we do not advocate their long-term use as an adequate form of childcare, as they simply become smaller institutions with all its inherent dangers and drawbacks. A recent solution put forward by the Romanian government was to **divide the institutions into smaller units**. It was hoped this would achieve the same benefits as small group homes without many of the accompanying costs: the buildings were already in existence so only conversion costs would be incurred, and staffing problems could be readily solved by re-training existing staff. However many of the institutions are in poor condition and unless major work is undertaken, conversions will be equally substandard. And re-training is not easy as staff can become institutionalised by their experiences (Goffman, 1961)

⁵² In fact, SOS-Kinderdorf, which pioneered this approach in Austria in the early years after the Second World War and has since expanded to cover over 130 countries world-wide, is now engaged in rethinking its approach to this model. It will be interesting to see how this develops.

Family-based care as a substitute for residential institutions

EveryChild believes family-based alternatives are the best way to solve and address the problems of institutional care.

Taking the children out of the institutions: reintegration with their own families

EveryChild's favoured solution to the problem of institutions is, where possible, to return the child to his or her own family. Our experience has shown that this can be done in many cases, although it may not always be easy. In many countries across the region, institutions were deliberately built away from main population centres. Many institutions discouraged parental contact, arguing that visits would only upset and unsettle the children; the long distances and inadequate and expensive transport system proved an effective obstacle.

Children returning home to their families need preparation – and so do the families. Trained social workers can help both parties prepare for the reintegration, but other preliminary work must also take place. The family needs to be traced and then given time to consider whether they can cope with being reunited with their child. The family home also needs to be assessed to see whether it is suitable. Finally, when and if the child has returned home, long-term support and guidance from the social worker will play an integral part in the success of the reintegration.

In order for this whole process to succeed, teams of social workers need to be established and given appropriate training. Financial mechanisms to support their work must also be considered, as well as any legal reforms needed as a framework within which the teams can operate. Support mechanisms also need to be established to avoid 'burn-out' in staff who are continuously exposed to difficult or traumatic situations.

Although this may sound daunting, plenty of experience is available in both western and eastern environments, and EveryChild has found that a cascade system – in which local staff, once having been trained, can pass on their experience by training others – proves very effective.

A family in crisis

Anna, a girl of eight, lived with her mother, Natalya, in one room of a three-room apartment in Ekaterinburg, Russia. Soon after Anna's father abandoned them, their landlord tried to evict them. A difficult homelife was made worse when Natalya became pregnant by her second husband and Anna became very disturbed and angry. Her mother felt she had no choice but to place her in a local authority shelter. At this point EveryChild began working with the family.

With our intervention, and that of the district's Centre for Social Assistance, Anna was returned home. As well as continued observation and support, the family were given practical help: some financial support, clothing and food, and Anna was given a medical check-up and counselling. After a short time, social workers were pleased to see her happy at home with her mother and new little brother.

Their problems returned, however, when Natalya's second husband walked out, leaving the family with debts and the room in a state of disrepair. The family were in crisis again, but with the support and encouragement of social workers, Natalya was able to cope. She found a job as a school cleaner and managed to do some repairs on her room. Thanks to the lawyer of the Centre for Social Assistance, the ownership of her room was also finally settled in court, giving the family much needed security and peace of mind.

Anna started secondary school last year, and has been achieving good marks. She likes it so much that she now hopes to be a teacher when she grows up.

EveryChild Russia (2004)

Keeping a family together

Maria is 39 and lives in Lviv, Ukraine; she has six children: Oksana (18), Ivan (17), Volodya (16), Natalia (15), Marijka (13) and Mykola (2). She divorced their father whose drink problem made him act abusively towards the family. Maria works as a nurse in one of the local hospitals but, after repeated beatings from her ex-husband, she has difficulties with her hearing and memory loss. The family's living conditions are very poor: the taps leak and the small gas stove has to be used for cooking and heating.

With so little money coming into the family, they built up large utility debts. Unable to cope with the pressure, Maria sent her five oldest children to be cared for in the nearby institution. Unfortunately the boarding school (*internat*) was for children with severe mental disorders – and none of Maria's children had any kind of learning difficulties. It was at this point the family were referred to EveryChild.

Our social worker helped the family restructure their debts, negotiated with the local housing agency for the renovation of the apartment and provided the family with the necessary materials. She has also given the family much needed emotional support as well as practical guidance. Food vouchers were provided for the youngest child who lives at home and he was enrolled into a day care centre, which enabled his mother to go to work.

Oksana graduated from the *internat* and is keen to continue her education at college next year, working as a nurse in the hospital in the meantime. In the next academic year, Marijka, Natalya, Volodya and Ivan will continue their education in a mainstream school, which means that the whole family will be kept together.

EveryChild Ukraine (2004?)

Taking the children out of the institutions: placement with the children's extended families

It must be recognised that there will be occasions when a family will not be able to take back their child. The circumstances under which the child was originally admitted to an institution may still be present and largely unsolvable. In the most extreme cases, the parents may no longer be alive, be too ill to cope, in prison or incapacitated by alcohol or other substance abuse. Contact may have also been lost between child and parents due to the communication barriers put in place by the institution.

In these circumstances, EveryChild advocates placing the child with extended family, such as aunts, uncles or grandparents. The same process of assessment and preparation would still need to be carried out, but the principles of reintegration are the same. In Kyrgyzstan (and other countries in Central Asia) the concept of kinship care is well developed (Burhanova 2004). The same process of assessment and preparation would still need to be carried out, but the principles are the same.

Kinship care

One day, Arminda, one of our social workers, came in to work smiling broadly. On her way in that morning, she had heard a loud voice from the other side of the street, calling out: "Arminda, Arminda, I wish you much happiness!" It was Erald's grandmother. Erald is a member of the Roma community whose mother had divorced and re-married. His stepfather's family did not welcome either Erald or his mother into their household. Erald's mother was unemployed and pregnant with her second child when her new husband demanded that her son be placed in an institution. With no income of her own and no support, she felt unable to defend herself.

This was the point at which EveryChild intervened. We arranged for Erald to be placed in informal foster care with his grandmother and made sure that continuous contact with his mother was maintained. With regular support and guidance from Arminda, Erald thrived in his grandmother's care. He went on a two-year kitchen staff course, and he now works as a waiter. Erald comes to our office every now and then to express his gratitude for the help we were able to give him, which changed his life.

EveryChild Albania (2004)

Taking the children out of the institutions: placement with foster families

When all efforts to trace family members of children who have been in institutional care for years have been exhausted, EveryChild believes that foster care – shorter-term care by non-related parents – is the next best option. This is a model of care that has been widely utilised in western countries and its application has been well documented.⁵³

This approach may be more acceptable in societies where the idea of non-family care has not yet taken root. For example, in Bulgaria, there is a common attitude that parenting is a biological phenomenon, expressed by the remark: "*Giving the child to non-relatives? How can you imagine somebody would take care of a child who is not his/her own?*" (Mihova 2004). In this view, non-family placement would inevitably result in inferior care; such ingrained attitudes take some challenging; nevertheless, it can be done and it is possible to draw on experiences elsewhere in advocating it.

In order to introduce foster care it is necessary to recruit, train and retain carers, and to undertake the usual assessment and preparation of the families and children concerned. We have found that the ideal first step is to carry out a public awareness campaign, especially in societies where foster care is new. A recruitment campaign is then needed to encourage prospective foster parents to enroll. After an intensive suitability assessment, sufficient training must be given. Foster parents must also be provided with ongoing support from the social workers who recruit and train them. This is particularly important as some children being fostered may have serious behavioural issues; an important study of foster care in the UK has shown that foster parents can cope with almost any situation, "*provided they are aware of it beforehand*" (Farmer 2004). Ongoing support – even just a sympathetic person to talk to – can prevent the breakdown of foster care placements.

⁵³ See, for example, Triseliotis (1989) and Triseliotis et al (1997)

Two sisters reunited

Nino and Ketevan lived with their parents and grandparents in Kutaisi, Georgia. With high unemployment levels, their parents were unable to find work and were forced to rely on the children's grandparents for support. This placed great pressure on family relationships and, after a year, the parents separated. Nino and her mother left, leaving Ketevan with her father and grandparents. The sisters were heartbroken to be separated.

Nino's mother was unable to find a job or somewhere permanent to live. After struggling for a year, she took Nino to an institution in the hope she would be looked after there. Ketevan was also in a difficult situation: her father found a job, but he could not afford to send his daughter to school on his meagre income. The girls' future was in danger of drifting into a void, but thankfully EveryChild were able to intervene.

Our social workers met the director of Nino's institution and traced her parents and grandparents. The family felt unable to take Nino home, but was reassured that if she were to be placed with a foster family they would not lose their parental rights. They gave their consent and Nino was placed with a trained, loving foster family who helped transform her from a sad and frightened child, into a bright, happy and healthy girl.

Our social workers then began the process to reunite Nino with her sister, as everyone felt it was important for the sisters to be together. The families agreed and Ketevan and Nino have been living together in the foster family for a month. Their lives have already changed dramatically: they go to school together, and they are happy and no longer afraid of being separated.

EveryChild Georgia (2003)

Three siblings kept together

Radu (8), Viorel (6) and Maria (5) are brothers and sister; their parents and grandmother struggled with alcohol abuse. Three years ago the parents left for Russia to find work, but they soon lost contact with their children and disappeared from their lives. With their parents declared legally missing, the children had few options – their grandmother was ill with tuberculosis and simply could not cope.

Viorel and Radu were sent to hospital with malnutrition, where they stayed for a year; after six months, Maria joined them. Soon after they were transferred to a home for children who had been in contact with tuberculosis. The normal rehabilitation period is six months – the children stayed there for three years. Their grandmother visited them occasionally, but her illness soon took hold and she passed away.

It was at this point EveryChild were notified of the children. All three were frightened, introverted and malnourished. Radu could not even read or write, and his memory and concentration span were poor. But at least they were all together.

We worked in collaboration with the local authority, and their social worker assessed the case and decided to place the children in foster care immediately, but also to work with members of the extended family in the longer term. Six months ago the children were placed in a foster family; they now go to school and the "Home for Everybody Centre" where the speech therapist, specialised psychologist and other staff have individual rehabilitation sessions with them.

At a recent case review meeting their progress was examined: they have recovered emotionally, and Viorel has made very good progress at school. At present they are officially registered as orphans and will be put forward for adoption. This is a significant change for the better – the children have been kept together in a loving family environment and have made great progress physically and emotionally.

EveryChild Moldova

Taking the children out of the institutions: adoption within the child's country

Foster care is essentially a time-limited exercise, with the built-in assumption that at some stage the child will move on. Sometimes it can lead to a more permanent placement in the form of adoption. The same considerations apply to adoption as to foster care, with recruitment and training of prospective parents, preparatory work with the child and subsequent support.

Adoption of an abandoned child

In the summer of 1999, Ion was found abandoned in the waiting room of Chişinău railway station. He was taken to the children's hospital for a medical examination and, shortly afterwards, was transferred to the Chişinău Baby Home. In September 2001, EveryChild placed him with a foster family, with whom he lived until June 2004. Unable to trace his parents, Ion was legally declared an orphan and put forward for domestic adoption.

During his time with the foster family, Ion developed physically, emotionally and intellectually. The family, together with the social worker and psychologist, began the process of preparing him for adoption. This proved very stressful for Ion; he did not want to move and he became aggressive and anxious. But gradually we helped him overcome the stress and, in the last review of his case, it emerged that he was progressing well: his learning abilities have increased and he has become more independent.

When contact with a potential adoptive family began, Ion passed through all the emotional stages from rejection to acceptance. To help him settle, we encouraged regular visits to his adoptive family before he lived with them. Ion's integration with the family has also been helped by their supportive behaviour and the guidance received from the psychologist. As a result, Ion has managed the change well and is happy in his new family. As part of the ongoing care process, Ion will receive support and help from the social worker and psychologist to ensure that all his needs are met.

EveryChild Moldova (2004)

Taking the children out of the institutions: inter-country adoption

Finally, there is adoption by a family in another country. Fewer numbers of children are available for adoption in many western countries and international adoption is becoming an increasingly attractive option. This is particularly the case with children from the former Soviet bloc, largely because of perceptions of the terrible conditions in the 'orphanages.' For example, "*Adoptions and Aid International... is a licensed, non-profit Adoption Agency dedicated to finding warm, loving homes for Russian, Georgian, Armenian and Ukrainian orphans*"⁵⁴ (emphasis added), and the process has become very well developed.

Parents in the West, especially in the USA, France and Italy, have adopted large numbers of children from the region. According to statistics from the International Resource Centre of International Social Services, in 1999 a total of 26,161 children were adopted internationally; of these, 63% went to the USA, 14% to France, 8% to Italy and 4% to Sweden (Pierce 2001). Looking at the sources of these, in 2002 80% of the adoptions into the USA came from six countries: China (29%), Russia (23%), Guatemala (11%), South Korea (8%), Ukraine (5%) and Kazakhstan (4%). Comparing the figures for Russia with the TransMONEE database, it appears that 35% of **all** Russian adoptions in 2002 went to the USA, and probably a further 6% went to other western countries. Recently, adoptions have been of children from institutions: the percentage of such adoptions in the USA increased from around 20% to around 65% during the 1990s (Freivalds 1998).

Despite the advantages of sending deprived children to a loving family, EveryChild has a number of serious concerns about international adoption:

⁵⁴ See <http://www.russianadoption.com/>

- **Corruption.** This is a serious problem in many of the countries putting children up for adoption. The problem of corruption is all the greater given the unequal power relations between rich (the adopters) and poor (the adoptees); and there is much evidence of families buying children and/or easily circumventing the laws that govern adoption.
- **Child protection issues.** When a child moves to another country, there may be no adequate controls to ensure that the child is brought up satisfactorily in a safe environment.
- **Emotional development.** Although most children adopted from institutional care soon catch up with their peers in physical terms, there are continuing concerns about their emotional development, in particular their psychosocial development and their ability to form relationships.⁵⁵
- **Loss of cultural identity.** It is likely that when adopted children reach adolescence they will begin to question where they come from, which could lead to emotional difficulties.
- **Little adherence to the Hague Convention.** Inter-country adoption is, in theory, regulated by nations' adherence to the Hague Convention⁵⁶ – a series of conditions that need to be fulfilled before inter-country adoption can go ahead. The Convention includes safeguards to ensure that inter-country adoptions take place in the best interests of the child and with respect for his or her fundamental rights, as recognised by international law. Unfortunately, many countries have not signed the Convention and others have not shown much evidence of implementing it fully.

Because of our concerns about inter-country adoption, EveryChild advocates that it should only be considered for children if no suitable adoptive family or other family-care option can be found in their country of origin. We try to persuade countries to sign the Hague Convention and work with governments of those who have ratified the Convention to establish effective agencies and procedures for inter-country adoptions. However, we do not take part in inter-country adoption approval procedures ourselves and will not act as a conduit to link prospective adoptive parents with adoption agencies in the country of origin.

Prevention

So far in this report, we have dealt with the family-type care concerns of children who are already in institutional care. But this is only part of the story. If all these children were returned to their parents overnight, the same difficulties would still exist because the institutions are essentially the **symptom** rather than the **cause** of the problem. They are full of children because they fulfill, in however unsatisfactory a form, a need for care. This need must be catered for, and this is where a social assistance programme, but of a very different kind, is vital.

The essential element that is needed to replace the institutions is a prevention service: a means of supporting vulnerable families so that they do not need to place their children in an institution in the first place. This need not mean continuous support over a long period, thus inducing dependency. That might be the case if poverty was the only reason why children were placed in institutional care but, as we have argued elsewhere in this report, poverty is a very significant factor but not the main cause.

What tends to happen in practice is that most poor families just manage to survive successfully – until some event occurs that tips them over the edge into crisis and then, in the absence of any mechanism for support, they will seek to place their child in an institution as the only alternative open to them. So the social assistance service seeks to help the family find a way in which they can get back to stability.

⁵⁵ For a clear and detailed review of the literature on this point, see Gunnar et al (2000).

⁵⁶ Convention on Protection of Children and Co-Operation in Respect of Intercountry Adoption (29 May 1993): <http://www.webcom.com/kmc/adoption/law/un/un-ica.html> – but for some useful guidelines, see International Social Service (1993).

But what does this consist of? Typically, it will be precisely the kind of social work service that the previous communist system deplored, which is aimed at supporting vulnerable families. It can do this by a variety of methods:

- **Helping the family to obtain vital documentation.** Frequently in the region, because of over-bureaucratic systems of government, people do not have the correct documentation. For example, in FSU people had a Soviet passport which was valid all over the USSR, but now that it is divided up into 15 separate countries, this no longer applies, and a person, living in one former Soviet Republic but who was born in another, may need documents such as birth certificate which they may not have – and which are expensive to obtain, beyond the means of poor families. But such documents are essential if social benefits or other financial assistance from the state are to be obtained.

Similarly, in countries – Romania is one example – that require people to be registered in the town in which they are living before any help will be provided, families who have moved from other towns may find it very hard to meet the registration requirements of frequently unsympathetic municipal officials. However, given the knowledge and the experience, social workers are able to circumvent the difficulties and help provide families with the documents that they need.

Another area where this kind of support can make a huge difference is in situations where families have had their utilities cut off as a result of falling seriously into arrears with their payments. The staff of the social work team are usually able to help the family negotiate a reduced level of payments to clear the arrears, thus enabling their supply to be restored. This can be a very significant help, particularly for families with children in the cold winters in the region.

- **Providing small amounts of financial support.** EveryChild's philosophy is against the idea of continuous financial support because of the danger of inducing dependency and making the working economically unsustainable in the longer term. So the provision of vouchers, for example, is risky, although it can be justified if the vouchers are used as an incentive to recruit families who might otherwise be wary of becoming involved. Also, small loans may be provided as means of tiding a family over a financial crisis – helping them buy small amounts of livestock, for example, to help feed the children – and for them to raise a little money by selling what they do not need themselves.

Family Support 1

Askar was a three-year-old boy, but he looked more like 9 months; he could not walk yet. He lived in a small house with two dark rooms and a dry mud floor. This house was inherited from Askar's grandmother, but it was more suitable for cattle than for people to live in. Askar's father had been in prison for 2 years for theft; Askar was looked after by his mother, his sister (7) and an aunt who had her own three children to bring up on her own. The family had recently moved from 200 kilometres away as a result of poverty, and were looking for a better life.

Both the women of the household were unemployed, and they had no support from relatives or neighbours, and as a result they were all living in extreme poverty. They had a right to a small amount of state benefit, but that was not enough for even one person.

EveryChild's social worker made regular visits to the family and has encouraged the two women to join a local mutual support group: with the help of the social worker, the members of the group put together a proposal for the purchase of three calves, and EveryChild has given them a micro credit loan.

When we asked Askar's mother what doctors said about his diagnosis and the reasons of his delay in walking, she replied that she had never showed him to a doctor since his birth. It was an obvious case of neglect that could lead to physical and emotional disabilities. After EveryChild's Technical Advisor discussed with the social worker the ways in which Askar could be supported, they worked out a care plan. A Local NGO working with disabled children was asked to support Askar and, with their help of the NGO, doctors examined him. They determined that he did not have any serious disease condition and that the only reasons for this developmental delay were severe neglect, malnutrition and poor living conditions. The NGO supports the family weekly with healthy food, medicines and vitamins, and recently they have told us that they want to show him a group of American doctors visiting the province. The Social Worker applied for a new house and recently we have received the good news that a house has been granted to Askar's family by the Arabic Charity Fund.

Now Askar is able to run, his health is much better than before and, as our partners have said, he is very clever boy. His mother has been helped to learn how to look after him properly. We are hopeful that Askar has a bright future and will grow up healthy and happy.

EveryChild Kyrgyzstan (2004)

Family Support 2

A little support makes the world of difference

Bohdan, Aleksandra and their four children aged ten, nine, seven and six, live in a small two-room apartment in L'viv, Ukraine. Bohdan is a driver and Aleksandra is currently unemployed (although she is registered at an unemployment office). The family subsist on a very meagre income, receiving no financial child support from the state. To make matters worse, the youngest child suffers from hypoplasia (incomplete development of the brain) and requires urgent medical care – treatment which is simply beyond the family's means.

The case was referred to EveryChild and our social worker advised the family how to claim the child allowances and other state benefits they are entitled to. When the family first moved to their apartment they were not told about the utility debts the previous residents had left, which the local communal municipal services were not prepared to cancel. Without a clear financial record, the family were unable to register for the subsidies they would have otherwise been able to claim. The social worker arranged for the family to receive legal advice about the decision of the municipality, and the debt was later removed.

With the extra money now coming in, the family were able to refer their youngest child to a specialist and he is receiving the treatment he needs. Life is much easier with the small but practical help the family received from EveryChild, and they are now doing well.

EveryChild Ukraine (2004)

- **Intervening in a crisis.** Whatever level of support can be provided – emotional, practical or material – it may make the difference between a family's survival and its failure.

Crisis intervention by the Family Support Service (FSS)

Iryna is the mother of two children, Serhiy (15) and Oleksiy (11); she was divorced and the family received no support at all from the father. Iryna is unemployed and receives a small amount of benefit: it is not enough to buy food or other necessities; she is clinically depressed, Serhiy has given up school but does not work, and Oleksiy often misses classes.

The FSS social worker, Nadiya, provided support to the family over a period of 18 months. Initially, they gave the children food rations and vitamin kits whilst Nadiya gave Iryna emotional support on her social problems. But then Nadiya began the work of re-establishing the connection between the family and the local community services; she worked to reconcile the younger boy and his school administration; meeting the teachers, and the boy himself, to discuss ways of improving his school attendance. She provided the older boy with information on possible places for professional education, and helped him to prepare the documents he needed to apply. She also explored the possibility of sending both boys to a summer camp to improve their health. Finally, she provided Iryna with advice on job-seeking, eventually arranging for her to be provided with a sewing machine, as means to improve her income.

Gradually Iryna has overcome her depression, becoming more active and optimistic. She earns money by sewing, and actively involves the customers. By agreement with the FSS, she provides a free sewing service for other FSS clients. Oleksiy has not missed a class for two months, and his teachers are now supportive. Serhiy is studying in technical college and is going to become a mechanic.

The crisis of the family has been solved and the family are now off the project. They can apply for help to the Centre for Social Services for Youth if they need it, but they feel that they are independent and do not need any more support.

EveryChild Ukraine (2005)

Respite care as a step towards reintegration

Lucian is a seven-year-old boy with autism, living with his parents in a modest home in Sighet, Romania. His brother, Florin, who is nine, suffers from severe psychomotor retardation and is living away from home at the 'Sighet Placement Centre for Children with Handicaps'.

Both children and their mother have attended EveryChild's 'Community Centre for Children and Families' at Calinesti for respite care. They have received special rehabilitation therapy with the Centre's specialists for a few days at a time. These visits have helped Lucian and Florin to re-establish contact, but many weeks spent apart is proving to be a serious obstacle to their relationship. More importantly, Florin's physical and emotional development is suffering as a result of being away from home.

Recently, Lucian started going to day care at the Sighet Family Centre. Since Florin was at home from the institution that week, his mother took him to the day care centre as well. We suggested that she extend Florin's stay at home so that the two boys could continue at the day care centre together. This has proved to be very successful: the family has benefited from counselling and, now the brothers are together, they are happy and sociable. They hope the next step, with EveryChild's support and guidance, will be Florin's permanent reintegration with his family.

EveryChild Romania (2004)

- **Providing counselling or other psychosocial support.** This can be more labour-intensive, but even a little support provided over a period of time can make a huge difference to a family.
- **The provision of respite care** – the opportunity to place a child, particularly when the child is ill or has disabilities – in care for a short period so that they can receive specialist therapies and the family can recover their equilibrium can also be very important. This is not to be confused with sending the child to a large institution where they are unlikely to receive any specialist care at all.
- **Preventing the abandonment of babies.** A special case is the prevention of abandonment of babies by very young unmarried girls in societies such as that in Kosova/o⁵⁸ where it is often regarded as bringing shame on the whole family for a woman to have a child outside marriage. In these circumstances it is essential to support the mother through the first, most difficult stage of coming to terms with her new status as a mother at a time when, just having given birth, she is especially vulnerable. This can be done in a number of ways, one particular form of which is the use of special homes to provide a shelter for both mother and baby so that she can decide without being placed under pressure from family or others.

At first, it may seem impossible for the girl to keep her baby: the family will be bitterly against it, the girl will most likely have no qualifications to allow her to get a job to support herself – and nowhere to keep the baby whilst she does work – and suffer from worry and loneliness in her social isolation. The most important thing at this stage is to try to forestall a decision to abandon the baby, and the shelter provides a refuge where she can have the chance to think through her predicament – and also for the family to have the chance to reconcile themselves to what has happened. Often, for example, the family will regard with horror the *idea* of the baby before it is born, but when they see the *reality* of their own flesh and blood, they may decide that they should keep it in the family after all.

The important thing, therefore, is to provide somewhere that can be used to allow a breathing space – and not just the physical provision of somewhere to stay with the baby, but moral and psychological support from girls who are in the same position and from sympathetic, non-

⁵⁸ Due to political sensitivities, the province is referred to in both its Albanian and Serb forms

judgmental staff who will not try to force the issue but encourage the girl to decide what is best for herself and for her baby.

- **Supporting care leavers.** Another special type of support is necessary when young people leave care. As we have seen, this is frequently not handled well, and the provision of help to assist a young person to get a job and somewhere to live can be vital.

Successful vocational training

Tanya is 13 years old; her mother is seriously mentally ill and unable to care for her, and Tanya has never seen her father. Her grandmother brought her up but when she died, Tanya was placed in an institution for children, where she has been living for the last seven years.

As a result of the neglect that is so common in big state institutions, Tanya has mild learning difficulties and attends a specialized Helping School that shares a common yard with the institution where she lives. The school provides free education for 130 pupils aged 7–16. The children from this school come from a particularly disadvantaged group in society, suffering from social isolation and lack of equal educational opportunities.

EveryChild and the school have entered into a partnership to tackle such problems, and together have established a sewing classroom in the school to help the students obtain important vocational skills in sewing, which will later help them find employment.

The sewing classroom is based in the school and accommodates vocational training classes both for pupils from the school and for other children with learning difficulties living in the local community. The sewing products include bed linen, table-cloths, night-gowns, etc, and these are sold to teachers, parents and the local community. The profits are invested in new fabrics and materials.

Now Tanya is one of the 60 girls and boys who, through the classes, have improved their chance of a decent life.

EveryChild Bulgaria (2004)

Roxana will become a teacher

Roxana is a young girl of 20 who, with her sister Laura, has lived for many years in the local childcare institution after both their parents had died. She had good school results and was recognised as socially adept with good communication and relation building skills. As a result she was elected president of the school Children's Council and as a representative of the institution. Roxana is in the last year of a three-year course at college in Beiuş training as an educator. To pay for her course, she took various part time jobs that had nothing to do with teaching.

But then the government decided to close down the institution where Roxana's sister still lived; the children there were to be reintegrated into their families or transferred to other institutions. EveryChild bought a house nearby and, with the Department for Child Protection, used it to establish a small group home. Ten children from the institution, including Laura, were transferred to the new group home. The EveryChild social worker discussed with Roxana whether she would like to take up a position as teacher at the group home, and when she agreed, the social worker arranged with the Department for Laura to be offered the post. Although they were initially reluctant, we managed to persuade them to consider Roxana. She applied successfully, and when she has finished her course she will take up the post at the group home, where she will not only have a good job but be reunited with her sister Laura.

EveryChild Romania (2003)

Shelter for a young single mother

Merita, 24, is a single mother from Peja; being unprepared for motherhood, she made many efforts to hide the pregnancy over the months. Then when the birth started she went into a stable and tried to deliver the baby on her own. She suffered great pain and, after a few hours she could endure no more and called for help. Her sister at once took her to Peja maternity hospital, and in January 2004 she had a baby boy, Urim.

The maternity nurse identified her as mother at risk of abandoning her child, as she noticed that Merita showed no interest in becoming attached to her child. She tried to convince Merita to approach Urim and establish first contact with her. But where could Merita go if she kept her baby? That was why she had been rejecting her child. The nurse talked through the possibilities, including the Mother and Baby unit within the women's shelter where Merita could find support and care for her and the baby. As this seemed the only option for her – she did not feel able to go back to her own or her boy friend's family – she decided on the mother and baby unit in Peja.

There the EveryChild counsellor helped Merita to overcome her postnatal depression. She began to renew communications with her family by phone. Her own father insisted that she could only return home without the baby – but gradually, he realised that if he kept that attitude, he would lose not just his granddaughter but his daughter too, and he began to change his mind.

One of the problems was that Merita had hoped that she could find support and understanding from her boyfriend as well, but he denied being the father – and with no acknowledged father, Merita faced serious stigmatisation. However, family members prevailed on him to at least accept a DNA test to prove paternity, and eventually he admitted fatherhood and wants to see his son.

Merita is now living in a rented apartment with financial support from her family, who are very concerned about her; they even visit her and her baby. Urim is 13 months old and is progressing very well. Merita's family are interested in taking her back home, where she will have more support, we will help her attend a German language course, to help her find a job and also a place in kindergarten for Urim whilst she works.

Without the period in the mother and baby shelter that helped Merita to work out how she could carry on and her family to become reconciled to her baby, it is most likely that Urim would have been abandoned and would be facing an unhappy and uncertain future.

EveryChild Kosova/o (2004)

Support for a young single mother

Tina fell pregnant as the result of a terrible crime – she was knocked unconscious and raped by several men. When Tina found out, she told her brother, Giorgi, who made the decision for her to place her child in the Baby House. He blamed their poverty, but he later revealed that he wanted to avoid the ‘disgrace’ Tina’s illegitimate baby would bring on the family.

Tina gave birth to a baby girl, Mariam, at the charitable maternity house sponsored by the Orthodox Church. At first she refused to breastfeed, but over time she developed feelings for her daughter and began to feel that she was being coerced into abandoning her own child. But with no home and no job, she felt that taking care of Mariam was an almost impossible task.

The EveryChild social worker explained to Tina that support and guidance was available through the Prevention of Infant Abandonment and Deinstitutionalisation Project (PIAD). The social worker had a series of meetings with Giorgi to persuade him that the decision to abandon Tina’s child was not in the baby’s best interests, and that she could give the family they support they needed to bring up the baby. Giorgi was fond of his sister and doubted his earlier decision. Later that day he and his wife promised to help Tina and Mariam.

Tina is currently living happily in the Project Shelter with Mariam. There is no longer any threat that they will be separated and Giorgi and his wife visit them often. Giorgi is no longer ashamed of public opinion and he calls the social workers “kind magicians”. When Tina leaves the Shelter, she will live with her brother, and the PIAD Employment Service is helping Giorgi find a better job to make the family more financially stable. The social workers’ support gave Tina and Mariam hope for a better future.

EveryChild Georgia (2004)

- An important component of any reform of children’s institutions must be a focus on restricting the flow of children into institutions, sometimes known as ‘gate keeping’. Residential care should be reserved only for those children whose care needs cannot be met in their family or in a family-type setting. Restricting the flow of children into institutions means assessing their needs and the needs of their family to identify the help and support that would prevent their admission to an institution. Gate keeping can take a range of forms, and these were well summarized in a note from Jon Barrett, Team Leader in EveryChild Moldova’s current TACIS project (see box below).

Gate keeping and the reform of social services for children

“Many new initiatives if not properly planned and coordinated can merely lend to the proliferation of services for children and not address the actual issue of deinstitutionalisation. In other words there can be a “net widening” of children being looked after in many countries of Eastern Europe and Russia, with the number of children increasing, rather than decreasing. And that this work needs the commitment of governments to bring about the changes necessary. For example in the TACIS project in Moldova we are focusing not just on family-based community service development, but also on how the services can link in with the internats and provide an effective integrated deinstitutionalisation programme.

Central to this is the implementation of a gate keeping process, which is clear and can be adhered to by all service providers. Again, as with a deinstitutionalisation programme, this is easily talked about, but much more difficult to put in place. A simple gate keeping process without detailed elaboration can include:

- ◇ Advice to family from family support workers
- ◇ Provision of family support – short-term intervention looking at how to support the child in the birth family environment
- ◇ Day centre or day care support e.g. for disabled children, family support work, child education services etc.
- ◇ Short-term interventions e.g. short-term foster care, respite care, short-term residential care etc.
- ◇ Long-term interventions – alternative long term placements.”

Jon Barrett, EveryChild Moldova (2005)

Finally, there are many other ways of providing assistance: this has been by no means an exhaustive list. Additional methods include those listed in the box below, but the really important point to be made is that these are not mutually exclusive: there is no sense in picking one or two only and ignoring the others, because the approaches described here and above are essentially complementary: each reinforces the others, and it is vital that a balanced package of measures is adopted. Of course, the main approaches to be concentrated on will depend on local circumstances, but it is most important to appreciate that a mix of methods will be needed.

Additional approaches to building good family-based services

- Community based services; use/involvement of community members in prevention of family break up or in reintegration in family, like community heads, community self-help groups, community schools and kindergartens, etc.
- Within institutions life-, livelihood-, social- and vocational skills programs
- Independent living programs for older youth (aged 15-18) to prepare them for live after institution
- After care or follow-up work after reunification/reintegration
- Multi agency work; different departments/ministries working together, government and non government
- Early prevention work (family visits, peer educational program, information leaflets/meetings)
- Lobby and advocacy on implementation of children’s rights
- Training/capacity building for workers in institutions, management staff and decision makers within ministries.

EveryChild Kyrgyzstan (2004)

What are the barriers to implementing reform of the present system?

One of the main barriers to changing the system of institutional care in the region is that of the costs involved. These involve both economic and non-economic effects, but it is the narrower financial costs that we shall consider here. This is, of course to set aside completely the non-economic effects, of which the very serious developmental delays associated with inadequate care in institutions are by far the most serious. One might attempt to elucidate the longer-term economic effects on a country's economy, in terms of damaged, unproductive lives, of an excessive reliance the institutions, but though undeniably important, these are extremely hugely difficult to quantify.

On the face of it, it might be thought that, on purely economic grounds – the realisation of economies of scale, for example – large institutions would prove to be more efficient than such alternative care options as individual family support. But in practice, this is very far from the case.

As far as can be seen, there is relatively little in the way of substantial evidence to establish the costs of different alternative forms of care, although there is sufficient that the international community as a whole seems to accept the argument that they are, in fact, cheaper. Nevertheless, we do need better evidence with which to convince those who do not yet accept the case.

David Tobis has summarised most of the evidence, citing evidence from Armenia, Russia and Romania, in concluding: *“residential care is far more expensive than alternative forms of care such as foster family homes for children or community-based services”* (Tobis, 1999). Of these three, the material from Romania (World Bank 1998, page 29) is the most systematic, showing costs for a wide range of alternatives. However, although there are some doubts about the accuracy of the material,⁵⁹ it remains the most convincing that has been published until now. The study produced figures for institutional and alternative forms of care that show a wide variation (Table 5).

Table 5: Romania: recurrent cost analysis of alternative child welfare modalities

March 1998 (millions of Romanian lei per child per month)

| | State [residential] institutions | Community residential care | Professional foster care | Voluntary foster care | Adoption or family reintegration |
|--------------------|---|-----------------------------------|---------------------------------|------------------------------|---|
| Total costs | 1.77 to 2.47 | 0.87 to 1.17 | 0.80 | 0.40 | 0.17 |

Source: World Bank (1998)

On this evidence, institutional care costs between ten and fifteen times as much as family reintegration – which, if the reintegration is a long-term success, must be the preferred alternative in the great majority of cases. Of course, family reintegration is not always possible, and in some cases more costly forms of care will be needed. But on the World Bank evidence in Romania, most alternatives are much cheaper in any case. Is there any further evidence to support the figures?

Apart from those mentioned above, published figures from the region are sparse. EveryChild has some figures from our own work in three countries (Table 6), and these are broadly comparable with those from the World Bank Romania study.

⁵⁹ Andy Guth, a member of the World Bank team that carried out the study, has commented that the calculations were based on largely anecdotal evidence (personal communication with the author, 1999).

Table 6: Ukraine, Moldova and the Russian Federation: costs of different forms of care

Costs are per child per month, in the currencies shown

| Country | Currency units | State [residential] institutions | Family-type homes | Professional foster care | Voluntary foster care | Family social services |
|--------------------|--------------------------|----------------------------------|-------------------|--------------------------|-----------------------|------------------------|
| Ukraine | <i>Ukrainian hryvnia</i> | 600 | 334 | - | 250 | 94 |
| Moldova | <i>US dollars</i> | 90 - 180 | 90 | - | 40 | 10 - 20 |
| Russian Federation | <i>Russian roubles</i> | 3,647 | | | 1,933 | 897 |

Source: EveryChild Ukraine, EveryChild Moldova and EveryChild Russia

Next, experience in Western countries tends to provide broad support for these figures: In the USA, the cost of a short-term family preservation program is around \$4,500 per child, whereas the least expensive out-of-home placement, a foster care home, costs \$15,000 a year and a residential placement is three times that amount (Tobis 1992). In the UK, the latest available evidence shows that residential care costs are seven and a quarter times as high as those of [professional] foster care (Department of Health 1999).

Finally, Desmond and Gow (2001) examined six different models of care for children orphaned by AIDS, ranging from community-based care up to formal residential institutions; they concluded that the costs of formal care were very much greater than of less formal forms, although there were some difficulties in providing the necessary support for the more home-based forms.⁶⁰

Is it possible to provide a synthesis of these various figures that allows comparisons across modes of care and countries? As they stand, differences between countries and the definitions they use, quite apart from differences between modes of care, make this difficult but it is worth trying.

Before analysing the figures in any detail, it is first essential to stress that a number of broad assumptions are needed to make any comparisons. They are that:

- Romanian community residential care (in the World Bank study), EveryChild's family-type homes and Hope and Homes' small group homes are roughly equivalent to each other;
- The US and UK foster care placements are comparable to those in eastern Europe and the FSU;
- The US short-term family placement is roughly comparable to support by family reintegration on the Romanian model or family social services as provided by EveryChild; and
- It is reasonable to take the midpoint of the ranges for the various figures for state and community residential care when they are given as such.

Making these assumptions, we can produce the overall set of comparisons shown in **Table 7**. These indicate that:

- Community residential care comes out at between 42 per cent and 67 per cent of the cost of institutional care;
- The cost of professional foster care is between 16 per cent and 38 per cent that of institutional care;
- The cost of voluntary foster care is between 14 per cent and 53 per cent of that of institutional care; and

⁶⁰ Desmond and Gow's work is one, rather detailed example of studies of providing for children orphaned by AIDS; see Williamson (2003) for a useful discussion of the issues and a valuable bibliography.

- The cost of family support/social service provision is between 8 per cent and 25 per cent of that of institutional care.

Table 7: Costs of alternative care as a percentage of state residential care

| Results from: | Community residential care | Professional foster care | Voluntary foster care | Family support/ social service provision |
|-----------------------------------|-----------------------------------|---------------------------------|------------------------------|---|
| World Bank (Romania) | 48% | 38% | 19% | 8% |
| EveryChild (Ukraine) | 56% | - | 42% | 16% |
| EveryChild (Moldova) | 67% | - | 30% | 11% |
| EveryChild (Russian Federation) | - | - | 53% | 25% |
| USA | - | 33% | - | 11% |
| UK | - | - | 14% | - |
| South Africa (Desmond & Gow 2001) | - | 16% | - | 12% |

Although there are some divergences here (the EveryChild Russia figure for foster care, for example, is around three times the equivalent figures from Romania and the UK), taken on the whole the figures are strikingly similar. It would be too crude to attempt to average them, but it is clear that the following broad statements can be made from the table:

- Community residential/small group home care costs around half that of state institutional care;
- Foster care, depending on whether it is professionally or voluntarily provided) costs around a fifth to a third of state institutional care; and
- Family support/ social service provision costs around one eighth of state institutional care.

These statements are highly significant and, although they illustrate the difficulties in inter-country comparisons, particularly when the differences between the countries are as great as they are between those of the former Soviet bloc and industrialised Western countries.

Furthermore, there is another important consideration: the costs here are shown *per month*, but the duration of the respective care episodes may be very different. Thus residential childcare is likely to be long-term – a typical average length of stay is, from our own evidence, likely to be measured in years rather than months. The same applies to foster care and community residential care – but not to family social support. This is typically much more short term – in Ukraine, for example, we have found that families need support for between 6 and 8 months only. The result is that the costs of providing social support are very much less even than shown here of the costs of keeping children in residential institutions. Of course, a full costing should also include the costs of setting up social work teams in the first place, but these would subsequently be averaged out over all the client families that they helped and would be unlikely to add significantly to the overall costs.

Consequently, the figures shown in Table 7 must seriously understate the difference between the costs of care of children in residential institutions and the costs of supporting children in their own families – and it should be emphasised again that these calculations take no account of the superiority for the children of being looked after within their own families. Of course, more work is needed before such

comparisons can be fully established. Nevertheless, I believe that the results presented here provide strong support for the case that alternative provision is considerably less expensive than state institutional care – to say nothing of its clear superiority in terms of the needs and rights of the child.

Finally, comparisons made purely *within* the former Soviet bloc should be much easier, and it is to be hoped that further work will be carried out to strengthen the case made in this paper. At present, the implementation of alternative solutions faces a number of potential barriers, one of which is the supposition that they will be necessarily more expensive, and it is essential that work is carried out to remove this potential barrier.

Transitional costs

It is important to point out, however, that, although the costs of providing family-based care are very considerably less than those of institutional care, the resultant savings will not be realised immediately, because it is necessary to set up the alternatives before the old institutional system has been closed down (or, if not closed down, very substantially reduced in size). This is because the alternative systems will need to be in place so that they can receive children from the institutions, which will then need to be gradually closed down as the need for them reduces, the staff are retrained to redeployed, etc.⁶¹

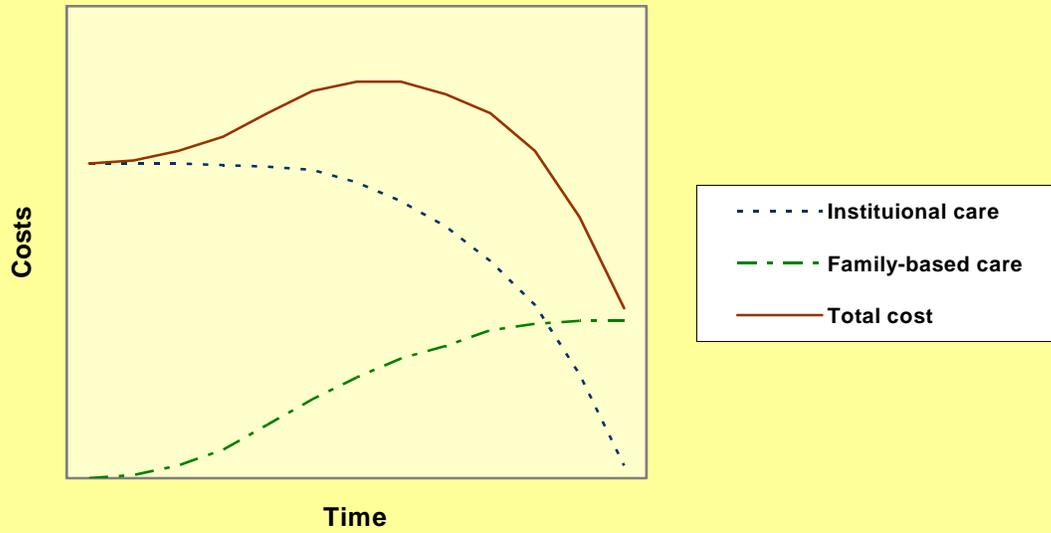
Therefore, it is likely that, because of the effective double-running (of both the old institutions and the new family-based alternatives to them) that will necessarily take place, the costs *over the transitional period* will be greater than under the old system – and this does not allow for the extra costs of training or retraining staff that will be needed. This is demonstrated in schematic form – the costs are notional ones, so no units are shown – in **Figure 14**. This shows initial costs during the transition to the new system that are higher than under the old ones but which, as institutions are gradually closed, are reduced as the new system takes over. These extra transitional costs (represented here by the ‘hump’ in the total costs curve before it starts to drop as institutions are closed) must be regarded less as a cost and more as an investment to introduce the new system.

There are also a number of other barriers to change besides the costs or perceived costs of change. For example, it is important to deal appropriately with the effects on the individuals who are running the present system of institutions: proper change planning will retrain many where that is possible, and where it is not, it is not sufficient simply to throw people out on the street. Other, more nebulous issues arise: for example, people in the region often say of the development of family-based care that “it won’t work here” or “our mentality isn’t right” – and, worse, “it’s better for the children” – this last coming from some of the more hardened professionals, and these attitudes have to be taken on carefully.⁶² There are also differences between countries: in the author’s experience, for example, in one country there was a prevailing attitude that this was a new idea which people found difficult; on the other hand, in another in the same region, no one raised this as an issue. When I asked people about this, they said “Oh, we like new ideas here, we’re always ready to try out something new.” This story underlines the need to adapt whatever methods are used to promote change to the prevailing circumstances and not to try to impose one model in one fixed way only.

⁶¹ It also needs to be stressed that the closure of institutions itself is not necessarily an easy task. For example, as many institutions were located as an act of policy in isolated villages, frequently the local institution is the only real source of income in the village. Closing the institution down without considering alternative employment for the staff would be likely to prove devastating for the local economy in such situations, and this is an additional factor that must be taken into consideration.

⁶² For an interesting discussion of some of these factors, including the fact that sending children to an institution is now accepted as a ‘normal’ way of dealing with vulnerable families, see Westhof (n.d.).

Figure 14: Total costs of providing for both institutional and family-based care during the transitional period (notional figures only)



CHAPTER 4: CONCLUSIONS, EMERGING ISSUES AND IMPLICATIONS OF THE NEED FOR REFORM

Key conclusions as evidenced in the report:

1. The rate of children entering institutional care has risen, despite the fact that actual numbers have decreased, due to declining birth rates.
2. The number of children in institutional care is significantly higher than the official statistics indicate.
3. Orphanages remain in Central and Eastern Europe and the former Soviet Union, and their use is increasing in other parts of the world.
4. The last 15 years of economic reform in the region has been disastrous for children and families living in poverty
5. Children are in care for largely social reasons – but poverty plays a significant part
6. The conditions in institutions are almost always terrible
7. Institutions are almost always harmful for children's development.
8. Family-based care is both better for children than institutional care and significantly cheaper for the state
9. EveryChild has 15 years' experience in helping to develop family-based solutions, which has equipped us to be the leader in this field.

Emerging Issues

So far this report has focused on the use of residential care in countries of the CEE and FSU, but the burgeoning use of residential care for children orphaned by HIV/AIDS in other countries cannot be ignored. Faced with the catastrophe of children who have lost one or both parents to HIV/AIDS, some governments, particularly (but not solely) in Southern Africa, have responded by building or allowing to be built, new institutions to house children. For example, in the early days of the epidemic, Zimbabwe built a number of new orphanages but it quickly became apparent that the orphanage solution was unsustainable. Other countries such as Guyana have allowed faith-based organisations to set up orphanages for children infected with or affected by HIV/AIDS.

In the crisis faced by governments it is perfectly understandable that almost any response will be seized on that appears to offer a solution to the magnitude of the number of children without parents. UNAIDS estimates that by 2003 there were over 12 million children orphaned by HIV/AIDS in Sub-Saharan Africa; 720,000 children orphaned in Ethiopia; half a million children orphaned in Malawi; 940,000 children orphaned in Uganda. The proportion of children in South Africa orphaned by HIV/AIDS is expected to rise from 12 per cent (2.2 million) in 2003 to 18 per cent (3.1 million) by 2010 (UNAIDS 2004a).

Guyana is among the most affected countries in the Western Hemisphere as a consequence of the high prevalence of HIV and AIDS in the general population and vulnerable groups (UNAIDS 2004a). An estimated 2.5 per cent of the Guyanese adult population aged between 15 and 49 had been infected with HIV/AIDS by the end of 2003 (UNAIDS 2004b).

Cambodia's national HIV infection prevalence in adults aged 15-49 at the end of 2003 was 2.6 per cent, the highest recorded in South and SE Asia. Though the number of new infections has dropped in

Thailand, there is mounting evidence that the infection is increasing among the spouses and partners of clients of sex workers and among injecting drug users and migrants. India has the highest number of people living with HIV/AIDS outside South Africa – estimated at 5.1 million in 2002 (UNAIDS 2004a).

Between 1999 and 2001 Estonia showed the sharpest increase in the proportion of population infected with HIV/AIDS, peaking at over 1,000 infections per 1 million population in 2001 before falling back to under 700 per million population in 2002. Estonia, Latvia, the Russian Federation and Ukraine are the worst affected countries in the Eastern Europe and Central Asia region. A striking feature in this region is the low age of those infected. More than 80 per cent of HIV positive people in the region are under 30 years (UNAIDS 2004a).

Children face intolerable hardships when they are no longer protected in a family; an increased risk of violence and exploitation, a high risk of dropping out of school, loss of property including land and subject to social stigma and marginalisation. Panic responses that rely on residential solutions may be seen as an attractive option but they are not the answer.

Much of the evidence and analyses of the impact of HIV/AIDS on children can be found in WHO, UNICEF and UNAIDS reports, but anecdotal evidence from EveryChild programme staff in the countries where EveryChild has a presence⁶³ supports the perception of a residential response to children orphaned by HIV/AIDS. This is despite UNICEF and other major international child welfare organisations advising against a residential response to children orphaned by HIV/AIDS. As we saw earlier, the cost of care is enormous in an institution that provides care to international standards. Cost comparisons in Uganda found that orphanages were 14 times higher than those in community care.⁶⁴ A World Bank study of one facility in Tanzania found that institutional care cost \$1,000 per year per child; six times the cost of foster care in that country (UNICEF and others 2002).

The number of HIV/AIDS orphans living in orphanages is unknown. EveryChild is aware that few countries where it has a presence have effective systems to monitor the number of children living in residential institutions and the reasons for them being there.

UNAIDS has called on governments, as the final guarantors of the rights of children, to commit to:

- Conducting participatory situation analyses;
- Implementing a national policy and legislation review to better protect children;
- Establishing national coordination mechanisms for responding to the orphan challenge;
- Developing and implementing national action plans addressing both orphan prevention and the needs of orphans; and
- Implementing monitoring and evaluation activities based on indicators that specifically measure the effects on the well-being of orphans and children made vulnerable by HIV/AIDS (UNICEF and others 2004).

The 2003 report on progress in meeting the 2001 UN Declaration of Commitment on HIV/AIDS Goals notes that almost 40 per cent of countries with 'generalised epidemics' have no national policies to provide orphaned and vulnerable children with essential support (UNAIDS 2003). Some third of these countries were in the process of developing policies but two thirds had no plans to do so.

⁶³ The list consists of 18 countries: Albania, Brazil, Bulgaria, Cambodia, Ethiopia, Georgia, Guyana, India, Kosovo/o, Kyrgyzstan, Malawi, Moldova, Peru, Romania, Russia, Thailand, Uganda and Ukraine.

⁶⁴ See UNICEF and others (2002), page 12. This figure, which appears with exactly the same wording, in a USAID report (n.d., page 11), seems to have come from an unpublished paper by Powell (1999), which was cited originally by Phiri and Webb (2002).

As reported by UNAIDS, too many countries lack a strategic, coordinated plan to respond to children orphaned by HIV/AIDS. Instead, many governments are only too ready to sanction the creation of new orphanages.

UNAIDS reports that until now, most orphan support interventions have been piecemeal and have not matched the scale of the problem. Allowing donors, faith-based NGOs and others to set up orphanages is not a helpful response for all the reasons explained elsewhere in this report. It fails to protect the interests of children. By allowing faith-based organisations to select beneficiaries on the basis of religion, or making religious conversion a condition of admission, governments are condoning religious discrimination. By definition, piecemeal responses lack a strategic context and rely on the willingness of NGOs to respond to need as perceived by them rather than as defined by government strategy.

Millennium Development Goals

The purpose and intent of the Millennium Development Goals (MDGs) is not questioned and it is encouraging to see some donors linking their aid to initiatives that support MDGs. But it is unhelpful if donors limited their aid just to supporting MDGs. For example, MDG6, that targeting HIV/AIDS and other diseases, seeks to have halted the spread of HIV/AIDS and the incidence of other diseases by 2015. This goal targets the health consequences of disease infections but does not address social and developmental consequences of HIV/AIDS on orphans.

EveryChild and its partner organisation in Guyana, the Linden Care Foundation, have recognised the social consequences of HIV/AIDS. There is an energetic health response by the government of Guyana to adults and children infected with HIV/AIDS with widespread testing facilities and access to antiretroviral drugs. But only EveryChild and the Linden Care Foundation are addressing the social and care consequences on children infected or affected by HIV/AIDS in Guyana.

Children from HIV/AIDS-infected families are frequently stigmatised in school – and even excluded altogether from school. Mothers infected with HIV/AIDS frequently experience isolation and stigma that in turn affects their children. Some female partners of men infected with HIV/AIDS experience violence and desertion by their partner.

Orphaned children are left with friends, neighbours and relatives with little or no preparation. Some young children have found themselves as head of a household containing siblings and cousins who have lost their parents. Some children are placed in private orphanages and lose all contact with their surviving family.

EveryChild and Linden Care Foundation support children and families infected or affected by HIV/AIDS, interceding on their behalf with discriminatory officials, supporting and encouraging regular attendance at school, providing child-centred counselling to grieving children and supporting care-givers. Good health care, nutrition and access to drugs are only part of the response to HIV/AIDS. Governments, donors and NGOs must recognise the social and care dimensions of the epidemic.

The Asian tsunami

In the final days of 2004, the world was horrified to see images of the devastation caused by the Asian tsunami. Reports initially focussed on the destruction of towns and villages and the mounting tally of dead and injured. Shortly afterwards reports coming from the region spoke of unaccompanied children being abducted by people thought to be paedophiles. It appears that national authorities moved quickly to stop children being taken out of their country of origin, but the reality is that many children lost one or both parents in the disaster.

A recent press release from UNICEF London (UNICEF 2005b) said that:

While no reliable figures yet exist, estimates based on the number of dead and displaced suggest there may be thousands of children across the region who have lost or become separated from their parents.

A report on the BBC on 13th January 2005 quoted a UNICEF source saying 1,000 children had been orphaned in Sri Lanka alone. How many more children in other countries in the region have lost their parents? It's too soon to say, but it is likely to be many thousands more.

What will be the response of governments and NGOs to the catastrophe of thousands of children suddenly orphaned by the tsunami? Will it mean a significant increase of children taken abroad for inter-country adoptions? Will governments in desperation allow NGOs to set up orphanages and children's institutions? Or will governments look for solutions that protect children's rights; that enable them to keep their links with their language, culture, background, religion and community? It would compound the sudden loss of their family if orphaned children were then denied the right and protection of an alternative family and instead spent the rest of their childhood in an institution.

The sudden and terrible catastrophic effects of disasters like HIV/AIDS and the Asian tsunami throw into stark relief the challenges faced by governments that have a duty of care for children without parents. No matter how attractive a residential care solution might seem, this is not the way to protect children and their rights. The lessons of Romania should not be forgotten. No matter how attractive a brand new children's home might look, as the then American Ambassador to Romania observed, a decent structure remains an indecent home (Rosapepe 2001).

The implications of reform of social services for children

1. For governments

Countries that have ratified the UNCRC must produce periodic reports to the UN High Commission on Human Rights (UNHCHR) on steps taken within the country to implement the Convention. Generally countries are required to report every four years after ratification. The UNHCHR Committee on Children's Rights examines the country's progress and produces its conclusions and recommendations for each country⁶⁵. A review of the Committee's concerns and recommendations about the care of children in institutions makes depressing reading.

Brazil (UN CRC 2004b)

The Committee is concerned at the large number of children living in institutions and their precarious living conditions. The Committee is also concerned that very often, residential care programmes are not governed by any specific regulation; they may undermine protection of children's rights and these programmes are not well monitored.

The Committee recommended that the government to develop policies and programmes to prevent placement of children in institutions; to help children return to their families and only use children's institutions as a last resort.

Georgia (UNCRC 2003b)

The Committee shares the concern of the State party about the poor standard of living of children in institutions and the fact the Government does not allocate sufficient funds for these institutions.

⁶⁵ See the Committee's documents database at www.unhchr.ch/tbs/doc.nsf

The Committee recommended the Government should strengthen support for families to enable them to care for their children at home.

Guyana (UNCRC 2004a)

The Committee notes with concern the lack of standards for minimum care in institutions and of systematic supervision and oversight, particularly in private institutions.

The Committee was concerned that parents were leaving their children with relatives or putting them in institutions. It was concerned about conditions in the institutions.

Kyrgyzstan (UNCRC 2004c)

The Committee notes with concern that many children in institutional care have parents and are deprived of their family environment. Sanctioning parents who do not fulfil their parental responsibilities by depriving them of their parental rights is also of concern to the Committee.

The Committee recommended that the government should adopt a comprehensive strategy and take preventive measures to avoid separating children from their family environment by providing parents or guardians with appropriate assistance and to reduce the number of children living in institutions.

Moldova (UNCRC 2002b)

The Committee is concerned about the large number of children placed in institutions. The Committee is concerned that they are neglected and ill-treated and not provided with adequate housing and care and basic services.

Romania (UNCRC 2003a)

The Committee is concerned at the harsh conditions in children's institutions, that alternative forms of family care are not sufficiently developed, that children are placed in institutions because their parents cannot afford to raise them.

The Committee recommended that children's institutions should be used only as a last resort.

Ukraine (UNCRC 2002a)

The Committee was concerned about the predominant use of institutional responses to children in difficulties. It was concerned about the low quality of care and the conditions in some institutions. It observed that alternatives to institutions were not sufficiently developed and available.

Albania, the Russian Federation, Peru and Uganda were due to report in 2005. What will be the conclusions of the Committee on the protection of children in institutions in those countries?

Governments that have inherited a child welfare system based on children's institutions, as is the case in CEE and FSU, must develop strategies to halt the flow of children into them and develop plans to return children already resident to their birth families or find alternative families for them. Governments that until recently did not have a legacy of children's institutions but that are suddenly faced with the catastrophic consequences of children orphaned by HIV/AIDS or massive natural disasters must not think the problems can be solved by building new institutions. It would be a terrible mistake if governments faced with huge numbers of children orphaned by HIV/AIDS or other disasters, failed to learn the lessons of countries hobbled by legacy children's institutions.

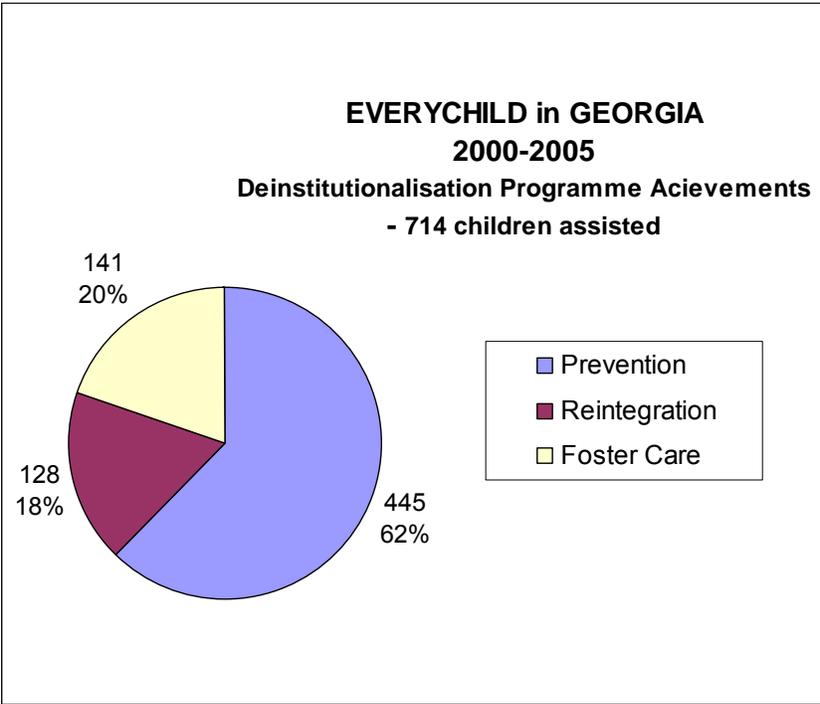
The implementation of UNCRC requirements is not the sole responsibility of governments; donors, civil society and NGOs must play a part too. The job of government is to lead the planning and coordinate

the implementation strategy and to ensure its own policies and spending supports the strategy. A number of governments that are faced with large numbers of children in institutions have made commitments towards closing institutions and developing alternatives.

Governments must consult with donors and civil society, including children, to find agreement on a way forward that does not rely on institutions and is in the best interests of children. Governments must articulate a clear vision of child welfare policies that support children to grow up in families.

EveryChild has substantial experience of piloting children and families assessment services in partnership with governments in South Eastern Europe and the former Soviet Union. Time after time, the experience has shown that a carefully tailored package of family support can help the family overcome its difficulties and allow the child to grow up under the protection of the family. An example from EveryChild Georgia is given in **Figure 15**, which shows how children were helped between 2000 and 2005 in that country.

Figure 15: What happened to the 714 children helped by EveryChild Georgia between 2000 and 2005?



Source: EveryChild Georgia office

EveryChild has developed its expertise through partnerships with national governments to train and support locally recruited social workers and their managers in modern social work assessment methods and child protection skills. When the social workers are informed about a child at risk of being placed in an institution, they visit the family to offer help. Almost invariably, families agree to work with the social worker who makes a full assessment of the needs of the child and devises a plan to meet those needs. This approach to prevention, adapted to meet the different country contexts, has proved highly effective in supporting children to remain in their families.

Preventing admission to institutions is one alternative. EveryChild also has substantial expertise in helping government authorities re-unite children already living in institutions with their families. Social workers use similar skills of child and family assessment followed by delivery of a plan to support the child at home. Where it is not possible to re-unite children with their birth families, EveryChild has helped government authorities to recruit and train foster carers to care for the child.

The creation of a countrywide social work service is one of the major reform tasks for a country dependent on institutions. In order to scale up the supply of properly trained social workers and managers, most countries need to make a heavy investment in new training courses. Some staff currently employed in children's institutions could be retrained as social workers. Others could be retrained as community support workers or foster carers. Offering retraining to staff of children's institutions will reduce resistance to reformed policies. It is probable also that a limited quantity of graduate social work training will be needed to meet workforce requirements.

2. The implications for donors

Donors must examine their aid policies to ensure they are not helping to perpetuate residential solutions for children lacking parental care. While the instinct to respond to the dire conditions in many children's institutions across South Eastern Europe and the former Soviet Union and other countries is understandable, it runs counter to the best interests of children. For example, the flood of international aid that poured into Romania in the early 1990s did improve kitchens, roofs, plumbing and provided clothes and toys. Donor aid did improve living conditions in a number of institutions but as the then American Ambassador to Romania reported, "*While children lived in decent conditions, the large institutional warehouses that were now decent structures remained indecent homes*" (J C Rosapepe 2001).

Abandonment of babies in Romania

According to a survey supported by the Ministry of Health and UNICEF and carried out in over 150 medical institutions, around 4,000 newborn babies were abandoned in Romanian maternity hospitals immediately after delivery in 2004, or 1.8 per cent of all newborns.

UNICEF (2005a)

As this report has argued, residential care of children is an expensive solution that damages children and results in poor outcomes for them in adult life. Instead of supporting the perpetuation of children's institutions, donors should be making their aid conditional on the systemic reform of child welfare policies; welfare policies that support children in families instead of removing them to institutions.

Understandably, with the best political will in the world, governments cannot reverse welfare policies overnight. Reforms that direct welfare assistance based on an assessment of need rather than a standardised residential response, do take several years to implement. In the meantime, the roofs of some institutions will need repairing; kitchen stoves may have to be replaced. There is a need for donors to work with governments to develop realistic plans for a phased reduction in spending on institutions tied to an increase in investment in services to support families. What donors must **not** do is to channel so much aid into repairing or building new institutions that it makes it harder for governments to contemplate their closure.

EveryChild is increasingly developing expertise in working with donors and governments to devise national child welfare reforms. The key features of these partnerships are practical and political commitment by governments to reform, the technical expertise of EveryChild and the preparedness of institutional donors to underwrite some of the costs of transition from residential services to family support services.

The complexity of the task should not be underestimated. There has to be a progressive closure of children's institutions while at the same time, a progressive increase in community-based support services, so-called 'double running'. The process has to be carefully planned to minimise the costs of double running. Offering re-training in the skills required for community-based support services can

reduce the negative political consequences of creating redundancies among institution staff. Some institution buildings in the right locations can be reused to house new services; day care for working parents, after-school activities, family support networks, adult skills retraining, etc.

What governments cannot do is to avoid the difficulties of closing institutions and believe, by simply developing community-based family supports, that somehow children will stop being admitted to institutions. Experience in the UK and in other countries is that children will be admitted to fill the space available in institutions. Institutions must be closed at the same time as family support services are developed.

The three key features of a child welfare reform strategy are:

1. Restricting the flow of children into institutions – ‘gatekeeping’.
2. Phased closure or redevelopment of institutions.
3. Creating community-based family support services.

Countries with an underdeveloped social work training infrastructure will need the help of donors to access technical expertise to scale up their education and training capacity. Donors could play a very effective role by helping national governments plan the workforce requirements to implement reformed child welfare policies.

Some donors are already working with national governments to improve central and local government services. Programmes range from supporting public administration training through to improving the skills of health care professionals. Donors must also be ready to provide technical assistance to governments and higher education institutions to plan their social welfare workforce requirements and design and deliver appropriate training and education that supports reformed child welfare policies.

Countries in transition will need technical assistance to reform service delivery mechanisms. Many countries of Central and Eastern Europe and the former Soviet Union have inherited highly centralised welfare bureaucracies. Services need to be locally planned and delivered if they are to help children and families in need. Effective support services will often be based in the local community near to the family in need. Donors need to be ready to help governments devolve planning and budget responsibility to local government while keeping responsibility for national strategic planning, standard setting and monitoring at the centre.

Devolution of services to local government is a major step for many governments. It is appreciated that devolution of child and family welfare services cannot proceed in isolation from a wider reform of central-local government relations. However, it is not sufficient to place responsibility on local government to deliver services without also redirecting the financial resources to local government. Countries that close centrally funded children institutions need to redirect the finance that had been supporting them to local government agencies to provide child and family-friendly support services.

Costs and financing in Moldova

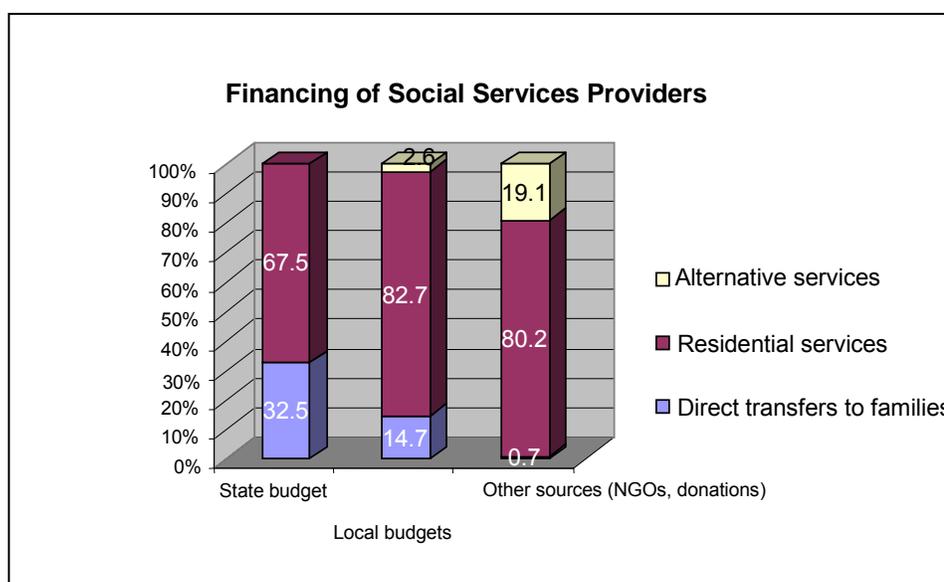
Total costs of care and social services in 2002 amounted to 164.5 million lei, which is 0.7 per cent of GDP.

From the perspective of the financing body this amount is divided in the following way: 62 per cent of the funds come from the central budget, 23 per cent from the budget of public local authorities and 15 per cent from NGOs and other sources. These figures show that the public sector finances 85 per cent of child protection services.

Only 3.5 per cent of total costs are allocated to alternative services and different financing bodies grant these funds.

The structure of allocations from different financing bodies for different forms of social protection is the diagram below:

Figure 16: Financing of Social services providers in Moldova



Source: UNICEF Moldova (2004)

The devolution to local government units of service planning and delivery, with the necessary financial resources is acknowledged to be a major challenge for countries without a tradition of transparent, accountable public administration. However, it is hard to see how community-based responses can be developed without devolution of authority and resources. Civil society has increasingly demanded better governance by their elected representatives, for example, in Georgia and Ukraine. Strategies to develop local community services will need to demonstrate good governance if donor funding is to be forthcoming to support the costs of 'double running'.

When planning their involvement in a country, donors that are supporting reform of local governance need to take account of the implications and requirements of child welfare reform.

As pointed out above, an integral component of child welfare reform is the creation of standards for welfare services. Though services should be planned and delivered locally, central government has a duty to set quality standards for services. The setting of service standards is an important step forward from low quality, poorly regulated services to services that respect the rights of adults and children.

Internationally accepted standards such as the 1993 Hague Convention on inter-country adoption, have shown themselves to be helpful quality checklists against which government interventions can be rated. International standards for the care of children without parental care are long overdue and are urgently needed to guide governments in their responses to children orphaned by HIV/AIDS and other disasters.

In September 2004, the Committee on the Rights of the Child recommended the UN Commission on Human Rights should draft guidelines for the protection and alternative care of children without parental care. Since then a UNICEF – International Social Services project has been working to develop international guidelines (UNICEF-ISS 2005).

Donors need to be ready to provide technical expertise to countries to help them plan their standards. New regulatory systems will be needed that may require new legislation. The service standards themselves need to be defined and assessment and inspection systems created to monitor the application of the standards by local service providers.

Legislative reform

It is probable that reform of child welfare policies will also require reform of national legislation. For example, laws regulating the powers and duties of local government will need to be changed to enable new local services to be developed. Law regulating central and local government financial relations may need to be changed to enable budget transfers from the closure of institutions to be redirected to local government units. Standard setting, monitoring and inspection functions of central government will need a legislative base. The legal status of new types of professions such as social workers may need to be clarified. The legal concepts of fostering and adoption may also need to be clarified. Legislation governing financial assistance to families in need may need to be reformed.

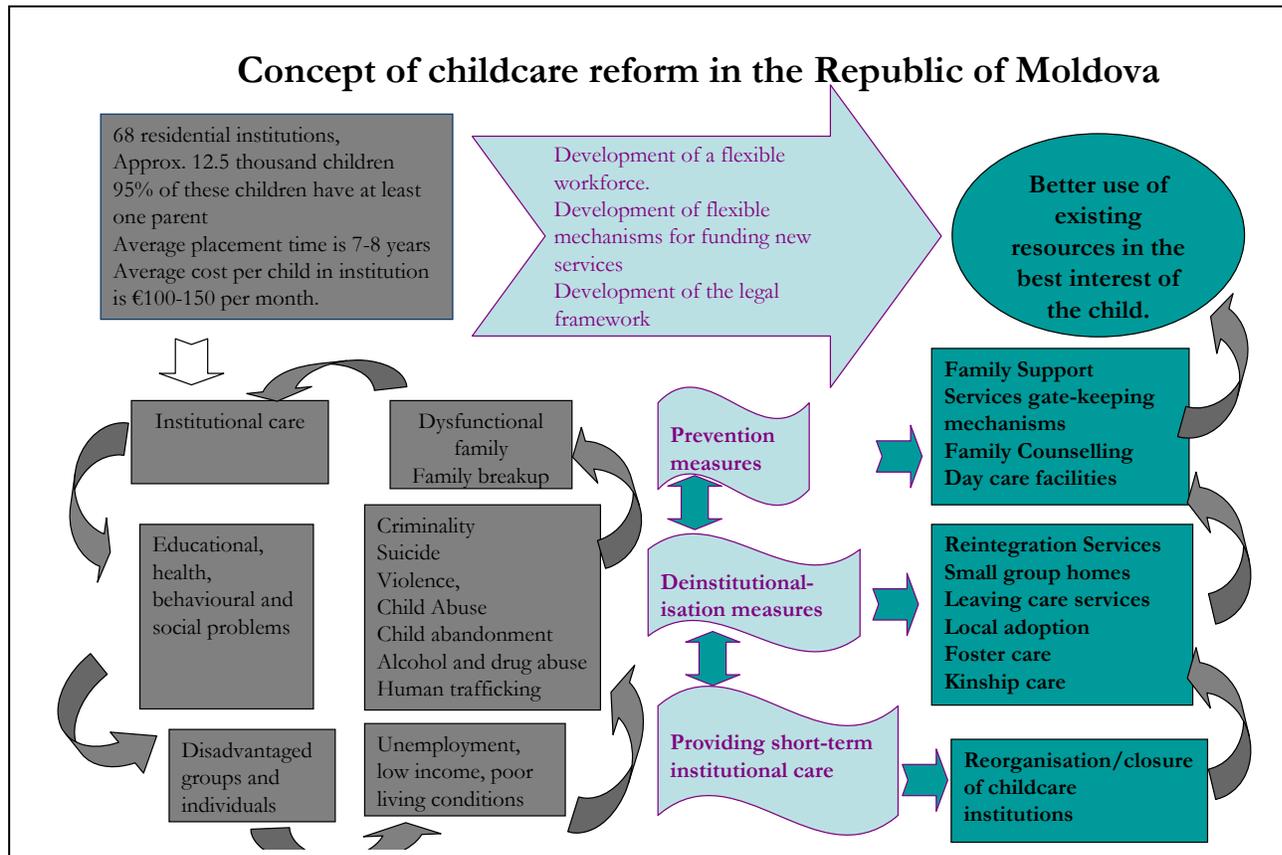
Training for judges, lawyers and other court users will be needed in order that new legislation can be used to protect the interests of children. Some countries without a strong tradition of the rule of law may find these changes additionally challenging. Governments may lack the capacity or experience to draft new legislation and require help from drafting experts.

Governments that are planning reform of child welfare policies need to assess their requirements for legislative reform and identify where they need help to make the changes.

The figure below illustrates the strategic process for the reform of child welfare policies that has been adopted in Moldova; although details will vary from country to country in the region, depending on the local legal system, it is likely that a similar process will be necessary in almost every country in the region.

Figure 17: Schematic of the concept of childcare reform in Moldova

Source: EveryChild Moldova country programme (personal communication)



The European Union – Europe’s Largest Donor

It is encouraging that so many of the EU assistance programmes to non-member states have a political and human rights dimension. Unfortunately, the rights of children are rarely recognised in those programmes. The challenge for NGOs, national governments and the European Commission is to remedy that situation. For example, the new European Neighbourhood Policy (ENP) announced in 2004 seeks to share the benefits of the EU’s 2004 enlargement with neighbouring countries⁶⁶. The policy aims to promote the rule of law, good governance, and respect for human rights, among other things. Action Plans are to be agreed with each partner country. Each Action Plan will refer to jointly agreed key priorities in selected areas. Substantially increased funds for the ENP will replace the current TACIS and MEDA programmes in Partner countries.

The first wave of ENP Action Plans was announced in December 2004, among them the Plan for Ukraine. It is encouraging to see that it specifically refers to the rights of children; requiring the government of the Ukraine to implement the recommendations of the UNHCHR Committee on Children’s Rights, to ensure international standards for juvenile justice and implement the UNCRC. The task now facing NGOs and the government of Ukraine is to work together to take advantage of EU ENP aid to move forward on those priorities.

⁶⁶ Algeria, Azerbaijan, Armenia, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, Syria, Tunisia, Ukraine and the Palestinian Authority.

As can be seen, there is opportunity for children rights issues to be included in ENP Action Plans, the associated progress reports and ENP financial assistance instruments. EU accession frameworks offer similar opportunities to promote children's rights. For example, the Accession Partnership framework agreed by the EU and the government of Bulgaria (European Commission 2003a) specifically requires the government to:

Ensure the childcare system is reformed so as to systematically reduce the number of children in institutional care in particular through developing alternative social services aimed at children and families.

The agreement also requires the full implementation of the UNCRC. Financial assistance from the EU to Bulgaria is conditional on progress in meeting the priorities in the agreement.

Similarly, as we discuss elsewhere in this report, the European Commission exerted very considerable pressure on the government of Romania to reduce the number of children in its institutions and to reform generally its child care system.

In contrast, the EU partnership agreement with Serbia & Montenegro including Kosova/o makes no reference to children's rights. Is it possible that full implementation of CRC has been achieved in Serbia & Montenegro? Similarly, the EU exerted no pressure at all on the other recent accession countries to reform their children's institutions, despite the fact that some of them, particularly the Czech and Slovak Republics, Lithuania and Latvia, have high levels of placement and, in the case of the Czech and Slovak Republics, very poor records on dealing with ethnic minority children. The EU also has partnership agreements with African, Caribbean and Pacific countries; the Cotonou Agreement, and with Latin America and Asian developing countries.

It is often lamented that the EU pays insufficient attention to the rights of children. These partnership frameworks offer opportunities for NGOs, national governments and the EU to work together to remedy the situation; to ensure that children's rights and the needs of children in institutions feature in these important political relationships.

3. Implications for NGOs

It should be clear by now that the role for NGOs is to encourage and assist governments to reform their child welfare policies. No matter how well intentioned their efforts might be, NGOs that support children's institutions are not acting in the best interests of children. NGOs that give assistance to institutions, whether in cash or in kind, should only act within the framework of a government plan that aims to reduce reliance on institutions and to develop new family support services.

In some instances it will be appropriate for NGOs to make limited repairs to the fabric and equipment of institutions, but it is not helpful if NGOs or donors embark on large-scale refurbishment programmes. The aim must be to close or transform institutions, not perpetuate them.

NGOs that have been at the forefront of demonstrating new ways to respond to vulnerable children and families now need to work with governments to roll-out successful services across the country, but only as a part of a strategy that restricts the flow of children into institutions and progressively reduces redundant institutional capacity.

Working together and with associates in Brussels, NGOs have a role to ensure that respect for children's rights are featured in EU partnership agreements. When the rights targets and indicators are in the core documents, NGOs need to help the EC monitor progress towards meeting those targets. NGOs may need to draw political attention to evidence of a lack of progress and advocate for appropriate responses from the EC.

NGOs and faith-based organisations should be hesitant about developing new residential care capacity. As the UNHCHR Committee has repeatedly said, residential care should be used as a last resort for children who cannot be cared for in a family or family type setting. Sometimes there is scepticism in many countries that family alternatives can be found for all children; scepticism that perhaps reflects

long standing discrimination against certain ethnic groups, disabilities or people affected by HIV/AIDS. Governments may be too ready to reach for residential solutions for such children. NGOs need to challenge hesitancy and scepticism and point out the CRC assertion that all children should grow up in a family.

Governments that are offered a residential solution by an NGO should be equally cautious about accepting it. Residential care that meets acceptable international standards is likely to be extremely expensive. Though the service may be provided initially at nil cost to the government, at some point in the future the government may find itself having to pay the full cost of the service.

The complexity of reforming child welfare policies is daunting. In some countries, the huge numbers of children affected is equally daunting. Where to start? NGOs with strategic planning skills should be ready to advise and assist governments facing these challenges. Put the example of the Moldova strategy here.

The reform of child welfare policies can be done but it requires political commitment from governments and partnership with donors and NGOs. Children who live in institutions deserve a better life. Not only do they deserve a better life; they have a right to a better life.

APPENDIX I: NOMENCLATURE and TERMINOLOGY

A Note on Terminology

Traditionally, the term 'institutionalised' has been used to refer to people who have been adversely affected by being kept in some kind of institution.⁶⁷ However, in the literature on institutional residential care in the 'transition' countries, the practice has grown up of using the 'institutionalised' to refer simply to *the act of placement* in an institution, and, correspondingly, to the process of taking them out as 'deinstitutionalisation.' This imprecise and ugly usage has even begun to infect the hitherto resistant French language – hence, in a display at St Paul's Hospital in St Rémy de Provence (where van Gogh was treated between 1889 and 1890), setting out the history of the treatment of mental illness, a recent reform is described as "la désinstitutionalisation." In this report I have returned to the traditional usage of 'institutionalised' wherever possible (though not, of course, when employing direct quotations.

Also, the term 'orphans' is frequently used⁶⁸ to describe children who, for one reason or another, have been placed in an institution, when in fact the evidence is that the great majority of such children have at least one living parent. It is becoming more common to refer to such children as social orphans, and this is the term that is preferred here. The same consideration applies to the use of the word 'orphanage.'

Finally, the phrase 'child abandonment' is frequently employed in the region. Since the word 'abandoned,' with the implication of a wilful act, is redolent more of a Victorian novel, I try not to use that term here, since, as I show in the report, most parents who place their children in an institution do so solely out of desperation.

Glossary and Abbreviations

CIS: Commonwealth of Independent States (see **Geographical groupings** below).

CRC: UN Convention on the Rights of the Child

ECOHOST: European Centre on Health of Societies in Transition.

ERRC: European Roma Rights Centre.

FRCCF: Fundația Română pentru Copii Comunitate și Familie (Romania).

Geographical groupings: the following groupings are used in this report for what used to be referred to as the Communist Bloc:

- a) *Central Europe (CE):* Poland, the Czech Republic, Slovakia, Hungary and Slovenia. The last of these is not normally included in this group but in South Eastern Europe; however, its economy and outlook is so much closer to theirs than to the other countries in South Eastern Europe that it is more logically included in the Central European group.
- b) *South Eastern Europe (SEE):* Romania, Bulgaria and Albania, plus (sometimes) Macedonia and Croatia; but consistent and reliable data on the states of former Yugoslavia are so sparse

⁶⁷ See, for example, Goffman (1961).

⁶⁸ For example, a newspaper article on Romanian institutions (Ironsides 2004) used the words 'orphan' or 'orphanage' at least 38 times in only two pages, when it was clear from the context that, whatever else the children were, they were definitely *not* orphans.

that the latter two are often not included, and Bosnia/Herzegovina and Serbia/Montenegro not at all.

- c) *Central and Eastern Europe (CEE)*: states in (a) and (b) above.
- d) *Baltic states*: Estonia, Latvia and Lithuania.
- e) *Western Former Soviet Union (WFSU)*: Belarus, Moldova, the Russian Federation (although this also includes regions, like the Russian Far East, that are clearly very far from being 'western,' but the data for Russia cannot be disaggregated) and Ukraine.
- f) *Transcaucasus or South Caucasus*: Armenia, Azerbaijan and Georgia.
- g) *Central Asia (CA)*: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.
- h) *The Commonwealth of Independent States*: states in (e), (f) and (g).
- i) *The Former Soviet Union (FSU)*: states in (d) (e), (f) and (g).
- j) *Central and Eastern Europe and the Former Soviet Union* (often referred to here simply as 'the region'): states in (a), (b), (c), (d), (e), (f) and (g).

HRW: Human Rights Watch.

ICDC: the UNICEF Innocenti Research Centre, Florence

IHF: International Helsinki Federation for Human Rights.

ILO: International Labour Organisation.

IOM: International Organisation for Migration.

MONEE Project: the UNICEF-ICDC project "Monitoring the impact of social and economic policies on children."

OECD: The Organisation for Economic Cooperation and Development

OSI: Open Society Institute.

OSCE: Organisation for Security and Cooperation in Europe.

TransMONEE database: the database produced by and for the MONEE Project

UAFA: United Aid For Azerbaijan.

Appendix II: Estimating of numbers of children in institutions in Central/Eastern Europe and FSU

Because our own experience in ten countries in the region indicates that the officially quoted figures for the numbers of children in institutional care are very low – we have always said that the total is between one and one and a half million, but have not had definitive figures to back up this claim. In this report we have tried to quantify the figures in a more authoritative manner, and this Appendix sets out the reasoning behind this.

There are, it is most likely, large inaccuracies in the actual counting of children in institutions, as elsewhere in the region: see, for example, the box on page xx of this report, which outlines the difficulties in counting children in Georgia. However, the main problem lies in the numbers of children who are not included at all in the official statistics. For example, a recent World Bank report argued that “approximately 400,000 Russian children were placed in residential institutions, because of deprivation of birth parental care (about 180,000 children) disability or poverty (approximately 220,000 children.” However, in a crucial footnote, they add that: “children placed in general education boarding schools, often because of poverty or family dysfunction, as well as children in temporary shelters (*priyomniki*) are excluded.”

Using information from these various sources, we have attempted to derive a more accurate estimate for the overall numbers of children in institutional care. The results of this process are shown in **Table II-1**, but before we examine these figures more closely, some words of caution are necessary. As we have seen, obtaining figures that are anywhere near accurate is very difficult. In deriving the estimates shown in the table, we have had to make a number of assumptions, some of them quite broad; these are shown in the notes to the table.

However, the main assumption is contained in the way the *overall* figure for the region was calculated. It was obtained by producing a more accurate estimate for that subset of countries for which better information was available. Using these figures, we derived a multiplier with which to scale up the total TransMONEE figure to provide the new estimate by applying it to the other countries in the region.

But this process of scaling up the results from one set of countries to all of them is predicated on the crucial assumption that those countries for which we *did* have more reliable data are sufficiently representative of the other countries for the multiplier to work. There is, of course, a danger this may not be so, but since the range of countries in the former category is fairly wide, we believe that the assumption is therefore a reasonable working one.

The process is, therefore, as follows:

1. Identify those countries for which a more reliable figure can be calculated;
2. Produce the figure for each one (**A**);
3. Add up the total new estimate for these countries (**B**);
4. Add up the total TransMONEE figure for those same countries
5. Divide the new estimate for those countries by the TransMONEE total to obtain a multiplier (**A / B**) to use as a scaling-up factor;
6. Multiply the total TransMONEE figure for all countries in the region by the multiplier; and
7. The result is our new estimate for all countries in the region.

Thus our calculated total for the countries where we have managed to obtain more reliable or more complete figures is 1,075,400 – compared with the TransMONEE figure for those same countries of 598,256, giving a multiplier of 1.8; applying this to the total TransMONEE figure, we derive a new all-country total of 1,300,000.

The overall result is that the number of children that we believe to be in institutional care in CEE and FSU is **1,300,000**, which is around **80 per cent** higher than the previous best estimate that is available. This is a highly significant finding, since it is based on more solid evidence than we have obtained until now. Even the official figure of some 700,000 is a scandal, but this work shows that the true picture is much worse.

Table II-1: Seeking a better estimate of the numbers of children in residential care, Central/Eastern Europe and FSU

| Country | Total number of children in residential care (TransMONEE figures for 2002) | Total number of children in residential care (EveryChild estimate) (Note 20) | | Scaling-up ratio (see Note 19) |
|-----------------------------|--|--|-------|--------------------------------|
| | | Figures | Notes | |
| Czech Republic | 19,030 | n/a | 1 | n/a |
| Hungary | 8,122 | n/a | 1 | n/a |
| Poland | 59,546 | n/a | 1 | n/a |
| Slovakia | 8,086 | n/a | 1 | n/a |
| Slovenia | 1,747 | 1,977 | 2 | 1.1 |
| Estonia | 1,881 | 4,206 | 3 | 2.2 |
| Latvia | 3,493 | 7,256 | 4 | 2.1 |
| Lithuania | 7,298 | 13,951 | 5 | 1.9 |
| Bulgaria | 12,100 | 31,000 | 6 | 2.6 |
| Romania | 43,234 | 49,484 | 7 | 1.1 |
| Albania | 565 | 1,200 | 8 | 2.1 |
| Bosnia-Herzegovina | 2,000 | n/a | 9 | n/a |
| Croatia | 2,594 | 3,376 | 2 | 1.3 |
| Macedonia | 862 | 755 | 2 | 0.9 |
| Serbia and Montenegro | 6,000 | n/a | 9 | n/a |
| Belarus | 17,514 | 30,000 | 10 | 1.7 |
| Moldova | 7,052 | 11,992 | 11 | 1.7 |
| Russian Federation | 421,621 | 716,200 | 12 | 1.7 |
| Ukraine | 46,504 | 80,000 | 13 | 1.7 |
| Armenia | 1,435 | 4,200 | 14 | 2.9 |
| Azerbaijan | 4,657 | 5,000 | 15 | 1.1 |
| Georgia | 4,560 | 4,834 | 16 | 1.1 |
| Kazakhstan | 5,268 | 73,678 | 2 | 14.0 |
| Kyrgyzstan | 4,886 | 14,018 | 2 | 2.9 |
| Tajikistan | 2,052 | 8,000 | 17 | 3.9 |
| Turkmenistan | 933 | 3,234 | 2 | 3.5 |
| Uzbekistan | 21,870 | 31,000 | 18 | 1.4 |
| Total for the region | 714,910 | 1,300,000 | | 1.80 |

Notes (see next page):

1. We were unable to obtain any additional figures for these countries
2. Obtained from the Stockholm report (Stockholm University Department of Social Work et al 2003).
3. The Stockholm figure – but it is not clear whether it includes children in boarding schools.
4. The Stockholm figure was 3,614 but, in 2003 (according to the Latvian Ministry for Children and Family Affairs (A Cinis, Acting State Secretary, personal communication, 2004) there were 3,259 children in social care institutions and a further 3,997 children living in state boarding schools.
5. From Mikulaskaite (2004).
6. Estimate by a group of Bulgarian NGOs including EveryChild Bulgaria (Save the Children et al 2004).
7. From Stan (2004).
8. The Stockholm figure is around 500 but is clearly incomplete. The Situation Analysis report by UNICEF (UNICEF Albania 1998) recorded 630 children in state orphanages and 300 in residential centres for children with disabilities; we estimate a further 150 in the criminal justice system = 1,080. But the orphanages cater for children only up to the age of 14, so to allow for those aged between 14 and 17, we have rounded the total up to 1,200. There is a further unknown number in institutions established by international NGOs, and these make up a considerable number, in the opinion of the EveryChild Albania Country Director (Suzana Sakiqi, personal communication 2004). We have not been able to make any allowance for this last group, so our estimate of 1,200 must represent a lower limit.
9. No current figures are available in the 2004 TransMONEE database for Bosnia-Herzegovina or Serbia and Montenegro: the figures quoted here are our estimates based on the 1999 and 2000 TransMONEE values respectively.
10. The Stockholm report gave a figure of 27,529, but the Ministry of Education of Belarus gave a total of 33,000 in 2001-02 (Bamford 2004) – although the rate of admission since then is said to have been falling (Bamford, personal communication). Here we take the average of these two figures.
11. Based on a comprehensive survey of all institutions in the country in 2003 by EveryChild Moldova (Stela Grigoraş, personal communication 2004).
12. See the Annex to this Appendix for an explanation of the calculations in the case of the Russian Federation.
13. The Stockholm report for Ukraine records, from the Ministry of Education and Science, Residential schools for orphans and children deprived of parental care with 12,090 children, orphanages with a further 5,910; schools and residential schools for children with mental and physical deficiencies had 53,979. Children admitted to shelters for minors amounted to 28,477 in the year, so we suggest a total at any one time of about 2,000, making a total of 74,000. However, these figures do not include any children in the criminal justice system, so we believe a further 6,000 should be added to the total, to make an overall figure of 80,000.
14. Revised figure from Naira Avetisyan of UNICEF Armenia (author interview, November 2005) – the original estimate was 13,000, but this seems to have included many children who spent the day in the institution but went home to their parents at night, so Ms Avetisyan has excluded these from her estimate.
15. The original figure of 7,236 was based on a comprehensive survey of all institutions in the country in 1999 by a local NGO (UAFA 2000). However, a revised situation analysis carried out in December 2004 (UAFA 2004) found many more children (between 15,000 and 17,000, depending on the source). Many of these were, like those in Armenia (see

Note 14), not really residents of the institutions, and it is probably safer to assume, as a very rough estimate, this rather lower level for the overall national total.

16. Based on a comprehensive survey of all institutions in the country in 2004 by a local NGO in co-operation with the Ministry of Education of Georgia (Child and Environment 2005).
17. The Stockholm figure for Tajikistan in 1,997, but this is for children with disabilities alone – in addition, the report identifies institutions under the Ministry of Education (orphanages, boarding schools and specialised schools for disturbed boys aged 7-14), the Ministry of Health (infant homes), the Ministry of Labour and Social Protection (specialised vocational schools for children aged 14-18) the Ministry of the Interior (remand and temporary isolation centres) and the Ministry of Justice (youth prisons and 'colonies' for juvenile offenders). In all these must account for many more children and, on the basis of a comparison of these figures with other countries in the region for which fuller data are available, we estimate that the multiplier to transform the figure for children with disabilities only into all children in institutional care is around 4. On this basis the overall estimate for Tajikistan is approximately 8,000.
18. The Stockholm report from Uzbekistan was very unclear and, to the extent that it could be understood, frankly unbelievable. However, figures from the Second Periodic Report to Committee on the Rights of the Child (United Nations CRC 2005, page 21) says that there were more than 30,000 children and adolescents in the country's 28 Mehribonlik homes, 85 specialized boarding schools and 23 boarding schools for children with health problems. There are also children staying for up to three months at a time in the collection centres of the Ministry of the Interior; about 1,000 children went through the system in 2004, so, assuming an average length of stay of two months, this would add another thousand to the numbers, making at least 31,000. There are probably rather more but, consistent with the policy of conservatively estimating figures that has been adopted in this report, we stay with the overall figure of 31,000.
19. This is the ratio of EveryChild's estimated figure to that in the TransMONEE database; the average of this ratio for all the countries for which it could be calculated was then applied to the TransMONEE figures for those countries for which we were unable to obtain a better figure – see the more detailed 7-point explanation of this procedure at the bottom of the first page of Appendix II.
20. Some of the figures here (notably those for Armenia and Uzbekistan) differ slightly from those in the printed, short version of *Family Matters* because they use more recent information. The differences, though significant for those countries, have no effect on the wider picture.

Annex to Appendix II: Estimation of numbers of children in institutions in the Russian Federation

It is clearly very important to get accurate figures in the case of the Russian Federation, since its children represent such a significant proportion of the total for the region: nearly 60 per cent according to the TransMONEE figures. EveryChild has always argued that the official figures for the numbers of children in institutions in Russia understate the true figure, but until now our evidence has been largely anecdotal. This Annex describes how we have attempted to recalculate the figures for that country using some new evidence.

The latest TransMONEE database (UNICEF 2004) gives a figure of 421,621, close to Posarac and Rashid's baseline figure, but how many are not included in this? A statistical report by the Ministry of Labour and Social Policy (MTS 2003) gives some indications. According to this report, the numbers in x categories of institution are as shown in **Table II-2**.

Table II-2: Official figures for children in institutional care, Russian Federation

| | No of children at end year 2002 |
|--|--|
| Children's homes for ages 0-3 | 19,300 |
| Children's homes for ages 4-14 | 75,500 |
| Children's homes with schools | 11,100 |
| Family-type homes | 400 |
| General boarding schools | 167,500 |
| School internats for children with special needs | 188,700 |
| Total | 462,500 |

Source: MTS (2003), Table 36

As we can see, this total does include general education boarding schools; on the other hand, if general boarding schools are excluded, the total would be under 300,000, substantially below the Posarac and Rashid figure. It is not possible properly to reconcile these two sets of totals.

In addition, the temporary shelters mentioned by Posarac and Rashid are not included, neither are children housed in the Social and Rehabilitation Centres for Minors, children and young people in the Social Shelters for Children and Teenagers, or children in the criminal justice system. We here attempt to include an allowance for those figures here, although, in the absence of firm data, the calculations are necessarily somewhat speculative.

These different types of centre, which exist in all major centres in the Russian Federation, provide a range of services, including psychological and pedagogical help, social rehabilitation for minors, especially young offenders, telephone line support for families, etc. Although Table 24 of the Ministry of Labour and Social Policy report lists the services provided and an indication of the level of service provided, it includes no figures for residential provision. However, we know from our own experience that many do provide residential facilities.

For example, Nizhnaya Tura and Caravel in the first category both have residential places. The problem is that whilst some of them use only residential forms of service, others are mixed – and some of them have no residential facilities at all. However, the main point is that a significant number of children are living in some form of temporary residential care in one of these three forms of social service. Either way, the numbers involved are a great deal more than the 450,000 or so children in residential care in the official figures.

Table II-3: Children and young people receiving care in various shelters and centres, Russian Federation, 2003

| | Number of child clients served |
|--|---------------------------------------|
| Social and Rehabilitation Centres for Minors | 241,000 |
| Social Shelters for Children and Teenagers | 81,000 |
| Centres for Social Help to Families and Children | 1,510,000 |
| Total | 1,832,000 |

Source: MTS (2003), Table 24

1. Social and Rehabilitation Centres for Minors and Social Shelters for Children and Teenagers

In the absence of national data, we have assembled figures for one region in which we work and will use these figures, appropriately scaled-up, to estimate a national-level figure. The calculation goes as follows:

- In Ekaterinburg in 2003, 847 children stayed in the Social and Rehabilitation Centres for Minors;
- Overall, 966 children received help at the centres in Ekaterinburg and 199 were released back to their families
- That is, $847 / 966 = 88$ per cent experienced some form of residential service in this type of centre
- Now, a total of 322,000 were treated in these types of centre (from the first two rows of Table II-3), 88 per cent of these 322,000, or about 283,000, will have received some form of residential care during 2003.
- However, this is the number over the whole year: the relevant figure that we need to add to the others is a stock figure at any one time. How can we calculate this from the information that we do have? If we had the average length of stay it would be straightforward, but we do not, so it's necessary to make an arbitrary assumption about it. If it turns out to be wrong, then at least a more accurate figure can be used to correct the estimate here.
- Let us assume that the average length of stay is two months; it can be shown that with such a figure, the average number in care at any one time is one sixth of the total numbers staying – which comes to a little under 50,000
- Consequently, **50,000** can be added to the figure from Table II-1

2. Centres for Social Help to Families and Children

Here, one and a half million children received support (Table II-3, line 3); with them, it is harder to estimate than with the previous group, but some proportion on them must be included. Drawing on our experience again, Nizhnaya Tura, is a centre of this type, and it has 30 beds; on the other hand, there are a couple of centres of this type in St Petersburg which have no residential provision.

If it were 5 per cent, we would need to add a further 75,000 children receiving residential services to the overall figure. But it may be much higher – possibly as much as 30 per cent (rather than 5 per cent), which would add an additional 450,000 rather than 75,000. In the absence of better information, we have made the arbitrary but conservative assumption that the true figure is 10 per cent – which would add an extra **150,000** to the total.

3. Children in the criminal justice system

From Table 45 of the MTS statistical report, in 2002, 18,934 children aged 14-17 were sentenced to imprisonment, and Table 42 lists numbers of disposals during the year to special closed schools and colleges, to health institutes and to special institutions for minors needing social rehabilitation; these come to 2,997, giving a total of 21,931. There is no evidence on their lengths of stay, but it seems reasonable to assume that the average is at least four months. On this basis, we would need to add in a further 7,000 or so.

On the other hand, the Stockholm Country Report for Russia (Stockholm University Department of Social Work et al 2003) records these figures:

- Firstly, children in educational colonies for minors: as of 1 January 2001, these accommodated 17,190 persons convicted of crimes.
- Secondly, children's homes set up in the 11 medium control correctional colonies for women; in these, 417 children between 0-2 were fostered in 2000, 472 in 2001. On the arbitrary but not unreasonable assumption that between 3 and 4 children were resident for each one that was fostered, we estimate that the total number of residents was of the order of 1,500.

Adding up these sets of figures gives a total of approximately **26,000**.

4. Babies left in maternity centres

However, in addition to all these figures, there is yet another consideration: that of babies, left by their mothers in maternity centres. For example, in Dmitrov hospital there are 30 children aged between 0 and 3, out of a general population in the town and district of 120,000. Likewise, there are other hospitals, for example Novgorod with 100 babies, Gatchina with a further 50, where there are children who have not yet been moved on into any form of residential or other care. These numbers are not reflected anywhere in the overall tables – the Dmitrov proportion is probably fairly typical, so it is possible to work out a figure based on that proportion.

At Dmitrov, there are 30 out of a general population of 120,000 or 0.025 per cent, and applying this to the overall population of Russia (145 million) gives a figure of 36,250 babies in hospital awaiting formal transfer into other forms of care. Can this figure be included? Perhaps it is better to be on the conservative side, so here we add in a (wholly arbitrary again) figure of **25,000** to the total.

The different figures from the above calculations above are shown in **Table II.4**.

Table II-4: A different estimate of the numbers of children in institutional care, Russian Federation

| | Estimated numbers of children in residential institutions, 2001-2002 |
|---|---|
| Children in institutions from the MTS report (see Table II.1) | 465,200 |
| Social and Rehabilitation Centres for Minors and Social Shelters for Children and Teenagers | 50,000 |
| Children resident in Social and Rehabilitation Centres for Minors | 150,000 |
| Children in the criminal justice system | 26,000 |
| Babies left in maternity centres | 25,000 |
| Total | 716,200 |

If the assumptions and calculations above are all correct, the *actual* number of children in institutional care in the Russian Federation is around **716,000**, or almost 70 per cent higher than (1.7 times) the officially-accepted value. Moreover, it can be seen (in Table II-1) that the 1.7 figure for the necessary increase in Russia's figures is well within the range found for other countries in the region, another factor in its favour.

It will, of course, be argued that many of the assumptions used here are arbitrary – but what is *not* in doubt is that the official figures understate the true position, and the calculations are simply an attempt to correct these – and that our assumptions have been consistently on the conservative side; it would have been not unreasonable to put these figures even higher, but we have tried to be as careful as we can in not inflating the figures. Clearly, further work is needed to establish the validity of these conclusions, and EveryChild is undertaking such work urgently.

APPENDIX III: RESOURCES ON THE INTERNET

This Appendix lists some of the websites that contain information that may be relevant for people interested in exploring the problem of children either in residential care or at risk of placement there, as well as more general information.

Child Centre for Children At Risk in the Baltic Sea Region: web support for regional cooperation to raise the level of knowledge and to coordinate activities targeting children at risk in the region: <http://www.childcentre.info/>

Child Trends: a US-based, nonprofit, nonpartisan research organization dedicated to studying children, youth, and families through research, data collection, and data analyses. All right to catch up with US child research but not otherwise very useful: <http://www.childtrends.org/index.cfm>

CIA country information: site with very useful general information on every recognised country: <http://www.odci.gov/cia/publications/factbook/>

Clearinghouse on International Developments in Child, Youth and Family Policies, Columbia University, New York: <http://www.childpolicyintl.org/>

CRIN (Child Rights Information Network): A valuable source of information on children's rights: <http://www.crin.org/>

Dgroups: Development through Dialogue: a series of electronic discussion groups on all aspects of development: <http://www.dgroups.org/>

ESWIN: The European Social Welfare Information Network is a web-site which enables professionals to obtain information on social welfare topics in seven countries of the (western) UN-European Region: <http://www.eswin.net/home.htm>

EURONET: a network of Children's Rights Organisations from all over Europe: <http://www.europeanchildrensnetwork.org/Interaction/welcome.htm>

Firelight Foundation: child-centered, family and community-focused, and human rights based. Programmes, primarily for children with HIV/AIDS <http://www.firelightfoundation.org/key-learnings.htm>

International Association of Voluntary Adoption Agencies & NGOs (IAVAAN): a heavily pro-international adoption organisation: http://www.iavaan.org/index_original.htm

International HIV/AIDS Alliance and Family Health International: online toolkit on supporting orphans and other vulnerable children, sharing learning and resources from a wide range of organisations; users can download over 500 publications, find out about experiences in particular countries, read about terminology, learn about monitoring and evaluation, contribute new resources and add comments. URL: <http://www.ovcsupport.net/sw464.asp>

International Labour Organisation: Particularly strong on information about child labour: <http://www.ilo.org/public/english/>

Library of Congress Country Studies: a bit like the CIA site but with a lot more material, especially historical material, though it can be hard to dig out what you need: <http://lcweb2.loc.gov/frd/cs/>

MONEE Project: The UNICEF Innocenti Research Centre's MONEE Project, "Monitoring the impact of social and economic policies on children," conducts research on child well-being in the 27 countries of Central and Eastern Europe and the former Soviet Union: <http://www.unicef-icdc.org/research/> See also the **TransMONEE database**

NISW Links to key social work websites: links to major UK voluntary organisations and central government departments: <http://www.nisw.org.uk/net/wwwlink.html>

Orphanage.org: organisation with a website that identifies many orphanages round the world, but with the aim of improving conditions in them, not of making any sustainable reform:
<http://www.orphanage.org/>

Population Reference Bureau: a good portal site, leading to country reports and maps, background information, demographic statistics, development programmes, education, environment, gender issues, health, social welfare, etc.
http://www.prb.org/?Section=Data_by_Country&Template=/customsource/countryprofile/countryprofile.cfm

Save the Children Sweden's International Bookshop: Has many valuable materials:
<http://www1.rb.se/Shop/StartPage/StartPage.aspx?menu=1§ionId=822>

Synergy Project – providing technical assistance and services to USAID to design, evaluate, and coordinate HIV/AIDS programs and identify and disseminate lessons learned from these programs:
<http://www.synergyaids.com/about.htm>

TransMONEE database: public-use database of socio-economic indicators from CEE and FSU; the only systematic trans-national database of its kind which, despite its faults (including the reliance on nationally-collected data), it is absolutely invaluable: <http://www.unicef-icdc.org/resources/>

UNDP Human Development Reports: a very valuable source of inter-country comparison data:
<http://hdr.undp.org/>

UNDP National Human Development reports for CEE and FSU: a good general resource for reports on individual countries in the region http://www.undp.org/rbec/publications/nhdr/nhdr_list.htm

UNICEF Information on Children's Rights: material on the Convention on the Rights of the Child:
<http://www.unicef.org/crc/>

UNICEF Innocenti Research Centre in Florence: a very valuable source of publications and research reports: <http://www.unicef-icdc.org/>

UNICEF publications site: <http://www.unicef.org/publications/index.html> (the parent site, <http://www.unicef.org/>, also has useful news and other material).

UNICEF Statistics: a useful site with general data on all countries on basic indicators, mortality, immunisation rates, water and sanitation and nutrition <http://www.unicef.org/statis/> - And see also, for the useful data publication "The State of the World's Children 2000" this page:
<http://www.unicef.org/sowc00/>

United Nations Statistics Division Social Indicators: all-country information on a wide range of subjects, including health, education, population etc:
<http://unstats.un.org/unsd/demographic/products/socind/>

USAID: a useful general site: <http://www.usaid.gov/>

World Bank: the main site for the World Bank: <http://www.worldbank.org/>

World Bank e-Library: a fully searchable database of over 3,000 World Bank documents. Useful – but note that (unlike for example, the UNDP materials listed above) the material on this site is **not** free access, but is by paid subscription. The extent of the subscription depends upon the numbers of those who have access to the materials, but the smallest level of subscription (for between one and fifteen users) is almost \$2,000, a huge amount for the countries of CEE and the former Soviet Union – and that would cover only the period from April to December 2005. The database can be accessed at:
<http://caliban.worldbank.catchword.org/vl=1721373/cl=81/nw=1/rpsv/home.htm>

World Development Indicators: produced by the World Bank, a limited selection is available online at <http://www.worldbank.org/data/wdi2004/worldview.htm> but the full set has to be purchased.

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