FAMILY MATTERS

A STUDY OF INSTITUTIONAL CHILDCARE IN CENTRAL AND EASTERN EUROPE AND THE FORMER SOVIET UNION
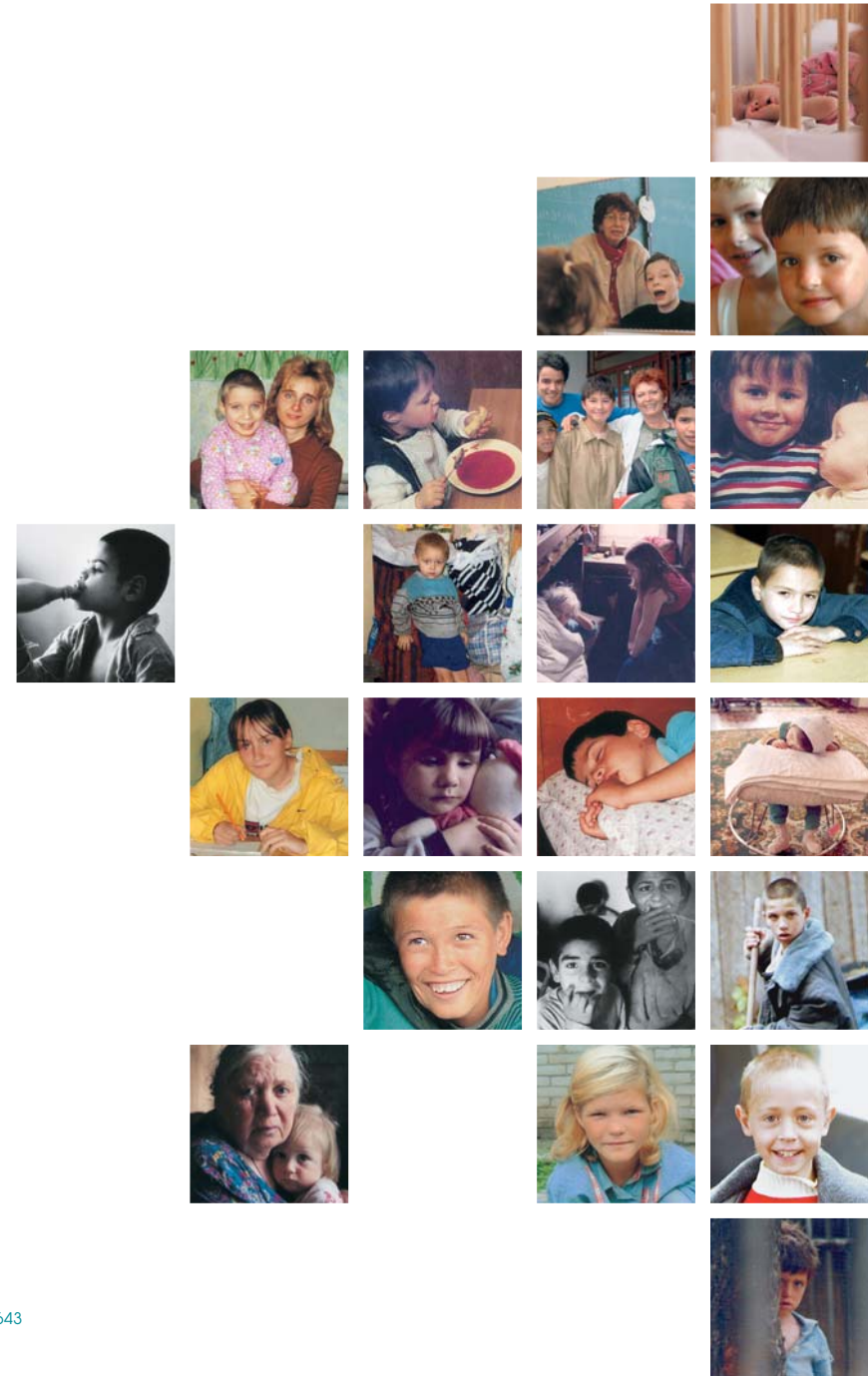
BY RICHARD CARTER

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EveryChild

working for a world where children are safe and secure

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ACKNOWLEDGEMENTS

Burson-Marsteller

GLOSSARY AND ABBREVIATIONS

CIS	Commonwealth of Independent States
ECOHOST	European Centre on Health of Societies in Transition
ERRC	European Roma Rights Centre
FRCCF	Fundatia Română pentru Copii Comunitate şi 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.

b) South East 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 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: Belarus, Moldova, the Russian Federation 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 (CIS): 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 simply as 'the region'): states in (c), (d), (e), (f) and (g).

HRW	Human Rights Watch
IHF	International Helsinki Federation for Human Rights
ILO	International Labour Organisation
IOM	International Organisation for Migration
NGO	Non-governmental organisation
OSI	Open Society Institute
OSCE	Organisation for Security and Cooperation in Europe
UNCRC	United Nations Convention on the Rights of the Child

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FAMILY MATTERS

FOREWORD

The image of the executed bodies of Nicolae and Elena Ceauşescu 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 has 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 an 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

Anna Feuchtwang
Chief Executive
EveryChild

EXECUTIVE SUMMARY

This report reviews the faltering progress made in childcare reform across Central and Eastern Europe and the former Soviet Union 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 Central and Eastern Europe and the former Soviet Union, 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 two million 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, but in CEE and FSU they remain. The presence of so many large residential institutions in the region, coupled with a lack of alternatives, 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 have 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 1990s 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 a devasting economic collapse. 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 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 with poor (or sometimes non-existent) heating and sanitation; inadequate dietary provisions; and for children with disabilities there is an almost total 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 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 cannot 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 childcare reform.
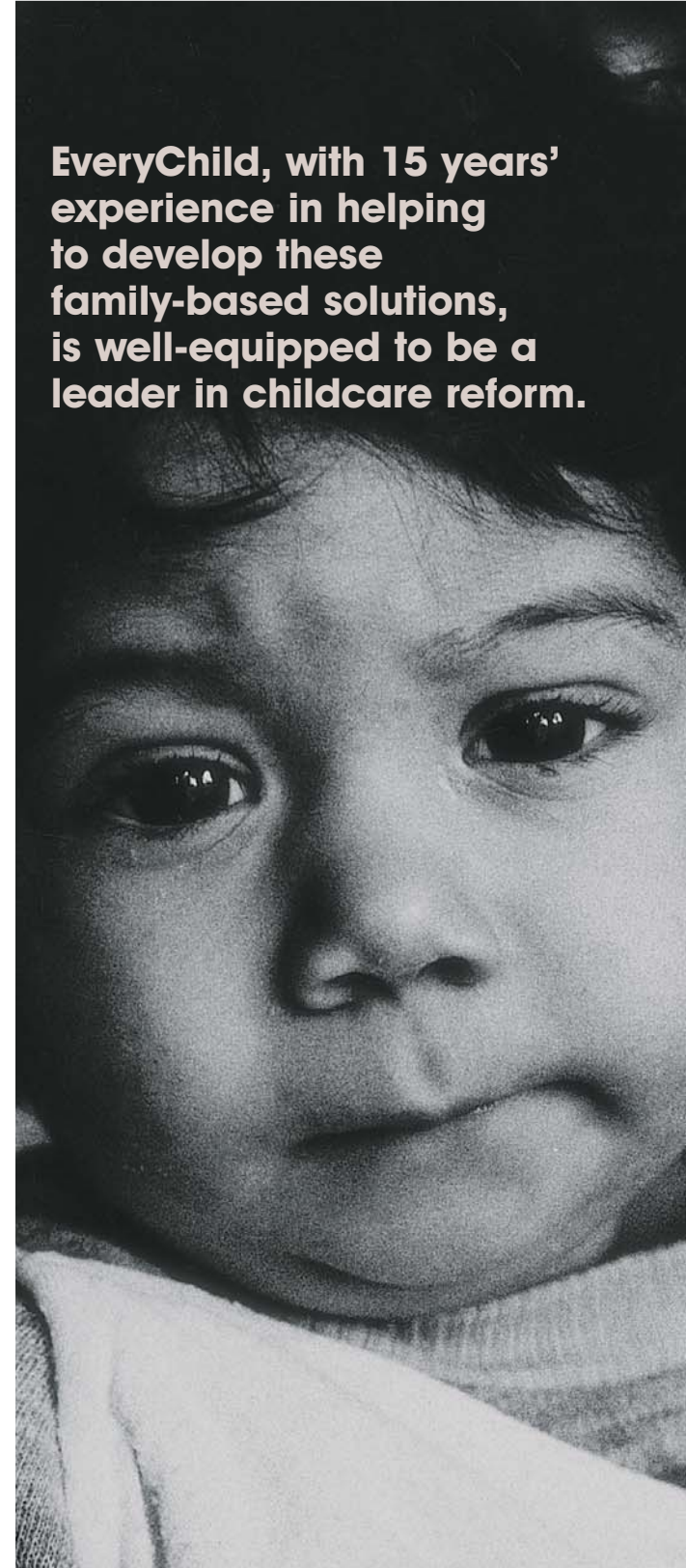
INTRODUCTION

When the Ceauşescu regime finally collapsed in December 1989, the media coverage of children living in appalling conditions in orphanages was universally shocking.

The children were obviously malnourished and wholly neglected. They exhibited the classic symptoms of children deprived of all normal human contact: rocking to and fro, banging their heads obsessively or, at best, being totally unresponsive. It quickly became apparent that the Ceauşescu regime's pro-natalist policy was largely to blame. This aimed to increase the state's workforce by banning contraception and abortions and encouraging women to have more babies. The result was an abundance of babies whom parents were simply unable to support. Parents were encouraged to place their children in residential care institutions where the state would bring them up as 'good citizens'. Unfortunately, the state proved incapable of carrying out this task and the result was only too apparent on our television screens.

The natural reaction of 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 the 'orphans'. Toys, clothes and medicines were collected and sent to Romania, and many groups volunteered to work in the orphanages or help paint and maintain their buildings.

But this all too natural humanitarian response proved to be inadequate. In the short term it was of course entirely desirable to improve the conditions of children in the institutions, but in the longer term the children needed to be returned to their own families. In fact, the prevailing belief that these children were 'orphans' prevented this from being understood. However, even if the children had been sent home at once, the conditions that forced parents to place their children in institutions 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. Over the last 15 years, many organisations have learnt this lesson by painful experience. 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.

INSTITUTIONAL CARE:

THE HISTORICAL BACKGROUND AND CONTEXT

The historical predisposition for institutional care in the region

The Bolsheviks believed that social care was better than parental care and considered parents to be ignorant in the matter of raising children.

Institutional childcare has a long history. Records show that the first institutions of this kind date back to Constantinople in 335 AD and later developed throughout the Middle Ages. More recently, in the 20th Century, the communist era brought institutional care to the forefront of family life in the USSR and its satellites. Although institutional care was not confined to these regions alone, the Bolsheviks had very definite views on raising children. They believed that social care was better than parental care and considered parents to be ignorant in the matter of raising children. Although it was accepted that parents had the right to look after their own children, this was seen as a delegated right to be enjoyed only at the discretion of the state (Alt and Alt 1959). The communist ideology also disapproved of social work. Instead of working with families in crisis, the state simply took away their children. Consequently, the region now has no support systems in place to deal with social difficulties.

After the huge casualties of the Second World War (when at least 25 million Soviet citizens died) women were encouraged to work, and the use and availability of boarding schools for children increased. State childcare provision emerged again in the 1950s, when Nikita Khrushchev introduced a new kind of state boarding school. The scheme proved to be far too ambitious in practice, and was withdrawn after five years, but showed that family support schemes served to relieve the pressure on parents who were too poor to cope adequately with child-rearing. During the Soviet era, the clash between Bolshevik theory and the reality of the conditions

of that time resulted in inevitable compromises. The family survived as an institution, but there remained a deep-rooted belief that institutional care was an acceptable – even an ideal – form of childcare. This feeling persists even today.

It was in Romania that the problem of institutions first became prominent. Ceauşescu wanted the Romanian population to grow faster to fulfil his grandiose dreams for the country. He introduced his infamous pro-natalist policy in October 1966: abortion was abolished (except for women over 45 or in other at-risk categories), the importation of contraceptives was suppressed; childless couples were taxed, and increased benefits were provided for each successive child (Johnson et al 1996, Kligman 1992, Moskoff 1980). As well as ensuring that many families produced more children than they were able to support, these policies also resulted in the highest maternal mortality rate in Europe. 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 communist system collapsed, conditions in the region have become much worse – in some cases catastrophically so. The economic collapse that followed[1] combined huge rates of inflation with high levels of unemployment. Reductions in public expenditure, made in the wake of economic liberalisation, ensured that poverty greatly increased: a conservative estimate is that, between 1989 and 1994 in CEE and FSU[2] an additional 75 million people fell into poverty (UNICEF 1995).

Figures from the World Bank indicate that the decline in gross national product in the former Soviet bloc was at its worst in the mid 1990s and has since gradually started to recover. Nevertheless, the average figure for the region is still only at around 90% of its pre-collapse level.

This effect is exemplified in Russia, where the UNICEF TransMONEE project has reported that the rate of child poverty has increased 1.5 times more than the overall poverty rate for the region (UNICEF 1997) and, according to GOSKOMSTAT, the Russian Statistical Committee in 1997, 33% of all households with children lived below the minimum subsistence level (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).

The adverse effects of institutional care

The adverse effects of institutional care were not fully recognised until the 1940s, largely because, until comparatively recent times, there were not sufficient numbers of children who survived the experience for long enough. Nevertheless, as early as 1860 in Russia, a family-type environment was considered to be a way of learning about real life and the mutual obligations and assistance that were vital for it. (Ransel 1988).

In the 1940s, the work of researchers, in particular Goldfarb in the USA and John Bowlby in the UK, had a significant impact on our understanding of institutional life.[3] 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 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 childcare has been greatly reduced.

…he found that children's psychological development was severely affected by separation

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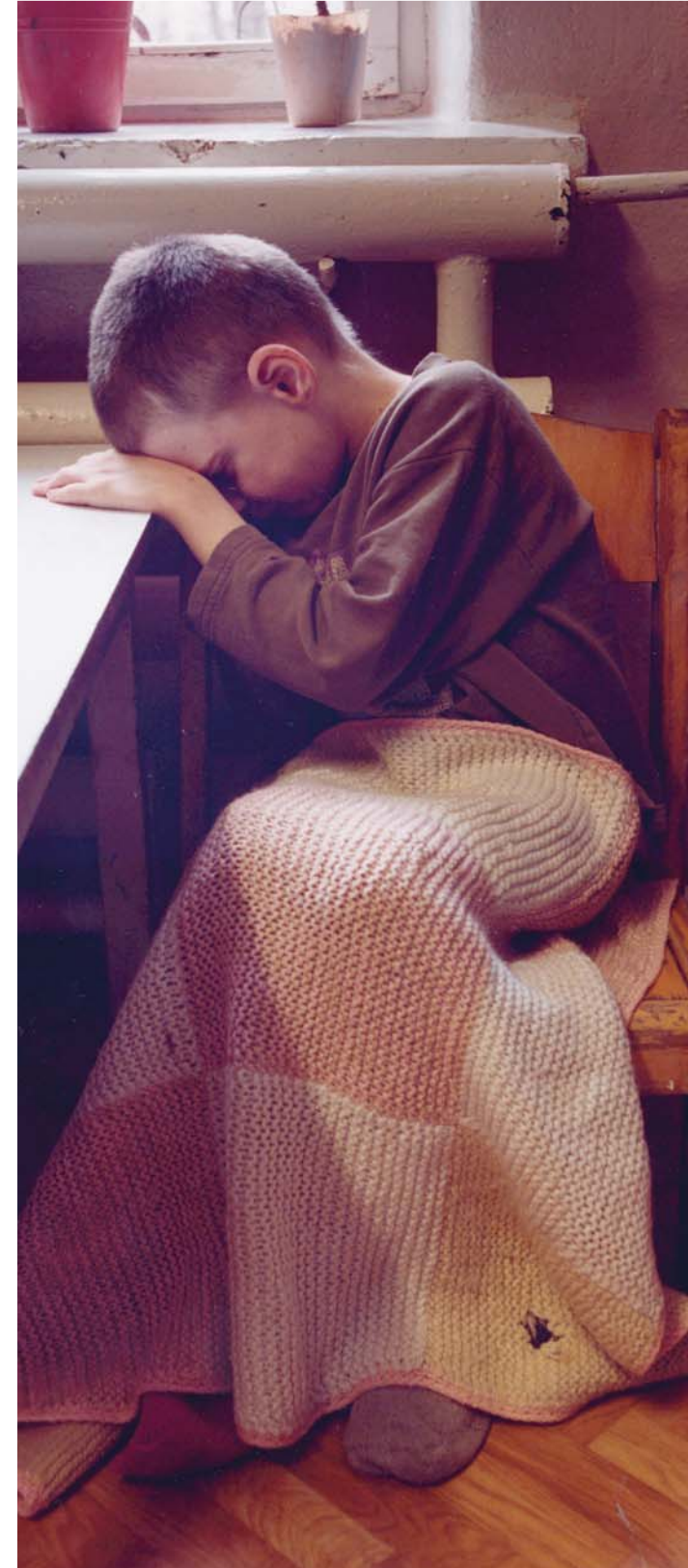
1 It has been, in fact, far worse than the Wall Street Crash of 1929 (BEA 1994) and even Argentina's 'lost decade' (Kydland and Zarazaga 2001)
2 Excluding the Central Asian republics and most of the former Yugoslavia.
3 For a particularly useful and accessible summary of the literature on the significance of care-giver relationships on child development, see Richter (2004).

This did not apply, however, to Eastern Europe where there was an excessive reliance on institutional care for disadvantaged children in the region. Here, the impact of institutional care has been revealed by comparing children from the region with those who have been adopted internationally by western families (Fowler 1991). Many thousands of children from Romania (and also Russia, Ukraine and other countries in the region) were adopted in Western Europe, the USA and Canada.[4] The results of such comparative studies are consistent and powerful, showing that the adverse effects of institutional care can include:[5]

■ **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's stay 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 levels of recovery (Rutter et al 1998).

However, recent work by neuroscientists, aimed at developing an understanding of how children's brains develop, has produced some disturbing results. 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. It acts as the effective controller of the entire right side of the brain, which controls our emotional behaviour and responses (Schore 2003).

What is particularly worrying is that the orbito-frontal cortex develops during the first three years of life as a result of the social interactions between child and carer. When a child receives a positive response (a smile or an encouraging verbal or nonverbal response), the child's nervous system is stimulated, triggering the release of biochemicals that enable this vital part of the brain to grow (Schore 1994). The fact that the physical damage caused by emotional deprivation is unlikely to be reversed also has serious implications in later life. Although physical delays in development may be negated by subsequent care, a delay in a child's emotional and social development may be much harder to counteract.

The long-term consequences of institutional care still need to be fully investigated, but the neurobiological perspective would suggest that children who spend their early years without a significant carer are likely to face ongoing social problems. Many of these children 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). There is also 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.

In conclusion, the absence of a high quality care relationship in institutional care, as it is practised across the region, is the primary reason that institutions are detrimental to a child's development. The quality of the infant-caregiver relationship is a major determinant of psychological adjustment and later personality development (O'Connor, 2002). 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, 1989; O'Connor et al, 2000).

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4 In 2002, nearly 8,000 children were adopted to the USA from CEE and FSU (OIS 2004).
5 This part relies largely on Richter (2004), D Johnson (2000) and R Johnson (2004).

THE CURRENT STATE OF INSTITUTIONAL CARE
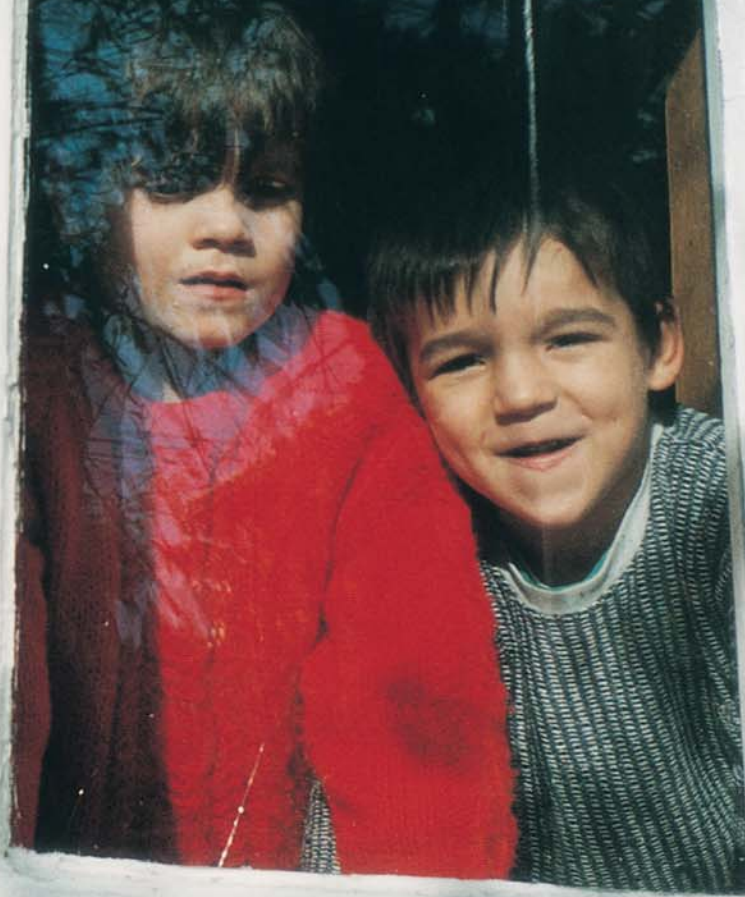
How many children are in institutional care?

It is difficult to calculate the number of children in residential institutions in the region because virtually no trustworthy figures exist. 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, children are also frequently placed there because their parents are simply too poor to support them.[6]

■ **Faulty collection of data.** Poor data collection can be the result of inadequate mechanisms or manipulation. For example, a study in Georgia found that some officially-recorded institutions did not exist and others that did were not recognised by the system.[7] Another example of the manipulation of data is given by EveryChild Bulgaria (see Case Study 1).

CASE STUDY 1
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 RE-CLASSIFICATION.

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 re-designating many of 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. Taking into account a number of such considerations, the true number of children in institutions in Bulgaria was approximately 31,000.

SAVE THE CHILDREN ET AL (2004)

6 See Carter (1999)
7 See Lashkhi and Iashvili (2000)

TABLE 1: TOTAL NUMBERS AND RATES OF CHILDREN IN INSTITUTIONAL CARE, ALL COUNTRIES IN CENTRAL/ EASTERN EUROPE AND THE FORMER SOVIET UNION, 1989 TO 2002, AS CALCULATED IN THE UNICEF TRANSMONEE DATABASE.

YEAR	TOTAL NUMBER OF CHILDREN IN CARE (000s) (SEE NOTE)	OVERALL RATE 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

Despite all these problems, there have been valiant attempts to determine the numbers of children in institutional care, most notably in an early study for the World Bank, and in the work of UNICEF's Innocenti Centre in Florence.[8]
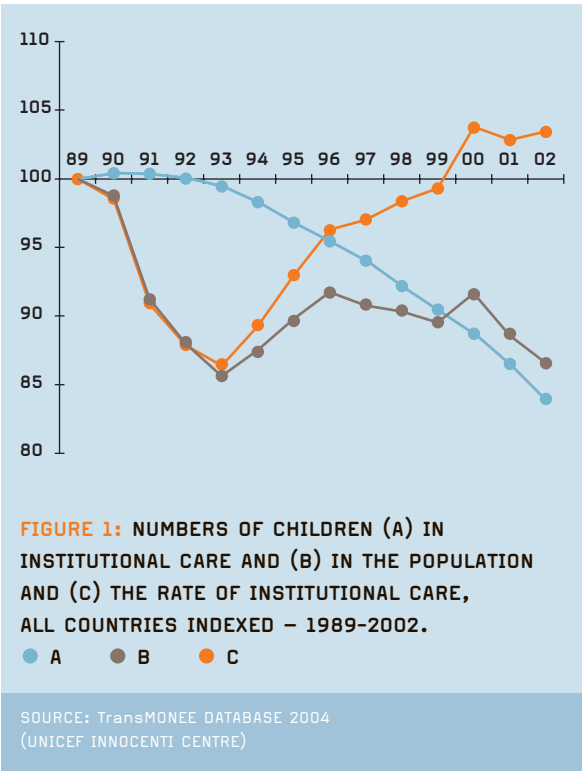
The World Bank study (Tobis 2000) compiled figures for the number of children in residential institutions, based primarily on data collected by UNICEF, for the year 1995; the total number of children in institutions across the region was estimated at 821,272. However, data for around half the regions' countries were missing, and their figures could only be estimated. Furthermore, the figures were incomplete: children in punitive institutions and those attending boarding schools or healthcare facilities were excluded in most instances, and it is likely that these represented quite large numbers.

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.

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.

Firstly, 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 faster 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 use of institutional care has actually increased (see Figure 1).

FIGURE 1: NUMBERS OF CHILDREN (A) IN INSTITUTIONAL CARE AND (B) IN THE POPULATION AND (C) THE RATE OF INSTITUTIONAL CARE, ALL COUNTRIES INDEXED – 1989-2002.
● A   ● B   ● C

SOURCE: TransMONEE DATABASE 2004
(UNICEF INNOCENTI CENTRE)

Drawing on more reliable sources, including some full surveys and country reports to the Stockholm Conference on institutional care (Stockholm University Department of Social Work et al 2003), EveryChild has been able to provide an alternative estimate of the number of children in residential care in the region (see Table 2).

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8 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 2 : A BETTER ESTIMATE OF THE NUMBERS OF CHILDREN IN INSTITUTIONAL CARE, CENTRAL/EASTERN EUROPE AND THE FORMER SOVIET UNION

COUNTRY	TOTAL NUMBER OF CHILDREN IN RESIDENTIAL CARE (TransMONEE FIGURES FOR 2002)[9]	TOTAL NUMBER OF CHILDREN IN RESIDENTIAL CARE (EVERYCHILD ESTIMATE)	RATIO OF EVERYCHILD TO TransMONEE FIGURES
SLOVENIA	1,747	1,977	1.1
ESTONIA	1,881	4,206	2.2
LATVIA	3,493	7,256	2.1
LITHUANIA	7,298	13,951	1.9
BULGARIA	12,100	31,000	2.6
ROMANIA	43,234	49,484	1.1
ALBANIA	565	1,200	2.1
CROATIA	2,594	3,376	1.3
MACEDONIA	862	755	0.9
BELARUS	17,514	30,000	1.7
MOLDOVA	7,052	11,992	1.7
RUSSIA	421,621	716,200	1.8
UKRAINE	46,504	80,000	1.7
ARMENIA	1,435	13,000	9.1
AZERBAIJAN	4,657	7,236	1.6
GEORGIA	4,560	4,834	1.1
KAZAKHSTAN	5,268	73,678	14.0
KYRGYZSTAN	4,886	14,018	2.9
TAJIKISTAN	2,052	8,000	3.9
TURKMENISTAN	933	3,234	3.5
TOTAL FOR THE REGION	**714,910**	**1,300,000**	**1.8**

NOTE: THIS TABLE INCLUDES ONLY COUNTRIES FOR WHICH A FIGURE CAN BE CALCULATED. THE TOTALS ARE NOT THE SUM OF THE ROWS ABOVE, BECAUSE SOME COUNTRIES' FIGURES ARE MISSING. FOR DETAILS OF THE CALCULATIONS PLEASE SEE THE FULL VERSION OF THIS REPORT, WHICH CAN BE DOWNLOADED FROM WWW.EVERYCHILD.ORG.UK/REPORTS.PHP

9 Some countries' data was missing for 2002, so their values were estimated from previous years' data
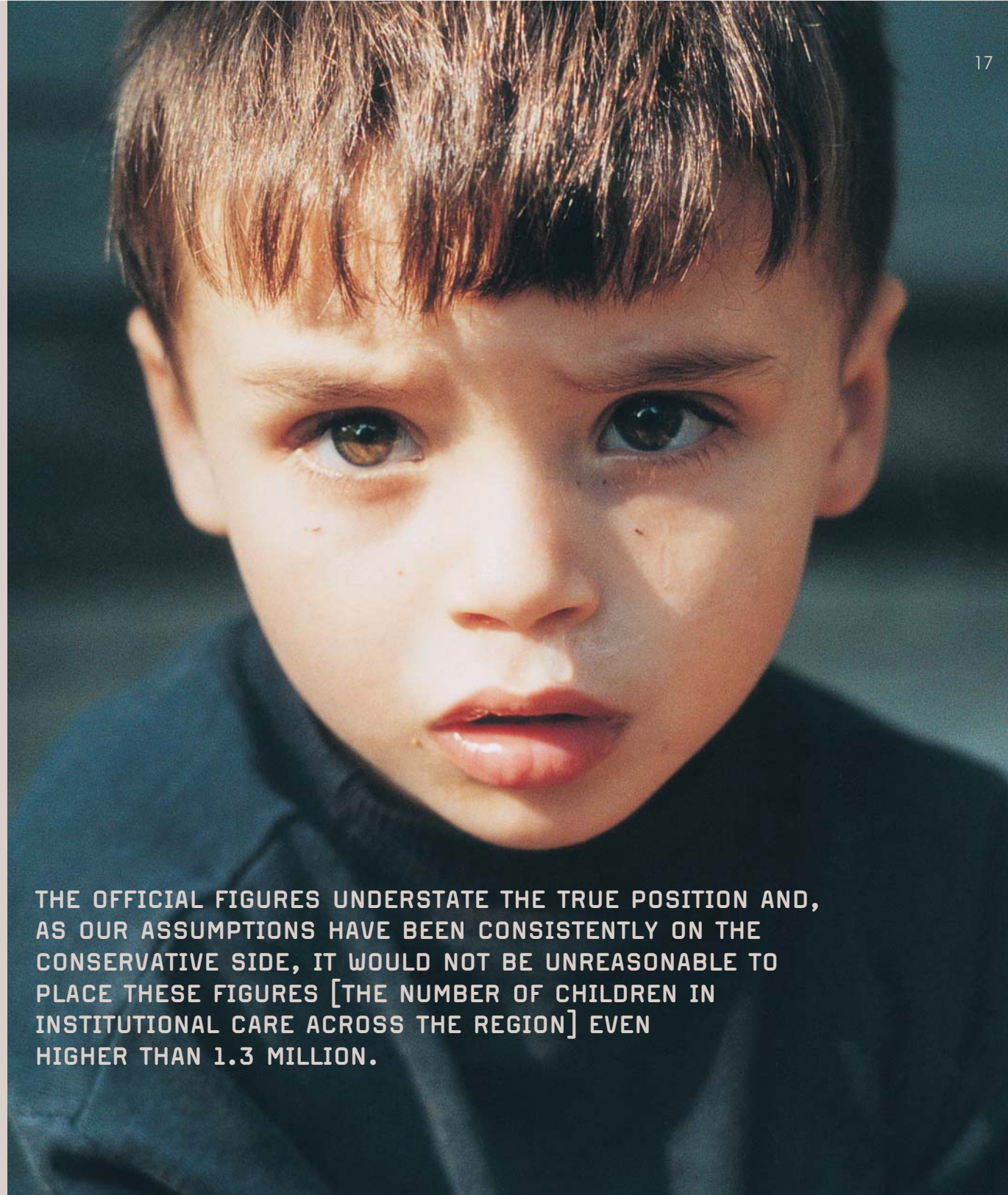
THE OFFICIAL FIGURES UNDERSTATE THE TRUE POSITION AND, AS OUR ASSUMPTIONS HAVE BEEN CONSISTENTLY ON THE CONSERVATIVE SIDE, IT WOULD NOT BE UNREASONABLE TO PLACE THESE FIGURES [THE NUMBER OF CHILDREN IN INSTITUTIONAL CARE ACROSS THE REGION] EVEN HIGHER THAN 1.3 MILLION.

SOCIAL AND LIVING CONDITIONS FOR CHILDREN IN INTERNAT NO.2, L'VIV

THIS INTERNAT (INSTITUTION) IN UKRAINE 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 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)

Conditions in the institutions

The conditions in the Romanian orphanages shown in media coverage following the collapse of the Ceauşescu regime were genuinely appalling.

These conditions did not (and do not) apply across the region, but following the economic collapse over the last 15 years, conditions in many institutions have worsened (see Case Study 2).

Poor conditions include:

■ **The poor physical state of buildings.** Many institutions have serious structural problems; equipment is also in a poor state of repair. The 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 only 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 settings.[10] 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 EveryChild's 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 this contact. Even after this initial month, there are only occasional non-planned visits and intermittent contact.

Why are children in institutional care?

Residential institutions are often referred to as 'orphanages', but they contain very few genuine orphans. Studies suggest that the proportion of orphaned children living in residential institutions is in fact between 2 and 5% (Tobis 1992; Jones et al 1991). With the exception of times of war or natural disasters, most children living in institutions in the region have at least one living parent.

Poverty is often blamed as the main reason for widespread institutional care. However, while low incomes and inadequate housing conditions are key factors, institutional care is also encouraged by:[11]

■ **Negative cultural and social attitudes and practices.**[12]

■ **Parents being judged by professionals as 'incapable'.**

■ **Children who have been abandoned or neglected by parents.**

■ **Stigmatisation and discrimination of children with physical or mental disabilities.**

■ **Large families who feel unable to care for their many children.**

It is vital that these complex factors are better understood. However, a lack of accurate information does not help clarify matters. Institutions collate very little data about the placement of a child in care or their family situation, so professionals lack the basic information they need to do their job effectively (Nemeniyi 2000).

EveryChild currently works in nine countries in the region, and we have carried out a number of studies of institutions as part of our work. Here we draw on the findings of five studies in Bulgaria, Romania, Georgia, Azerbaijan and Kyrgyzstan.[13] Table 3 summarises the findings.

The figures show that, although family poverty is identified as the most important single reason for children being admitted to institutions, social factors are also important. These include single-parenthood, very young parenthood, and families with social problems. It is interesting to note how infrequently parental behaviour was cited, although professionals often claim that children need to be admitted to institutions because of inadequate parenting.

Only a very small proportion (barely 2%) of children were admitted because they were orphans. This finding, supported by evidence elsewhere, demonstrates that the 'orphanages' of popular imagination are not, in fact, orphanages at all.

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10 For a very useful review of abuse of children in institutions, see Barter (2003); for a shorter review, see Kendrick (2003).
11 Vitillo 1992; Gantcheva and Kolev 2001, Tobis 2000, Harwin 1996, UNDP et al 2000, Stephenson et al 1997, Children's Health Care Collaborative Study Group, 1994.
12 This includes a lack of acceptance of single mothers; a tendency to hide disabilities and social problems, and ethnic prejudices. Ethnic minorities, particularly Roma, are over represented in children's residential institutions in the region, especially in Central and Eastern Europe; for details see Carter (2001).
13 The studies cover a wide range of methodologies; the Romania and Bulgaria studies are based on relatively small samples with detailed questioning of parents, whereas the other three were larger and broader studies which relied mainly on the case notes of children in the institutions.

There were some clear differences between the findings from individual countries. For example, poverty was a less significant factor in Kyrgyzstan than in any of the other countries. It is not clear why this might be the case, given the country's high level of poverty. It is possible that poverty is so prevalent that the respondents in the Kyrgyzstan study discounted it as a cause.

Other differences included:

■ **Social reasons (such as multiple children or single parent families) for admission to institutions were more commonly reported in Romania, Azerbaijan and, especially, Kyrgyzstan.**

■ **There was 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 brutal Ceauşescu regime. There are also problems relating to the lack of knowledge of (or inclination to use) contraception, which also relate back to the previous regime's policies.**

■ **A relatively high level of child disability in Georgia, and a relatively low level in Bulgaria (the reasons for this are not obvious).**

These results help to give some understanding of the reasons behind institutional care. However, this kind of data tends to obscure a more complex picture – there are normally multiple factors leading to a child being placed in an institution. To explore this further, the results for Kyrgyzstan and for Romania are analysed in more detail.

a) The Kyrgzystan study

The three main reasons cited in the Kyrgzystan study for admission to an institution were: multiple children in the family, single-parent families and vulnerable families. These factors accounted for 1,541 children in all (55% of the total). Figure 2 shows how these factors overlap. For example:

■ 858 children were admitted because they were from a single-parent family;

■ For 590 of these children, being in a single-parent family was the only reason for admission;

■ A further 78 children also had (various) other reasons;

■ 42 also came from vulnerable families (i.e. going through a period of crisis);

■ 22 also came from families with multiple children; and

■ 126 came from families with all three attributes.

This analysis, based on over half of the children in the survey, suggests that a social service type intervention might prevent many children from being admitted to institutions.

TABLE 3 : REASONS FOR ADMISSION TO CHILDCARE INSTITUTIONS, FIVE COUNTRIES IN EASTERN EUROPE AND THE FORMER SOVIET UNION: % 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
TOTAL	100.0	100.0	100.0	100.0	100.0	

FIGURE 2 : REASON FOR ADMISSION BY THREE MAIN REASONS, KYRGYZSTAN STUDY

MULTIPLE CHILDREN IN FAMILY
279 (264 MULTIPLE CHILDREN IN FAMILY AS ONE REASON, 15 MULTIPLE CHILDREN + OTHER REASONS)

119   22

VULNERABLE FAMILY
285 281 VULNERABLE FAMILY ONLY REASON, 4 VULNERABLE FAMILY + OTHER REASONS

126
42

SINGLE PARENT FAMILY
668 (590 SINGLE PARENT FAMILY ONLY REASON, 78 SINGLE PARENT + OTHER REASONS)
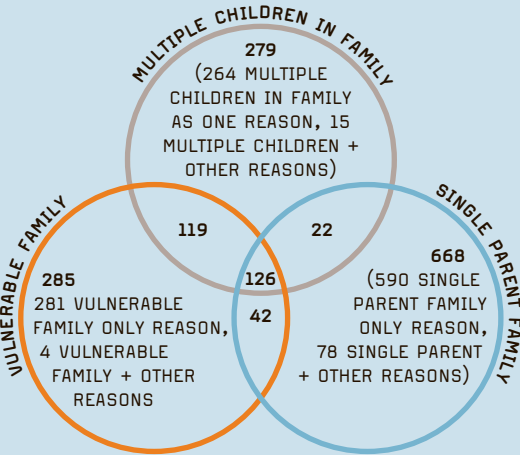
FIGURE 3 : POVERTY AND FAMILY FAILURE ISSUES IN 84 ROMANIAN FAMILIES

POVERTY ISSUES ALONE : 6 FAMILIES

MAINLY POVERTY ISSUES : 12 FAMILIES

POVERTY AND FAMILY FAILURE EQUAL : 15 FAMILIES

MAINLY FAMILY FAILURE ISSUES : 24 FAMILIES

FAMILY FAILURE ISSUES ALONE : 27 FAMILIES

B) The Romanian study

To attempt to understand the factors behind institutionalisation, we divided the reasons for admission into one of two groups: those primarily associated with poverty (poverty itself, unemployment, poor material conditions, and an overcrowded home), and those primarily associated with the failure of the family unit (single-parent family, multiple and unwanted children, alcohol abuse, violence or imprisonment). Cases where a child had a disability or long-term illness were treated slightly differently.

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 is some interaction between the two. The results shown in Figure 3 illustrate these findings more clearly by presenting them as a continuum between solely family reasons and solely economic reasons.

Setting aside the 16 families where childhood disability or illness was the only factor, there were 84 families for whom poverty and/or family failure were a factor. In 27 of these, family failure alone was involved, and in a further 24 families, it was the main issue.

These findings show that poverty, although important, is not the major motivational factor that commits children to an institution. Indeed, the strongest evidence of this is that poverty is so widespread – if so many families live in poverty, why aren't more children institutionalised? The role of social factors in institutional care suggests that, as with the Kyrgyzstan study, the provision of social or family support could help prevent children from being admitted to residential institutions.

Entry into and exit from the system

a) Entry into the system

In all countries in the region, formal processes have to be carried out before a child can be admitted to an institution. These processes vary from country to country but there are essentially 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 best interests.

Decisions are often informed by professionals' judgemental attitudes towards parents. A typical example of this approach was encountered by an EveryChild team in Azerbaijan (see Case Study 3).

Both voluntary and involuntary admissions, in the standard Soviet model (which could be varied in the satellite states), are made into:

■ **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 parent(s). 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 (under the Ministry of Health). Here children are generally grouped by age and they are likely to progress through a succession of age-related wards 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 are usually under the Ministry of Labour and Social Policy/Protection, and are for varying age ranges). From here it is most probable that the children will transfer to an institution for adults with disabilities.

Professionals in CEE and FSU still strongly believe in the medical model of disability, which is seen as an individual, physiological condition which can somehow be treated or cured (Imrie 1997). Families often feel ashamed about having a disabled child and are frequently told to forget them and continue with their own lives (Burhanova 2004). The lack of support services offered to those who might have decided to keep their child also encourages parents to accept the advice of doctors and place their child in an institution.

CASE STUDY 3 : 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.

SOURCE: EVERYCHILD (AZERBAIJAN, 2000)

But this is not all: many of the diagnoses of disability are very primitive. Soviet medicine, in particular, recognises 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'. 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.

There is also a problem of the over-diagnosis of disability. Children with mild disabilities, such as cleft palate, are often placed in an institution for children with learning difficulties. The irony is that, once these children are admitted, the lack of stimulation soon delays their development so that they effectively become disabled (see Case Study 4).

Children from minorities form a significant group of semi-voluntary admissions, and this can occur in any country in the region. For example, a study in Kyrgyzstan found high numbers of children of Russian origin in institutional care (Carter 1999). There is also overwhelming evidence of disproportionate levels of Roma children (the largest single minority group in CEE) 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 similar statistics are reported throughout the region.

Many professionals regard people of Roma origin to be inadequate parents and claim that it is in the children's best interests to be removed. A combination of pressure and the appalling living conditions that many Roma people have to endure, mean that it is very hard to resist the 'advice' to admit a child. Sometimes, children from minority groups are

sought by institution staff to boost admission numbers (UNDP et al 2000).

The old Soviet attitude to parental care still carries weight and there is abundant evidence that 'the professionals know best' when it comes to parenting. Children with disabilities from minority groups are doubly disadvantaged. In Bulgaria, the Czech Republic, Slovakia and Romania, Roma children are frequently placed in special educational institutions after biased testing (or no testing at all). This has been recognised as a problem ever since the collapse of the communist system. However, a recent report (European Roma Rights Center 2005) shows that there has been no improvement in this practice.

b) Exit from the system

Exit from the system also rarely seems to be carried out in the best interests of the child and outcomes are poor. Data from Russia indicates that one in three residential care leavers become homeless, one in five ends up with a criminal record, and as many as one in ten commits suicide (cited in Harwin 1996).

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).

CASE STUDY 4 : DEVELOPMENT DELAY WORSENED BY LACK OF THERAPY

RADI, AGED TWO, HAS CEREBRAL PALSY AND SPENT THE FIRST YEAR 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.

EVERYCHILD BULGARIA (2001)

DEVELOPING FAMILY-BASED CARE

A number of different approaches to family-based care

"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 of the region did not manage to eliminate the family and, despite its imperfections, the family unit still remains the best hope for children. All the evidence suggests that some form of care based around the family is the most effective way to bring up healthy, well-adjusted children.

As we have seen, when the ʻorphanageʼ crisis in Romania first emerged into western consciousness the initial response was to improve conditions for children in the orphanages. However, this response was counter-productive because it did not take into account the damaging nature of institutional care, nor did it address the underlying causes of the problem. When this evidence did come to light, thanks to pioneering work by EveryChild and other NGOs, some alternative solutions were explored and trialled in the region. As is revealed in the following chapter, some were infinitely more beneficial to children and families than others.

One suggested solution was **ʻchildrenʼs villagesʼ**, 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 ʻmotherʼ, who is extensively trained and lives in the house as the main carer and substitute for the childʼs natural parents. However, the enclosed villages separate children

from their natural surroundings and culture, and it seems likely that they are expensive to establish and maintain.

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 their inherent dangers and drawbacks.

A 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).

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 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 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 and policy 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.

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Taking the children out of the institutions: placement with 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, they may be too ill to cope with the child, they may be 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.

There may also be instances where child protection issues are called into question. In such cases the decision to reuinte a child with their parents must not be taken if, in so doing, the child is placed at risk.

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).

CASE STUDY 6 : 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 remarried. 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 have been exhausted, EveryChild believes foster care (shorter-term care by non-related parents) to be the next best option. We have pioneered this approach across SEE and FSU, where the concept is relatively new and unheard of. The approach is more acceptable in societies where non-family care has already taken root; elsewhere it is often perceived as inferior care, and work needs to be done to challenge these attitudes.

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.

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

Foster care is essentially a time-limited exercise, with the inbuilt assumption that at some stage the child will move on. However, it can also 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.

CASE STUDY 7 : 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, are happy and no longer afraid of being separated.

EVERYCHILD GEORGIA (2004)

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

Finally, there is adoption by a family in another country. This has become a very popular policy in western countries, largely because of perceptions of the terrible conditions in the orphanages of the former Soviet bloc. Parents in the West have adopted large numbers of children from the region, and increasingly these are children from institutions. According to statistics from the International Resource Centre of International Social Services, a total of 26,161 children were adopted internationally in 1999; of these, 63% went to the USA, 14% to France, 8% to Italy and 4% to Sweden (Pierce 2001).

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

■ **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.

■ **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.

■ **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.[14]

■ **Little adherence to the Hague Convention** Inter-country adoption is, in theory, regulated by nations' adherence to the Hague Convention[15] – 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.

14 For a clear and detailed review of the literature on this point, see Gunnar et al (2000).
15 Convention on Protection of Children and Co-Operation in Respect of Intercountry Adoption (29 May 93):
     http://www.webcom.com/kmc/adoption/law/un/un-ica.html – but for some useful guidelines, see International Social Service (1993).

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 prevail because institutions are essentially the symptom rather than the cause of the problem . The institutions are full 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 is vital.

The institutions need to be replaced with 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. In cases where poverty is the only reason for placing children in institutional care, continuous support may be needed over a long period. But as argued earlier, in most cases, poverty, although a significant factor, is not the main cause.

What tends to happen in practice is that most poor families manage to cope – until an unexpected event tips them into crisis. In the absence of any alternative forms of support, they will seek to place their child temporarily in an institution; but, because of the way the system operates, temporary placements all too often become permanent. A social assistance service aims to support the family so that they can resume some kind of stability. Typically, this will support vulnerable families by a variety of methods:

- **Helping the family to obtain vital documentation.** Many people in the region do not have the correct documentation because of overly bureaucratic government systems and/or a lack of information. For example, with the break up of the former Soviet Union, a Soviet passport is no longer valid in the 15 countries that have been created. Additional documentation, such as birth certificates or registration documents, may be needed to claim social benefits or other financial assistance, but they can be difficult or expensive to obtain. With knowledge and experience, social workers are able to circumvent these difficulties and help families obtain the documents they need.

- **Providing small amounts of financial support.** EveryChild does not support the idea of continuous financial support, which creates dependency and is simply economically unsustainable. Limited and short term financial payments may be provided as a means of tiding a family over a financial crisis. For example, helping them to buy small amounts of livestock will enable them to provide food for their children, as well as raise a little money by selling what they do not need themselves. Social workers are usually able to help families who have had their utilities cut off, as a result of falling into arrears, by negotiating a payment plan so that vital services can be restored.

- **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.

■ **Providing counselling or other psychosocial support.** Although this can be labour-intensive, even a little support provided over a period of time can make a huge difference to a family.

■ **Providing respite care.** When a child is ill or has disabilities, short periods of respite care enable a child to receive specialist therapies and helps their family to take regular breaks and regain equilibrium. This is not to be confused with sending a child to a large institution where they are unlikely to receive any specialist care at all.

■ **Preventing the abandonment of babies.** Infant abandonment is particularly common amongst very young unmarried girls in countries like Kosova/o,[16] where an illegitimate child is often thought to bring shame on the whole family. In these circumstances, EveryChild's experience has shown that it is important to support the mother through the first, most difficult stage of coming to terms with her new status as a mother. One method is the use of special homes which provide temporary shelter for both mother and baby, so that she can decide on her future without pressure from family or friends. The shelter also gives the family a chance to reconcile themselves to the situation. Often a family may disregard a child before it is born, but decide to keep the baby in the family when they actually see him/her. The shelter provides emotional and psychological support from others in the same position and from sympathetic, non-judgmental staff who encourage the mother to decide what is best for her and her baby.

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16 Due to political sensitivities, the name of the territory is referred to in both its Albanian and Serbian forms.

CASE STUDY 10 : RESPITE CARE AS A STEP TOWARDS REINTEGRATION

LUCIAN IS A SEVEN-YEAR-OLD AUTISTIC BOY 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 Calineşti 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. Furthermore, 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 centre as well. We suggested that she extend Florin's stay at home so that the two boys could attend 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)

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CASE STUDY 11 : 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 TO 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 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)

GATE KEEPING AND THE REFORM OF SOCIAL SERVICES FOR CHILDREN

IF NEW INITIATIVES ARE NOT PROPERLY PLANNED AND CO-ORDINATED THEY CAN LEAD TO THE PROLIFERATION OF SERVICES FOR CHILDREN WITHOUT ADDRESSING THE ACTUAL ISSUE OF CLOSING THE INSTITUTIONS. IN OTHER WORDS, A "NET WIDENING" SEES AN INCREASING NUMBER OF CHILDREN BEING CARED FOR AWAY FROM HOME IN MANY COUNTRIES IN EASTERN EUROPE AND FSU. THIS WORK REQUIRES THE COMMITMENT OF GOVERNMENTS TO BRING ABOUT THE NECESSARY CHANGES. 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 PROVIDE AN EFFECTIVE INTEGRATED PROGRAMME FOR CLOSING THE INSTITUTIONS.

Central to this idea is the implementation of a clear gate keeping process that can be adhered to by all service providers. This can be easier in theory than in practice. A simple gate keeping process can include:

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

EVERYCHILD MOLDOVA

■ **Supporting care leavers.** When young people leave institutional care, they need support to help them find a job, somewhere to live and perhaps vocational training. EveryChild has had great success in working with schools to establish vocational training programmes that help young people find employment.

■ **Restricting the flow of children into institutions.** This is 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 involves a systematic process with the assessment of individual and family needs. Social workers trained to take a genuinely child centred approach are able to identify the help and support that would prevent a child's admission to an institution.

Other methods
There are many other ways of providing assistance and some additional methods are listed in the box to the right. These are not mutually exclusive but instead complementary; each reinforces the others, and it is essential that a balanced package of measures is adopted. Local circumstances will always dictate the main approach, but it is 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 the prevention of family break-up or reintegration into family life, such as community heads, community self-help groups, community schools and kindergartens.

■ Within institutions – life-, livelihood-, social- and vocational skills programs.

■ Independent living programmes for young people to prepare for life after an institution.

■ After-care or follow-up work after reunification/reintegration.

■ Multi-agency work – different departments/ministries working together, both government and non-government.

■ Early prevention work – family visits, peer educational programmes, information leaflets/meetings.

■ Lobby and advocacy on the implementation of children's rights.

■ Training/capacity building for workers in institutions, management staff and decision makers within ministries.

EVERYCHILD KYRGYZSTAN

The barriers to implementing reform of the existing system

One of the main barriers to changing the system of institutional care in the region is the perceived cost of change. Although there are both economic and non-economic effects, we shall consider the narrower financial costs here. This of course sets aside the non-economic effects, of which the most serious is undoubtedly the poor development of institutionalised children. We can only guess at the tremendous long-term economic effects that institutional care can bring to a country's economy, in terms of damaged, unproductive lives and an excessive reliance on institutions.

On purely economic grounds it might at first be thought that large institutions would prove to be more efficient than alternative care options, such as individual family support. But in practice, this appears to be far from the truth. Material from Romania (World Bank 1998) provides the most systematic evidence, showing costs for a wide range of alternative forms of care. Although there are still some doubts about the accuracy of the material,[17] it is the most convincing study published to date (Table 4).

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

TABLE 4: ROMANIA: RECURRENT COST ANALYSIS OF ALTERNATIVE CHILD WELFARE MODALITIES

MARCH 1998 (MILLIONS OF ROMANIAN LEI PER CHILD PER MONTH)

STATE [RESIDENTIAL] INSTITUTIONS	1.77 TO 2.47
COMMUNITY RESIDENTIAL CARE	0.87 TO 1.17
PROFESSIONAL FOSTER CARE	0.80
VOLUNTARY FOSTER CARE	0.40
ADOPTION OR FAMILY REINTEGRATION	0.17

SOURCE: WORLD BANK (1998)

On this evidence, institutional care costs between 10 and 15 times as much as family reintegration. Of course, family reintegration is not always possible, but the World Bank study shows that other alternatives are cheaper in any case.

Published figures from the region are very sparse but the work of EveryChild in three countries – Ukraine, Moldova and Russia – has provided additional evidence (Table 5).

TABLE 5: UKRAINE, MOLDOVA AND RUSSIA: 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	VOLUNTARY FOSTER CARE	FAMILY SOCIAL SERVICES
UKRAINE	UKRAINIAN HRYVNIA	600	334	250	94
MOLDOVA	US DOLLARS	90-180	90	40	10-20
RUSSIA	RUSSIAN ROUBLES	3,647		1,933	897

SOURCE: EVERYCHILD UKRAINE, EVERYCHILD MOLDOVA AND EVERYCHILD RUSSIA (2001-02)
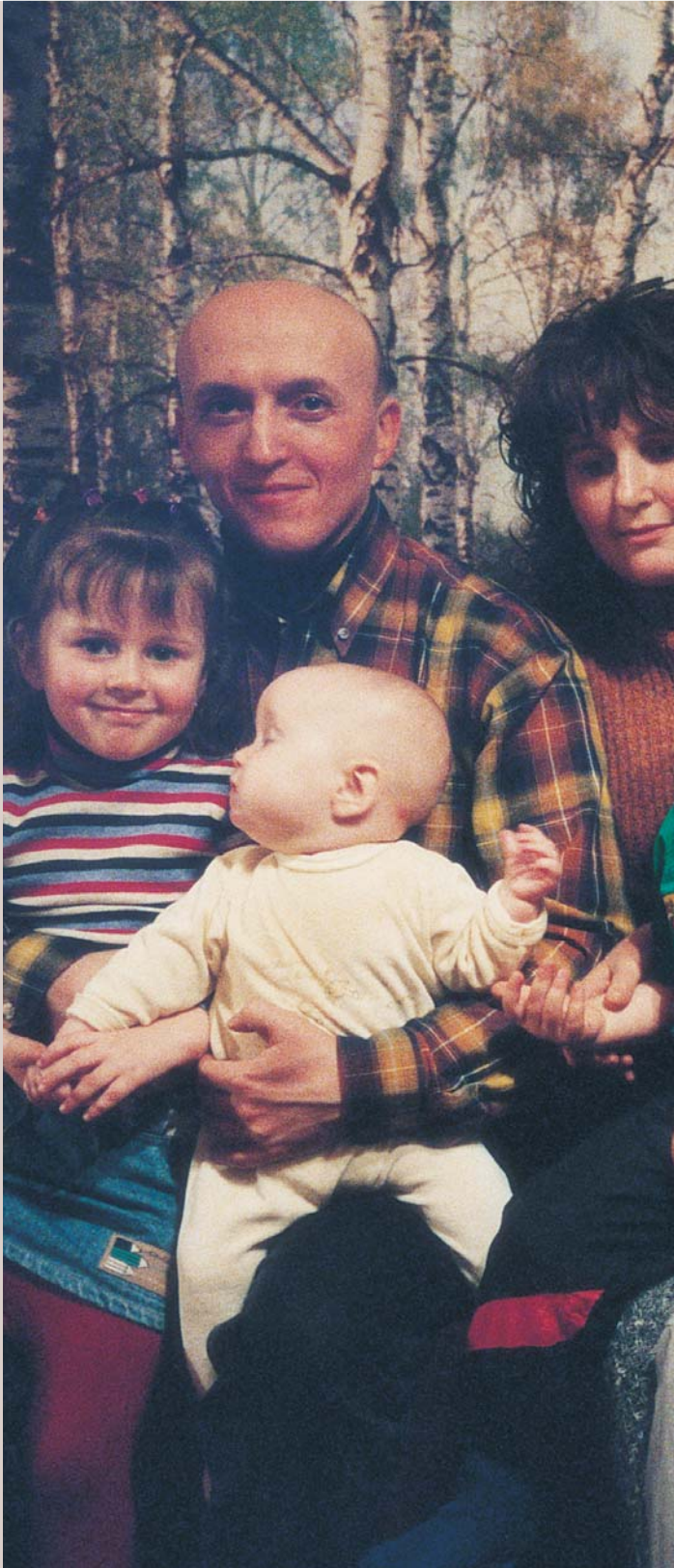
The following observations can be made from the table:

- Community residential/small group home care costs approximately half that of state institutional care.

- Foster care costs approximately one fifth to one third of state institutional care.

- Family support/social service provision costs approximately one eighth of state institutional care.

Transitional costs

It is important to point out that although the costs of providing family-based care are considerably less than those of institutional care, the resultant savings will not be realised immediately. This is because to enable a smooth transition it is necessary to set up alternatives before an institutional system has been closed down or reduced in size.

It also needs to be stressed that the closure of institutions itself is not necessarily an easy task. For example, as an act of policy, many institutions were located in isolated villages, and 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.

This effective 'double-running' means that the costs during the transitional period will be greater than under the old system (see Figure 4). Initial costs during the transition to the new system are higher than under the old system but as institutions are gradually closed, the costs are reduced as

the new system takes over. These extra transitional costs must be regarded as an investment to the introduction of a new and better system.

There are also a number of non-financial barriers to change. For example, it is important to deal appropriately with the effects of a transition on institutional staff, e.g. they should be retrained or given alternative career options. People in the region may also be reluctant to the idea of family-based care and these attitudes have to be carefully addressed.[18] We need to adapt whatever methods are used to promote change to the prevailing circumstances of a region and avoid imposing a model in one fixed way.

FIGURE 4: TOTAL COSTS OF PROVIDING FOR BOTH INSTITUTIONAL AND FAMILY-BASED CARE DURING THE TRANSITIONAL PERIOD (NOTIONAL FIGURES ONLY)

TOTAL COST
INSTITUTIONAL CARE
FAMILY-BASED CARE
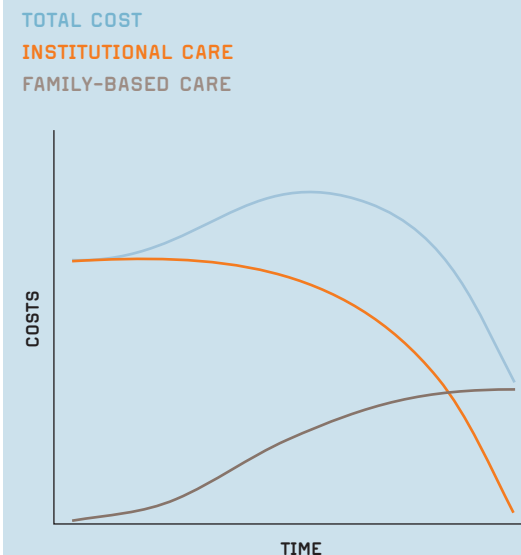
18 For an interesting discussion of some of these factors, including the fact that sending children to an institution is now accepted as a 'normal' way of dealing with vulnerable families, see Westhof (n.d.).

CONCLUSIONS AND RECOMMENDATIONS

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 have 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.

EveryChild recommendations

In the following section we look at the implications for governments, donors and NGOs, and give recommendations based on our experience and expertise of childcare reform in the region.

FOR GOVERNMENTS

Governments must address the symptoms and underlying causes of a child welfare system based on children's institutions (as is the case in CEE and FSU), and develop strategies to halt the flow of children into care and return resident children to their birth families (or find family-based alternatives). Governments that do not have a legacy of children's institutions, but that now face the catastrophic consequences of children orphaned by HIV/AIDS or terrible natural disasters like the Indian Ocean Tsunami in 2004, must not think that building new institutions can solve these problems.[19] Governments must learn the lessons of countries hobbled by the legacy of institutional childcare.

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, co-ordinate the implementation strategy and ensure that its own policies and spending support its objectives. 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. They must articulate and implement a clear vision of child welfare policies that support children to grow up in families.

We have substantial experience of piloting children and family assessment services in partnership with governments in the region. Our efforts have consistently proved that a carefully tailored package of support can help the family overcome its difficulties and allow the child to grow up under the protection of the family. We developed our expertise through partnerships with national governments to train and support locally recruited social workers in modern assessment methods and child protection skills. When social workers are informed about a child at risk of institutionalisation, they visit the family to offer help. Almost always, families agree to work with the social worker who makes a full assessment of the needs of the child and devises an appropriate care plan. This approach to prevention, adapted to meet different country contexts, has proved highly effective in preventing family breakdown, thus reducing the number of children placed in institutional care.

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

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19   There are, of course, some situations in which institutional care cannot be ruled out. However, it should be clear that this is the least worst option and not the first choice.

supply of properly trained social workers, most countries need to invest heavily in new training methods and resources. Some staff currently employed in children's institutions could be re-trained as social workers, community support workers or foster carers. Offering re-training will reduce resistance to reformed policies. It is also probable that a limited quantity of graduate social work training will be needed to meet workforce requirements.

In our experience, a 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.

- Laws regulating central and local government financial relations may need to be altered 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, and the legal concepts of fostering and adoption may need to be clarified.

Children face intolerable hardships when they are no longer protected in a family

HIV/AIDS – an emerging issue

Faced with the catastrophe of children who have lost one or both parents to HIV/AIDS, some governments have responded by building (or giving permission to build) new institutions to house children.

Central Europe, Estonia, Latvia, Russia and Ukraine have been worst affected by HIV/AIDS. A striking feature in this region is the low age of those infected: more than 80% of HIV positive people in the region are under 30 years (UNAIDS 2004).

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 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. However, anecdotal evidence from EveryChild programme staff in the region[20] supports the perception of a residential response to children orphaned by HIV/AIDS.

As reported by UNAIDS, too many countries lack a strategic, co-ordinated plan to respond to children orphaned by HIV/AIDS.[21] Instead, many governments are only too ready to sanction the creation of new orphanages because this seems a reasonable solution. But, as argued in this report, it is not.

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20 EveryChild has a presence in 18 countries: Albania, Brazil, Bulgaria, Cambodia, Ethiopia, Georgia, Guyana, India, Kosova/o, Kyrgyzstan, Malawi, Moldova, Peru, Romania, Russia, Thailand, Uganda and Ukraine.
21 For example, Ukraine has no public health information service, no sexual health education in its schools, and no national information dissemination strategy for HIV/AIDS (DeBell and Carter 2005).

FOR DONORS

While the instinct to respond to the dire conditions in many children's institutions is understandable, it runs counter to the best interests of the child. For example, the flood of international aid that poured into Romania in the early 1990s did improve living conditions (with the provision of better kitchen facilities, sanitation and new toys and clothes) but as the then US Ambassador to Romania reported, "While children lived in decent conditions, the large institutional warehouses that were now decent structures remained indecent homes" (Rosapepe 2001).

Welfare policies cannot be reversed overnight, but donors must not channel so much aid into repairing or building new institutions that it makes it harder for governments to contemplate their closure.

i) Working with local and central government
EveryChild is increasingly developing expertise in working with donors and governments to devise national child welfare reforms.

The complexity of the task is not underestimated. There has to be a progressive closure of children's institutions while, at the same time, a corresponding increase in community-based support services. 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 can be reused to house new services: day care for working parents; after-school activities; family support networks; or adult skills retraining.

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

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. 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 healthcare professionals.

Countries in transition will need technical assistance to reform service delivery mechanisms. Many countries in CEE and FSU have inherited highly centralised welfare bureaucracies. Services need to be locally planned and delivered if they are to help children and families 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.

ii) Working with the European Union
As 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. The rights of children should be recognised more in those programmes and the challenge for NGOs, national governments and the European Commission is to remedy that situation.

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 2003) 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.

The new European Neighbourhood Policy (ENP), which seeks to share the benefits of the EU's 2004 enlargement with neighbouring countries , provides an opportunity for children's rights issues to be addressed.

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.

EveryChild has worked successfully with the EU and were privileged to have been awarded contracts in Moldova and Ukraine, totalling over €3.6 million. Both support the government in implementing its policy of reducing the numbers of children in institutions and developing practical solutions, as well as providing support on wider issues such as children's policy, legislative reform and consequential financial issues.

FOR NON-GOVERNMENTAL ORGANISATIONS (NGOS)

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 by developing 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 to perpetuate them.

NGOs that have been at the forefront of demonstrating new ways to respond to vulnerable children and families must 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.

NGOs have a role to play in ensuring 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 them. NGOs may need to draw political attention to evidence of a lack of progress and advocate for appropriate responses from the EC.

NGOs and other concerned organisations should be hesitant about developing new residential care capacity. As the UN Committee on the Rights of the Child has repeatedly said, this type of 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 UNCRC assertion that all children should grow up in a family-type environment.

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