THE NEGLECTED AGENDA: PROTECTING CHILDREN WITHOUT ADEQUATE PARENTAL CARE

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Introduction

Parents and families may not be able to provide the care and nurture that they would like to give their children for a wide variety of reasons including chronic poverty, disability, the impact of conflict, sickness, or the death of a partner. Most parents in these situations continue to do the best they can but the outcomes for their children - in terms of their health, education, or protection – may be far from what they would wish. Other parents, struggling to bring up their children without additional support, are often forced to place their children temporarily or permanently into the care of others. It is estimated, for example, that over two million children live in institutional care[1] worldwide; with actual numbers likely to be closer to eight million.[i] Many others live with relatives or foster carers, are adopted within their own country or internationally, or have to live independently on the street or in child-headed households. Finally, it is also unfortunately true that a minority of parents will also deliberately neglect, abuse, or exploit their children in ways that most people would regard as scarcely credible. Such wholly inadequate parental care, and the imperative to protect the rights and well-being of these children, may require the removal of the children into alternative care.

While figures of children who require better care or are in alternative care arrangements are unknown, it is estimated that over 145 million children have lost one or both parents;[ii] 15 million of these due to AIDS.[iii] Armed conflicts and natural disasters place children at risk of being separated from their parents and caregivers, particularly during mass population displacement both in-country and across international borders. In 2008 an estimated 44 percent of all refugees and asylum seekers (and 43% of Internally Displaced Persons) were children and 4% of all new asylum claims were from unaccompanied and separated children.[iv]

For the families that wish to do their best for their children but struggle to provide the necessary care, the first option is to support the family such that the children can live in a supportive, nurturing, and protective environment. This could be via economic strengthening initiatives, parenting education, respite care, and improving access to basic services. All these can help prevent unnecessary and damaging family separation. Where children are unable to live with their families for whatever reason, they should have good quality alternative care in a family and/or community-based setting. This includes kinship care (care by relatives and family friends), foster care, supported independent living, and adoption (or its national equivalent, e.g., *kafala*). In some cases, children may only require alternative care on an interim basis, particularly in emergency contexts when they are separated or lost. Only in very few cases is institutional care the right option for children, and only then if provided in small group homes, to a high standard, and in the best interests of the child. All forms of care must be assessed on a case-by-case basis, be well regulated, and supported within the broader child protection system. For all situations the aim as far as possible is permanency – providing a child with a sense that they belong, that they are somewhere they will never have to leave again, and that someone has committed to love and care for them.

Children's right to protection and care in their family is enshrined in national and international law. Article 9 of the United Nations Convention of the Rights of the Child (UNCRC) states:

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

The legal imperative is matched by an overwhelming evidence base that favours support to parental care and, where that is not possible, safe, supported family-based care for children who genuinely require an alternative care placement in the short or long-term. Quality family-based care is safer and provides higher development outcomes for children, particularly young children. Research has shown that young children raised in institutions, for example, are vulnerable to neglect and abuse, emotional and severe behavioural problems, health complications, and cognitive and physical development setbacks.[v] The evidence behind these findings has been building since the early twentieth century.[vi]

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[1] In this paper, "institutions," "children's institutions," "residential institutions," "residential care," "orphanages," "children's homes," and "care institutions" are used interchangeably to refer to institutional care facilities in which groups of children are cared for by paid staff.

Despite the weight of this evidence, children continue to be unnecessarily separated from parents and inappropriately placed in often unregulated alternative care. This is not only crippling the potential and limiting the future of millions of children; it is also restricting national economic, political, and social growth. As a result of the damage they have experienced, many children leaving alternative care struggle to find a place in society and may create long-term costs for the State because of mental health problems or recurrent conflict with the law. To these longer term costs one needs to add the more immediate costs of providing care institutions that are far more costly than supporting family-based care and related services.[vii] High economic costs are paralleled by social costs. The proper care and protection of children has far-reaching implications for the global efforts to reach the Millennium Development Goals. Inadequate care and protection of vulnerable children can lead to higher instances of early marriage and early pregnancy, child malnutrition, low school attendance, and child mortality.[viii] The development of preventative family support services and alternative family-based care placements therefore makes social as well as economic sense.

The challenge for Governments is to develop a range of support and care options that are well regulated and administered, and adequately resourced. This requires significant political commitment, investment and oversight in order to ensure that children in families affected by compounding social and economic challenges and those without families are well cared for and protected. The *Guidelines on Alternative Care of Children* provide a framework for the types of legislative and policy changes that are required at national level.

Generating the necessary political and public commitment for change in this area is not easy. Children affected by disability, poverty, HIV/AIDS, and children from marginalised groups are over-represented in alternative care settings around the world.[ix] Many of these children come from segments of society that have little or no political voice. Commitments can be hampered by public perceptions that such children, and the families that care for them, are in some way 'undeserving' or a threat to public order. Their voices are not always heard; their rights often go unrecognized, and their needs can be easily neglected.

To this end, Save the Children and Wilton Park, in partnership with the United Nations Children's Fund (UNICEF) and the Better Care Network (BCN), agreed to host a high-level conference on children without adequate parental care. The conference aim is to explore some of the obstacles to the urgently needed change in this area and to propose new ways to overcome them in order to improve the care and protection of some of the world's most vulnerable children. It brings together 50 leaders from Governments, bilateral donors, international agencies, private foundations, and academia to: review the evidence on the different forms of alternative care options available and their impacts on child development; explore promising practices on strengthening families and developing positive alternative forms of care; consider what political and policy changes are needed to protect and care for vulnerable children; consider the practical implications of implementing the Guidelines; and identify concrete next steps that can be taken to help secure more substantive progress on these issues and global commitment.

Strategies for Keeping Families Together

Evidence suggests that with the right support most families can effectively care for and protect their own children.[x] Family strengthening and support services can make a significant improvement to children's safety and care, help mitigate risks, and strengthen the ability for families to remain together. By reducing the financial burdens on families and improving the level and quality of support to families via economic strengthening initiatives, parenting courses, improving access to basic services (education, health, birth registration etc), and better social welfare services, families are able to continue caring for their children and instances of child abandonment are reduced. Furthermore, in emergencies, family separation may be prevented through awareness raising campaigns and sharing information on where children and families can seek assistance should they become separated. It is crucial that the support services are targeted appropriately to prevent family separation and employed to reunify children with their families, where a child has been separated or been placed inappropriately in an alternative care arrangement.

In order to limit the number of such inappropriate care placements, divert children from unnecessary initial entry into alternative care, and ensure children remain with their families, gatekeeping measures need to be in place. Gatekeeping is the process of referring children and families to appropriate services or care arrangements. Gatekeeping is often carried out by social welfare professionals or trained staff at institutions, but is frequently aided by members of the community and local service providers.[xi]

During emergencies, such as armed conflict and natural disasters, measures need to be in place to prevent unnecessary separation of children from their parents and families. Such measures include unaccompanied and separated children being provided with services to facilitate appropriate interim care as well as their identification, registration, documentation, and tracing with a view to rapid family reunification in the best interests of the child.[xii]

Supporting Children in Alternative Care

Where it is not possible for a child to live at home, kinship care, fostering, national adoption, and other forms of family and community-based care should be prioritised. Each child must be assessed individually to determine what care arrangement would best suit their interests, needs, and rights. All decision-making should be carried out by qualified professionals following due process and in consultation with the child. Some examples of positive family and community-based care alternatives are detailed below. For a full list of care options please refer to the *Guidelines on Alternative Care of Children*.

Alternative care is not the goal, but a step towards permanency. Permanency is about giving children a sense that they belong, they never have to leave again, and that someone has committed to love and care for them for the rest of their lives. Permanence should bring physical, legal, and emotional safety and security within the context of a family relationship and allow multiple relationships with a variety of caring adults, including the birth parents. For permanent care options to be realized, care planning, legislation, and policies are required to ensure children are reunited with the biological or extended family where possible, and that alternative families can be found for children who require them, ensuring their rights are protected in this process.

a. *Kinship Care*

Kinship care is defined as: "family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal."[xiii] Informal kinship care is any private arrangement made by a family, whereby the child is looked after by kin. Formal kinship care is an arrangement ordered by an administrative body. In general, tracing and placing a child with extended family must be supported, properly financed, monitored, and prioritised. The strength of kinship care, of course, is that it contributes to maintaining a child's familiar cultural, and linguistic ties; promoting sibling relationships; reducing separation trauma and multiple placements; and enhancing child's sense of identity.

Worldwide, kinship care is the most prevalent form of alternative care arrangement for children who are not with their biological parents. Approximately five percent of all children in the United States live with a grandparent or other relative.[xiv] A recent assessment of alternative care in Malawi, Zambia, Swaziland, and South Africa showed that extended family placements, or kinship care, are the preferred method of care for orphans, and nearly half of informal orphan placements are with grandparents. In Zambia, 710,000 children, or 33 percent orphans and 12 percent of non-orphaned children, are being raised by grandparents.[xv] In Central and Eastern Europe, an increasing group of children are growing up with extended family members as parents are migrating to Western Europe for employment. In 2007, there were 126,000 Romanian children in this situation and significant numbers of children are also reported from Poland and Bulgaria.[xvi] Kinship care is also most commonly used for the care of children separated from their parents in emergency contexts. However, as a result of compounding factors straining families and communities, such as increasing poverty levels and general hardship, such traditional child protection mechanisms are being eroded and childcare patterns are changing.[xvii] This emphasizes the importance of developing effective social welfare

systems that can keep families together, as well as ensuring oversight and regulation for family support services (including formal fostering and national adoption).

b. Foster Care

In situations where family placement or reunification is not possible or in the best interests of the child, foster care may be utilized. Foster care may also be an option for those children in institutions where a family placement is deemed more appropriate, or for children in emergency contexts.

Foster care refers to: "situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care."[xviii] Foster care can be temporary or long-term; and may be specialized to care for those with special needs, as well as in situations where crisis intervention is required. Informal foster care is a private arrangement made between families, and is practised in many countries, especially in Africa. All forms of foster care must be well monitored and supported in order to ensure that children are adequately cared for and that the placement meets the needs of the child and adheres to the child's care plan.

The use of foster care is well established in many parts of the world. In Australia, for example, at the end of 2007 there were 28,441 children in foster care.[xix] In South Africa, a total of 449,009 children were cared for outside of their biological family. Of that number, 53,881 (12 percent of the total) children were cared for in foster care with non-relatives.[xx] Countries that have pursued a policy of de-institutionalisation have developed foster care systems as an alternative form of care; for example, in Romania, the number of children living with foster carers or guardians rose from 30,600 in 2000 to over 48,000 by 2008.[xxi]

While foster care can provide a positive family based placement for children in need of alternative care, it is not without potential problems. For example, experience in the UK has shown that serial and short-term foster placements can be harmful to children, in particular due to the lack of permanency and consistency of care and support.[xxii] Furthermore, children who require permanent alternative families should be eligible for national adoption.

c. Institutional Care and Residential Care

Institutional care is "care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short and long-term residential care facilities including group homes."[xxiii] When used it should be well regulated and as family-like as possible and only used in a purposeful and time-limited way. Institutional care, while appropriate for some children in some situations, should never be the first resort.

Unfortunately, this is rarely the case. Too often, care institutions are misconceived as a simple and 'common sense' solution by the public and donor community, who readily offer their support, particularly after national disasters, protracted conflict, and in response to the HIV pandemic. In Africa and Asia, the last decade has seen a rapid proliferation of institutions. In Swaziland, 80 percent of children's homes were established between 2000 and 2004.[xxiv] In Afghanistan, a study found an annual doubling of children entering residential care between 1998 and 2003. Eight five to ninety percent of these children have at least one or both parents alive.[xxv] In CEE/CIS, the proportion of all children who are in institutions has increased. While the total number of children living in orphanages is estimated to have fallen by over 100,000,[xxvi] the birth rate in the region has also fallen dramatically, and in many of the region's countries, the proportion of children in orphanages has actually increased.[xxvii] In Iraq, the recent political insecurity, rise in violence, and general economic hardship has led to a rapid rise of vulnerable children. Increasingly families are resorting to institutional care as a coping mechanism. While the national figure of children in orphanages is low, anecdotal evidence points to the trend of increasing number of informal institutions. A staggering nine out of ten Iraqi children living in orphanages have at least one living parent; poverty, divorce, and displacement are the most common reasons cited for placement.[xxviii]

Institutional care is often overused and misused. In fact, most children in institutions should not be there. In most cases at least four out of five children in institutional care have one or both living parents, who with support could be able to care for their child.[xxix] Studies have shown that poverty,

access to basic services (i.e., education), disability, and ethnicity lead to placement in institutions, not the absence of family.

The majority of institutional care facilities are unregistered, lack government oversight, safeguards, and monitoring mechanisms. The situation leaves children vulnerable to abuse, neglect, exploitation, trafficking, and illegal adoption.[xxx] Oftentimes, care facilities have very few trained caregivers, high ratios of children to staff, and face high frequency of staff turnover. Therefore, the care facilities and the staff are limited in their capacity to provide children ongoing and meaningful affection, attention, and social connections needed to grow and prosper.[xxxi] As a result, young children raised in institutions frequently have poor health, development, and behaviour outcomes. For example, a longitudinal study by the Bucharest Early Intervention Project, found that young children moved from an institution to supported foster care before age two made dramatic developmental gains across several cognitive and emotional development measures compared to those who continued to live in institutional care, whose situation worsened considerably.[xxxii] A series of research studies in Europe has led to similar conclusions.[xxxiii]

The *Guidelines* clarify that institutional care should not be used for children under three and should be limited to cases where this setting is specifically appropriate, necessary, and constructive for the individual child concerned, and in his/her best interests. It specifies that where large child care facilities (institutions) remain, alternatives should be actively developed in the context of an overall de-institutionalisation strategy, with decisions regarding the establishment of new child care facilities, taking full account of this de-institutionalisation objective. It states that where institutions are used (i.e., short-term care for adolescents who chose not to have a family placement, children with severe or multiple disabilities, or children in some emergency contexts), that they adhere to established care standards, and provide individualised and small-group care. In emergency situations, for example, institutional care is sometimes required on a short-term basis when, for instance, a large influx of children are released from armed forces or groups and they require transitory or interim care while their families are being traced. Often in an emergency setting there are insufficient foster families available to host such large numbers of children, or there may be reason based on ethnicity where it is better not to place them in a family setting in the short-term.

A Framework for Action

An effective alternative care system must be underpinned by guidelines and standards to ensure the best interests of the child, guard against the overuse of institutions, and connect vulnerable families to needed services. Coordination, regulation, and good practice dissemination is essential for effective care and child protection systems to operate. Significant progress has already been made at the global level to translate evidence and experience into practice. International standards for alternative care have been prepared (the *Guidelines*), with the Government of Brazil taking the lead in this process. In June 2009, the UN Human Rights Council passed a resolution to transmit these Guidelines to the UN General Assembly with a view to their endorsement before the end of 2009. The Guidelines, developed with child protection experts from around the world, provide a comprehensive framework for alternative care. The guidelines have already served as a model for a number of countries, such as in the Chile SENAMA programme.[xxxiv] In addition, the global Inter-Agency Working Group on Unaccompanied and Separated Children is finalizing a Toolkit on Interim Care in Emergencies for Children, led by Save the Children and UNICEF.

Systematic data is also required to discern trends and make informed policy decisions. Data collection systems should provide information on key issues such as the number of children in care, the reasons why they have been placed, and the process towards permanency. In 2009, UNICEF and the Better Care Network (BCN) published the *Manual for the Measurement of Indicators of Children in Formal Care*. The manual contains core indicators that every country should be able to report on with respect to foster care and institutional care, and was designed to assist States in building reliable information systems for regular reporting and accountability.

The sharing of good practice, research, and resource materials are vital to the general improvement of policy and practice in different countries and regions. Inter-agency partnerships, such as the Better

Care Network (BCN), are helping to facilitate such information exchange and collaboration by sharing resources, tools, and best practices that help prevent child abandonment and support families.

The development of an effective alternative care system needs to be part of the strengthening of the overall child protection system. UNICEF, Save the Children, and UNHCR are adopting such a systems approach that moves away from the single issue approach which can result in a fragmented child protection response marked by inefficiencies and pockets of unmet needs. In contrast a systems approach aims to look comprehensively across the whole child protection arena. Integrated child protection systems encompass action by government and civil society from country level to the grass roots. Effective action requires an integrated set of components to prevent and respond effectively to the abuse, neglect, exploitation, or violence affecting children.

Time for Political Action and International Conference on Care

2009 is an important year for concrete action on these issues at the global, regional, and national levels. The Guidelines on Alternative Care for Children will have been reviewed by the Member States of the UN General Assembly. The appointment in May 2009 of a UN Special Representative on Violence against Children has raised the profile of child protection issues within the international agenda. The last few years have seen a series of regional conferences on child care taking place in CEE/CIS, and, most recently, the first all-Africa conference on family-based care was held in Kenya in September 2009. The Wilton Park Conference is one of the first opportunities in which Governments and other high-level actors from across the world will engage in open discussions to challenge conventional thinking on care and protection of vulnerable children. This conference seeks to translate the regional and technical knowledge and evidence base into global political will, leadership, and tangible actions that can make a real difference to the lives of children worldwide.

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[i] UNICEF estimates that more than 2 million children are in institutional care around the world, with more than 800,000 of them in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS). *See* UNICEF, *Progress for Children: A Report Card on Child Protection: Number 8, September 2009* , p. 19. Save the Children and others estimate that the figure is closer to 8 million. *See* Save the Children, *Keeping Children out of Harmful Institutions: Why we should be investing in family-based care,* Save the Children UK: London. November 2009. *See also* Pinheiro, P. "Report of the independent expert for the United Nations study on violence against children," August 29, 2006.

[ii] UNICEF, *The State of the World's Children 2009*, UNICEF, New York, December 2008, p 133.

[iii] UNICEF, *Children and AIDS: third Stocktaking Report,* UNICEF, New York, December 2008, p. 21.

[iv] UNHCR, *2008 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons. Country Data Sheets*, 16 June 2009, p.18, available at: http://www.unhcr.org/4a375c426.html.

[v] Children in institutions are vulnerable to abuse, especially children with disabilities. *See* Pinheiro, P. "Report of the independent expert for the United Nations study on violence against children," August 29, 2006. Children living in institutions are more likely to have health problems. *See* Johnson et al., "The health of children adopted from Romania," *The Journal of the American Medical Association* 268, 24, 1992. Children in institutions are more likely to have development problems if they are raised from an early age in an institution. *See* Groza et al, 1998 "The Relationship of Institutionalization to the Development of Romanian Children Adopted Internationally," *International Journal on Child and Family Welfare*, 3(3):198-217

[vi] The foundation for current scientific knowledge base of children's development requirement dates back to research in the early 1990s and effects of institutional care on attachment theory dates back to the 1940s. *See* Chapin, H. D. (1917). "Systematized boarding out vs. institutional care for infants and young children," New York Medical Journal, 105, 1009-1011. *See also* John Bowlby, "Maternal Care and Mental Health," World Health Organization Monograph 1951, and *Attachment and Loss, Vol. 1 Attachment* (1969); *Vol. 2 Separation* (1973); and *Vol. 3 Loss Sadness and Depression* (1980a), New York: Basic Books.

[vii] An analysis of care provision in Romania, Ukraine, Moldova and Russia concluded that the cost-per-user for institutional care is six times more expensive than providing social services to vulnerable families or voluntary kinship carers, and three times more expensive than professional foster care. Carter, R., *Family Matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union,* London: Everychild, 2005.

[viii] *See* EveryChild, *Why do Separated Children Matter?: A Policy Brief*, November 2008

[ix] Studies have shown that poverty, not the absence of family is the most common reason for placing children in orphanages. In Sri Lanka, over 50% children admitted in orphanages were due to poverty. Ethnic minorities and other socially marginalized groups tend to be disproportionately represented among children in orphanages. In Sweden, children over 12 are three times as likely to be in an orphanage if from a non-Swedish ethnicity. In Romania, 40% of children in orphanages are Roma, even though the Roma people account for less than 10% of the country's population. Children with disabilities are at special risk of being placed in orphanages. In CEE/CIS, a child has 46% increased likelihood of being placed in an orphanage if disabled. In the US, there is 36% increased likelihood. For Sri Lanka date, *see* Save the Children, *Children in institutional care in Sri Lanka: The status of their rights and protection in Sri Lanka*, 2005. For Sweden data, *see* Country

Reports to the Second International Conference on 'Children and Residential Care: New strategies for a new millennium,' Stockholm, 2003. For Romania data, *see* Tobias, D., *Moving From Residential Institutions to Community-based Social Service in Central and Eastern Europe and the Former Soviet Union*, World Bank, Washington DC, 2000, p.25. For CEE/CIS data *see* the Innocenti TransMONEE database for 2003. US figures taken from the Institute of Education Services, US Department of Education for 2002-3.

[x] *See* Joint Learning Initiative on Children and HIV/AIDS (JLICA), *Home Truths: Facing the Facts on Children, AIDS and Poverty,* 2009.

[xi] *See* UNICEF and World Bank. *Changing Minds, Policies and Lives – Improving Protection of Children in Eastern Europe and Central Asia Series. Gatekeeping Services for Vulnerable Children and Families.* UNICEF Innocenti Research Centre, Florence, Italy, 2003.

[xii] See ICRC, UNHCR, UNICEF, World Vision International, Save the Children UK & International Rescue Committee, *Inter-Agency Guiding Principles on Unaccompanied and Separated Children*, Geneva, 2004.

[xiii] Govt. of Brazil, " Guidelines for the Alternative Care of Children," 17 June 2009, p.6 para. 28(ci)

[xiv] US Office of Personal Management website, available at: http://www.opm.gov/Employment_and_Benefits/WorkLife/OfficialDocuments/HandbooksGuides/Kinshipcare/index.asp, *accessed* 17 November 2009.

[xv] UNICEF, *Working Paper: Alternative Care for Children in Southern Africa: Progress, Challenges and Future Directions*, UNICEF Nairobi, September 2008, p. vii-viii, 7.

[xvi] UNICEF & Alternative Sociale, *National Analysis of the Phenomenon of Children Left Home by Their Parents Who Might Migrate Abroad for Employment.* 2008.

[xvii] Beegle, K. et al., "Policy Research Working Paper 4889: Orphanhood and the Living Arrangements of Children in Sub-Saharan Africa," World Bank, March 2009, http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2009/07/24/000112742_20090724110307/Rendered/PDF/WPS4889.pdf - page 7, *accessed* 17 November 2009

[xviii] Govt. of Brazil, "Draft Guidelines for the Alternative Care of Children," 17 June 2009, p.7 para. 28(cii)

[xix] Australian Government, Australian Institute of Family Studies, Foster Care Resources Sheet, National Child Protection Clearinghouse, http://www.aifs.gov.au/nch/pubs/sheets/rs8/rs8.html, accessed 17 November 2009

[xx] Dunn, A., *Draft Assessment of Capacity to Manage Alternative Care, South Africa*, December 2007, p. 8.

[xxi] TransMONEE 2008 database, UNICEF Innocenti Research Centre, Florence. A guardian is a legally appointed adult representative for a child. Also see UNICEF, The Child in the Family: Romania Example - Child Protection within a Family Environment, http://www.unicef.org/childfamily/index_24538.html, *accessed* 17 November 2009

[xxii] Social Care Institute for Excellence, *Guide to Fostering*, 2004, available at: http://www.scie.org.uk/publications/guides/guide07/files/guide07.pdf, *accessed* 17 November 2009

[xxiii] Govt. of Brazil, "Guidelines for the Alternative Care of Children," 17 June 2009, p.7 para. 28(civ)

[xxiv] UNICEF, *Assessment of Alternative Care for Children without Parental Care*, UNICEF Swaziland, 2006

[xxv] Country Reports to the Second International Conference on 'Children and Residential Care: New strategies for a new millennium,' Stockholm, 2003, p. 4.

[xxvi] Carter, R. *Family Matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union*, Every Child, 2005, p.16

[xxvii] UNICEF, *Innocenti Social Monitor 2006: Understanding Child Poverty in South-Eastern Europe and the Commonwealth of Independent States*, UNICEF Innocenti Research Centre, 2006, p. 26.

[xxviii] UNICEF & International Medical Corps Iraq Assessment. On file with Better Care Network.

[xxix] This figure was calculated on the basis of a sample list of countries where data is available for the percentage of children with one or both parents recorded as living in institutional care. For example, in Central and Eastern Europe and Commonwealth of Independent States (CEE/CIS) the figure is as high as 98 percent[xxix] whilst in Africa and Asia evidence suggests that the number is slightly lower at around 87 percent. Save the Children, *Keeping Children out of Harmful Institutions: Why we should be investing in family-based care*, Save the Children UK: London, November 2009, p. 5.

[xxx] In Iraq, recent reports have shown high instance of abuse and neglect, particularly among children with disabilities. *See* The Guardian, "Patrol discovers horrific abuse of Iraqi orphans," 20 June 2007, available: http://www.guardian.co.uk/world/2007/jun/20/iraq.simontisdall, accessed 17 November 2009. In Kazakhstan, 63% of children in state run children's homes have reported violence. In Romania, one third of institutionalised children are aware of cases where children are obliged to have sex with staff or older children. EveryChild, *Why do Separated Children Matter?: A Policy Brief*, November 2008, citing Pinheiro 2006. In Liberia unregistered institutions have led to illegal adoptions and trafficking. *See* "UN Report calls for action to help Liberian children living in orphanages," 28 March 2007, available at: http://www.un.org/apps/news/story.asp?NewsID=22051&Cr=liberia&Cr1=, *accessed* 17 November 2009

[xxxi] *See* Johnson et al, "The health of children adopted from Romania," *The Journal of the American Medical Association* 268, 24, 1992. *See also* Groza et al, 1998, "The Relationship of Institutionalization to the Development of Romanian Children Adopted Internationally," *International Journal on Child and Family Welfare*, 3(3):198-217

[xxxii] Nelson, C., et al., *'Caring for Orphaned, Abandoned and Maltreated Children: Bucharest Early Intervention Project'* - Powerpoint Presentation made by the Bucharest Early Intervention Project (BEIP) group at the January 10th, 2007 Better Care Network Discussion Day in Washington DC. The powerpoint summarizes the BEIP groups findings on the long term impacts of institutional care on young children.

[xxxiii] *See* Johnson, R. et al., "Young Children in Institutional Care at Risk of Harm', Trauma, Violence and Abuse," Vol. 7, No. 1, January 2006, pp. 1-26. *See also* van Ijzendoom, M.H. et al., "IQ of Children Growing up in Children's Homes,*"* Merrill Palmer Quarterly, Vol. 54, No 3.

[xxxiv] In Chile, the nationally implemented SENAMA program, modeled after the Guidelines, is committed to deinstitutionalization through family preservation, foster care and kinship care. *See* International Social Service, "Third Edition of the ISS Special Series on the Draft UN Guidelines on the Appropriate Use and Conditions of Alternative for Children," August 2008.

Recommended Background Reading

Following is a list of recommended readings pertaining to the issue of children without adequate parental care. Unless noted, all documents are available on the BCN website, http://www.bettercarenetwork.org.

- Better Care Network and UNICEF (2009). *Manual for the Measurement of Indicators for Children in Formal Care*.
- Carter, R. (2005). *Family Matters: A Study of Institutional Childcare in Central and Eastern Europe and the former Soviet Union*. EveryChild: London. UK.
- Desmond, C., and Gow J. (2001): *The cost-effectiveness of six models of care for orphan and vulnerable children in South Africa*, Durban: University of Natal Health Economics and HIV/AIDS Research Division.
- EveryChild (2009). *Missing: Children Without Parental Care in international development policy*. London, UK.
- Ghera, M et al (2008). "The effects of foster care intervention on socially deprived institutionalized children's attention and positive affect: results from the BEIP study." *Journal of Child Psychology and Psychiatry*.
- Government of Brazil. "Draft Guidelines for the Alternative Care of Children." 17 June 2009. The full text is available in all the UN languages at: http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/11/L.13
- Hague Convention on Protection of Children and Co-Operation in Respect of Intercountry Adoption 29 May 1993
- ICRC, UNHCR, UNICEF, World Vision International, Save the Children UK & International Rescue Committee (2004). *Inter-Agency Guiding Principles on Unaccompanied and Separated Children*, Geneva.
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