



# Child Abandonment and its Prevention in Europe



**THE UNIVERSITY OF NOTTINGHAM, UK**

in collaboration with

For Our Children Foundation (Bulgaria), Life Together Association (Czech Republic), University of Copenhagen (Denmark), University of Lyon (France), Family Child Youth Association (Hungary), Paramos Vaikams Centras (Lithuania), Nobody's Children Foundation (Poland), Children's High Level Group (Romania), and SOCIA (Slovakia)

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**THE EUROPEAN COMMISSION'S DAPHNE PROGRAMME**  
(Directorate-General Justice)



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## **PART 1:**

# **An Overview of Child Abandonment and its Prevention in Europe**



# 1. Introduction

Article 7 of the United Nations Convention on the Rights of the Child (1990) clearly states that every child has “the right to know and be cared for by his or her parents” (p. 3). As such, when a child is abandoned, this right is violated. Infants and young children are those most at risk of being abandoned (Sherr & Hackman, 2002). This is concerning, as a child deprived of a stable upbringing in his or her early years of life may experience difficulties in terms of emotional and behavioural development (Giordano, 2007). Despite the importance of understanding the extent, reasons and consequences of child abandonment, there is a distinct lack of research in this area (Sherr, Mueller & Fox, 2009). Such studies are essential in order to develop effective prevention programmes and strategies aimed at protecting those most vulnerable in our society (Mueller & Sherr, 2009).

The purpose of this manual is to provide an overview of child abandonment and its prevention in Europe. It will explore the extent of child abandonment, possible reasons behind this phenomenon, the consequences of abandonment, and good practice in terms of prevention. Through this effort, the manual will make three key contributions to the existing research on child abandonment. Firstly, it offers one step towards decreasing the paucity of literature regarding child abandonment and its prevention. Secondly, it provides valuable insight into a relatively unexplored phenomenon. Thirdly, it provides proactive recommendations that can be implemented at national and local level.

## 1.1 Defining child abandonment

There is no consistent definition in the literature regarding what constitutes child abandonment (Mueller & Sherr, 2009). Indeed, orphans, children in residential child care institutions, refugees, victims of war, child prostitutes, children relinquished for adoption, and children left behind by their parents are all frequently grouped together in one catch-all category called ‘abandoned children’ (Panter-Brick & Smith, 2000). While their circumstances are undeniably tragic, it is worth noting that there are some key distinctions between them. In some instances the child’s parents may plan to return, and in others the child and his or her parents may have been forced apart by matters beyond their control, while in still other cases the child’s parents may have passed away. These subtleties in distinction indicate that not in all cases did the parents *want* to abandon their child. This is markedly different from those parents who relinquish their child for adoption or leave their child uncared for at a rubbish dump.

Mueller and Sherr (2009) suggest that the definition of child abandonment could depend on the legislation of a specific country. However, in a sample of 10 EU countries (Bulgaria, Czech Republic, Denmark, France, Hungary, Lithuania, Poland, Romania, Slovakia and the United Kingdom), only one (Poland) has clear legal definition of child abandonment. This is despite some laws referring to child abandonment. For example, in the UK, the Offences Against the Person Act (1861) states that anyone who illegally abandons a child under the age of two, such that the child’s life may be in danger, is guilty of a criminal offence. While this Act uses the word ‘abandon’, it does not define what ‘abandon’ *means*. Has the parent knowingly left the child without any care? Does the parent intend to return? Is the parent’s identity known? Further, some laws refer to behaviours that are similar to child abandonment. For instance, in Romania, Law 272/2004 on the Protection and Promotion of the Rights of the Child refers to a child being left without parental care.

The lack of a clear definition, and the ambiguity regarding what constitutes child abandonment, raises challenges for research concerning this phenomenon (Panter-Brick & Smith, 2000). Despite this, for the purposes of this manual, two definitions of child abandonment will be employed, namely open abandonment and secret abandonment. Open abandonment is defined as a child being knowingly left behind by his or her parent, who can be identified, and whose intention is not to return but willingly to relinquish parental responsibility. Further, no other family members are able or willing to take on the responsibility to parent and care for the child. On the other hand, secret abandonment is defined as a child being secretly left behind by his or her parent, who *cannot* be identified, and whose intention is not to return but willingly to relinquish parental responsibility anonymously.

## 1.2 Child abandonment in Europe

A survey conducted by Browne et al. (2005) found that child abandonment was a key reason why children under the age of three are placed in institutional care. The number of children younger than three in institutional care, and the estimated percentage of those who were abandoned by their parents, is shown in Table 1. A comparison of old EU member states revealed that only 4% of children in institutions in Western Europe were abandoned, as opposed to 32% of children in institutions in Central and Eastern Europe. Hungary, Latvia and Romania had the majority of children in institutional care who were abandoned, while Denmark, Norway and the UK reported child abandonment as being a rare event (Browne et al., 2005).

*Table 1. Abandoned children in institutional care in 2003*

Country	Number of children (< 3) in institutional care	Rate per 10,000	Percentage of children abandoned
Romania	2,915	33	93
Hungary	773	44	77
Latvia	395	55	77
Turkey	850	2	54
Lithuania	457	46	45
Estonia	100	26	30
Greece	114	3	17.2
Croatia	144	8	13
Portugal	714	16	11.5
Slovakia	502	31	8
Malta	44	27	7
Belgium	2,164	56	1.5
France	2,980	13	0.4

In a project that aimed to identify best practice with regards to moving children (under five years of age) from institutions into family-based care, 44% of the children in the sample had been abandoned. Greece and Romania were reported as having the highest percentage of children in institutions as a result of abandonment (86% and 69% respectively) (Chou, Browne & Hamilton-Giachritsis, 2010). It is possible that the progress being made with regards to deinstitutionalising children will be compromised by the continuing placement of abandoned children in institutional care. Thus, strategies aimed at preventing child

abandonment may reduce the flow of children into institutions and, consequently, reduce the overall number of children in institutional care.

It is difficult to determine the reasons as to why parents abandon their children (Sherr et al., 2009). This is because the parents are often unknown, meaning that no research can be conducted regarding their health, emotional state or personal circumstances (Philpot, 2006). Despite this, several authors have proposed possible reasons for child abandonment, including poverty or financial hardship (Bloch, 1988), poor mental health (Bonnet, 1993), issues in terms of acquiring contraception (UNICEF, 2001), social exclusion (Bilson & Markova, 2007), and poor education (UNICEF, 2001).

In Bulgaria, research found that the majority of parents do not want to abandon their children. However, when confronted with poverty, illness or social exclusion, they often make this decision, believing that they are acting in the best interests of the child (Bilson & Markova, 2007). Dachev, Simeonov, Hristova and Mihailova (2003) interviewed the parents of 75 children (aged 0–3 years old) who had recently been abandoned at a local institution. The reasons they provided for abandoning their children included homelessness, lack of food, no heating during winter, and not enough nappies. Additionally, 41% of the sample already had four or more children in their family and felt that they could not afford any more.

The study also found that 72% of the sample consisted of mothers from the Roma community, who reported being asked by staff at the maternity unit if they wished to keep their child, and stated that a member of staff completed adoption forms for them as a matter of routine (Dachev et al., 2003). Research conducted by UNICEF (2005) in Romania also found that parents may ‘relinquish’ their children due to pressure from staff at the hospital. This often occurs if the mother lacks identity papers, which can prevent the official registration of the child’s birth. In other countries, mothers may be encouraged by medical staff to relinquish their child if they are HIV positive, abuse drugs, are not married, or are very young (UNICEF, 2005). These findings suggest that children are often abandoned not because their parents do not want them, but because of the lack of support available to parents on a number of different levels.

The approaches to addressing child abandonment across the EU vary. In some countries it is no longer illegal to abandon a child, on condition that the child is left somewhere safe. Special boxes (or baby hatches) are made available in some European countries where mothers can leave their babies anonymously and safely. For instance, ‘babyklappe’ (baby flaps) were introduced in Germany in 1999 (Friedman & Resnick, 2009), incubators have been installed outside of some hospitals in Hungary (Kovac, 1999), and ‘culla per la vita’ (life cradles) are used in Italy (Chapman, 2006). In France, according to Article 341 of the Civil Code, women have the right to remain anonymous to their babies after giving birth in a hospital. This is referred to as ‘*accouchement sous X*’ and no legal ties between the mother and baby can ever be established as a result of it (O’Donovan, 2002).

There is much debate surrounding these approaches to child abandonment, and there is a significant lack of research regarding whether they actually save lives or encourage parents to abandon their children (Raum & Skaare, 2000). Indeed, since the Safely Surrendered Baby Law was introduced in California in 2001, over 150 babies have been safely left at approved places, while at least 160 babies have been put at risk as a result of illegal abandonment (Lee-St. John, 2006). Additionally, as Raum and Skaare (2000) ask, do individuals at risk of abandoning their children (a) know about the existence of baby hatches, and (b) have the

means to get to where the baby hatches are located? Most baby hatches are located in cities and mothers who live in rural areas may not have the necessary transport to get there. Additionally, due to the anonymous nature of baby hatches, they carry with them several further implications. Firstly, children left behind in this way have no way of determining their family medical history. Secondly, the father's paternal rights are denied. Thirdly, the opportunity to place the baby in other relatives' care is completely removed, as there is no way of tracing the child's family (Evan B. Donaldson Adoption Institute, 2003). The issues surrounding baby hatches, anonymous birthing laws and legal forms of abandonment are explored further in Chapter 3.

As can be observed in the paragraphs above, the approaches to addressing child abandonment vary from country to country across the EU. Similarly, there is no standardised method for collecting national data in relation to this phenomenon. Few countries keep central statistics regarding child abandonment and, where this information is maintained, data differ depending on the child's age group and the definition of child abandonment used. This presents difficulties when attempting to establish the extent of child abandonment across the EU and draw comparisons between the different countries. In order to learn more about child abandonment in Europe, this manual draws on the authors' collective knowledge regarding its occurrence in 10 EU countries (Bulgaria, Czech Republic, Denmark, France, Hungary, Lithuania, Poland, Romania, Slovakia and the UK). In so doing, the manual will explore the extent, causes and consequences of child abandonment, as well as strategies aimed at its prevention.

### **1.3 The extent of child abandonment**

It is difficult to establish the true extent of child abandonment across the EU, as only some countries maintain national statistics regarding this phenomenon. Government departments from all 27 EU member countries were contacted, requesting information in relation to (a) the number of infants (aged 0–1) left in baby hatches (secret abandonment) in 2009/10, (b) the number of children (aged 0–3) relinquished for adoption (open abandonment) in 2009/10, and (c) the number of children (aged 0–3) left at maternity units (open or secret abandonment) in 2009/10. The information from 22 countries is reflected in Table 2 and the paragraphs below. It is worth noting that questions relating to the number of children left anonymously in public places or outdoor spaces (secret abandonment) were largely left unanswered. This is possibly because such data is not collected at national level.

Of the 27 EU member countries, 11 have baby hatches in operation. Baby hatches can be found in Austria, Belgium, Czech Republic, Germany, Hungary, Italy, Latvia, Lithuania, Poland, Portugal, and Slovakia. However, in 55% of these countries, data is not available regarding the number of infants left in baby hatches per year. Indeed, data was only available from Lithuania (13 infants left in baby hatches in 2009/10), Czech Republic (11 infants), Slovakia (7 infants), Austria (6 infants), and Latvia (6 infants). An additional point worth noting is that, although France does not have any baby hatches, mothers can give birth anonymously under Article 341 of the Civil Code (*'accouchement sous X'*) and leave their baby at the hospital. In 2010, 664 babies were born anonymously under this legislation.

As can be observed in Table 2, a great deal of information is not available. Additionally, there is clear lack of consistency in terms of grouping children according to their age. Some countries hold data for each individual age group, while others tend to cluster data together in

terms of children aged 0–2, 0–5, or 0–18. This provides difficulties when trying to draw accurate comparisons between the different countries.

*Table 2. Number of children openly or secretly abandoned in 2009/10*

Country	Number of children relinquished for adoption	Rate per 1,000	Year	Number of children left at maternity units	Rate per 1,000	Year
Austria	68	0.9	2010	36	0.5	2010
Bulgaria	2,402 <sup>a</sup>		2009	N/A <sup>b</sup>	-	-
Czech Republic	484	4.1	2010	N/A <sup>b</sup>	-	-
Denmark	19	0.4	2010	0	0	2010
England	200 <sup>a</sup>		2010	N/A <sup>b</sup>	-	-
Estonia	34 <sup>c</sup>	2.1	2010	N/A <sup>b</sup>	-	-
France	1,360	1.6	2010	868	1.0	2010
Germany	816	1.2	2009	N/A <sup>b</sup>	-	-
Latvia	84	3.9	2009	N/A <sup>b</sup>	-	-
Lithuania	82	2.3	2010	61	1.7	2010
Malta	1	0.2	2010	0	0	2010
Poland	1,545	3.7	2009	726	1.7	2009
Portugal	92	0.9	2010	N/A <sup>b</sup>	-	-
Romania	162	0.8	2010	N/A <sup>b</sup>	-	-
Scotland	63 <sup>d</sup>	1.1	2009	N/A <sup>b</sup>	-	-
Slovakia	295	4.9	2010	198	3.3	2010
The Netherlands	21	0.1	2010	0	0	2010
Wales	229 <sup>a d</sup>		2010	N/A <sup>b</sup>	-	-

<sup>a</sup> Number reflects children aged 0–18.

<sup>b</sup> N/A refers to information not being available.

<sup>c</sup> Number reflects children aged 0–2.

<sup>d</sup> Number reflects children who were actually adopted. Very few children would have been voluntarily ‘relinquished’. The majority would have been subject to compulsory measures of care before being placed for adoption.

In an effort to gain some comparative data, maternity units in Bulgaria, Czech Republic, Denmark, France, Hungary, Lithuania, Poland, Romania, Slovakia, and the UK were contacted for information relating to child abandonment in their hospitals. While this information is discussed in more depth in the country-specific review chapters of this manual, comparative figures are presented in Table 3. These figures provide some insight into the number of infants classified as abandoned, the number of mothers who leave their infants at the hospital, and the number of mother who agree to sign adoption papers before leaving the hospital.



Table 3. Comparative data from maternity units in 10 EU countries

	Bulgaria <sup>a</sup>	Czech Republic <sup>a</sup>	Denmark <sup>a</sup>	France <sup>b</sup>	Hungary <sup>c</sup>	Lithuania <sup>a</sup>	Poland <sup>a</sup>	Romania <sup>d</sup>	Slovakia <sup>a</sup>	UK <sup>a</sup>
	Data for 2009	Data for 2009	Data for 2009	Data for 1999	Data for 2009	Data for 2010	Data for 2009-10	Data for 2009-11	Data for 2009	Data for 2009-11
Number of live births	20,153	17,092	26,027	12,553	23,072	16,945	24,563	19,561	14,778	66,882
Number of infants classed as abandoned	250	97	1	15	115	36	79	267	187	10
Number of mothers who did not provide identity	2	5	5	15	3	1	0	17	9	24
Number of mothers who left without their infant, without doctor's consent, and without saying when they will be back	37	34	2	0	70	3	0	127	174	1
Number of mothers who left without their infant, but were reunited	34	20	1	0	58	0	1	82	178	0
Number of mothers who agreed to sign adoption papers before leaving hospital	38	88	13	15	34	7	67	4	47	0

<sup>a</sup> Data from 10 maternity units.

<sup>b</sup> Data from six maternity units.

<sup>c</sup> Data from 12 maternity units.

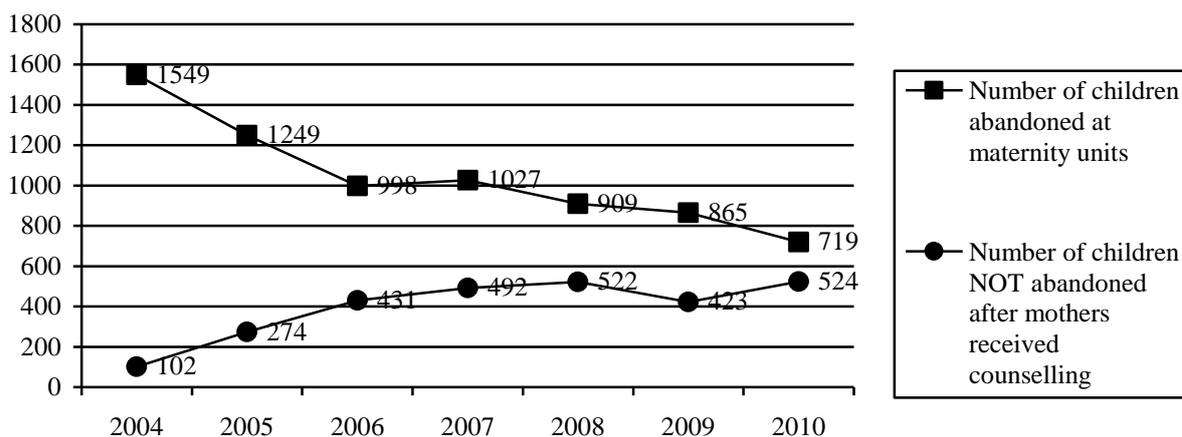
<sup>d</sup> Data from 11 maternity units.



Despite the lack of national data in relation to open and secret child abandonment, several studies have been conducted within some countries, which provide further insight. In 2011, government figures from the Ukraine show that the number of children abandoned at maternity units has decreased, while simultaneously the number of children *not* abandoned (due to their mothers receiving counselling) has increased (see Figure 1). These findings illustrate the importance of high-risk mothers receiving counselling in the maternity units, and the impact it can have on their decision to abandon or keep their child.

In 2005, UNICEF provided a report on child abandonment in 70 maternity units across Romania (Stativa, Anghelescu, Mitulescu, Nanu & Stanciu, 2005). In this report, the criteria for abandonment were newborns whose chart indicated abandoned child, social case or runaway mother. The study also included newborns who did not have these notes on their chart, but who were healthy and had a normal birth weight, but had not had any contact with their parents for seven days or more. The study found that 617 infants had been abandoned across the maternity units (322 in 2003 and 295 in 2004). Based on the above figures, the rate of child abandonment in maternity units was calculated to be 18 per 1,000 live births. Thus, the estimated number of infants abandoned in maternity units (for 2003 and 2004) was 4,000 per year. Further, 1.5% of children in paediatric units were classified as abandoned, which gives an estimate of 5,000 children per year in this medical setting.

Figure 1. Government figures from the Ukraine that illustrate the importance of counselling



A Romanian government report, which used similar criteria to those which were used for the UNICEF report, showed that the number of abandoned children did not decrease significantly over 10 years. Instead, approximately 4,000 children continued to be abandoned per year. Of these 4,000 children, 60% were abandoned in health facilities and 40% were abandoned in public places (e.g., the street). Additionally, during this 10-year period there was a fall in birth rate. If this fall in birth rate is taken into account, then it could be argued that the rate of child abandonment in Romania actually increased (Mindroiu et al., 2006). However, according to more recent statistics from the Government of Romania National Authority for Protection of Family and Children's Rights (2009), the number of abandoned children in paediatric hospitals and maternity units decreased from approximately 5,000 in 2004 to 1,158 in 2009 (representing 2 per 1,000 live births).

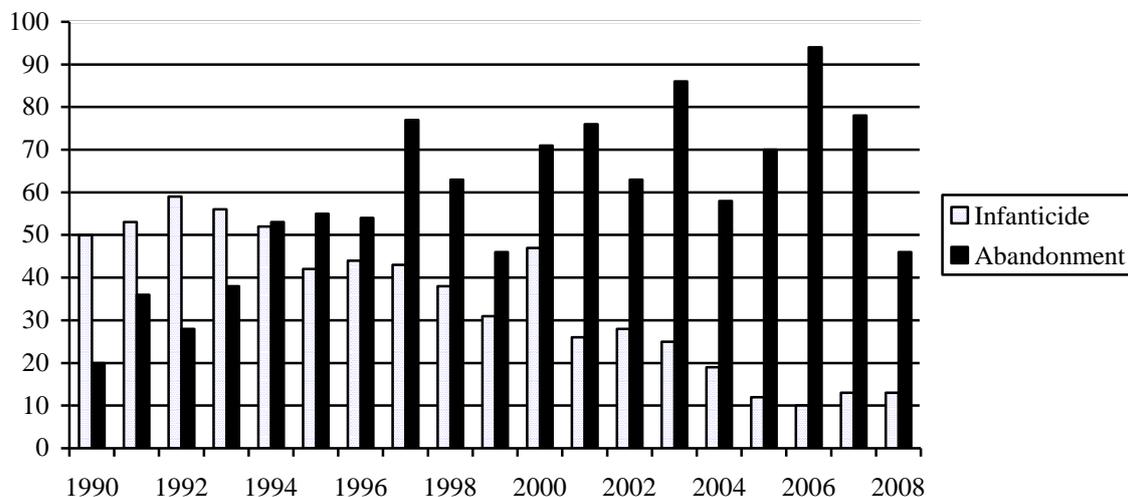
In Poland, the government reported that the estimated number of infants left at maternity units was 713 in 2007 and 775 in 2008. Based on these data, approximately 2 infants were abandoned per 1,000 live births (Polish Council of Ministers, 2008). Statistics from the Polish

Police Authority indicate that the number of child abandonment cases that required police intervention were 78 in 2007 and 46 in 2008. Additionally, Figure 2 shows the number of abandonment and infanticide cases that the police responded to between 1990 and 2008. A Spearman's Rho correlation was used to assess the relationship between the abandonment and infanticide cases. There was a significant negative correlation ( $r_s = -0.66, p < 0.05$ ), indicating that, as infanticide has decreased over 18 years, abandonment has increased.

In France, 932 children were abandoned in 2008, representing 1.2 children per 1,000 live births. Of these children, 652 (70%) were infants less than one year of age. However, 598 (64%) infants were born to anonymous mothers in line with Article 341 of the Civil Code ('*accouchement sous X*'), and were left at the hospital. Additionally, 149 (16%) children became 'wards' following a judicial declaration of abandonment.

In Bulgaria, institutional care is still the mainstream solution for children without parental care and there are limited foster care and family services available. In 2008, there were 2,334 children in institutional care, of whom 2.8% were reported as being abandoned by their parents. In terms of the overall number of children in institutional care, 67% came from single-parent families, and 36% came from large families where the parents had more than three children. Additionally, two thirds of the children in institutional care were placed there because their parents were unemployed. The ethnic origins of the children were reported as being: 51% Roma, 23% Bulgarian, 6% Turkish, and 1.5% mixed ethnicity.

Figure 2. Number of abandonment and infanticide cases in Poland that required police intervention



Statistics from the Homes for Medico-Social Care in Bulgaria show that in 2009 there were 2,017 infants and young children in care. It is worth noting that 943 children came directly from maternity hospitals, 148 came from general hospitals, 504 came from their biological family, 28 came from another institution, and five came from community-based services. Those children who came from a maternity or general hospital (representing 54% of those in care) were most likely to have been abandoned. The number of infants entering into care from maternity or general hospitals constitutes 16 children per 1,000 live births in 2009. This is a similar figure to that of Romania in 2004. However, it is important to be aware that it is not only infants who are abandoned at hospitals. In Hungary, parents may take older children (i.e., more than one year old) to hospital for medical care, leave them there and not return.

In Slovakia, there is no information available regarding the number of abandoned children in the country as a whole. However, in 2009, 179 abandonment cases went through the court for a decision on the child's placement. This represents 10.8% of all the cases that went to court during the same year in relation to child-care proceedings. Of those 179 children, 18 were placed in institutional care and 161 were returned to their parents or relatives with financial or practical support provided in an attempt to rehabilitate the child with his or her family.

In 2005, a survey of abandoned children was carried out in 23 neonatal units in Slovakia (Tinova, Browne & Pritchard, 2007). Of the 20,380 live births in these units, 92 infants were reported as being abandoned. In 39 (42%) of these cases, the infant had a disability. These figures indicate an over-representation of children with disabilities among the abandoned children in this study. In terms of the way in which the infants were abandoned, 61% of the mothers relinquished their children for adoption, 24% of the mothers left the hospital and did not return, 12% of the mothers maintained anonymity, and 3% of the mothers left their children in a public incubator (baby hatch). The survey also found that 864 mothers left the neonatal unit without making any prior arrangements with hospital staff. The majority of these mothers (97.5%) returned several days later to take their baby home, while a small minority (2.5%) never returned. It was observed that the mothers who left the neonatal unit without notice were primarily from disadvantaged backgrounds or ethnic minority groups, and may have other young children to care for outside of the hospital.

According to the Institute for Social Research (2005), in 2000, 205 children were placed in infant homes in Lithuania as a result of their parents 'renouncing' them. This constitutes 45% of the total number of children (aged 0–4) in infant homes (n = 457). The age of the mothers who abandoned their children ranged from 13 to 46 years old. The reasons provided for abandoning the children were: single mother (20%), child disability (8%), no motivation to care for the child (8%), poverty (5%), and parental disability or illness (4%).

Baby hatches are used in the Czech Republic, Hungary, Lithuania, Poland and Slovakia. The idea behind baby hatches is to allow parents to abandon their children safely. However, it is questionable whether they actually reduce infanticide or parents abandoning their children in unsafe ways (e.g., in outdoor places). This is particularly relevant if mothers live in rural areas and do not have the means to transport their children to the baby hatch. It is also questionable whether the correct figures are being recorded in terms of the number of infants left in baby hatches. In the Czech Republic, 41 'baby boxes' have been introduced since 2005, and 40 infants have been left there by their parents, while in Hungary, 40 infants have been left in incubators since the programme was launched 10 years ago (Hungarian Department of Child and Youth Protection, 2010). In Slovakia, 23 infants have been left in baby hatches between 2004 and 2010; however, parents are also allowed to take their children to a hospital and leave them there anonymously with the hospital staff. In Lithuania, the first 'baby window' started to operate in 2009 and one infant was left there during that year. In 2010, other 'windows' were opened and another 13 infants were left there. In Poland, since 2006, 31 infants have been left in baby hatches.

In Denmark and the UK, the number of abandoned children is low. According to Statistics Denmark (2010), 84 children were relinquished for adoption (i.e., open abandonment), which constitutes 1.3 children per 1,000 live births. In the UK, there is no central database for cases of abandonment. In an attempt to identify the number of abandonment cases in the UK, Sherr et al. (2009) accessed the Abandoned Children Register and the Home Office crime statistics. They also conducted an extensive search of media reports. However, the Abandoned Children

Register only included infants whose parents were never found or charged, and the Home Office crime statistics made no distinction between infant abandonment, concealed births and infanticide. As such, the findings of their study can only be viewed as an estimate.

Sherr et al. (2009) identified 124 cases of child abandonment in the UK between 1998 and 2005. Of these cases, 77% were infants and 23% were aged between one week and two years old. On average, 16 children were abandoned per year, representing 0.02 children per 1,000 live births. As UK legislation does not allow mothers to give birth anonymously, or readily give up their child for adoption, it is likely that all of the cases in their study were those of secret abandonment. Indeed, 75% of the infants were abandoned outdoors and 28% were left at a 'non-findable' location. The study found that infants were significantly more likely to be abandoned outdoors and in a 'non-findable' location than older children. Further, in only 12 of the cases were infants left with a memento (e.g., a letter, teddy bear, or necklace). This is possibly so that the mother could avoid detection and prosecution.

#### **1.4 Social and/or personal reasons for child abandonment**

The reasons for secret abandonment may differ between those countries in which it is illegal regardless of the way in which it is done (e.g., Denmark and the UK), and those countries in which it is not illegal if the child's life is not put in any danger (e.g., Czech Republic, France, Hungary, Lithuania, Poland and Slovakia). Other differences emerge between those countries that have well-established child welfare services (e.g., Denmark, France and the UK), and those that are still in economic transition (Czech Republic, Hungary, Lithuania, Poland and Slovakia).

In Denmark, mothers who openly abandon their children tend to be from ethnic minority groups where single motherhood is considered unacceptable. In both Denmark and the UK, mothers who secretly abandon their children, if found, often show signs of mental illness or psychological issues (e.g., denial of pregnancy or fear of causing harm to the child). In other countries, although mental illness or substance misuse are two of the causes of child abandonment, financial hardship and poverty tend to be more the reasons why mothers abandon their children. In addition, such mothers are also more likely to have a low education attainment. For example, in Lithuania, 86% of mothers who abandoned their children were reported to be unemployed and/or supported by the state. It was also estimated that 58% of them did not complete secondary education. Of that 58%, one quarter (14.5% of the total) only had primary or basic education (Institute for Social Research, 2005).

Another influential factor is single or teenage parenthood. In Bulgaria, by the end of 2008, 67% of the children (aged 0–3) in institutions came from single-parent families. In Poland, being a single or teenage parent can be viewed as socially unacceptable and have a certain stigma attached to it. This is particularly the case in small towns and villages. While these mothers may feel that they have no-one with whom to share parental responsibility (and consequently may abandon their child), they can share this responsibility with the state and draw on public services.

A contributing factor to teenage parenthood is the lack of sexual health education in some countries, as well as poor knowledge regarding family planning. In both Hungary and Poland there are reports of insufficient sexual health education. In some instances, there is a lack of awareness regarding contraception, while in others it is more a problem of access to contraception. This stands in contrast to Denmark and the UK, where sexual health education

is part of the school curriculum. Indeed, in Denmark, because of the widespread use of contraceptives, more than 60% of girls (aged 15–24) use contraceptive pills.

The low rate of secret abandonment in Denmark can also be attributed to women having free access to abortion. The number of abortions in Denmark per year is approximately 15,000, which represents about a quarter of the children born per year. However, in some EU countries, there are restrictions regarding access to abortion. For instance, in Poland, abortion is forbidden with the exception of when (a) the woman's life or health is endangered by continuing with the pregnancy, (b) the pregnancy is a result of a criminal act, or (c) the foetus is seriously malformed.

Apart from the mother's own social or personal circumstances, the characteristics of the child may contribute to her decision on abandonment. In some countries, infants born with a low birth weight and children with disabilities are more likely to be abandoned. In Romania, the number of abandoned children born with a low birth weight is one third higher than the number of abandoned children born with a normal birth weight. Similarly, in Bulgaria, Poland and Romania, children with disabilities are more likely to be abandoned. Indeed, in Bulgaria, there is a prevalent belief that institutional care is in the best interests of the child. Despite research indicating the contrary (Johnson, Browne & Hamilton-Giachritsis, 2006), and the recent drive to take children out of institutional care (UNICEF, 2010), medical doctors continue to advise parents to leave their children there.

The lack of services and resources to support parents who have children with disabilities, and/or parents with their own personal difficulties, is a fundamental problem. In Hungary, privatising general medical services has led to a deterioration in service provision for those most in need. The number of health professionals working in deprived areas has decreased and, as a consequence, many services are over-burdened and struggle to maintain the quality of their care (Hazi Jogorvos, 2010). This is illustrated by an investigation into a 13-month-old's death (due to starvation), which found that neither the health visitors nor the paediatricians were reporting as they should. This was noticed even in severe abuse and neglect cases. The health visitors expressed concern regarding the lack of supervision they receive and the need for appropriate protocols and follow-up. Further, universal home visitation services are deteriorating, with a 20% reduction being reported (Györffy, 2009).

Eighty-nine maternity units across nine countries were interviewed for this project regarding causes for abandonment. The greatest cause of abandonment in the opinion of these maternity units was poverty and financial hardship, with 75% of the hospitals stating it as a possible cause. Indeed, 100% of the hospitals in both Romania and the Czech Republic suggested it as a possible cause, with similarly high figures for the remaining countries (90% for Poland and Slovakia, 75% for Hungary and 70% for Bulgaria and Lithuania) with the exceptions of the UK (20%) and, to a lesser extent, France (50%). The second highest cause (in the opinion of the hospitals interviewed) is problems with housing and homelessness (72%). This was given as a possible cause by 100% of the units in Slovakia and the Czech Republic. Again, this cause receives high figures in the remaining countries with the exceptions of France and the UK. This is followed by unsupported single mothers who were suggested as a cause of abandonment by 65% of the maternity units with high figures generally and accounting for the greatest cause in France (67%). The only other factor considered to be a cause of abandonment by more than half of the maternity units was alcohol and/or drug abuse (51%) with 80% of units in the Czech Republic giving this as a possible cause.

The maternity units interviewed in Denmark for this project suggested no possible causes of abandonment since secret abandonment is such a rare occurrence in Denmark. This rarity is felt to be due to a number of factors including: little to no stigma attached to single parenthood; child-friendly maternity units; financial support for single mothers; home-visiting health nurses; compulsory sex education leading to wide-spread use of contraception; free access to abortions; and a low teenage pregnancy rate.

In Bulgaria, the highest suggested causes of abandonment are poverty (70% of maternity units interviewed) and homelessness (70%), followed by a lack of sex education, teenage parenthood and single motherhood (60%). According to the For Our Children Foundation, the main three causes for child abandonment in Bulgaria are: a lack of services to support children and families; poverty, the rate of which in Bulgaria is the second highest in the EU; and a high proportion of children being born out of wedlock, leading to single-parent families.

In Poland, the highest suggested causes of abandonment are again poverty and homelessness (90%), followed by single motherhood (70%). A possible social cause of abandonment is the restrictive law on abortion. An abortion may only be performed in Poland if: the woman's life or health is at risk; the pregnancy is the result of a criminal act; or the foetus is displaying serious malformation. Possible social causes include financial problems, single motherhood, young parenthood, disability or illness, and family problems.

In the UK, the highest suggested cause is mental health issues (30%). Whilst this figure is lower than the highest figures for other countries, and in fact lower than some countries' corresponding figures for mental health, when the figures for each country are normalised according to the total number of suggested causes, this figure is surprisingly high (accounting for 23% of the suggested causes for the UK, compared with an 8% average for all causes across all countries). Research in the UK has shown that 87.5% of children given up for adoption were the first child of the family, 44% were from teenage parents and 30% came from an ethnic minority background. It is suggested that some ethnic minority communities are more prone to concealing pregnancies and child abandonment due to traditional values and beliefs held by these communities. Indeed, these 'honour babies' were suggested as a possible cause of abandonment by 10% of the maternity units interviewed for this project.

The highest suggested causes in Slovakia are homelessness (100%), followed by poverty (90%), single motherhood (70%) and alcohol/drug problems (70%).

In the Czech Republic, the highest causes are again poverty and homelessness (100%), followed by single motherhood (90%), alcohol/drug problems (80%) and also a lack of sex education (80%). Research suggests that personal causes of child abandonment in the Czech Republic include: inadequate housing or homelessness; poverty, debts and/or unemployment; social exclusion; single motherhood; maternal mental illness; child disability or illness; and maternal drug or alcohol addiction.

In Romania, the highest cause is poverty (100%), followed by homelessness and single motherhood (91%). Alcohol/drug problems, teenage parenthood and a lack of sex education also feature prominently (73%) in the responses from Romanian maternity units. This is in agreement with reports conducted by UNICEF and the Romanian government, which showed the main causes of child abandonment to be: economic problems; a lack of formal education including sex education; a lack of housing; teenage parenthood; and a lack of community services. Another common factor is the ill health of the child, with three times as many

children of low birth-weight being abandoned than those of a normal birth-weight, and higher rates of abandonment also noted in children with disabilities and/or special educational needs. In addition, more than half of the children abandoned in Romania are of Roma origin, though this is not wholly independent of other factors since Roma communities are more likely to suffer poverty, discrimination and a lack of education.

In Hungary, the greatest cause is poverty (75%), followed by homelessness, single motherhood and teenage parenthood (67%). Again, research appears to highlight young parenthood, poverty and a lack of education as the main causes for abandonment. However, other factors felt to contribute include: child disability; a decline in home-based healthcare; a lack of access to contraception; domestic violence; imprisonment; and pressure to relinquish children for adoption due to a demand for newborns from prospective foster parents.

In France, single motherhood is the greatest cause of abandonment (67%) with poverty considered a cause by only 50% of maternity units. Again, it is worth noting that, although this figure is low, it is the most prominent value in the study when normalised, accounting for 25% of the suggested causes in France. Young mothers with little or no income, as well as those living in high-risk social situations, are more likely than most to remain anonymous when giving birth (*accouchement sous X*) and subsequently relinquish their child for adoption. Other children are abandoned at birth due health issues, physical and/or mental disabilities, and unwanted pregnancies as the result of rape.

In Lithuania, the greatest causes of abandonment are poverty and single motherhood (70%), followed by homelessness (60%). The main reasons for families being classed as 'at risk' are: alcoholism, a lack of social and parenting skills, abuse, incorrect use of support, and a loss of parental rights. Statistics published by the Republic of Lithuania Government Institute for Social Research show that, of the children given up for adoption in 2000, 5% were relinquished due to poverty, 4% due to parental illness, 8% due to child disability, 20% due to single parenting and 8% due to rejection by the mother or family. In addition, 86% of these children had mothers who were unemployed.

It is worth noting that, whilst single motherhood and teenage motherhood accounted for relatively high figures in all but one of the countries, not one of the maternity units interviewed in the UK regarded these to be causes of abandonment. Also of note is the fact that a lack of sex education received relatively high figures in most countries but did not account for any cases of abandonment in either France or the UK. Similarly, relatively high figures were reported by most countries for poor preparation for the birth, whilst maternity units in Lithuania did not consider this to be a cause.

### **1.5 The consequences of being abandoned**

There has been a great deal of research conducted that considers the effect of institutional care (e.g., Johnson et al., 2006) and adoption (e.g., Saclier, 2000). However, there is no research and little discussion as to the psychological impact of abandonment on the child or the parent. The information that does exist primarily focuses on the outcome of the child's placement, rather than the child's experiences.

In terms of specific placements, figures were only available from France and Romania. In France, infants can be adopted very quickly once the legal time limit of two months has passed. The term 'abandoned' is not frequently used in France. Instead, abandoned children

are referred to as 'children in care'. In 2008, there were 932 children in care. Of these children, 74% were adopted before they reached the age of one. In Romania, of the 1,158 infants who were abandoned at paediatric hospitals in 2009, 545 (47%) were placed in family-based foster care and 36 (3%) were placed with extended family or a substitutive family. It is noteworthy that only 80 (6.9%) infants were placed in institutional care and 43 (3.7%) were classified as being in other types of placements. This stands in stark contrast to previous practices where the majority of children were placed in institutional care.

As institutional care is the most likely placement for abandoned children in Bulgaria, it is worth exploring the outcomes of this. Of the 2,334 children in institutional care on 31 December 2008, 539 (23%) were adopted, 501 (21.4%) were reintegrated into their own families, 21 (0.9%) were placed in kinship care, and only 33 (1.4%) were placed in foster care. These figures indicate the serious lack of kinship and foster care in Bulgaria. Additionally, although 23% of the children were adopted, there is often a breakdown in the placement due to (a) poor preparation on behalf of the adoptive parents for the specific characteristics of institutionalised children, and (b) the lack of support available to adoptive parents after the placement. In 2009, 311 (13.3%) of the remaining children in institutional care were moved to another institution and the rest (40%) stayed where they were. The possibility of those children in institutional care staying there until the age of 18 is very high. The longer a child stays in institutions, the more difficult it is for the child to recover from the damage and adjust to family life. Further, the move between institutions is often stressful and disrupts the child's current relationships with staff and friends at the original institution.

In most countries, when children are abandoned, the most immediate problem that they have to face is that of their own identity, legal status, and protracted legal procedures before a decision on their future placement can be made. For example, in Romania, an abandoned child can be declared adoptable by the court of law after all measures of reintegration with his or her biological family have failed. This process can take a long time, because the current legislation does not specify a time limit within which a decision must be made. In reality, the chance of an abandoned child being adopted before his or her first birthday is slim. According to the statistics issued by the Romanian Office for Adoptions (2010), the average age of a child being declared adoptable is 4.4 years old.

Similarly, in Hungary, abandoned children are, in principle, legally adoptable after six months of non-visitation. However, actual legal procedures can last for years, during which time the child remains in the care system. The average length of stay for children in the care system is 5.4 years (Szociális és Munkaügyi Minisztérium, 2008). As there are a lack of professionals and resources for court proceedings, and a lack of consequences for inaction, legal procedures are rarely initiated to release a child for adoption. To date, there has been no research or evaluation to uncover the nature and extent of this problem. Such investigations are perceived as being against the interests of child protection agencies and residential homes, as these are likely to be closed if the number of children in institutional care decreases (Büki, 2000). In addition, the legislation relating to the use of incubators does not encourage the placement of abandoned children with other family members or relatives, thus abandoned children are likely to remain in public care. On the other hand, in Slovakia, resistance from institutional staff is reduced due to the institutions' directors being given the authority to develop and manage foster care alongside social services in their local area. This initiative started in 2005, after the government made major amendments to the existing legislation and started reforming their current child care services.

In Denmark and the UK, legislation is in favour of placing the child back in his or her mother's care. These proceedings may take a significant amount of time, during which the child may experience several different placements. The above observations highlight the lengthy period of time it takes before a child can be legally adopted. This is usually because the mother has the right to change her mind. However, during this waiting period it is the child who suffers, as he or she may have to live for a long time in a hospital, an institution, or foster care. This begs the question of whether the legal waiting period should first be allowed to pass, or whether instead the child should immediately be placed with adoptive parents. One drawback of the child being immediately placed with adoptive parents is that fewer parents may be inclined to adopt, as they may fear that the biological mother will change her mind and want her child back. As such, legislation would have to be clear that, once adoption has taken place, the mother's parental rights cannot be given back. At a simple level, this debate boils down to the mother's parental rights versus the child potentially spending years without a stable family upbringing. At present, most countries in the EU opt for a legal waiting period.

### **1.6 Programmes or strategies that help prevent child abandonment**

There are a number of actions being taken by countries in the EU to help prevent child abandonment. However, it is worth noting that this is just the beginning and a lot more still needs to be done. In France, access to family planning services and contraception assist in helping to prevent abandonment. There is also an active social services network that provides assistance to families who are considered to be at risk. Further, homes are provided where mothers can stay during their pregnancy, as well as up until the child is one year old. These homes offer a great deal of support to mothers who are considered to be high risk.

On a policy level, Bulgaria has introduced national guidance on preventing child abandonment at maternity units. This guidance is implemented by the hospitals and the child protection system. An additional guidance document was produced that addresses ways to tell parents that their child was born with a disability. This document aims to help parents make an informed decision on whether to place their child in an institution or consider existing alternatives. However, much more still needs to be done, particularly in terms of developing a multi-disciplinary approach to cases where there is a high risk of child abandonment.

On a national level, the Romanian government has implemented several measures to support children and families. There is social assistance, day-care facilities, family planning and counselling services, all of which are delivered at a community level. There is also at least one social worker in every maternity unit, as well as family counselling services. A further particularly successful measure in reducing child abandonment has been the increase in financial support offered by the government. Parents are now provided with financial support up until the child is two years old. However, despite all of these positive actions, it is important to note that there are not enough primary services provided at community level to meet the demands of families and children in need.

Child abandonment is considered to be a key reason why children under the age of three are placed in institutional care (Browne et al., 2005). However, it continues to lack a clear definition and there is still no unified recording system of abandoned children across the EU. Therefore, it is difficult to estimate the true extent of the problem. This manual will highlight a number of different social and personal reasons for child abandonment, as well as the consequences of being abandoned. It will also focus on the services that work towards preventing child abandonment.

## 2. Methodology

Due to the innovative nature of this project and the novelty of investigating child abandonment, specific operational definitions were developed and confirmed at the first partner meeting. These definitions were then applied throughout the investigation.

### 2.1 Survey: The extent of child abandonment in the European community

A brief survey was developed and distributed to relevant government ministries or departments and major NGOs in all EU member states and candidate countries (N=30) via email, fax or post by the coordinating team at Institute of Work, Health & Organisation (I-WHO), the University of Nottingham to map the number of abandoned children left in public places, maternity units or paediatric units. The completed surveys were returned to the University of Nottingham for analysis.

### 2.2 Study 1: The extent, causes and consequences of child abandonment

To investigate further, 10 countries were pre-selected for an in-depth study on the extent, causes and consequences of child abandonment and there was a partner in each country to co-ordinate literature and data collection within their country. The 10 countries selected for this study and the reasons for selecting them were as follows:

#### *Western Europe*

- United Kingdom (where child abandonment is a criminal offence and it is rare for the parents to remain unidentified and most often, they are offered help and support),
- Denmark (where good social support system for families in difficulty mean that infant abandonment is rare),
- France (where it is possible to give birth anonymously and leave the child in the hospital for adoption, only a small number of children in institutional care are abandoned),

#### *Central and Eastern Europe*

- Czech and Slovak Republics (where there are high numbers of infants in residential care some as a result of infant abandonment),
- Hungary (where it is possible to leave a child in an incubator outside the hospital and placed institutions prior to adoption)
- Poland (where abortion is illegal in the vast majority of circumstances and a significant number of infants are left in maternity units , which has maintained the existence of large institutions specifically for young children),
- Lithuania (High number of young children in institutional care with nearly half of these children identified as abandoned. There is also a high level of international adoption.),
- Romania and Bulgaria (where there are high number of abandoned children young children in institutional care the majority of which have been abandoned due to family poverty which has led to a high number of international adoptions),

Before the data collection, a literature review on the definitions and the extent of child abandonment in each country was carried out by the country partner. All the country reviews were sent to the project manager, who later synthesised those country reviews with the coordinator to form a European overview. Legislations applicable to child abandonment and infanticide were reviewed following the same approach and the variations in law were identified.

For the in-depth study on the extent and characteristics, visits to a variety of maternity units, paediatric units and mother-baby units were carried out in the 10 countries because few countries maintain data at a national level. Local experts in obstetrics, paediatrics, nursing and social work were interviewed to explore the causes of abandonment and their views were compared with the data collected nationally from maternity hospitals. The consequences of child abandonment were recorded in terms of the number of children that died as a consequence of abandonment, the number of children placed in institutional care, foster care or immediately placed for adoption (national and international). All the data were submitted to the project manager for statistical analyses and write up.

### **2.3 Study 2: Identifying good practices and services that prevent child abandonment**

The same 10 countries in Study 1 were also included in this part of the investigation. Before the data collection, a literature review on programmes, strategies or legislations which aim to prevent child abandonment in each country was carried out by the country partner. Within the provision of the law, health and social care practices were discussed and the specific strategies for the prevention of child abandonment were described and assessed. All the country reviews were sent to the project manager, who later synthesised those country reviews with the coordinator to form a European overview. All country partners also visited and assessed up to 10 prevention programmes in their country to identify good practices.

In terms of research ethics, all forms of data remain anonymous and confidential. No child or mother could be identified and information that has the potential to identify individuals was removed from any case studies of good and poor practice.

## 3. Baby Hatches

The purpose of this chapter is to review the current practice and literature on the efforts that have been introduced to allow women legally and anonymously to abandon their children. This is through the introduction of ‘baby hatches’ in some countries and ‘safe haven’ laws and anonymous birthing laws in others. The chapter will first outline what we mean by ‘safe’ and legal abandonment of babies, reviewing the techniques and methods in place in countries where the ‘safe’ and anonymous abandonment of babies has been legalised. The chapter will then go on to look in detail at the debate surrounding the implications of lawful anonymous abandonment in terms of: the research evidence behind these laws and mechanisms; their impact on rates of abandonment and infanticide; whether these abandonment options reach their target population; their susceptibility to corruption; the impact on the abandoned child and their ability to be adopted or returned to their family; and the ethical implications for the child, mother, father and extended family. In doing so, publications, research findings and professional opinion from experts in Europe and the United States will be reviewed.

### 3.1 History

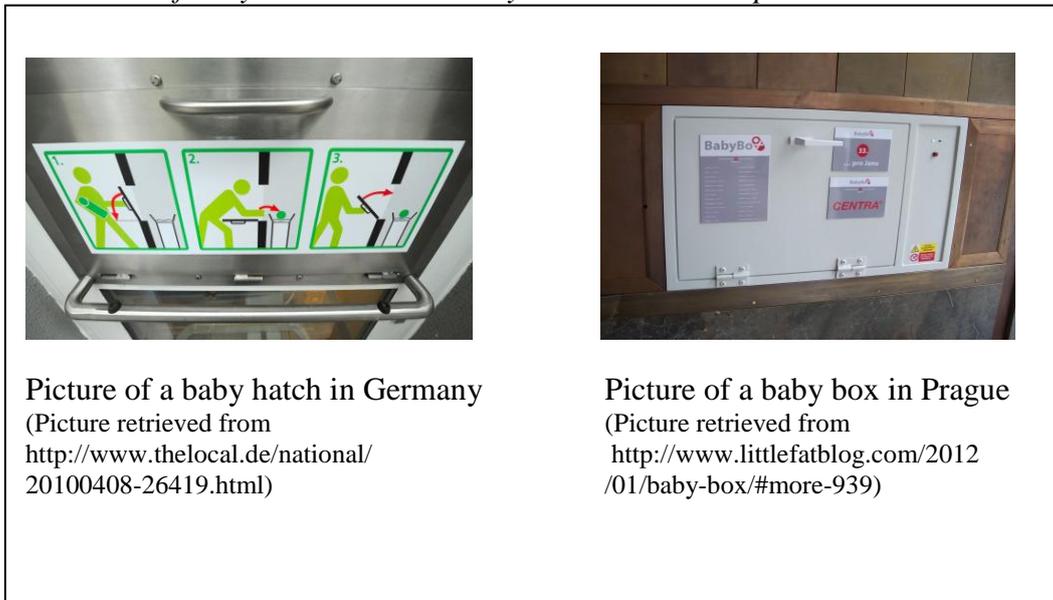
A ‘foundling’ is a historical term used to describe children who have been anonymously abandoned by their parents. The idea of providing the means for women to abandon their babies ‘safely’ is not a new one. In medieval times, church-sponsored foundling homes took in babies who had been abandoned by their parents (Chapman, 2006). Many of these facilities operated ‘foundling wheels’, which provided a way in which mothers could abandon their babies. This ‘foundling wheel’ operated as a revolving door, allowing a mother to place her child into the door and rotate the wheel so that the baby was moved inside the building, thus allowing the child to be retrieved by a member of staff whilst keeping the mother’s identity a secret (Dailey, 2011). In more recent times, modern-day ‘foundling wheels’ have been developed within many parts of the world, including parts of Europe, Africa, Canada and Asia. In addition to this, new techniques to allow for the anonymous abandonment of babies have been developed, including anonymous birthing laws and ‘safe haven’ laws.

### 3.2 Modern-day ‘foundling wheels’: The ‘baby hatch’.

In the present day, a number of hospitals and (to a lesser extent) orphanages across the world have installed mechanisms that allow women to abandon their babies in such a way as to guarantee the mother’s anonymity whilst giving her the assurance that the child will be cared for by the state. Commonly known as ‘baby hatches’, but also referred to as ‘baby boxes’ (Czech republic), ‘electronic cradles’ (India), ‘safety nests’ (Slovakia) and ‘baby bins’ (Africa), all of these mechanisms provide a safe and warm place (usually an incubator) for the mother to leave her baby (see Figure 3). Once the baby is placed into the incubator an alarm will sound internally, alerting staff to the presence of the baby. This allows the mother enough time to leave the scene so that her identity can remain concealed. The age at which a baby can be abandoned in these hatches varies depending on the country. In the Czech Republic, for example, babies can be left in a baby hatch up until the age of one year, whereas in Slovakia babies can only be left up until they are six weeks old. However, there does not appear to be any legislation or literature outlining what would happen if a baby who was over the specified age limit were to be left in a baby hatch.

The idea behind the installation of these baby hatches is that they prevent children from being unsafely abandoned in public spaces or dustbins where their fate will be left to chance. It is also felt that these mechanisms may help some women to abandon their babies safely where they may otherwise have panicked and killed them. In this vein, the introduction of baby hatches stems largely from the need and desire to prevent infanticide (see “Baby Box”. English Resume, 2010: The Safety Nest”).

Figure 3. Picture of baby hatches in Germany and the Czech Republic



Picture of a baby hatch in Germany  
(Picture retrieved from <http://www.thelocal.de/national/20100408-26419.html>)

Picture of a baby box in Prague  
(Picture retrieved from <http://www.littlefatblog.com/2012/01/baby-box/#more-939>)

Of the 27 EU member countries, 11 have baby hatches in operation. These can be found in Austria, Belgium, Czech Republic, Germany, Hungary, Italy, Latvia, Lithuania, Poland, Portugal, and Slovakia. The appropriate governmental departments, hospitals or charitable organisations within each of these countries were contacted by the authors to determine how many babies are abandoned in these baby hatches per year. In 55% of these countries, we were informed that the data was unavailable. For the remaining 45%, we were informed that in the year 2009/2010, 14 infants were left in baby hatches in Lithuania, 11 in the Czech Republic, seven in Slovakia, six in Austria and six in Latvia. Table 4 provides a brief explanation of some of the baby hatches operating within the EU.

An e-petition has been set up in the UK by a female ‘foundling’ which calls for the provision of baby hatches or a safe haven law to be developed in the UK. However, in order for the petition to be debated within the Houses of Parliament, 100,000 signatures must be received. At current, the petition has only 199 signatures and is due to close on the 28/09/2012<sup>1</sup>.

<sup>1</sup> <http://epetitions.direct.gov.uk/petitions/18026> Retrieved on the 16/01/2012.

*Table 4. Examples of baby hatches in the EU*

- Austria: Along with the provision of baby hatches, women are also allowed to give birth anonymously. In Tyrol, a small-town province of Austria, two women gave birth anonymously between 2001 and 2004 (Danner et al., 2005).
- Belgium: There is just one baby hatch in Belgium and from 2000 to 2010, three babies have been left in it. The hatch is legal in Belgium, yet Belgian law states that abandoning a baby in the box is illegal (Tek, 2010).
- Czech Republic: Since 2005, 47 ‘baby boxes’ have been introduced and 63 infants have been left there by their parents. Of these babies, 38 were boys and 25 were girls. Children up until the age of one year can be left in these boxes (‘BabyBox’, 2010).
- Germany: ‘Babyklappes’ were introduced in 1999 (Friedman & Resnick, 2009), and there are suggested to be around 80 incubators located around the country (‘Baby hatches turn 10’, 2010). All of the information about the ‘babyklappe’ is on the hatch in several languages, and explains to the mother the procedure for getting her child back should she wish to do so. If the mother does not return for her baby after eight weeks, the child is legally placed for adoption (Flidrova, 2004). From 2000–May 2011, 500 babies were abandoned in these hatches (Erler, Rohde & Swientek, 2011).
- Hungary: Anonymous child abandonment was introduced in Hungary over 15 years ago (Kovac, 1999). Since then, 27 incubators have been created, within which 40 infants have been abandoned (data from the Hungarian Department of Child and Youth Protection, 2010). In Hungary, incubators are often placed just inside the front entrance of the hospital. Parental responsibilities can be legally removed after six weeks of abandonment and, therefore, children can be adopted within two months. During the last 15 years, only two mothers have returned to reclaim their babies. The incubator is usually financed by the local authority for the county or city in which it is placed, although some have been donated by private companies. In a number of hospitals, the incubator programme also offers discrete antenatal care and counselling for mothers who do not want to keep their infants. One hospital reported that 500 mothers had participated in this programme in the first three years of service (Kovac, 1999).
- Lithuania: The first ‘baby window’ was opened in 2009, and one child was abandoned there during the same year. Since then, other ‘windows’ have been opened and, during 2010, a further 13 infants were abandoned in these.
- Poland: There are currently 45 baby hatches in Poland. From 2006–2010, 31 infants have been left in them. There are also certain institutions where parents can leave their child and renounce parental rights, including maternity wards and orphanages.
- Slovakia: There are 16 ‘safety nests’ in Slovakia, all of which were founded by an NGO called ‘Chance for Unwanted’ (formerly ‘The Chance Civic Group’). Each incubator is located within a hospital and allows mothers to abandon their babies up until six weeks old. These babies can then be adopted. First introduced in Slovakia in 2004, there have been 34 babies abandoned in these incubators as of December 2011. The cost of running three safety nests per year is 60,000 EUR (‘The Safety Nest’). In addition, parents are also allowed to take their babies to a hospital and anonymously leave them with staff.

### **3.3 Anonymous birthing laws**

France has the most developed anonymous birthing laws, allowing for a mother to give birth to her baby in a hospital without the need to provide any identifying documents. Once she has given birth, the mother is able to leave the baby at the hospital and remain anonymous: no

contact can be made with her unless she so wishes. Although the end goal is the same, i.e. to allow for women 'safely' and legally to surrender their babies to the care of the state, the mechanism by which she can do this is different from that offered by baby hatches. The right of the mother to give birth and leave the baby in the hospital, whilst still remaining anonymous, is something that is not offered in the majority of countries that provide baby hatches.

This right, known as '*Accouchement sous X*' ('birth given by X'), was granted to women under Article 341 of the French Civil Code by the Vichy Government in 1941. It allows a woman to register in a French hospital by signing an 'X' for her personal details (name, address), give birth to her baby, and then relinquish her parental responsibilities. The child is then placed into an institution for two months, during which time the mother can change her mind and take her child back. Once this period has elapsed, the child becomes eligible for adoption and no legal ties can ever be established between the mother and child from this point on (O'Donovan, 2002).

When a mother enters a hospital in France and declares that she wishes to give birth under '*Sous X*', she is encouraged by health staff to place her details into a sealed envelope with the details of the baby written on the outside. This will then be held by the National Council for Access to Personal Origins (CNAOP) and can only be opened if the child or their legal guardian requests so. CNAOP will then contact the mother, who can decide either to waive or to maintain her anonymity. The provision of such details by the mother at birth is voluntary (Henrion, 2003). However, if provided, these details do allow a way for the child to attempt to identify their mother. It should be noted that the mother does not have the right to search for her child. Figures given by the French governmental and hospital departments contacted by the authors revealed that, in 2010, 664 babies were born anonymously in France under this legislation.

Austria provides a similar law to the one in France (Danner, Pacher, Ambach, & Brezinka, 2005), and Luxembourg allows for the same level of anonymous birthing, yet the mother can be searched for when the child gets older. The Czech Republic, Greece and Italy allow for *concealed* identity when giving birth but, again, allow for the mother to be searched for (Flidrova, 2004). Although anonymous birthing has not been made 'legal' elsewhere in the European Union, it is suggested that many EU countries allow women to give birth 'discretely' (Flidrova, 2004). Indeed, one hospital interviewed in the UK stated that, while they ask mothers for their details when they register at the hospital to give birth, they are aware that some women provide false information and, in a handful of cases, some women refuse to give their name and address. In these cases, the police would only be involved if there were felt to be issues relating to identity fraud. In cases where mothers refuse to give their details, there is said to be no interest in gaining a prosecution and, instead, help would be offered to the mother and her wishes to remain anonymous would be respected. In addition to this, some countries, such as the Czech Republic and Poland, provide residential services where a woman can stay before giving birth in order to keep her pregnancy a secret from others and to allow her to abandon the baby once born.

### **3.4 'Safe haven' laws / safely surrendered baby laws**

Safe haven laws, or safely surrendered baby laws, allow women to surrender their babies at a number of designated places, usually the offices and departments of the emergency services or adoption agencies. Such drop-off establishments are signified by a notice placed outside

the office. Primarily found in America, these laws allow parents to surrender their babies to the care of the state without fear of prosecution or repercussions, as long as the baby has not suffered any harm. The first 'safe haven law' was passed in the state of Texas in 1999, and all 50 states now have these laws in place. There is a level of discrepancy across the states according to the age at which children can be abandoned. Some states stipulate that the baby must be no more than 72 hours old (e.g. California) whilst others allow babies up to one year old (North Dakota). An extreme example of how these laws can differ between states in America is the Safe Haven Law implemented in Nebraska which, when first passed, stipulated that any 'minor' could be abandoned. This allowed for children as old as 19 to be anonymously abandoned by their parents at these drop-off points. Indeed, of the first 34 children to be surrendered under this law in Nebraska, not one was an infant, and some were as old as 17 years (Knapp, 2008). As a result, the law was changed to allow only for the abandonment of babies up to 30 days old in this state.

Once surrendered under this law, the baby is usually placed into foster care for a period of time, during which parents can reclaim their children. The duration of this period depends again on the state in which the child is abandoned: in some states it is 14 days (e.g. California), in others 60 days (e.g. Illinois). However, not all states allow parents to reclaim their children. After this time has elapsed the child can be placed for adoption. Some states also make attempts to check 'father databases' to try and locate the child's father before allowing them to be freed for adoption. As with the two methods described above, once the mother has surrendered the baby/child they cannot be contacted from that point forward unless she wishes. In many cases, the authorities taking the child from the mother will ask her to fill out a questionnaire providing important medical history information for the baby ("Safely Surrendered Baby Law"), though this is not compulsory. Some states (e.g. Connecticut) even provide the mother and baby with an identification bracelet to aid a possible reunion at a later date (Dailard, 2000).

The USA is the predominant country in which these laws have been passed, and a fairly extensive base of research has been developed in this area since these laws were implemented over a decade ago (see discussion below). However, similar 'Safe Haven Laws' have been implemented in Canada, Japan and some European countries such as France and Slovakia, which allow for women to leave their babies anonymously with hospital staff and other professionals. Other countries, such as Australia, are currently campaigning for these laws to be implemented.

### **3.5 Important differences between the three mechanisms of anonymous child abandonment**

As described above, three main mechanisms have been developed within the EU and across the world to allow for the lawful anonymous abandonment of infants. The main focus of each of these mechanisms is the same: to prevent babies from being killed or being placed in serious danger through illegal, unsafe abandonment. Ultimately, the way in which this is facilitated is by allowing mothers to hand over their babies anonymously to be cared for by the state. However, there are differences between the three mechanisms, which have led to a debate as to which, if any, is the best way to go about facilitating such abandonment. For the purpose of this chapter, these interventions will be referred to herein as 'lawful anonymous abandonment'.

### *3.5.1 Overlap between the three mechanisms*

Some countries that provide baby hatches do not allow for anonymous births (e.g. Germany), whilst some countries allowing anonymous births do not provide baby hatches (e.g. France). In addition, some countries that provide ‘safe haven’ laws do not allow for anonymous births or provide baby hatches (e.g. USA). It has been suggested, however, that the legalisation of child abandonment through the use of baby hatches and safe haven laws allows for concealed and anonymous births. This is because women who come to abandon their babies tend to give birth alone and in non-hospital settings (Evan B. Donaldson Adoption Institute, 2003), and, therefore, their births are unlikely to be registered and known about by health professionals. There is, therefore, a grey area between these mechanisms, which has fuelled the debate on how (and if) anonymous abandonment should be legalised.

### *3.5.2 Ability to receive medical care and give birth in a hospital*

Anonymous birthing may be seen as a preferable alternative to baby hatches and safe haven laws. This is in light of the fact that the women giving birth under these laws are able, and encouraged, to receive the same level of medical care and attention as anyone else giving birth (Henrion, 2003), and the baby can be looked after from the moment it is born. In contrast, data collected in the USA on child abandonment and infanticide revealed that 95% of victims were born at a location other than a hospital (Paulozzi, 2002). In addition, the babies being placed into baby hatches can often need significant medical attention as a result of the care they received prior to being abandoned, and the difficulties they may have gone through when being born (Chapman, 2006; Fihlani, 2011). Therefore, it seems that women abandoning babies in baby hatches or under safe haven laws are not likely to give birth in a hospital and are, therefore, at risk of placing themselves and their babies at a significant level of harm.

### *3.5.3 Ability to provide counselling and intervention*

With anonymous birthing laws and safe haven laws, some level of counselling and intervention with the mother could be attempted by well-trained, caring staff working in the hospital/drop-off point she attends. In these cases, a clearly distressed mother could be helped through her difficulties were she willing to receive this help, and her decision to abandon her baby could be addressed. Indeed, recent amendments in the French Civil Code in 2001 stated that ‘anonymous mothers’ should be given counselling and receive information about the services available to help her keep her child (see *Odièvre v France* [GC], no. 42326/98, § 17, ECHR 2003 III). A study carried out on anonymous birthing laws in Austria indicated that each of the two women who gave birth anonymously in Tyrol between 2001 and 2004 was given extensive counselling by psychologists, midwives, medical staff and social workers before making her final decision to abandon the child (Danner, et al., 2005). In terms of safe haven laws, some states (e.g. Illinois) provide an information pack for mothers who drop off their children, which contains information on counselling and adoption. Again, this represents some attempt to reach out to the mother and offer her help (Ayres, 2008). In contrast to this, when a baby is placed into a baby hatch, there is no physical way of speaking with the mother to offer her any help and to ensure she has come to a well thought-out decision that is right for her. These women are therefore left to deal with their decision without being offered any counselling to help them overcome their experiences or to explore their options.

In support of the importance of providing counselling to mothers expressing a wish to abandon their babies, research in Romania with women openly abandoning their babies found that, in the majority of cases, parents abandoned their babies not because they did not want the child, but because they were living in adverse conditions which did not allow them to feel able to cope with another child (Bilson & Markova, 2007). With help, many of these families changed their decision and chose to keep their baby. Although this research is based on families openly abandoning their babies, the findings may also extrapolate to those abandoning their babies anonymously.

#### *3.5.4 Possibility for the child to understand their origins and medical history*

Research suggests that adopted children have a much better chance of overcoming their experiences if they have an understanding of where they came from (Dailard, 2000). In many cases where anonymous birthing laws are in place, the mother is often encouraged to confidentially provide some of her details, particularly medical details which may be important for the child. Although this is voluntary and is not often enforced, it provides these babies with the opportunity to be able to contact their mothers at a later date and find out about their origins, should they wish to do so. It also reduces health risks in terms of making the child and their future guardians aware of possible hereditary illness. Some states in the USA also encourage the mother to complete a questionnaire containing personal and medical information that may be of some use or comfort to the child when abandoned under the Safe Haven law. This may help alleviate some of the anguish associated with having no knowledge of their personal history and the circumstances under which they were born.

Mothers have the option of leaving behind any information they wish when they leave their babies in a baby hatch. However, there is no verbal encouragement for her to do so and no opportunity for a professional to explain the importance of this information for the baby. This may mean that they would be less willing to do so than women abandoning their babies under the safe haven or anonymous birthing laws.

#### *3.5.5 Increased sense of anonymity*

The above arguments appear to work in favour of anonymous birthing and safe haven laws over the provision of baby hatches. However, baby hatches allow women to drop-off their babies without having to come face to face with any professional (in most cases), thus allowing the process to feel more ‘anonymous’. This may help the most vulnerable women to feel able to abandon their babies safely, knowing they will not be asked questions and can simply walk away when they have done so. Taking this into account, baby hatches may be the more preferable option for these ‘desperate’ women who these anonymous abandonment methods appear to be aimed at.

The above points highlight the apparent ‘pros’ and ‘cons’ to the use of each of the three mechanisms in place to allow women to anonymously abandon their babies. Taking into account the issues raised, it may be considered that some methods of lawful anonymous abandonment are preferable over others. However, many argue against the implementation of lawful anonymous abandonment altogether, for the reasons discussed below.

### **3.6 Debate surrounding the effectiveness and ethical implications of lawful anonymous abandonment**

There is much debate and a significant lack of research regarding whether these methods of lawful abandonment actually save lives or encourage parents to abandon their children (Raum & Skaare, 2000). It would appear that the debate surrounding the legalisation of anonymous child abandonment centres around two main issues: the first being that something needs to be done to provide a 'way out' to desperate mothers who are at risk of seriously harming or unsafely abandoning their babies; and the second being the child's right to know where they come from. These two issues create a 'for' and 'against' argument with both sides having the backing of professionals, charitable organisations, government officials, and some level of research evidence. Some suggest that the right to live outweighs the right to know one's origins (see Willenbacher, 2004), while others feel strongly that these laws violate the rights of the child, parents and extended family (see Hancock, 2008).

#### *3.6.1 What empirical grounding do these mechanisms have?*

Research and data on child abandonment and the reasons for it are extremely scarce. A report for the EU Parliamentary Assembly in 2008 highlighted this as an issue and stated that the problem of newborn abandonment needs to be understood and quantified more accurately before we can respond with effective, appropriate measures. In addition, it is vital that we understand more about the types of women who abandon their children so as to be able to help them in the necessary ways (Hancock, 2008). Taking this into account, mechanisms to allow for lawful anonymous abandonment appear to have been implemented in spite of a distinct lack of any systematic research or a real understanding of the issue on which to base them (Dailard, 2000). These mechanisms are not therefore based on the findings of well thought-out, well designed empirical evidence which is needed for something of this scale and magnitude to be implemented. As such, many feel that simplistic and insufficient 'solutions', such as 'baby hatches' and 'Safe haven' laws, have been implemented to provide a 'quick fix' to deal with the problem of abandonment (Dailard, 2000).

In support of Safe Haven laws, Ayres (2008) argues that the need to tackle rates of infant abandonment and infanticide were the driving forces behind the introduction of safe haven laws in America. They cite findings from the USA in 1998 before Safe Haven Laws were implemented, which showed that one third of secretly abandoned newborns were found dead. However, there has been no evidence to suggest that by allowing for lawful anonymous abandonment, this would provide a safe 'way out' to distressed mothers who are at risk of abandoning or killing their newborns. In this respect, these laws could be seen as having been implemented on the basis of theory and not evidence.

#### *3.6.2 Do these mechanisms reduce the number of babies being illegally abandoned or killed?*

It is difficult to establish the effect of allowing for lawful anonymous abandonment on rates of unsafe and secret abandonment and infanticide, as the literature is limited and conflicting. There are some professional bodies and organisations which have provided figures to both support and refute the suggestion that these methods help address the problem. In this sense, it can be confusing when reviewing the statistics to conclude whether these mechanisms have had a positive or negative effect.

The number of neonaticides in Germany is noted as being between 40–60 per year and has not decreased since the invention of baby hatches in several larger German cities in the 20<sup>th</sup> Century (Lehmann, 2007). The reasons suggested for this are that the mothers who kill their babies or abandon them in an unsafe way are in such a mental state of despair and lack problem solving skills, so are therefore not receptive to mechanisms such as baby boxes or anonymous birthing laws (Werner, 2010). Indeed, Willenbacher (2004) refers to a paper by Swientek and Bott in 2003, which argues that neonaticide and abandonment has not declined in Austria and Germany since baby boxes have been introduced. In addition, a paper written by academics in Austria (Danner et al, 2005) showed that since the introduction of anonymous birthing laws in 2001, cases of neonaticide and abandonment still exist. In Hungary in 1998, 10 newborn babies were found dead in Budapest, despite the introduction of baby hatches into the city two years previously (Kovac, 1999). All of these findings suggest that infanticide and unsafe, secret abandonment has not declined or been eradicated since the introduction of baby hatches within various parts of Europe.

In contrast to this, a newspaper article in Germany has suggested that the number of abandoned or killed babies in Hamburg has dropped since the introduction of two baby hatches in the city (“Baby hatches turn 10 amid calls for closure”, 2010). It is therefore unclear from the available research findings as to the impact of lawful anonymous abandonment on rates of abandonment and infanticide. However, the majority of the evidence found does suggest they have not been effective in reducing rates of unsafe, illegal abandonment or infanticide.

The lack of data collected on rates of child abandonment both before the implementation of lawful anonymous abandonment and after these mechanisms have been put in place, makes it difficult to establish the true effect that they have had. In addition, it is difficult to gain an accurate picture of secret abandonment as a result of its nature. However, it is vital that all organisations who take in lawfully abandoned babies keep a record of the number of babies abandoned this way, along with as much information about the circumstances of the abandonment as possible. Only a few states in America are required to keep track of the number of babies being lawfully abandoned and to report this to family services (Ayres, 2008). In addition, the section on baby hatches above revealed that many countries could not provide data regarding the number of babies left in baby hatches for the year 2009–2010. Only once this data is more accurately collected can we be able to understand with more certainty the effect these mechanisms are having. Some also argue that laws and mechanisms to allow for anonymous abandonment need time to be established and for people to become aware of them before their effectiveness can be truly analysed (Ayres, 2008).

### *3.6.3 Do they reach the women they target?*

Research on infanticide in Hungary shows that pregnant women in crisis have no idea where to turn and are afraid to visit the local health visitor as they do not believe their problems will be kept secret<sup>2</sup>. These sentiments are echoed by academics such as Mueller and Sherr (2009), who argue that anonymous abandonment laws and mechanisms are designed for women who have the ability to think rationally, but that the women who abandon or kill their babies do not have the capacity to think rationally at that time. Taking all of this into account, it can be questioned as to whether methods of lawful anonymous abandonment are able to do what they set out to achieve: to help mothers in crisis who do not know what to do with their baby

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<sup>2</sup> Cseres, J(2000): *Eltékozolt újszülöttek*, BM Kiadó, Budapest, Maria Herczog(ed.) (1999): *Ne hagyjuk őket magukra, megelőzhető az újszülöttgyilkosság*, Csagyri könyvek, Budapest,

and who do not wish to keep them. Indeed, researchers in Austria propose that women who choose anonymous birth may not be the ones who would otherwise kill their babies, and suggest that these women do it instead to escape the overbearing attention of family members and social services, not because they are necessarily in ‘crisis’ (Danner, et al., 2005).

In addition to the above issues, Raum and Skaare (2000) have questioned whether the individuals at risk of abandoning their children (a) know about the existence of baby hatches, and (b) have the means to get to where the baby hatches are located. Most baby hatches are located in cities, and therefore mothers who live in rural areas may not have the necessary transport to get there. Research collected within the EU has highlighted poverty as one of the most prominent risk factors for child abandonment. Therefore, if abandoning a baby in a baby hatch situated far from the home of the mother would mean having to find money to travel to the hospital, this is unlikely to happen. In addition to this, Professor Mullender at the University of Warwick, UK, suggested her research findings showed that women who abandon their babies do not tend to travel far to do so, and instead abandon them close to their home (see Philpot, 2006). In relation to Safe Haven Laws, Magnusen (2001–2002) also suggests that it is unlikely that a woman in crisis will drive somewhere to abandon her child, especially if they are to be met with an authority figure such as a police man or fireman. Taking all of this into account, if there are only a few baby hatches or safe haven drop-off points within a country, it is unlikely that a distressed woman at risk of abandoning her baby will travel to one to abandon her child safely. It would seem therefore that if these methods are to be implemented as a way of preventing harm to unwanted babies, they should be made available at all hospitals and other institutions in the more rural parts of the country, and not just installed in a few of the big hospitals/institutions based within the larger cities.

In regards to Safe haven laws, many authors have stressed the need to publicise the law and make sure women everywhere in the United States are aware of their options to lawfully and safely surrender their babies (Bradley, 2003; National Safehaven Alliance.org). These findings could translate to other countries and other forms of lawful anonymous abandonment (i.e. baby hatches and anonymous birth), which may become more effective following public awareness campaigns as to their existence and the options and alternatives they provide to the desperate mother.

#### *3.6.4 Are these mechanisms open to corruption?*

In 2005, Law 22 in Hungary modified some of the legislation on incubators operated by health institutions. As part of these modifications, The Children Act received an added sentence on the obligation of health professionals to inform pregnant women in crisis about the opportunity to place new-borns into an incubator. An additional modification was the need to inform those asking about abortion as to the use of the incubator as a solution. It would therefore appear that some countries are encouraging and promoting the use of these incubators and lawful anonymous abandonment to vulnerable women, instead of looking to help them through their difficulties. This is concerning and should be addressed in terms of developing professional practice and prevention services to prevent child abandonment, not to encourage it.

Some are concerned that these laws may condone the abandonment of babies and provide mothers who are not in crisis a quick ‘way out’ of having to care for their children (Magnusen, 2001–2002). They also feel it may encourage professionals who are against abortion to persuade women to carry on their pregnancies and then abandon the child once it

is born. In addition, some suggest that the prejudice against certain populations (e.g. those of Roma origin) and of people who have many social difficulties, may lead professionals to persuade vulnerable women and families to abandon their babies under these laws. These factors would add to the growing number of children being placed into the care system around the world and would therefore work to increase, not prevent, child abandonment.

In addition, some have expressed a feeling that the introduction of baby hatches has created a previously non-existent demand in Germany, and have worked to discredit legal help facilities that have been developed to help women and families in need (Riedel, 2006). Given the money that can be made from adoption, particularly international adoption (see Chou & Browne, 2008), there could also be a worry that lawful anonymous abandonment may be used as a way of encouraging women to give up their babies so that money can be made from the children going through the adoption system. This is particularly so when women are encouraged to anonymously give up their babies instead of having an abortion or being offered the help they need to keep their baby. Although this was not looked at in relation to child abandonment, one study looking at the impact of international adoption in a number of EU countries found a positive correlation between the rates of children (under three years) being looked after in institutional care and the rates of children being internationally adopted from the said country (Chou & Browne, 2008). One reason for this could be the ‘supply and demand’ of babies as a result of the popularity of international adoption and the money that can be made from it. In addition, other studies have reported cases where women have been encouraged to give up their babies so that the demands of international adoption can be met (Dickens, 2002). This could be made even easier when methods of anonymous abandonment are available to health professionals and parents. Concerns surrounding the openness of lawful anonymous abandonment to corruption should be addressed in future research to further establish their validity and the scale of the problem.

### *3.6.5 What are the mental and physical implications for the child?*

Children abandoned under anonymous abandonment laws can be at risk of suffering unnecessary mental and physical difficulties. For example, children left behind in this way have no way of determining their family medical history unless the mother provides details of it (Evan B. Donaldson Adoption Institute, 2003). These children may therefore go unaware of any possible hereditary illnesses that they may be at risk of, which may be detrimental to their health. Additionally, in Poland, citizens need to have an identity number before they can access the health service. In regular cases, the baby would use the health service based on the mother’s personal identity number for the first three months whilst they gain their own. As children who are secretly abandoned are generally left with no clues as to where they came from or who they are, the child is deprived of an ‘identity’. Therefore, until the child has been formally given a new identity, which can take months, the child is not theoretically able to use the Polish health service.

In terms of the mental well-being of children abandoned this way, it has been suggested that adopted children fare better if they understand their personal history to some degree. Therefore, by denying them this knowledge when allowing for anonymous abandonment, this has the potential to jeopardise the well-being of the abandoned child (Dailard, 2000). In support of this, research carried out in the UK suggests that knowing one’s origins is important in building an identity: children who are adopted need to know and understand their past (Neil, 2000). Additionally, organisations in France which are made up of children who have been born under the anonymous birthing law, suggest that not knowing their

maternal origins can cause great psychological suffering and distress to these children (Lefaucheur, 2004).

### *3.6.6 Ethical implications: Does lawful anonymous abandonment violate the rights of the child, father, mother, and the extended family?*

Abandonment is a complex issue and involves rights of the father and child, as well as those of the mother. There have been many suggestions raised suggesting that allowing for the lawful anonymous abandonment of children violates the rights of the child, the father, the extended family, and in some instances, the mother. Indeed, the German Ethics Council in 2009 called for the abolition of baby boxes and advised against the call for anonymous birthing laws to be implemented based on ethical reasons (Werner, 2010).

### *3.6.7 Rights of the father and extended family*

In allowing for mothers to anonymously abandon their babies, the father's paternal rights are denied (Evan B. Donaldson Adoption Institute, 2003). This is because it is difficult, if not impossible, to locate him to see if he would be willing to take on the child (Cesario, 2001; Dailard, 2000). The father often has no say in the matter of lawful anonymous abandonment and paternity is not recognised by these laws. In France, anonymous birth denies the father all of his rights, even when they have acknowledged paternity of the unborn child (Hancock, 2008).

Before the child is legally freed for adoption in some states in the USA, they publicise the baby's abandonment to see if the father comes forward and others search the father's registry database to see if they can locate him using DNA. However, the majority of states do nothing to search for the father (Cooper, 2004). Nothing is done in France to locate the father when babies are abandoned under the anonymous birthing law, and there is no mention of actively seeking the fathers of babies abandoned in baby hatches.

There has to be a limit to the level of search conducted to find the baby's father, as anything that would require a long, drawn-out process would mean the child has to wait a long amount of time before they could be placed for adoption. However, many feel that more should be done to allow fathers the chance to reclaim parental responsibility in these abandonment cases.

The opportunity to place the baby into the care of other relatives is also removed as there is no way of tracing the child's extended family (Evan B. Donaldson Adoption Institute, 2003). This denies them the right to take over the care of the child, as would be offered in most cases of open abandonment (Cesario, 2001; Dailard, 2000).

### *3.6.8 Rights of the mother*

Anecdotal information provided by one hospital in Hungary, revealed that although this should not happen, hospital porters in one hospital saw that 15 out of the 16 babies placed into the incubator were done so by men, and not women. This has created doubt as to whether these babies are really being placed there by 'desperate mothers', or whether the decision is being made by someone against the mother's wish. If this were the case, it would be a serious violation of the mother's rights. This point can also be raised in relation to safe haven laws as they stipulate that it does not have to be the mother who abandons the baby: anyone who has

legal responsibility for the child can do so (Evan B. Donaldson Adoption Institute, 2003). Again, the child may therefore be taken and abandoned against the mother's wish.

In addition, the women who abandon their babies in this way cannot be followed-up for counselling or support for help to get them through this traumatic experience. It is feared that some women may make this decision whilst suffering from severe postnatal mental illness and therefore do not have the insight to think carefully about their decision. By allowing them to abandon their babies this way, no support system can be implemented to guide her through and support her in her decision and her illness (Cesario, 2001). On the other hand, many would suggest it is for precisely these women in their times of desperate need that lawful anonymous abandonment has been provided for.

### *3.6.9 UN Convention on the Rights of the Child (1990)*

Concerns have been raised about baby boxes, safe haven laws and anonymous birthing laws, as they do not fall in-line with many of the rights outlined by the UN Convention on the Rights of the Child (UNCRC). For example, Article 7 of the UNCRC states that:

‘1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.’

By allowing for lawful abandonment in this way, it takes longer for the child's birth to be registered and their right to be brought up by their parents is removed. The most important violation of this Article is the right of the child to know their parents. By allowing for babies to be anonymously abandoned this way, this right is completely removed from the child. In addition to this, Article 8 states that:

‘1. States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognised by law without unlawful interference.’

Again, lawful abandonment removes the child's ability to understand where they come from and to therefore preserve their identity, thus violating this right.

Despite valid questions being raised as to whether lawful anonymous abandonment violates Articles 7 and 8 of the UNCRC, there are other elements of the convention for which safe and lawful anonymous abandonment would appear to promote the rights of the child. For example, Article 6 outlines that:

‘1. States Parties recognise that every child has the inherent right to life.’

‘2. States Parties shall ensure to the maximum extent possible for the survival and development of the child. ‘

In this respect, the argument put forward by those in favour of lawful anonymous abandonment is that in doing so, the child is less likely to be harmed by its mother and their chances of living are increased. Legal abandonment in this case can therefore be argued as a way of promoting the child's right to life.

In addition to the aforementioned aspects of the UNCRC which can be fairly easily extrapolated to form an argument either for or against lawful anonymous abandonment, there are other Articles within the UNCRC that can be used as an argument both for *and* against it. For example, Article 3 states that:

- “1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.”

It could be considered that means of allowing the baby to be anonymously surrendered to the state are against the best interests of the child, given that the child is left with no access to information regarding where they came from, any possible hereditary health problems they may develop (e.g. HIV), and in some countries where health care can only be accessed using the mother's ID until the baby can be given their own ID, there may be problems with them gaining access to the health care they need. In this respect, the anonymous aspect of these methods appears to work only in the best interests of the parents and not the child. On the other hand, if these procedures prevent the child from being harmed, they could be deemed to be promoting the best interests of the child and may therefore meet the rights outlined in this Article. The rights of the mother to be able to relinquish her parental responsibilities are also covered by Part 2 of this Article, yet, given the argument outlined above, cases may simultaneously deny the rights of the father and extended family.

By reviewing some of the Articles set out in the UNCRC in relation to methods of lawful anonymous abandonment, it is clear that arguments for and against these methods can be developed. However, there are a lot of grey areas and the rights set out in these Articles can be used according to whether the argument is for lawful anonymous abandonment, or against it. This therefore leads to a level of confusion as to whether these interventions are in the best interests of the child, and continues to fuel the debate amongst professionals and the public as to whether lawful anonymous abandonment should be allowed.

### **3.7 Discussion and conclusions**

The three main mechanisms devised to allow women to legally and anonymously abandon their babies have been discussed in this chapter. Although there appear to be differences between them in terms of the help offered to the mothers and the implications for the abandoned child, they all work towards the same goal: to offer a ‘way out’ to mothers in crisis who may be at risk of unsafely abandoning or killing their babies. The debate surrounding these mechanisms is strong and centres on the right to life and the right to know one's origins. As outlined in the Council of Europe Parliamentary Assembly report (Hancock, 2008), advocates of lawful anonymous abandonment argue that these mechanisms will reduce the number of abortions, along with preventing infanticide and the ill-treatment and abandonment of babies in a dangerous manner. They also argue that these laws and mechanisms will help ensure that children will be adopted. However, others argue that the issue of child abandonment has not been adequately explored by the government or social institutions and as a result, simplistic and insufficient ‘solutions’ have been implemented (Dailard, 2000).

In review of the literature, the procedures designed to allow mothers to safely surrender their babies do not appear to have been based on the well developed, evidenced based research that is needed when implementing laws such as these. In addition, it is difficult to establish the true effect these laws and procedures have had on rates of abandonment and infanticide, as is determining whether they can offer any positive solutions to preventing abandonment and infanticide. Some argue that lawful anonymous abandonment will not be able to reach the 'desperate' mothers they are targeted at as these women do not have the resources to access these services, are unaware of their options, and are unable to think rationally at the time when they are likely to abandon their baby. By improving public awareness of these mechanisms and increasing the provision of these services within the most vulnerable sections of society, this may help to address this problem.

Some are concerned that these laws may condone abandonment and 'encourage people to abandon their babies when they may not have otherwise done so. In addition, there is a fear that these methods may be open to corruption and be used to make money through the adoption industry in some countries. There are also questions as to whether they may affect the child's ability to be adopted or to return home when compared to children who are abandoned openly and go through the regular adoption system. Some suggest however, that anonymous abandonment may actually speed up the adoption process as it can be clearer cut and reduces the need for lengthy court cases to free the child for adoption when compared to open abandonment (i.e. adoption).

There are questions raised as to the psychological and physical impact of anonymous abandonment on the children who are abandoned and the mothers abandoning them. In addition, an argument as to the violation of the rights of the child, as set out in the UNCRC, can be developed based on the Articles set out in this Convention. At the same time however, so can an argument supporting lawful anonymous abandonment based on the same convention. As a result, a clear understanding on where these laws and mechanisms stand in terms of promoting the rights of the child is difficult to establish. In addition to this, an argument can also be formed regarding the rights of the father, extended family and even the mother in relation to lawful anonymous infant abandonment.

The need for more research in this area has been recognised by governments and the professionals trying to deal with this problem. Indeed, the Council of Europe Parliamentary Assembly (Hancock, 2008) highlights the need to understand and quantify the problem more accurately before we can respond with effective, appropriate measures. In the USA, a 'Baby Abandonment Prevention Act' was introduced to guide the development of a task force designated to looking into the incidence, risk factors for and outcomes of abandonment for abandoned children and their parents. This is to then be used to shape public policy on this area (Dailard, 2000). In addition, we also need to understand more about the types of women who abandon their children. It has also been suggested that nurses are in a unique position to aid the collection of this research in terms of helping to identify which women are most at risk of abandoning their babies (Casario, 2001).

Most academics and professionals concerned with this area do not refute the fact that something needs to be done to protect unwanted babies from suffering harm or death. However, the main argument put across by many is that the focus needs to be on preventing unwanted pregnancies in the first place, instead of providing a reactive solution to the problem once it has occurred. These primary prevention efforts should work alongside the provision of more community based support systems for mothers who find themselves in

difficulty (e.g. Dailard, 2000; Hancock, 2008; Magnusen, 2001–2002). The evidence highlighted in the above sections in regards to the rates of babies being illegally abandoned or killed despite the introduction of these laws, clearly indicates that more needs to be done alongside the provision of ways to lawfully anonymously abandon children.

### **3.8 Points for future discussion and research**

- Do baby hatches and safe haven laws encourage concealed birth and anonymous birthing? Can one exist without the other?
- Given that anonymous birthing laws allow for mothers to give birth in a hospital and can therefore provide safer birthing conditions and access to health care, should they be seen as a preferable alternative to baby hatches and safe haven laws?
- What impact has lawful anonymous abandonment had on child abandonment (both legal and illegal) and infanticide?
- Does lawful anonymous abandonment have an impact on adoption rates and is it open to corruption?
- Are anonymous abandonment laws able to serve the people they were designed to help?
- Is it counter-intuitive to place baby hatches in major cities and towns? These cities are likely to have more help services available to support families, whereas the families within the more remote areas are more likely to have a greater need and will be unable to travel to make use of these facilities.
- If the mothers who abandon their babies are so desperate and unable to think rationally for them to make use of anonymous abandonment mechanisms, who is it that is abandoning babies in baby hatches and under anonymous abandonment laws?

## 4. Legislation Relating to Child Abandonment

### 4.1 Definition of child abandonment

Since the use of the term ‘child abandonment’ in Article 210 of the Polish Penal Code (1997), which penalises the abandonment of a minor under the age of 15, a definition of child abandonment has been established in Poland. In 2001, the Polish Supreme Court asserted that child abandonment was an act that involved leaving a child behind, and ceasing to care for him or her, without ensuring that the child is taken care of by another person. Thus, the essence of child abandonment involves leaving a child under one’s care all alone, in a situation where he or she cannot be offered immediate support. Although this is in line with the criminal act defined in Article 210 of the Polish Penal Code (1997), it does not include other actions that are commonly understood as child abandonment (e.g., leaving an infant in a baby hatch or hospital). Indeed, according to the Supreme Court in 1966, sending a five-month-old infant to hospital for treatment and failing to bring him or her back home after the treatment is complete, does not constitute the offence defined by Article 210, as under such circumstances the child may be provided with immediate help, support and care.

Poland is the only country involved in this project with a true legal definition of child abandonment, although abandonment is covered by the more general laws on neglect in most countries. For example, in Romania, Law 272/2004 on the Protection and Promotion of the Rights of the Child refers to abandonment and neglect, but provides a clear legal definition only of the latter. In the UK, although abandonment is not defined, it appears as part of the definition of neglect in *Working Together to Safeguard Children* (2010).

### 4.2 Current laws associated with child abandonment

The UN Convention on the Rights of the Child (UNCRC) has been ratified by all members of the EU and, as such, the laws governing child protection and child abandonment across Europe are aligned with the principles of the Convention. Despite this, however, the Convention itself is not necessarily incorporated explicitly into the law of each country. For example, the Convention, though ratified by the UK, is not part of UK Law.

The law of all countries involved in this project states that parents have a duty of care towards their children and that the neglect of a minor is a criminal offence. However, the phrasing varies between countries in order to allow for differing views on what constitutes a failure to care for the child. In the Czech Republic, for example, the Criminal Code (40/2009) states that it is a criminal act to place in danger of death or bodily harm any child whose care is one’s responsibility and who cannot take care of him or herself. This includes situations relating to permanent or short-term child abandonment. Similarly, the Romanian Criminal Code (2011) states that, if an individual has a legal obligation for maintenance, and deserts, sends away, leaves helpless, or subjects to physical or moral suffering the person entitled to the maintenance, they can be punished by imprisonment for one to three years or fined. In all of the countries involved, potential imprisonment, fines and community service are possible consequences of a failure to fulfil one’s ‘parental responsibility’, a term that appears in the law of many of the countries. Indeed, in Bulgaria and Lithuania, the responsibility of a parent towards his or her child forms part of the Constitution of the respective country. In all countries, failure to fulfil one’s parental responsibility is an offence, however, only if

alternative care is not provided; this allows for legal forms of abandonment such as adoption and (in some countries) the placing of a child in a baby hatch or incubator.

In some countries, it is an offence to relinquish one's parental responsibilities without formally arranging alternative care (e.g. UK), whilst in others, parental responsibility may be given up legally yet secretly by means of either anonymous birthing laws (e.g. France) or baby hatches/incubators (e.g., Hungary, Lithuania, Poland). Since the UNCRC (which all states have ratified) includes the right of the child to have a relationship with his or her parents, issues are raised regarding such anonymous procedures. For further information, refer to the chapter on baby hatches. Regardless of the anonymity or otherwise of the mother or parents, once a child is safely abandoned, the child may be placed under the care of the state (e.g. in an institution) and/or the process of adoption may begin, though the duration of the process may vary. In some countries (e.g. Hungary), anonymous abandonment allows for a swift adoption procedure, since there are no parents involved in the decision to release the child for adoption. There is, however, a period during which the mother may come forward and reverse her decision to abandon the child though, again, the length of this period depends on the individual country.

All countries also allow for the forced removal of a child from their family if a court rules that it is in the best interests of the child. In these cases, the child is generally placed under the care of the state, either in a foster family or in an institution whilst the family addresses the issues that led to the removal. In Slovakia, Section 54 of the Family Act (2005) states that foster care or care by members of the child's extended family should always be sought before resorting to institutional care. In these cases, if the family is unable or unwilling to rectify the issues that led to the removal of the child, the court may then deprive the biological or legal parents of their parental authority and give consent for the child to be released for adoption.

Cases of (unsafe) secret abandonment are less clear. In the UK, for instance, since in cases of secret abandonment, the authorities must attempt to locate and contact the parents, the child is under the care of the state either until the parents are found or until the court rules that it is unlikely that they will ever be located. Since there are no guidelines regarding when such a decision should be made, the child may remain in state care for an indefinite period before being released for adoption.

#### **4.3 Legal consequences for abandoned children and their parents**

Even in cases of open abandonment, once a child has been formally adopted, all legal ties between the biological or former legal parents and the child are dissolved. This includes parental responsibility and authority over the child. In the UK, this then makes it illegal for the birth parents to attempt to contact the child until he or she is 18 years old. In cases of secret abandonment, there are a number of cases to consider. Firstly, in countries that allow for legal anonymous abandonment such as through use of an incubator, the parents will suffer no legal consequences (other than the loss of parental authority), as long as the child had received no ill-treatment prior to being abandoned. In these cases, since the child is cared for from the moment of his or her abandonment, no criminal action is deemed to have taken place. If, however, the child is found to be suffering from severe neglect or mal-treatment, this constitutes a criminal offence. Therefore, for instance in Hungary, an investigation will begin to try and find the parents so that a prosecution may be brought against them.

The other case to consider is that of illegal anonymous abandonment. This includes leaving a child unattended anywhere other than a designated baby hatch or incubator. In this case, again, the relevant authorities will attempt to trace the parents so that appropriate action may be taken. The consequences of such an abandonment depend on the country in which it takes place. In Poland, illegal abandonment is punishable by a prison sentence of between one month and three years, by a fine, or by restriction of liberty (e.g. house arrest). If the abandonment causes the death of the child, however, the consequences can be more severe and can result in a prison sentence of up to eight years. In Hungary, if the parents' identity is unknown, the child may be quickly freed for adoption. If the parents' identity is known, an attempt is made to contact the parents: if this attempt is successful and the parents agree to sign adoption papers, the child again may be swiftly freed for adoption. If, however, the parents cannot be contacted, or if they refuse to sign the necessary papers, the child must remain in care until the court is able to complete the procedure of withdrawing parental responsibility so that the child may be adopted, a process which may take several years. In Bulgaria, illegal abandonment of the child falls under the general definition of neglect. As such, the parents will lose their right to joint residence (i.e. the child will be placed out of home) but are required to pay maintenance for the child's care. In addition, parental rights and responsibility will be removed or restricted. In the Czech Republic, parents' rights are somewhat limited. As a result, even in cases where a parent later changes their mind and wishes to reclaim their abandoned child, it is very rare that the court will return the child to the parents.

Since anonymous abandonment is not permitted in the UK, such cases require investigation in order to identify the parents. Though in theory abandonment is a punishable criminal offence, in practice the parents (if found) often receive counselling rather than being prosecuted and an attempt will be made to reunite the family, since abandonment is often an act of desperation. Regardless of whether the parents take the child back, if the parents are found, the incident is not (under UK law) classed as abandonment but as neglect. Only if the parents cannot be found is it considered abandonment, at which point the child will be placed on the Abandoned Children's Register. In Denmark, the section of the Penal Code that refers to the legal consequences for parents who abandon their children states that any woman who exposes her child to serious danger will be liable to a fine or to imprisonment for a term not exceeding one year. However, as in the UK, this penalty may be reduced or remitted if the child survives without having suffered any injury.

There are no negative legal consequences for the child in cases of abandonment (open or secret), but the child will be legally entitled to forms of support. For example, in Bulgaria, the child will receive: accommodation outside of the family (i.e., with relatives, close friends, a foster family, or in an institution); police protection; legal aid; guardianship or trusteeship; placement in a home for temporary accommodation of infants and minors; the appointment of a public educator. Similar provisions are in place in other countries.

#### **4.4 Legislation that helps to prevent child abandonment**

Legislation that helps to prevent abandonment falls broadly into three categories. Firstly, there is legislation that makes secret abandonment a criminal offence, which is therefore punishable by fines, imprisonment or community service. As these are consequences of abandonment for parents, such legislation has already been discussed in the previous section. Secondly, there is legislation aimed at reducing the risk of abandonment by relieving some of the pressures on parents that may otherwise lead them to consider abandonment as a possible

solution. This includes (according to the country) such support as: entitlement to healthcare; targeted programmes for high-risk groups; and financial aid. Finally, there is legislation in some countries relating to contraception and abortion, which has an impact on the rates of unwanted pregnancies. We examine first the legislation regarding the relief of pressure on parents.

#### *4.4.1 Legislation that helps to prevent child abandonment in Bulgaria*

In Bulgaria, there is a hierarchy of laws and regulations relating to child abandonment. These mainly involve:

- The Child Protection Act (2000) and implementing regulation (2003)
- The Social Assistance Act (1998) and implementing regulation (1998)
- The Integration of People with Disabilities Act (2005) and implementing regulation (2005)
- The Health Act (2005)
- The Family Allowances for Children Act (2002) and implementing regulation (2002)
- Regulations regarding the terms and conditions relating to child abandonment prevention measures, prevention of child institutionalisation, and child reintegration (2003)

#### *4.4.2 Legislation that helps to prevent child abandonment in the Czech Republic*

In the Czech Republic, the Council for Human Rights is responsible for implementing all legislation relating to human rights, including that regarding child abandonment. Such legislation is to be found in: the Constitution of the Czech Republic; the Charter of Fundamental Rights and Freedoms; International Covenant on Civil and Political Rights; International Covenant on Economic, Social and Cultural Rights; Convention on the Protection of Human Rights and Fundamental Freedoms; Convention on the Elimination of all Forms of Racial Discrimination; Convention on the Rights of the Child; Convention on the Elimination of all Forms of Discrimination against Women; Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment; and the Framework Convention for the Protection of National Minorities.

#### *4.4.3 Legislation that helps to prevent child abandonment in Denmark*

In Denmark, the Parental Responsibility Act describes the rights and commitments that parents have towards their children, in accordance with Section 5 of the UNCRC. The Act is based on the principle that a child has a right to two parents for care and support. In principle, a mother who abandons her child ‘on the street’ is liable and can be fined or punished, though in practice, punitive action is rarely sought. Parents are, by law, bound to support their children. This means that parents have a responsibility to provide their children with food, clothes, and an education (for a minimum of nine years), and that they are liable if the social welfare authorities have to step in to support their child. During pregnancy, mothers are offered different medical examinations by a general practitioner and a midwife. The purpose of these examinations is to assess the risk of diseases, such as Down’s syndrome, and congenital deformation in the heart and spinal cord. The examinations are free of charge, and are carried out from the eighth to the twentieth week of pregnancy. Maternity classes, which provide information about pregnancy, birth and the early stages of the child’s development, are also offered free of charge. During the birth, a mother has a legal right to assistance from a midwife. According to the Law of Notification of Birth and Death, mothers have an

obligation to report the birth of their child to the Central Office of Personal Registration within 14 days of the birth.

Healthcare is free in Denmark. All children are offered routine health examinations from birth until the age of 15, including vaccinations and dental care. In the first year after a child is born, a healthcare nurse routinely visits the family to guide the parents in the child's development, diet, and parenting. The nurse automatically contacts the family after the social welfare authorities are notified about the birth of the child. This is also a way for the authorities to be aware of the child's situation, and intervene if the child is neglected or if the family is struggling with the parent/child relationship. In addition to free health care, families are entitled to a range of financial aid. For example, there are housing benefits, and child and youth support from the child's birth up until the child is 18 years old. If the parents are not married or not living together, then the parent with whom the child lives can receive child support until the child is 18 years old, and the child can get educational support from the age of 18 until the age of 24.

#### *4.4.4 Legislation that helps to prevent child abandonment in Lithuania*

In Lithuania, Chapter 23 (Crimes and Misdemeanours against a Child and a Family) of the Penal Code (2000) states that a parent or caregiver who leaves a child (who is unable to look after him- or herself) without due care, with the intent of abandoning the child, will be punished by community service, restriction of liberty, arrest, or imprisonment for a term of up to two years. Leaving a child for long periods of time, even if the intent is to return to the child, is also punishable under Article 163 of the Penal Code (2000). A person's guilt in these matters is determined not by the outcome of their actions, but by their intent and awareness of the risk at which they are placing their child. In addition, Article 3 of the Civil Code (2001) states that parents have a duty to educate and foster their children, to care for their health, and to create favourable conditions for their development.

#### *4.4.5 Legislation that helps to prevent child abandonment in Poland*

In Poland, during pregnancy, delivery and the postpartum period, women are entitled to free medical services (Article 2 of the Healthcare Benefits Act, 2004). They are not required to present proof of insurance or employment in order to gain access to medical benefits such as hospital treatment, medication and preparation for labour. Furthermore, an Ordinance from 8 April 2011, which relates to the standards of management and medical procedures offered during childbirth and the postpartum period, stipulates that individuals providing care to the parturient (including midwives) are expected to evaluate the condition of the parturient, the foetus and the newborn, to detect and eliminate risk factors, to manage delivery, and to provide support to the parturient and her close ones during labour. One of the medical benefits in the postnatal period includes four to six home visits by a midwife. According to existing standards of management, care of a woman in the postpartum period is to be delivered in her place of residence and is to include an evaluation of the relationship between the family and the newborn, identification of familial risk factors, and an assessment of the mental and emotional state of the mother, family relationships and care efficiency of the family. The duties of a midwife also include offering counselling and advice regarding newborn care, as well as support in difficult situations.

Legislation in Poland also provides financial and housing aid for pregnant women and mothers, as well as legal counselling regarding tenants' rights and guardianship and

counselling in family functioning. In addition, the Labour Code (1974) ensures that a woman's employment is not affected by her pregnancy and that her health does not suffer as a result of her employment (e.g. through long hours or working at night). It also guarantees her right to a period of maternity leave. Finally, the Care of Children Under 3 Act (2011) aims to facilitate the development of various forms of care for young children, to support parents in their child-rearing efforts, and to enable parents to remain professionally active. According to new regulations, when a child is 20 weeks old, the parents are entitled to use nursery care, nanny services, or a daytime carer. When a child reaches one year of age, the parents can consider care in a children's club.

#### *4.4.6 Legislation that helps to prevent child abandonment in Romania*

In Romania, Law 272/2004 ensures the development of primary and community healthcare services, as well as healthcare services for all mothers during pre- and post-natal periods, regardless of whether they are registered in the social health insurance system. Additionally, periodic visits by healthcare staff to the mother and child's residence are mandatory until the child reaches the age of one. According to Law 272/2004, city- or town-level public social security services, as well as social security services within communal local councils, have the following responsibilities in the field of child protection: to monitor and analyse the situation of children located in their administrative or territorial range; to ensure the rights of children by providing relevant data; to prevent the separation of a child from his or her family; to identify and evaluate situations that call for services and/or financial assistance in order to prevent the child's separation from his or her family and to provide that assistance where it is required; to enforce and monitor any prevention and eradication measures against alcohol and drug abuse, domestic violence or delinquent behaviour; to pay regular visits to the homes of families and children who benefit from services and financial assistance. According to Ordinance 68/2003, most local public authorities have departments, offices, or specialised services to develop concrete plans for child abandonment prevention.

#### *4.4.7 Legislation that helps to prevent child abandonment in Slovakia*

In Slovakia, there are two Sections of the Social and Legal Protection of Children and Social Curatorship Act (2005) that deal with preventing child abandonment. Section 10 considers measures that help to prevent a crisis situation in the family (e.g., organisation or procurement of programmes, training or other activities that focus on parental skills, reinforcement of inter-family relations, and conflict resolution). Section 11 relates to measures that focus on limiting or eliminating negative factors that endanger the psychological, physical or social development of the child.

#### *4.4.8 Legislation that helps to prevent child abandonment in the UK*

In the UK, as part of the legislation surrounding placing a child for adoption, the parents must be counselled about the implications of relinquishing their child. Consent must be given by signing a prescribed form witnessed by an official, who must be satisfied that consent is given unconditionally and with full understanding of the consequences. Counselling and support continues until the child is placed for adoption. This is an attempt in part to prevent the parents from giving up the child, and to make sure that they are fully aware of the consequences if they do so.

#### 4.4.9 Prevention of unwanted pregnancies

The rate of unwanted pregnancies may be reduced through sex education, contraception, and the possibility of abortion. Whilst abortion in Poland is only legal in certain circumstances (e.g., in cases of serious health issues or rape), in all other countries involved in this project, abortion is an option that is available upon request. Details vary between countries: in Denmark, for instance, all women over the age of 18 have the right to an abortion up until the twelfth week of pregnancy. After this, permission for an abortion must be sought from the Abortion Committee and is usually given in extenuating circumstances such as pregnancies that will cause serious health issues or pregnancies that are the result of criminal action. In addition, some countries involved in the project provide sex education and information on birth control (though the level of education is felt to be lacking in other countries), and some (e.g., Denmark, UK) provide free contraception at family planning centres and doctors' clinics.

### 4.5 Legislation that defines the legal obligations of child protection organisations

Generally, organisations and professionals with legal obligation to protect children are those working in education, health care, law, the police, social services, and dedicated child protection agencies. There follows a summary of the legislation regarding these services in a number of the countries involved in this project.

#### 4.5.1 Legal obligations of child protection organisations in Bulgaria

In Bulgaria, 'Social Assistance' Directorates are responsible for implementing and managing child protection measures in the municipalities. According to Article 23 of the Child Protection Act (2000), child protection measures should be provided in the family environment as well as outside of the family environment (e.g., if a child is placed with relatives, friends, a foster family, a residential social service, or a specialised institution). Social services are provided by the state and municipalities, and also by social service providers that work outside of the state and municipalities. These provide social services for children if they are licensed by the State Agency for Child Protection and are registered with the Agency for Social Assistance. There are two types of social services that specifically focus on preventing child abandonment, namely, Community Support Centres, which work towards child abandonment prevention, deinstitutionalisation and reintegration of children, and Mother and Baby Units, which provide temporary placement for pregnant women and high-risk mothers for up to six months.

Police protection is an urgent measure that will take place if (a) the child is a victim of crime, (b) the child's life and health is in imminent danger, (c) there is a risk that the child is involved in crime, (d) the child is lost, (e) the child is helpless, or (f) the child is left unattended.

According to Article 9 of the *Regulation on the terms and conditions of child abandonment prevention measures, child institutionalisation prevention measures, and child reintegration measures* (2003), if the manager of a hospital or another authorised person has information about a child who is at imminent risk of abandonment or placement in a specialised institution, then he or she should immediately notify the 'Social Assistance' Directorate in the respective municipality. A social worker from the Directorate will then consider the risk factors and provide initial support to the mother. The manager of the hospital should facilitate

the social worker's access to the mother and child, and will assist in checking the risk factors. Guidance on preventing child abandonment in maternity units was introduced in order to facilitate the practical implementation of the regulation. The guidance aims to set up a multi-agency professional network for interaction, co-ordination and co-operation between social services and maternity hospitals. In addition, in 2009, guidance for providing a 'personal assistant' social service was approved.

Under Article 7 of the Child Protection Act (2000), any individuals (including doctors, teachers, lawyers, social workers, and health-care professionals) who become aware through their profession that a child needs protection should immediately report the case to the 'Social Assistance' Directorate, the State Agency for Child Protection, or the Ministry of Interior, regardless of professional confidentiality. Additionally, in 2009, a new regulation was introduced to the Health Act (2005, Article 125), which states that all doctors are obligated to report to the 'Social Assistance' Directorate every child born at the hospital who is at risk of being abandoned.

#### *4.5.2 Legal obligations of child protection organisations in the Czech Republic*

In the Czech Republic, Act 108/2006 defines 32 social services that are divided into social counselling, social welfare services, and social prevention services. Some services are designed for families with children (e.g., Social Activation Services for Families with Children), some for the children themselves (e.g., Drop-in Facilities for Children and Young People), and some for mothers with children (e.g., shelters). Law 359/1999 states that there are specialised departments in every town that have social workers whose main responsibility is to help high-risk families.

Pregnant women have the right to receive free basic medical examinations. Pregnant women and mothers with newborn children also have the right to receive the best health care available. Law 48/1997 states that if a pregnant woman is unemployed or on maternity leave, the state will provide and finance her healthcare. The state will also provide and finance a pregnant woman's stay in hospital during birth if she earns less than the minimum wage or is in receipt of social benefits, provided that she is registered with social services.

#### *4.5.3 Legal obligations of child protection organisations in Lithuania*

In Lithuania, Article 19 of the Law on Police Activities (2000) describes the rights afforded to the police while preventing criminal acts and other violations of law. Most of these rights and duties of the police can be applied to ensuring a child's rights. In addition, there are organisations dedicated to child protection, whose role is more specialised and oriented toward protecting the rights of minors. Such organisations are governed by regulations approved by the Government of the Republic of Lithuania in Resolution 1983 (2002). Under this Resolution, child protection departments have various rights in relation to, for example: the organisation of a child's custody; consultation with parents, caregivers and children regarding the protection of children's rights; and the organisation of meetings with relevant authorities regarding child protection.

These regulations also define the duties of child protection departments with regards to the rights of a child left without parental care. Section 5 states that, when a child is left without care, the department must: take care of the child immediately, as well as his or her rights and lawful interests; organise accommodation for the child in a family or household. If this is not

possible, the child should be placed in a social care institution; inform the child's parents or legal representatives of his or her temporary residence; organise a temporary custody or care setting and caregiver for the child; organise preventive or rehabilitative work with the caregivers, provide them with methodological support, and consult them regarding the child's rights protection.

#### *4.5.4 Legal obligations of child protection organisations in Poland*

Poland does not have a dedicated child protection service. Under Article 572 of the Civil Procedure Code (1964), each and every person is under a social obligation to report to the family court any threats to a child's well-being (including the threat of being abandoned). According to Article 304 of the Criminal Procedure Code (1997), if a crime is committed to the detriment of a minor (including the crime of abandonment specified under Article 210 of the Penal Code, 1997), each and every person is under a social obligation to report such a crime to a law enforcement officer, whilst units of local and central government are legally obligated to do so.

The Profession of a Medical Doctor Act (1996) fails to indicate clearly the duties of physicians in the area of protecting children against abuse (including abandonment). However, such responsibilities are specified in the Regulating Professional Activities of a Nurse and Midwife Act (2009), as well as in legislation subordinate to this Act. Representatives of these professions are expected to support women in the perinatal period and supervise the care they provide to their children. Midwives must provide medical services to women during pregnancy, childbirth, and the postpartum period, as well as to the newborn (Article 5 of the Regulating Professional Activities of a Nurse and Midwife Act, 2009). Provision of such services may take the form of health-oriented education in preparation for family life, taking care of the mother and monitoring her throughout the postpartum period, and examining and tending to the newborn. More detail on the types of medical benefits offered by midwives is given in Section 6 of the Ordinance of the Minister of Health on the Type and Scope of Preventive, Diagnostic, Therapeutic and Rehabilitation Services Provided Independently by Nurses and Midwives without Indication by a Physician (2007). Should a midwife notice any signs of domestic violence or other irregularities, she is obligated to intervene. Nurses are obligated to investigate health-related conditions and needs, nursing problems, and difficulties with nursing care. Section 1 of the aforementioned Ordinance (2007) states that, in addition to providing purely medical services, community nurses or health visitors are entitled to notify social services and request support for a given patient. This stipulation establishes a legal basis for cooperation between nurses and social workers, thus contributing to the early detection of families in trouble (e.g., at risk of abandonment) and providing them with appropriate support.

Section 2 of the Family and Guardianship Code (1964) stipulates that, whenever parents require support in providing care for their child, the court or another public authority entity is to notify social services (or, as of January 2012, a family support unit) of the need to extend proper assistance to the family. The significance of this obligation lies in the fact that both social assistance and support for the family may be allocated *ex officio*, following a notification pointing towards relevant needs. As of January 2012, family assistants are also under an obligation to initiate intervention or remedial measures whenever the safety of a child and/or the family is at risk. Additionally, under an amendment to the Counteracting Domestic Violence Act (2005), social workers have the right to remove a child from the family and place him/her with a relative living in a separate household, with a foster family,

or in a round-the-clock care institution (Counteracting Domestic Violence Act, 2005). The decision to remove a child from his or her home requires consultation with a police officer and a healthcare professional. However, it is worth noting that this power is limited to cases of domestic violence. In all other circumstances, the decision to remove a child from his or her family environment must be made by a family court (or the police in an emergency situation, although this also requires judicial approval).

The Police Act (1990) lacks provisions that explicitly specify activities to be undertaken for the protection of minors. Nevertheless, protecting the life and health of individuals against unlawful action is one of the statutory tasks executed by the police (Article 1 of the Police Act, 1990). If a child is at risk due to domestic violence, a police officer (together with a social worker and healthcare professional) can remove the child and place him or her with relatives or in foster care. Under Article 74 of the Social Assistance Act (2004), a child escorted by the police may be admitted to foster care without parental consent if his or her life is in danger, or if the child has been abandoned. The foster family is obligated to notify the guardianship court and local centre for family support within 24 hours, so as to inform them that a child has been admitted to foster care.

Under Article 100 of the Family and Guardianship Code (1964), the court, along with other agencies of public authority, is obligated to support parents if it helps them to appropriately execute parental authority. Additionally, if the child's well-being is at risk, the court is under an obligation to issue relevant orders (Article 109 of the Family and Guardianship Code, 1964). These may include: (a) forcing parents to work with a family assistant (since January 2012); (b) referring the family to an institution or professional offering family therapy, counselling or other forms of family support; or (c) placing the child in foster care or an institution. Decisions to place a child outside of his or her family home must be communicated to the appropriate organisational unit of social services, which will offer assistance to the family and periodically report to the court on the family's circumstances.

Teachers are bound by Article 4 of the System of Education Act (1991), which states that when teachers discharge their educational and care duties, they should always act for the benefit of the children and with the children's health in mind. However, when faced with the risk of child abandonment or abuse, no specific obligations for these professionals are given. Teachers are bound by general reporting duties, however, as are those in other professions such as health care and law.

#### *4.5.5 Legal obligations of child protection organisations in Romania*

Ministerial Order 756/2005 in Romania stipulates that the General Department for Social Assistance and Child Protection (GDSACP) is obligated to appoint social workers to ensure a permanent connection with paediatric units. The GDSACP carries out all the measures aimed at eliminating the risk of child abandonment in hospitals. According to the Order, hospitals are obligated to notify the social worker within 24 hours regarding any situation that appears to have a child at risk of being abandoned. According to Law 272/2004, if a child is left in a maternity unit, the healthcare institution must report this to the GDSACP and the police within 24 hours of realising that the mother has disappeared. Within five days of this, a record acknowledging the child's abandonment must be drafted and signed by representatives of the GDSACP, the police and the hospital. When the child is ready to be discharged from the hospital, the GDSACP will decide where the child should go based on this record.

Social workers are obligated to counsel mothers before and after their children's birth certificates are issued. This is so as to inform them of their rights and obligations as parents, as well as the abandonment prevention services that are available.

The local public administration must involve the local community in the process of identifying the needs of the community, and solving at a local level the social issues involving children. Consultative community structures can be created for this purpose, which may include, but which are not limited to, local businessmen, priests, teachers, doctors, local counsellors and police officers. The role of these structures is to solve specific cases and to meet the general needs of the community. The consultative community structures will benefit from social work and child protection programmes in order to fulfil the role for which they were created.

#### *4.5.6 Legal obligations of child protection organisations in Slovakia*

In the Slovakian medical services, there is no specific legislation that focuses on preventing child abandonment. However, there are some national programmes that focus on prevention. For example, a national programme is currently being implemented to support the health of the segregated Roma settlements in Slovakia. This programme is based on positive small pilot projects of in-home nursery care of small children in Roma settlements, and the activities of paediatric assistants in Roma communities. Another programme, the 'Children's Environment and Health Action Plan for Europe of the WHO Europe (CEHAPE)' is focused on primary prevention, equality and elimination of poverty.

#### *4.5.7 Legal obligations of child protection organisations in the UK*

According to the Framework for the Assessment of Children in Need and their Families (2000), a local authority has a duty to respond to children in need in their area by providing services, appropriate day care, accommodation, maintenance, advice, assistance and family centres. The authority should also provide services to minimise the effect of any disabilities, take steps to prevent neglect or ill-treatment, and encourage children not to commit criminal offences. While local authorities have a mandatory duty to investigate if they are informed a child may be at risk, there are no specific mandatory laws in the UK that require professionals to report their suspicions to the authorities.

The Nursing and Midwifery Council (NMC) Code of Conduct (2002) states that all nurses have a duty and personal responsibility to act in the best interests of a child or young person, and to inform and alert appropriate personnel if they suspect a child is at risk or has been abused.

The UK Border Agency Code of Practice for Keeping Children Safe from Harm (2009) states that the UK Border Agency must refer children to relevant agencies when a child: is at risk of harm; appears to have no adult to care for them and the local authority has not been notified; a potential victim of trafficking; identified as having gone missing. Referrals must be clear, with the specific concerns recorded. This includes any risks to the child, the information given, and the action taken. Section 10 of the Children Act (2004) contains additional legislation regarding cooperation between children's services.

## **4.6 Legislation relating to family support measures that may reduce the risk of abandonment**

As mentioned above, one of the categories into which legislation related to the prevention of abandonment falls is that of services and support offered to families with children in order to relieve some of the pressures of parenting. These are examined in further detail in this section.

### *4.6.1 Legislation relating to family support measures in Bulgaria*

In Bulgaria, the Child Protection Act (2000) stipulates two support measures for child and family: namely, financial aid and assistance in kind. The guaranteed minimum income, as determined by the government, is used as a basis for determining the degree of support offered through these measures. The minimum income is differentiated according to the circumstances of the family. For instance, for a family with a three-year-old child, the differentiated minimum is 120% of the guaranteed minimum income. The financial aid and assistance in kind are provided by the 'Social Assistance' Directorate. Financial aid can be provided monthly of every quarter in the year. The Social Assistance Act (1998) grants social benefits through the Directorate to families in need of support in order to supplement or replace a family's income, but only after exhausting all other possibilities of support from those who are obliged to provide maintenance (Article 140 of the Family Code (2009)). At the discretion of the Director of the 'Social Assistance' Directorate, social benefits can be provided in kind by paying for preschool taxes, providing school meals, and buying food, clothing, shoes and school supplies.

The Integration of People with Disabilities Act (2005) regulates the right of a child with a specific type and level of disability to a monthly allowance for social integration (called integration allowances). This allowance is usually for transport, training and accessing information (Article 42v).

The Family Allowances for Children Act (2002) provides different types of family allowances during pregnancy, birth and raising the child. The Act also states how these allowances are granted. Family allowances for children are explicitly listed in the Act. These include one-off payments during pregnancy, at birth, in the case of twins and in the case of a mother who is in full-time education, as well as monthly payments for any child up until secondary school age and for children with disabilities, and further targeted allowances.

### *4.6.2 Legislation relating to family support measures in the Czech Republic*

According to Labour Law 262/2006, in the Czech Republic, all pregnant employees can receive financial support during their maternity leave. Maternity leave can be 28 weeks or 37 weeks, depending on whether or not the mother is expecting twins. The mother will begin receiving this financial support 6–8 weeks before the child is born. The amount of financial support will depend on her income.

Law 110/2006 states that, if a family with children is living under the minimum wage, then they are entitled to receive financial support. Additionally, Law 117/1995 states that women on maternity leave and unemployed women can receive financial support. A mother on maternity leave can choose how long she wishes to receive this benefit. It can continue up until the child is four years old, during which time the mother must stay at home and care for

the child. If the child has a disability, the mother can stay at home and care for the child until he or she is seven years old.

#### *4.6.3 Legislation relating to family support measures in Romania*

In Romania, day care services, family-type services, and residential services are available for the care of children. Residential services consist of placement centres, emergency child call-in centres, and mother-baby units. Local councils of cities, towns, communes and Bucharest sectors must organise day care services, either individually or in collaboration, according to the needs identified in the respective community. Private institutions that are legally established and accredited may organise and develop services aimed at preventing the separation of children from their families, after obtaining an operational licence for this service.

Romanian legislation provides a range of family support measures including: an allowance for newborn children and a minimum guaranteed income (Law 416/2001); a family allowance and support allowance for single parent families (Law 41/2004); a state allowance (Law 61/1993); a family support allowance in order to raise children and children with disabilities (Law 448/2006); distribution of powdered milk for newborns (Law 123/2001); exceptional financial assistance (Law 272/2004). Law 215/2001 on local public administration also stipulates the obligation of local councils to ensure social services for children and their families.

#### *4.6.4 Legislation relating to family support measures in Slovakia*

Various financial tools are in place in Slovakia to support citizens with a lower income than the state minimum. Citizens in this situation are entitled to claim state benefits for material need. State Social Support has additional benefits that are tied in with benefits for material need, including: activation benefit (for people who are actively involved in training programmes that are increasing their skills or competencies for the labour market, or for people involved in public works; housing benefit; health-care benefit; protective benefit (for people who cannot work, such as parents in rehabilitation treatment for drug or alcohol dependence).

In addition, there are state social benefits available to all citizens of Slovakia, including: child benefit (for every child aged 0–18); parental benefit (for parents who are taking care of a child aged 3–6 on a permanent basis; benefit of child delivery (once-off benefit for every child born live); additional allowance to the benefit of child delivery (in cases of twins).

#### *4.6.5 Legislation relating to family support measures in the UK*

Local authorities in the UK have a duty to reduce the risk of abandonment under the Children Act (1989). This Act states that every local authority should promote children being raised in their family by providing an appropriate level of support. Services that may be provided under the Children Act (1989) include accommodation, giving assistance in kind or, in some cases, giving financial assistance. The Framework for the Assessment of Children in Need and their Families (2000) is non-statutory guidance that provides professionals with a systematic way of identifying children in need and ascertaining the best way of helping those children and their families.

## **5. Preventing Child Abandonment in Europe**

Infant abandonment has been recognised as an important issue that needs to be tackled both within the European Union (EU) and elsewhere in the world. Indeed, the EU Parliamentary Assembly commissioned a report in 2008 outlining the necessity of, and recommendations for, the prevention of abandonment at birth (Hancock, 2008). Despite this, literature regarding the extent, causes and consequences of child abandonment is extremely scarce. Although developments have been made in the last decade with attempts to explore child abandonment and ways of preventing it, it remains a greatly understudied area. As a result, prevention efforts to tackle this issue have little to go on in terms of developing evidence-based preventive practice.

### **5.1 Risk factors for child abandonment in Europe**

The limited literature available in relation to child abandonment impacts on our ability to identify what preventive measures need to be in place and which risk factors need to be addressed in order to prevent children from being abandoned. Some of the countries with a recognised problem in this area have made initial attempts to identify why children are being abandoned by looking at the demographics of abandoned children and their families. This is in addition to recognising problems within society which may exacerbate the problem. These risk factors have mainly been identified by professionals working in this area, but in some cases the information is based on the findings from empirical research. Given the similarities in the risk factors identified for child abandonment across Europe, an amalgamated list of these risk factors is outlined in Table 5. This is based on information collected from Bulgaria, Czech Republic, Denmark, France, Hungary, Lithuania, Poland, Romania, Slovakia and the UK. By identifying risk, more targeted prevention efforts can be designed to address these problems and to use this knowledge in an attempt to reduce child abandonment.

Looking at Table 5, it is apparent that there are direct parallels between the risk factors identified for child abandonment and the risk factors identified for child abuse and neglect (CAN). Table 6 outlines the findings from the World Report on Violence and Health, detailing the risk factors that have been identified for child abuse and neglect (Krug, Dahlberg, Mercy, Zwi and Lozano, 2002). As can be seen when comparing Table 5 and Table 6, the risk factors for both forms of child maltreatment are very similar. This may be common sense given that child abandonment could be considered an extreme form of neglect. Indeed, in some countries, such as the UK, the definition of neglect covers abandonment (NSPCC, 2007). However, by acknowledging these similarities and recognising the overlap between the two, it may be possible that prevention efforts to put an end to CAN may also be beneficial to the prevention of abandonment of babies, and vice versa. Given that the research into preventive efforts for CAN is more developed than that for abandonment, this may be a good starting point for child abandonment prevention services and policies in the absence of specific research on abandonment.

### **5.2 Efforts to prevent child abandonment in Europe**

As mentioned above, the literature relating to evidenced-based practice for the prevention of child abandonment is extremely scarce, not only in the EU but around the world. Only in recent years have some of the prevention services that have been set up begun to evaluate

their effectiveness on child abandonment. In addition to this, only a handful of research articles have been written on evidence-based ways to prevent the abandonment of babies.

*Table 5. Risk factors for child abandonment within the EU*

This list has been compiled based on information from professionals working in this field and empirical evidence collected across all 10 of the partner countries taking part in the project (Bulgaria, Czech Republic, Denmark, France, Hungary, Lithuania, Poland, Romania, Slovakia, UK). The risk factors identified can be grouped into child characteristics, caregiver characteristics, family characteristics and societal factors.

*Child characteristics*

1. Child disability/health problems

*Caregiver characteristics*

2. Negative childhood experiences/poor parenting model
3. Substance misuse/addiction
4. Parental mental health problems/illness
5. Young mother (often in the care system herself or lacks family support)
6. Unwanted pregnancy
7. Lack of education (general education and sex education)

*Family characteristics*

8. Child maltreatment
9. Domestic violence
10. Lack of material resources/poverty
11. Poor living and social conditions
12. Single parenting
13. Large family/large number of children
14. Lack of social support or social isolation/exclusion
15. Parental imprisonment
16. Roma families/ethnic minority

*Societal factors*

17. Poverty and unemployment
18. Lack of education
19. Inaccessibility of contraception
20. Lack of well-trained, well-resourced professionals
21. Lack of effective policy and practice
22. Cultural beliefs and norms regarding abandonment and institutional care

One study by Bilson and Markova (2007), addressed the need for societal change in countries that are in transition to capitalist economies in parts of Eastern Europe and Central Asia. They suggest that, instead of focusing on families as being inadequate and unable to care for their children, a closer look at societal factors that encourage child abandonment is needed. Three key areas were identified in their research. The first has been termed ‘rescue and state paternalism’, referring to a view held by some professionals that children are better off in institutions than remaining at home with families who are struggling to cope. The second is defined as the ‘medical and deficit models of disability’, which suggest that many health care professionals hold the view that children with disabilities belong in specialist institutions to

receive the medical care that they need. This is apparent in cases where medical practitioners have been noted as advising the parents of disabled children to place them into an institution instead of taking them home. The third factor is ‘ethnic discrimination’ against minority groups within society, particularly those from Roma communities. In these instances, it has been suggested that Roma families are often encouraged to place their children into care, with many health care professionals arranging adoption papers before any consultation with the family has taken place. The authors note that some steps are being taken in many of these transitional countries to address these influential factors. However, much more work is needed to address these factors at a community level.

*Table 6. Risk factors for child abuse and neglect*

This list is based on the findings outlined in the World Report on Violence and Health (Krug et al., 2002). Direct parallels can be seen between the risk factors outlined for child abuse and neglect, and the risk factors identified for child abandonment.

*Child characteristics*

1. Age
2. Sex
3. Special characteristics: prematurity, low birth weight, disability, emotional or behavioural problems, ill health

*Caregiver and family characteristics*

4. Sex of parent/family member
5. Family structure and resources: young, single, poor, unemployed, lower education
6. Spacing between births, family size and household composition
7. Personality and behavioural characteristics: mental or physical health problems, poor coping mechanisms, unrealistic expectations of children
8. Prior history of abuse
9. Violence in the home
10. Stress and social isolation/exclusion
11. Substance abuse

*Community factors*

12. Poverty
13. Social capital
14. Societal factors: cultural values and inequality, cultural norms, child and family policy, nature and extent of preventive health care, strength of social welfare system, nature and extent of social protection

The article by Bilson and Markova (2007) also outlines the findings of research carried out with the Roma community that has highlighted financial problems, poor living conditions and large families as the most influential factors for these parents to place their children into institutions (Bilson, Markova & Petrova, 2003; Dachev, Simeonov, Hristova & Mihailova, 2003) This is in contrast to the popular view that it is young, single, first-time mothers who face the highest risk of abandoning their children. In addition, they state that the majority of the families they came across who had placed their children into institutional care did so as a

temporary measure while they attempted to address their difficulties. However, many of these families did not have the means to travel to the institutions to visit their children and were not supported by the institutional staff to do so. Therefore, the majority of these families were unable to get their children back, despite a wish to do so.

Taking these findings into account, the chapter goes on to outline the outcome of a small-scale project set up to target social benefits and community services through the provision of project workers in a maternity ward in Romania. These project workers were there to interview and work with all mothers considering the placement of their children into an institution. In addition, a small budget was set aside to provide extra support for struggling families. In the first six months of the project, the number of full-time children placed in the orphanage in that area was reduced by 33%, and the orphanage began to allow parents to establish links with their children. The success of the project was enhanced by national policy changes, allowing mothers to gain access to maternity benefits without having to work for seven days first. Without the support of the project, many mothers would have been unaware of their right to receive this. The budget available to the project also meant that families could be helped to visit their children, and were provided with material goods such as nappies. The authors note that the budget needed to support the families during the project, which helped to reduce the institutional care of children by one third, was equivalent to the cost covered by the state for the institutional care of just one child. Therefore, the benefits of projects such as these speak for themselves. This research is very useful in outlining areas for change and for providing evidence of what works when attempting to reduce child abandonment, particularly in the Roma community. Despite this, research of this depth and nature is not very common.

Other research looking at ways of preventing child abandonment has highlighted the importance of the United Nations' (UN) Children's Fund 'Baby-Friendly' Hospital Initiative as a possible preventive method. One study by Lvoff, Lvoff & Klaus (2000) in Russia looked at rates of infant abandonment in a hospital in St Petersburg six years before and six years after the hospital introduced elements of the UN 'Baby-Friendly' initiative. This included such practices as: encouraging early contact between the mother and the baby; suckling; rooming-in of the mother and infant; and allowing for fathers and other family members to visit. These practices were to be encouraged from the moment the child was born, until the moment they were discharged from hospital. The results of this study revealed that the rate of child abandonment at the hospital decreased from around 50.3 per 10,000 births before the implementation of the initiative, to around 27.8 per 10,000 births after the initiative, thus reducing abandonment by around a half. This compares with another hospital in St Petersburg studied at the same time who did not introduce this initiative and whose rate of child abandonment rose by 32%. Similar findings in relation to the introduction of efforts to encourage early contact between the mother and infant have been found in Thailand (Buranasin, 1991) and France (Fuchs, 1987).

Along similar lines, some studies have looked at the impact of introducing a dedicated social worker on to maternity wards for the prevention of child abandonment. By introducing these social workers into hospitals, it is felt that mothers who are at risk of abandoning their children can be better identified and supported through counselling and intervention. One pilot study carried out by Browne, Chou, Poupard, Pop, and Vettor (2006) found that, when two paediatric social workers were introduced to one maternity ward in Romania, the rate of child abandonment fell from 64 cases to 16 cases over a six-month period. In another Romanian hospital, the introduction of one social worker to the maternity ward led to the prevention of all babies from being abandoned over a three-month period. In addition, there

were 10 babies who were abandoned in the hospital before the social worker was placed there, of which seven subsequently returned home and three were placed into foster care following the social worker's placement.

The above studies highlight the importance of well-trained and supportive professionals working in maternity units and hospitals for the prevention of child abandonment. If health care professionals and midwives are made aware of the importance of skin-to-skin contact and mother-child interaction in the first few days of the baby's life, this may help work towards promoting a bond between the mother and baby, and thus reduce the number of parents abandoning their children. In addition to this, if social workers and other dedicated hospital staff are trained in counselling and providing intervention to mothers to help address their difficulties where risk of abandonment has been identified, the number of children being abandoned in hospitals could be greatly reduced.

In terms of changes in legislation and national policy, a research study by Mitrut and Wolff (2011) in Romania, which looked at the impact of the lift of the abortion ban in 1990, found a significant reduction in the number of children abandoned within the first six months of the ban being lifted (abandonment was defined as children with living parents but who have no contact with them/have been declared as legally abandoned). However, the authors note that a level of caution should be taken when interpreting the results as they did not include children who died within institutions and could not control for the composition of the women abandoning their children during that time. Nevertheless, these findings suggest that the legalisation of abortion, allowing women to terminate unwanted pregnancies, may have helped to reduce the number of unwanted babies being abandoned. More research is needed on the impact of legalised abortion on rates of child abandonment. The authors of this study also stress the need for further research looking at the impact of access to family planning on abandonment rates.

The above research represents the few attempts that have been made so far to understand more about child abandonment and the societal changes needed to prevent it. The findings point to some areas of practice which have been found to be effective in reducing abandonment rates: namely, by improving the provision and training of medical staff and social workers on maternity wards and in hospitals. However, the majority of this research has been carried out in Romania and much more is needed in other parts of the EU. In addition, more research is needed to support these findings and look at other ways of preventing child abandonment, both on a local and national level.

### *5.2.1 Prevention of child abandonment on a national level*

Attempts have been made within individual EU countries to address child abandonment on a national level. These include: the introduction of national guidance on preventing child abandonment in maternity units within Bulgaria; the introduction of social assistance, an increase in financial assistance to families with children under two years of age, and family planning and counselling services delivered at a community level in Romania; training for specialists working with children and families in Lithuania; and, in Poland, efforts to raise public awareness of child abandonment and its consequences, the provision of financial support to families in need and with low income, and the development of NGO's to run programmes for parents and young mothers. All of the above are beneficial in aiding the fight to reduce rates of child abandonment in these countries in conjunction with work being carried out with families at a local level.

However, some of the efforts that have been implemented at a national level within some EU countries have been misguided and many feel that they may have contributed to the issue of child abandonment. One such attempt is the introduction of ‘baby hatches’ and other means for mothers to legally and ‘safely’ abandon their children (e.g. anonymous birth laws in France). Despite good intentions, there have been many questions raised as to whether the introduction of such means to ‘safely’ abandon children has had any effect on abandonment and infanticide, and whether they violate the rights of the child. Indeed, it appears that these mechanisms to allow for the anonymous abandonment of babies have become widely implemented and backed by many governmental officials and professional bodies, in spite of the fact that there appears to have been no research carried out on which to base the implementation of these methods. It is therefore vital that more research is conducted to look at the impact of ‘safe’ and legal ways of abandoning children within the EU, and to establish whether they have any positive effects in the reduction of child abandonment. In addition to this, more needs to be done to look at tackling societal issues and preventing child abandonment on a national scale, including the full commitment of governments to work towards tackling this issue.

### **5.3 Cultural differences in the need for and ways in which child abandonment prevention services are provided across countries**

In Denmark France and the UK, where the abandonment of children is said to be relatively low, prevention services are more focused on reducing risk to the child in relation to child abuse and neglect (CAN), as opposed to risk of abandonment. Therefore, many of the child protection services in these countries focus on addressing family risk factors and supporting families in need. Indeed, the sentiment amongst many professionals interviewed within the UK is that children face a much higher chance of being removed from the family by child protection professionals than they do of being willingly abandoned by their parents. In terms of identifying which risk factors need to be targeted by these prevention services, the vast majority of research focuses on general risk factors for CAN and are not specific to risk of child abandonment.

This finding is in contrast to other countries within the EU – such as Bulgaria, Czech Republic, Hungary, Lithuania, Poland, Romania and Slovakia – who all provide a number of services aimed directly at preventing children from being abandoned by their parents. This is in response to the much higher rates of child abandonment faced by these countries. Although the evidence base is still scarce, a greater quantity of research has been carried out in these countries to identify the factors leading to the decision of a parent to abandon their child. The services set up in these countries therefore work closely around addressing these risk factors and helping families in the best ways possible. It should be noted, however, that many of these prevention services are also often aimed at preventing child abuse and neglect.

Despite the focus of the services within the 10 countries differing slightly in terms of their attention to child abandonment (direct or indirect focus on preventing child abandonment), many similarities are apparent in the provision of the preventive services identified. This is in terms of: the type of service offered; the risk factors they address; the clients with whom the services work; and the ways in which the services are provided. These similarities are likely to be a result of the overlap between the risk factors identified for child abuse and neglect and those that have been identified in relation to child abandonment (as outlined previously and displayed in Tables 5 and 6). As a result of this, those projects that have a focus on child protection and do not have a direct focus on preventing child abandonment, will still be likely

to have an indirect effect on the prevention of child abandonment. The similarities and themes of service provision across the 10 countries are reviewed in more detail below.

## **5.4 Overview of the prevention services identified across the 10 EU countries**

### *5.4.1 Main types of services identified*

Across all 10 countries, there were similarities in the types of prevention services identified. This is in terms of the factors on which the services focused, the clients with whom the services work, the type of support offered, and the types of services available. These services include:

- Services focused on parental-, family-, and child-based risk factors that may lead to the abandonment of a child or the removal of a child from the family for child-protection reasons.

These services are focused on: addressing general risk factors or vulnerabilities within the family network and/or their social situation (e.g., large family, poor living conditions); addressing risk factors identified for one of the parents of the child (parental mental health problems, substance misuse problems); or addressing characteristics of the child that may place them at risk of being abandoned or removed from the family for safeguarding reasons (child disability, serious health problems). These services are found to be both residential and community based.

- Services focused on parents wishing to give up their baby.

These services focus on helping and supporting mothers who wish to give up their babies or who are in denial of, or reject, their pregnancies. The aims of these services are two-fold. The first is to try to help the mother come to a decision to keep the child. This is often achieved by providing intensive support to the mother and baby to facilitate attachment and teach the parent how to cope. The second is to support the mother if she does decide to abandon the child. These services aim to support her to do this in a safe and efficient way that is in the best interests of the child. Again, these services are found to be both residential and community based.

- Services focused on helping and supporting children who have been abandoned.

These services work with children who have been placed into institutions or within the care of the state. The aim is often to help them develop well within their current placement, and to provide therapy and counselling to minimise the harm these placements can have on the child. Work is also done to help them rehabilitate back from institutional care into family life to prevent placement breakdown and further abandonment. A secondary aim of these services also appears to be the prevention of these children from placing their own children into institutions later in life. This is by helping them to become healthy, functioning children and adolescents with the skills in place for them to be effective parents in the future.

- Services focused on rehabilitating children from institutions back with their birth family or into foster/adoptive care.

These services aim to rehabilitate children currently in institutions back into the care of their immediate or extended biological family, or into foster/adoptive care. This is achieved through support for the biological parents of children placed in care, allowing them to visit their children in order to maintain a bond between them. They also help to prepare parents to take their children back from state care. In addition, these services support and train prospective adoptive and foster carers to help them prepare for taking on a child who has been living under state care, in order to prevent placement breakdown. These services are commonly community based, but some countries offer residential placements for parents to go with their children for extra support, upon receiving them back from institutional care.

- The development of foundations and projects aimed at reducing child abandonment and improving outcomes for abandoned children.

Although many of these services also provide direct work with clients at a local level, these projects also campaign to effect change in policy and take action to try to tackle child abandonment on a national level.

#### *5.4.2 Targeted client groups*

Within the main types of services identified, there appear to be common themes both across countries and within countries with regards to the client groups at whom these services are aimed. These include:

- ‘At risk’ families
- ‘At risk’ mothers, including single mothers and young mothers
- Children who have been abandoned
- Children at risk of being abandoned
- Foster and adoptive parents looking to care for children coming out of institutional care
- Parents who have abandoned their children

Some services work with just one of these client groups, while many work with more than one and therefore aim to provide a more comprehensive, holistic service.

#### *5.4.3 Type of services available*

Although many of the services identified aim to address similar areas of need/provision, the way in which the service is provided tends to fall into one of three general categories. These are:

- The provision of residential care.

These services often take the mother and child into mother and baby units, provide a residential service to the whole family in the form of ‘training flats’, or provide institutional care to children who have been abandoned. In all three residential provisions, the aim is to provide an intense service to help the parents/children overcome their difficulties, to educate parents in how to be good parents, and to develop a bond and attachment between the parent and child. Many of these units also offer an evaluation service whereby staff members can assess and evaluate the level of functioning shown by the mother, family and/or child. This can then be used to make recommendations to social

services and child welfare departments as to whether the placement of the child within the family is suitable. It can also be used to inform the need for further work with the family.

- The provision of accommodation.

This type of service is often less intense than the residential services outlined above in that less support and intervention is given to the mothers and/or parents placed here. These accommodation facilities are often provided to help families who are homeless or who have housing difficulties, and are often also provided to young parents who do not have family support or who are themselves living in the care system.

- Community-based outreach services.

These services seek to address problems and risk factors in relation to child abandonment within the community and the homes of the families in need.

*Table 7. Types of child abandonment prevention services identified across all 10 countries*

Type of service identified
'Asylum' accommodation for women in danger/shelters
Centre to assess parenting ability and child functioning
Child/adolescent mental health service
Drug/alcohol addiction service
Foundations to effect change in practice / child abandonment services
Home visitation programmes (nurse health visitors)
Help for struggling parents to address risk factors
Helpline for pregnant women/mothers in difficulty
Identifying children at risk
Information, education and legal advice for parents and professionals
Institution for abandoned children
Intervention and accommodation for young parents lacking support or accommodation
Intervention specifically for Roma families
Police service
Prison-based mother-and-baby/family units
Provision of material/financial/housing advice and direct support
Residential service/training flat/mother-and-baby units to support at-risk mothers and their babies, and to observe them and help them develop a bond
Respite child care for struggling parents
'Rooming in' in hospitals
Services aimed specifically at preventing child abandonment
Sex education for secondary-school children
Social services and social workers (child protection departments)
Support for abandoned children looking to go back to their family / family looking to take abandoned child back home
Support for children with disability/illness/general difficulties
Support for families wishing to give up their baby/unwanted pregnancy
Support for parents choosing to keep their child following consideration of abandonment
Support for parents with psychiatric problems/ill health
Support for trafficked young women and unaccompanied asylum-seeking children
Therapeutic intervention for abandoned children
Work to train, help and guide prospective adoptive and foster carers

As before, some services provide all three levels of support, some only one. This can depend on the type of problem(s) addressed by the service and the resources available. Some services noted providing intensive residential support initially, which was then followed up with community-based support when the family was ready.

Table 7 lists all of the different types of direct and indirect child abandonment prevention services identified across all 10 countries. It may be the case that one prevention programme covers a number of these services, whilst others provide just one.

## **5.5 Themes of good practice identified across all 10 countries**

As mentioned previously, many of the countries taking part in this project identified prevention services that provide a similar type of intervention and that focus on similar issues and risk factors across the 10 countries. When evaluating the interview data collected by each of these countries, it was apparent that similar themes of practice were being used to tackle the issue of child abandonment and to address general risk to children across all 10 countries.

Evaluation of the effectiveness of these services for preventing child abandonment has, in most cases, not been carried out. However, based on the literature outlined above and the risk factors for child abandonment that have been identified by each partner country, particular themes of good practice were identified. This is particularly so in countries where the child abandonment rate is high. These themes have been briefly mentioned in the preceding section and will now be focused on in more detail in the sub-sections below.

### *5.5.1 Support and intervention for families in need*

- Service identified in: Bulgaria, Czech Republic, Denmark, France, Hungary, Lithuania, Poland, Romania, Slovakia and UK

Many of the prevention services identified across all 10 countries aim to address family-wide risk factors, and to work with and support ‘families in need’. These services focus on supporting mothers or families who are in general difficulty or have specific risk factors. Although many of these services have a particular focus, such as addressing homelessness or helping families with substance-misusing parents, more often than not, these services cover a whole range of issues that place families in difficulty and contribute to the decision for them to abandon their children. In doing so, this allows them to provide a more holistic service to address the many issues that the families may be facing. The issues these services address include:

- Homelessness or housing difficulties
- Poor living conditions
- Large families
- Single parenting
- Young parents lacking family support
- Lack of stable employment or high-risk employment (e.g. prostitution)
- Poverty
- Family violence
- Child abuse and neglect

- Child difficulties (illness, disability, emotional and behavioural problems, school drop-out)
- Lack of parenting skills
- Mothers who were themselves brought up in the care system
- Substance misuse issues
- Parental mental health problems
- Roma families
- Families with parents who work abroad due to a lack of employment opportunities in their own country

The aims of these services are to support families through their difficulties by looking for solutions to their problems and by improving their parenting ability. This intervention can take many different forms depending on the service. In some instances, accommodation is provided for families while they address their housing difficulties; some provide placements in mother-and-baby units; some offer residential services for the placement of the whole family to help them address their problems; and some support the family in the community. Many of these services also look to involve the extended family as much as possible in helping to provide support (e.g., assisting with child care, helping with accommodation). Often these services are made up of a range of professionals including psychologists, social workers, child-care assistants, nurses, psychiatrists, paediatricians, mediators, rehabilitators and family consultants. In this way, families can be offered counselling and therapy where needed, in order to help them address their issues and move on with their lives. Finally, clients tend to be referred to these services through child-protection/welfare departments, or by contacting the service themselves and asking for help.

#### *5.5.2 Help and support for families with disabled children, children experiencing difficulty, and children with developmental delay/failure to thrive.*

- Service identified in: Bulgaria, Czech Republic, Denmark, France, Hungary, Poland and Romania

It was highlighted by many of the countries taking part in this project that children and babies who have a disability, serious health problems, or emotional or behavioural problems face a higher risk of being abandoned than healthy children. This is said to be a result of the associated costs of health care for the child, the difficulties it can create for families to visit the children while they are in hospital and who subsequently lose contact with the child, and the difficulties that looking after disabled children can create for parents to maintain employment. To address this issue, a number of services have been identified within these seven countries that help families and parents with disabled children and children with other difficulties. These services are provided in three main ways. The first consists of supporting and helping families in the community (evident in all seven countries), the second provides respite day care for families who work or who need a break from caring for their sick child (evident in Denmark, Poland and Romania), and the third offers residential care to provide more intensive support to families who are struggling to cope with an ill child (evident in the Czech Republic, Denmark and Poland). In the latter, the child can be placed in an institution for a block period of time or for shorter periods such as Monday to Friday. In all of these settings, the aim is to help the child achieve their maximum potential and overcome any difficulties that can be treated with therapy and intervention. These services also aim to give parents a break from caring for their children, and to help teach them techniques in managing and coping with looking after them.

### *5.5.3 Support for young parents without family support.*

- Service identified in: Bulgaria, Czech Republic, Denmark, Hungary, Lithuania, Poland, Romania, Slovakia and UK

All nine of these countries identified services whose main focus, or one of their focuses, was on supporting and helping young parents who are lacking the support of their extended family. Many of these young people were themselves brought up in the care system and, as a result, have no stable living arrangements or are themselves living in institutional care. Therefore, the aim of many of these services is to accommodate these young parents in order to address their housing issues and, in some instances, to provide intensive support and training in parenting skills. Many also aim to facilitate the development of a bond between the mother and child. In some instances, these young people are placed into an institution for young parents to allow them to continue with their education (Czech Republic, Denmark, Hungary and Poland). In others, they are placed into ‘training flats’ (see below), supported living or specific young-parent institutions (Czech Republic, Hungary, Lithuania, Poland, Slovakia, UK). The third type of service aims to work with these young parents in the community, again providing parenting training and helping them to resolve their difficulties (Bulgaria, Denmark, Lithuania, Poland, Romania, Slovakia, UK).

### *5.5.4. Outreach to Roma families*

- Service identified in: Bulgaria, Czech Republic and Slovakia

Given the viewpoint and research suggesting that Roma families may be more at risk of abandoning their children than other population groups (Bilson & Markova, 2007), some countries have developed projects working to support and address risk in Roma families. These services tend to be community based and aim to identify Roma families at risk of abandoning their children. They also aim to educate these communities about the consequences of child abandonment. Once risk has been identified, work is carried out with the families to support them and address any risk factors present, in order to prevent them from abandoning their children. As the projects identified within these three countries provide a service to all families in need – not just those of Roma origin – they tend to have on their team a dedicated mediator and field worker who is knowledgeable in Roma tradition and who can speak their language. One project was also found to provide training flats to Roma families who were facing risk of homelessness (Czech Republic). Alongside the work outlined above, many of these services also provide support to Roma families to help them get their children back from institutional care.

### *5.5.5. Parent ‘training centres’*

- Service identified in: Bulgaria, Czech Republic, Denmark, France, Hungary, Lithuania, Poland, Slovakia and UK

These parent training centres are mentioned in nine of the countries studied. Often they are a service in themselves, but some training centres are a part of a larger service providing community-based intervention and other forms of residential care. Each of the centres has its own focus in terms of the clients they take in and the client problems they address. However, the overarching aim of these services is to help the mother/parents and baby to develop an attachment, and to facilitate a bond between them. In addition, they also aim to develop the

parenting skills and ability of the mother to care for the baby and to help them to become better parents. Work is also carried out with mothers or parents to provide them with the necessary counselling or psychological support they may need. This is to help them address some of the issues they may have in order to facilitate them in moving forward with their lives. Alongside all the work carried out within the training centre, additional work is done to address other issues that may impact on the mother's/parents' ability to care for the child and remain together as a family when back in the community (e.g., financial problems, homelessness).

These training centres are often seen as intensive support services for those families/parents that are most in need. In addition to providing around-the-clock support, these facilities can also be used as a way of assessing parenting ability, the functioning of the family network, and the development of the child. This can then be fed back to child protection departments in order to inform any decision on whether it is suitable for the mother and child to remain together when leaving the service.

It has also been noted in some countries that pregnant women who express a desire to give up their baby when it is born, or who have been identified as being in denial or rejection of their pregnancy, can be encouraged to live in one of these training centres (Czech Republic, Hungary, Poland). This is to allow the mother to think clearly about her decision and to have a chance to bond with the baby once it has been born. In doing so, the hope is that the mother can make an informed and rational decision regarding what to do with the baby when it is born, and to ensure that every attempt has been made to keep the mother and baby together.

These training flats and centres are provided for:

- Young and/or single mothers (all nine countries)
- Families in need/at risk (Czech Republic, Denmark, Hungary, Lithuania, Slovakia, UK)
- Families who have recently taken children back from state/institutional care (Czech Republic, Lithuania)
- Pregnant women who are undecided as to whether or not to keep their child (Czech Republic, Hungary, Poland)

#### 5.5.6. 'Asylum homes'

- Service identified in: Czech Republic, Hungary and Poland

These asylum homes are similar to training centres, but with these services there is a need to keep the address and details of the homes a secret in order to protect the residents staying there. This is so that mothers and their children can go there to escape dangerous or damaging situations, such as domestically violent partners. They also allow for pregnant women to make an informed, rational decision as to whether or not they want to keep their child, without being hassled or pressured by other family members to make a particular decision.

Whilst staying in the asylum home, women and children can expect to receive support from the service similar to that offered by the training centres outlined above. Women are also able to keep their pregnancy secret from others until after the baby is born if they so wish, and can leave the home either with or without their baby. These asylum homes are provided for:

- Single mothers

- Mothers wishing to keep their pregnancy a secret
- Mothers with general risk factors/needs

#### *5.5.7. Respite day care*

- Service identified in: Czech Republic, Denmark, France, Lithuania, Poland, Romania and Slovakia

Similar to the respite care offered to the parents of disabled children, some countries also provide respite day care for children without special needs to those families who need extra support. This could be to help alleviate some of the strain of being a parent that certain families may be feeling, and also allows for parents to maintain employment, thus helping to reduce the likelihood of these parents from becoming unemployed. This in turn helps to prevent these families from facing further difficulties as a result of unemployment and poverty, which are both likely to increase risk of abandonment.

#### *5.5.8. Mother and baby units in prisons*

- Service identified in: Denmark, Hungary, Poland and UK

The imprisonment of mothers can inevitably lead to their separation from their children, at least for the duration for their sentence. In order to address this issue, some countries have developed mother-and-baby units within prisons to keep the mother and baby together. These units are commonly for babies that are born whilst the mother is in prison and up until the baby reaches 18 months of age, particularly in the more high-security settings. However, some open prisons allow for other children and partners to join the mother in prison in order to keep the family unit together as much as possible. Although child care and assistance appears to be offered in all of the units identified for this research, the level of intervention that the mothers can expect, in terms of counselling and parenting support, differs between countries and prison units.

#### *5.5.9. Direct work with parents who have expressed a desire to abandon their baby/children, or who have unwanted pregnancies.*

- Service identified in: Bulgaria, Czech Republic, France, Hungary, Poland, Romania, Slovakia and UK

Many countries appear to have recognised the need to support mothers who have expressed a desire to abandon their child/children, or are identified as being at serious risk of doing so. In addressing this, some of the services identified work with: pregnant women who state a desire to abandon the child once it is born; women with children who state a desire to relinquish their parental responsibilities; and/or pregnant women who are in denial of or who have concealed their pregnancies.

In some countries, notably in the UK, set guidelines have been developed to aid practitioners in dealing with such women, and working to ensure she understands the process of giving up her baby and the options available to her. As with many of the other countries identified, counselling and therapeutic support is often offered, as is an assessment of her life and the changes that could be made to help her consider other options. In many cases, the impact of the wider family on the decision of the mother to give up her child will also be addressed

(e.g. pressure from the woman's parents for her to abandon the baby). If appropriate, the service will also look to the wider family to see if they would be able to take the child in, to prevent it from ending up in the care of the state.

Intervention with these women is carried out in a number of settings. The first can be done in the community, providing support and information to these women as outlined above. In many cases, they also provide material and financial support if this is one of the reasons for potential abandonment (particularly in countries where economic difficulties are more prevalent). The second places women into residential support services to provide intensive support and intervention. This commonly involves working with the woman to assess her reasons for wanting to give up her baby and providing her with therapeutic support and counselling to encourage her to change her mind. As with community-based intervention, many of these residential services also look to address difficulties in the mother's life to try to help her feel able to cope with the child when it is born. When the baby has arrived, many of these services aim to encourage women to stay in the facility so that they can provide parenting advice and try to facilitate a bond between mother and baby. However, if the mother still wishes to give up the baby following intervention, the service will arrange for this to be carried out safely and in a way which is in the best interest of the child.

In addition to the work outlined above, some of the institutions that take in abandoned children also allow for the mother to be placed with the baby immediately after birth for a short period (Hungary, Poland). This is to try to help her change her mind about giving up the child and to provide similar work along the lines of the residential work outlined above. In terms of helping mothers who wish to give up their babies in France, this is done by allowing for anonymous birth which places the child into care as soon as it is born and the mother has left the hospital.

#### *5.5.10. Provision of material and financial guidance and assistance.*

- Service identified in: Bulgaria, Czech Republic, Denmark, France, Hungary, Lithuania, Poland, Romania, Slovakia and UK

To a certain extent, benefit systems are in place in all EU countries to help support those families with children, in addition to sometimes providing extra support to families with low or no income. However, it would appear that families in some countries experience difficulty in gaining access to the benefits to which they are entitled, often as a result of having no or incorrect documentation. A number of services identified across each of the countries were found, therefore, to help families by providing assistance in gaining them the correct papers and documentation needed to be able to access their benefits. These services were also noted for helping families to address their debt problems and, where necessary, putting them in touch with other, more appropriate services to help them with their financial difficulties. This assistance was usually in conjunction with other work carried out by the service.

In addition to this, some services – particularly those in countries where child abandonment is closely related to poverty and financial hardship – provide direct financial and material support to families. This is in terms of the provision of clothes, toys and nappies to families that cannot afford to pay for them (particularly in large families), and who tend to be struggling with housing difficulties, debt and unemployment. In doing so, these services help to alleviate some of the stress the families are facing, and thereby improve their ability to cope with the situation and provide adequate care for their children. In many cases, the

provision of this type of financial and material support appears to be a crucial factor in changing the minds of parents who feel they need to abandon their children as they can no longer cope. This type of provision was identified in: Bulgaria, Czech Republic, France, Hungary, Lithuania, Poland, Romania, Slovakia and the UK.

#### *5.5.11. Focus on getting children out of the care system*

- Service identified in: Bulgaria, Czech Republic, Denmark, Hungary, Lithuania, Poland, Romania and UK

For some of the services identified, the main aim, or one of their aims, was to get children out of institutional and state care and back living with their families. In addition to this, the majority were also found to support prospective adoptive or foster families to take in 'looked after' children. In both instances, services often provide after-care support to help the family manage with looking after the child, in order to improve the success of the placement. Some services also offer residential support for birth parents getting their children back from institutions, to allow for an intensive supervision over the difficult transition period (Czech Republic). This also allows them to evaluate the ability of the parent to cope with the child, to ensure it is right for the child to return home (Bulgaria, Romania, and Denmark). In many services, some support is also offered to the children themselves in order to help them rehabilitate back into the community and back into family life. This intervention can take place both before and after the child leaves state care, depending on the individual needs of the child and the type of service offered. In all these instances, the aim is to get children out of institutional or state care and to try and ensure the success of the new placement to prevent them from being re-abandoned in the future.

#### *5.5.12. Support and therapeutic work for children living within the care system*

- Service identified in: Bulgaria, Czech Republic, Denmark, France, Hungary, Lithuania, Poland, Romania and UK

In some of the institutions and care settings that take in children after they have been abandoned, therapy and psychological support is offered to the child to help them develop as well as possible whilst living there. In many cases this is also to help them overcome any trauma suffered as a result of child abuse or neglect prior to them being placed in the institution. Although this may appear to be more of a way of dealing with child abandonment than preventing it, it is vital that those children who are abandoned by their parents are given the best possible chance to develop into healthy, well functioning adults. In doing so, the chances of them going on to abandon their own children will hopefully be reduced. This therapeutic work also stands the child in a better position to be allowed to return home or to be adopted or fostered into another family, thus preventing further abandonment as a result of placement breakdown.

One institution identified in the Czech Republic ('KolkaneK') offers a welcome change to the way in which institutional care is often provided. In this institution, there is a focus on keeping children in small 'families' (maximum of six children) with around two staff members caring for each family. This is to ensure that each child receives enough attention from staff and is not deprived of stimulation or attention. In addition to this, therapeutic and educational support is provided for children, along with preparation for their return into family care. A self-evaluation of this institution in 2010 showed that around half of the

children living there left the institution that year, 51% of whom returned to their families and 18% moved into foster or adoptive care.

### *5.5.13. Helplines, information, education and legal advice*

- Service identified in: Bulgaria, Czech Republic, Denmark, France, Hungary, Lithuania, Poland, Romania, Slovakia and UK

In all 10 countries, services were identified that provide education, information and advice to parents, families and professionals working in the child-protection arena. In some instances, services are provided to families to educate them on the impact of child abandonment and to outline the other options and support services available to them. In Hungary and Poland, for example, a helpline has been developed to allow women to call anonymously and speak to an advisor about any issues they may be having in relation to pregnancy or motherhood. This allows them to gather information on their options and to discuss their problems with a trained counsellor. Mothers can also use this service to gain support after they have made their decision. In Lithuania, one service provides a helpline for children who are in the care system. In other countries, such as Bulgaria and Slovakia, dedicated mediators carry out work to educate marginalised societies, such as Roma communities, about the impact of child abandonment and the options that are available to them. Other countries, such as France, Lithuania and Romania, also identified services that conduct educational workshops with a range of professionals working with children and families, and often the parents themselves. These deal with issues relating to parenthood and abandonment. In the UK, there is a foundation that designs leaflets and education packs for any parents thinking of putting their child up for adoption, and also for those individuals thinking of becoming adoptive or foster carers. France and Poland identified services that have developed workshops to be delivered to young people within the school environment, in order to educate them about safe sex in an effort to reduce the number of unwanted pregnancies. This type of education also exists in other EU countries. Finally, many of the services identified in all 10 of the countries provide legal and social advice to parents regarding child abandonment and its consequences.

## **5.6 Improving efforts to prevent child abandonment**

The above sections highlight the work that is being done in many EU countries to address child abandonment and to work towards preventing it. This is in the form of some changes being made in legislation and policy on a national level, and also the work being carried out in the community to effect change at the grass roots level. However, this work is only the beginning of a lengthy change needed both in the ways in which society functions in some of these countries, and in the support and help that is needed for families who may be struggling with their responsibilities.

When taking part in this research, many services highlighted ways in which they felt further change is needed within their country to help tackle the issue of abandonment. In addition, many of the professionals conducting these interviews within the 10 partner countries also summarised the need for change and intervention based on their knowledge of child abandonment. The suggestions made by each country are outlined in the individual country reviews at the end of this manual. However, when reviewing the points made, it is apparent that there are many similarities and overlaps in the necessary changes recommended across these EU countries.

In summary, it would appear that, across Europe, earlier intervention is needed to provide better sex education for school-aged children in order to educate them in safe sex and family planning. Furthermore, accessibility to contraception needs to be made easier and cheaper. This would lead to a reduction in the number of unwanted pregnancies across all EU countries, and not just those in transition. In addition to this, further education and information needs to be disseminated to all women and families on the impact of child abandonment, to outline the options available to them should they find themselves in difficulty (e.g. the support services available to them within their community). This would work to prevent some women from giving up their babies and children in the view that they are doing the best thing and improving the child's chances in life. However, this work needs to be done alongside improvements in the ways in which hospital staff and other health-care professionals are trained, in order to change their views and attitudes on child abandonment and the need to keep mothers and babies together. If many of these professionals continue to hold the view that it is indeed better for children to be placed into institutional care instead of being brought up by poor or Roma families, for example, then this would contradict any efforts to educate women otherwise. It is vital also that health-care professionals receive further training in how to support women considering giving up their babies, in order for them to be able to counsel these women and help them consider their options.

For prevention efforts to be more effective and really to have an impact on reducing child abandonment within the EU, there needs to be a stronger government commitment and political support for prevention programmes in many of these countries. In particular, prevention services need to be backed by the government in the harder-to-reach areas and towns where resources and the provision of such services are low. These are the areas where the risk factors for child abandonment, and for child abuse and neglect, outlined in the sections above are likely to be more prominent and ingrained, and where service provision is greatly lacking.

The example given in the article by Bilson and Markova (2007) at the beginning of this chapter highlighted the cost benefits for the government should they invest in prevention projects instead of pumping money into the running of institutions and providing for children who are under the care of the state. In addition to this, a pilot project carried out by the 'For Our Children Foundation' in Bulgaria found that the cost of supporting one child to stay with his or her family, and to prevent the family from abandoning them, costs no more than 1,200 EUR. This figure is in contrast to the 3,367 EUR need to care for one child placed into an institution per year. Given these findings, if the government in all of these EU countries were able to recognise the importance of sustaining and developing child abandonment prevention programmes and child protection programmes, this would, in the long run, reduce the huge costs associated with caring for 'looked after' children.

In conjunction with this, it is vital that more research is carried out to evaluate the effectiveness of the prevention programmes currently in place within these countries. To move forward in this area, we need to know which prevention services are working and which elements of these services are the most effective. In doing so, this would lead to the development of more effective, targeted and cost-effective prevention services. Indeed, many of the countries taking part in this project noted the importance of the development of more holistic services in order to address the many factors associated with child abandonment, instead of focusing efforts on just one aspect. More research is also needed looking into the impact of baby hatches and international adoption is needed to establish the influence of these two factors on child abandonment in the relevant EU countries. This is in addition to taking a

closer look at national policy and other ways to improve society to effect change in abandonment. Findings from such research would provide the professionals and governmental bodies working in this area with more informed knowledge of the changes needed on a national scale to prevent children from being abandoned. In turn, this would help shape and guide the work being carried out by prevention services at a local level.

The EU Parliamentary Assembly Report on the prevention of child abandonment in 2008 (Hancock, 2008) outlines 10 recommendations to prevent the abandonment of newborn babies. These recommendations suggest that a proactive policy should:

1. prohibit pressure on mothers from medical staff or government authorities to abandon their children;
2. prevent secret abandonment that endangers the life of the child, e.g. through accessible reception facilities;
3. illegalise, or prevent the legalisation of, anonymous childbirth; whilst mothers should have the right to protect their identity if they so wish, the child should not be deprived of the right to know his/her origins, and should have the opportunity to trace his/her parents;
4. encourage the registration of all children at birth; registration should be free of charge and come with incentives such as a grant, payable upon the birth of the child, and further childcare and maintenance grants;
5. introduce clear procedures for the giving up of newborn babies for adoption; mothers should have a reasonable period within which to change their minds and, wherever possible, the consent of the father should be sought; neither national nor international adoption should prevent children from tracing their origins;
6. provide legal, easy and affordable access to contraception and abortion;
7. reduce rates of unwanted pregnancy through effective sex education, particularly at school;
8. provide medical and social support for pregnant women and young mothers including non-separation of mother and child after birth;
9. provide mothers with information regarding the assistance, financial or otherwise, that is available to them;
10. promote temporary accommodation and care centres for mothers and children.

These recommendations echo those made by the professionals and experts working in this area within the 10 EU countries taking part in this project. It is vital that the government and EU politicians take note of these recommendations and work towards preventing child abandonment as soon as possible.

Prevention strategies for violence towards children have been outlined in the World Report on Violence Against Children (Pinheiro, 2006). Although they are focused on preventing child abuse and neglect, these strategies highlight the same important factors as those outlined for the prevention of child abandonment in the EU Parliamentary Report (Hancock, 2008). Table 8 outlines the prevention strategies recommended in this report. Given the similarities in the prevention strategies outlined for tackling these two issues, along with the similarities that can be identified in the risk factors for both CAN and child abandonment, it would appear that prevention efforts tackling one of these issues will inevitably address the other. Given that these recommendations were made over six years ago, yet problems with CAN and abandonment still exist and in some cases are growing, it suggests that these recommendations have not been fully taken into account and incorporated into national policy and practice.

*Table 8. Overarching, setting-specific recommendations for the prevention of violence towards children from the World Report on Violence against Children (Pinheiro, 2006).*

These recommendations can be extrapolated to guide prevention efforts against child abandonment.

1. Strengthen national and local commitment and action
2. Prohibit all violence against children
3. Prioritise prevention and home visitation programmes
4. Promote non-violent values and awareness-raising
5. Enhance the capacity of all who work with and for children
6. Provide recovery and social reintegration services
7. Ensure the participation of children
8. Create accessible and child-friendly reporting systems and services
9. Ensure accountability and end impunity
10. Address the gender dimension of violence against children
11. Develop and implement systematic national data collection and research efforts
12. Strengthen international commitment

## **5.7 Discussion and conclusions**

Child abandonment has been recognised as an important issue to be addressed within the European Union (EU). Despite this, there is a dearth of research that has been carried out to look at the extent, causes and consequences of child abandonment within the EU. In addition, there is a significant lack of research looking at the prevention of child abandonment in terms of what issues need to be targeted and the ways in which intervention should be carried out.

Research into the risk factors for child abandonment is again lacking, but the limited research that has been carried out on this shows direct parallels between the risk factors for abandonment and those for child abuse and neglect in general. In the absence of specific research on child abandonment at the current time, this may be a useful starting point for the guidance of preventive techniques.

When reviewing the small amount of research that has been carried out focusing on the prevention of child abandonment, some findings suggest that societal values and attitudes may play a crucial role in the abandonment of infants. Therefore, it may be important to address these societal factors in order to effect change in rates of child abandonment within the specified country. Changes have been made in some EU countries on a national level to help prevent child abandonment, taking into account the impact that societal factors can have on this phenomenon. These efforts include: improvements in social benefits; the development of national guidelines and policy on child abandonment; better training for professionals working in this area; and the raising of public awareness of child abandonment and its consequences. Despite this, other mechanisms appear to have been implemented on a national scale in spite of a lack of evidence to suggest that these would be effective. These include the introduction of ‘baby hatches’ and anonymous child-birth laws in some European countries. It is important, therefore, that more research is carried out in this area to establish the necessary societal changes in relation to child abandonment, and to develop effective means to achieve this.

Other research shows how changes made on a local level can influence rates of abandonment. Although the majority of this research has been carried out in Romania, findings suggest that the introduction of specialists and social workers into maternity units and hospitals may help to identify parents who are at risk of abandoning their babies, thus allowing them to support these parents to prevent them from doing so. In addition to this, other efforts that encourage and support the bond between the mother and baby in the early days of the baby's life have also been found to prevent them abandoning their babies.

The current project aimed to look in more detail at the types of direct and indirect child-abandonment prevention services and interventions available in 10 EU countries. Although cultural differences were found in terms of the provision of services directly aimed at preventing child abandonment, many similarities were found across all 10 countries in the prevention services available. These similarities include: the types of services available; the type of support offered; the types of clients with whom the services work; and the risk factors the services aim to address. Themes of good practice were also identified in terms of the way in which help is offered and to whom it is offered. It seems, therefore, that there is a great deal of overlap in the prevention of child abandonment and the prevention of general child maltreatment.

Despite evidence showing that a much work has been done in some countries with high rates of infant abandonment, considerably more needs to be done to tackle child abandonment and to develop effective, evidence-based prevention programmes. These improvements need to be made at a national level and at a local, community level. It is vital that government bodies back these efforts and work towards tackling child abandonment before it occurs, instead of focusing on reactive ways of dealing with children once they have been abandoned. Indeed, research outlined in this review has highlighted the cost benefits for the government should investments be made in early intervention programmes. In terms of the types of changes needed, the suggestions made by the professionals taking part in this project echo those outlined in the EU Parliamentary Assembly report on the prevention of the abandonment of newborns (Hancock, 2008). In addition to this, these suggestions have many similarities to those outlined within the World Report on Violence against Children (Krug et al., 2006) to prevent child abuse and neglect. Therefore, it seems that these recommendations are important issues to be tackled for the prevention of all forms of child maltreatment, and should be implemented as soon as possible to work towards preventing the abandonment of children.



## **PART 2:**

### **Country-Specific Reviews of Child Abandonment and its Prevention**



# **Child Abandonment and its Prevention in Bulgaria**

by Ivanka Shalapatova, Elka Nalbantova & Tsvetomira Lyubenova

## **1. The Extent of Child Abandonment in Bulgaria**

In 2009, there were 6,730 children (aged 0–18) living in institutional care. Of these children, 2,334 were aged 0–3. There are 32 institutions for children aged 0–3 in Bulgaria, with a total capacity of 3,910 places. The 2009 figure of 2,334 children consisted of 897 children who were aged 0–1, 943 children aged 1–3, 409 children aged 4–7, and 85 children who were seven years or older. Where there are figures for children aged three and above, these represent children with disabilities who are allowed to stay in the institution past the age of three. In terms of the length of placement, 906 children stayed in the institution for less than one year, 897 children stayed in the institution for 1–3 years, and 531 children stayed in the institution for more than three years. The family status of the 2,334 children who were staying in institutions was as follows: 1,574 children came from single parent families, 1,541 children had unemployed parents, 851 children came from families with three or more children, 182 children had parents with intellectual disabilities, 103 children had parents who were under 18 years of age, 70 children had parents who had serious psychological illnesses, 65 children were abandoned by their parents, 62 children had parents who were divorced, 26 children had parents who had been deprived of their parental rights, 24 children had one parent who had died, 19 children had parents who were refugees or ‘foreigners’, 17 children had parents who were in prison, 17 children were orphans, and 13 children had parents with limited parental rights. There was no information on the background of 152 children. The directors of the institutions were identified as being legal guardians of 91 children, and 16 children were identified as having no legal guardian. In terms of their origin, 51% of the children were from Roma families, 23% were Bulgarian, 6% were Turkish, 1.5% were mixed race, and 18% of the children had unknown origins.

In 2009, 2,017 children were placed in Homes for Medico-Social Care. Of these children, 943 came directly from the maternity unit, 504 came from their biological family, 148 came from hospital, 28 came from another institution, and five came from community-based services. In terms of children relinquished for adoption (often a form of open abandonment), there were 2,402 children on the Adoption Registry as of 15 August 2011.

## **2. Legislation relating to Child Abandonment**

### **2.1 Definition of child abandonment**

There is no legal definition of child abandonment. However, different legislative acts use terms that are similar in meaning. For example:

- “Children left without care of their relatives” (Bulgarian Constitution, 1991)

- “Continuous lack of care for the child, without a valid reason, and lack of provision of financial support” (Family Code, 2009)
- “Parents, guardians or trustees, who without a valid reason, continuously do not care for the child” (Child Protection Act, 2000)
- “A person who has not reached 18, and who is left without the care of the parents or the persons who substitute them” (Tackling Anti-social Behaviour of Juveniles and Minors Act, 1958)
- “Children deprived of parental care” (Regulation of the Homes for Children, 2007)
- “A parent, who leaves a person under parental care, without supervision and enough care” (Criminal Code, 1968)
- “A person who throws away a child” (Criminal Code, 1968)

There is no definition of child abandonment in the Bulgarian primary or secondary legislation. Again, similar terms are used, but these can be unclear and inconsistent. For instance, in some cases the legal norms are addressed at parents, while in other cases they are addressed at parents, guardians, trustees, people who care for the child, and the child’s relatives. This makes the analysis of child abandonment and the collection of statistics, as well as analysis of these statistics in a productive and constructive manner, almost impossible.

The term ‘child abandonment’ is used in the daily work of professionals who work with children.

Neglect is legally defined as the “failure of the parent, guardian, trustee, or the person who cares for the child to secure the development of the child in one of the following areas: health, education, emotional development, feeding, housing and safety, when he or she is in a position to do so” (Child Protection Act, 2000).

## **2.2 Current laws associated with child abandonment**

Domestic laws associated with child abandonment include: The Constitution (1991), the Family Code (2009) (Chapter 4: Relations between parents and children), the Child Protection Act (2000) (Chapter 4: Child protection measures) and the implementing regulation (2003), the Protection against Violence Act (2005) and the implementing regulation (2010), the Social Assistance Act (1998) and the implementing regulation (1998), the Public Education Act (1991) and the implementing regulation (1999), the Family Allowances for Children Act (2002), the Integration of People with Disabilities Act (2005), the Legal Aid Act (2006), the Criminal Code (1968), the Labour Code (1987), and the Social Insurance Code (2000).

There is also secondary legislation. This includes ordinance for the implementation of measures aimed at abandonment prevention, institutional placement prevention, and the child’s reintegration. It also comprises of the Homes for Children Regulation and the Homes for Medico-social Care of Children regulation.

International laws associated with child abandonment include: the UN Convention of the Rights of the Child (1990), and Council Regulation (EC) 2201/2003 concerning jurisdiction, recognition and enforcement of judgements in matrimonial matters and matters of parental responsibilities that apply to civil matters relating to attribution, exercise, delegation, restriction or termination of parental responsibility. It also deals with placing the child in a foster family or institutional care.

### **2.3 Legal consequences for abandoned children and their parents**

Child abandonment, including child neglect, has the following legal consequences for the child:

- Application of child protection measures in the family environment. These measures can also be implemented via social services.
- Placement outside of the family (i.e., with relatives, close friends, a foster family, or in an institution).
- Adoption.
- Provision of police protection.
- Provision of legal aid.
- Establishment of guardianship or trusteeship.
- Placement in a home for temporary accommodation of infants and minors.
- Appointment of a public educator.

If there is a risk of abandonment, the state may intervene in the parent-child relationship in terms of monitoring, assistance, consultancy, or social services that the family must sustain. If parents do not carry out their obligations to take care of their children, they may incur civil, administrative or criminal liability. Civil liability is:

- Loss of joint residence if the child is placed outside of the family. However, parents must provide financial support.
- Restriction or removal of parental rights. Courts will determine financial support.
- Protection measures against domestic violence.

Administrative liability relates to law infringements, where a fine will be imposed on parents. Criminal liability is if the parents are found guilty of a crime.

### **2.4 Legislation that helps to prevent child abandonment**

According to the Bulgarian Constitution (1991, Article 7, Paragraph 1), parents have both the right and the obligation to raise their children. Additionally, this is supported by the state. However, legislation that relates to preventing child abandonment is different, as there is a hierarchy of laws and regulations. These mainly involve:

- The Child Protection Act (2000) and implementing regulation (2003).
- The Social Assistance Act (1998) and implementing regulation (1998).
- The Integration of People with Disabilities Act (2005) and implementing regulation (2005).
- The Health Act (2005).
- The Family Allowances for Children Act (2002) and implementing regulation (2002).
- Regulations regarding the terms and conditions relating to child abandonment prevention measures, prevention of child institutionalisation, and child reintegration (2003).

### **2.5. Legislation that defines the legal obligations of child protection organisations**

The Child Protection Act (2000) was adopted in 2000, and there have since been 23 amendments made to it. The fifteenth amendment was completed in 2009, which defined the

following structures as child protection bodies: the chairperson of the State Agency for Child Protection (SACP); 'Social Assistance' Directorates; the Ministry of Labour and Social Policy; the Ministry of Interior; the Ministry of Education, Youth and Science; the Ministry of Justice; the Ministry of Foreign Affairs; the Ministry of Culture; the Ministry of Health; and municipal mayors. A new article was introduced to the Child Protection Act (2000) (called Article 6a), which describes the responsibilities of the child protection bodies mentioned above. The Child Protection Act (2000) also stipulates the development of multi-agency co-operation between these child protection bodies, and in accordance to their competencies in the child protection arena. This is so as to provide an effective system for protecting children's right. However, no multi-agency co-operation mechanism has yet been developed.

### *2.5.1. Legal obligations of social services and social service providers*

'Social Assistance' Directorates are responsible for implementing and managing child protection measures in the municipalities. According to Article 23 of the Child Protection Act (2000), child protection measures should be provided in the family environment (e.g., advice and information provision, assistance with improving living conditions, and referral to appropriate social services), as well as outside of the family environment (e.g., if a child is placed with relatives, friends, a foster family, a residential social service, or a specialised institution). Child protection measures can also be carried out through the provision of social services. In Bulgaria, social services are provided by the state, municipalities, and social service providers. Social service providers consist of individuals and legal bodies that work outside of the state and municipalities. They provide social services for children if they are licensed by the SACP and are registered with the Agency for Social Assistance. This license is issued for three years and each social service requires a separate license. All of the social services for children are clearly listed in the implementing regulation of the Social Assistance Act (1998).

There are two types of social services that specifically focus on preventing child abandonment, namely, Community Support Centres and Mother and Baby Units. Community Support Centres are a group of social services that work towards preventing child abandonment, preventing violence, deinstitutionalisation and reintegration of children, life skills training and social integration of children from institutions, providing advice and support for high risk families, assessment and training provision for potential foster parents and adoptive parents, and providing advice and support for children in conflict with the law. Mother and Baby Units provide temporary placement for pregnant women and high risk mothers for up to six months. They also encourage parental attachment and help young mothers by providing social, psychological and legal consultancy and support.

### *2.5.2. Legal obligations of the police*

One of the most important responsibilities of the Ministry of Interior in relation to child protection is the provision of police protection. Police protection is an emergency measure that will take place if (a) the child is a victim of crime, (b) the child's life and health is in imminent danger, (c) there is a risk that the child is involved in crime, (d) the child is lost, (e) the child is helpless, or (f) the child is left unattended.

### *2.5.3. Legal obligations of the medical services*

In 2003, the regulation on the terms and conditions of child abandonment prevention measures, child institutionalisation prevention measures, and child reintegration measures, introduced the obligation that hospitals and social services have in terms of notification. According to Article 9 of the regulation, if the manager of a hospital or another authorised person has information about a child who is at imminent risk of abandonment or placement in a specialised institution, then he or she should immediately (no later than 24 hours) notify the ‘Social Assistance’ Directorate in the respective municipality. A social worker from the ‘Social Assistance’ Directorate will then consider the risk factors and provide initial support to the mother. The manager of the hospital should facilitate the social worker’s access to the mother and child, and will assist in checking the risk factors. While evaluating the case, the social worker must complete a form. The evaluation process consists of the social worker meeting with the child, his or her parents and, if necessary, experts, so as to be able to produce an action plan. The social worker will periodically review the implementation of the action plan (i.e., at least once every three months).

Guidance on preventing child abandonment in maternity units was introduced in order to facilitate the practical implementation of the regulation. The guidance aims to set up a multi-agency professional network for interaction, co-ordination and co-operation between social services and maternity hospitals. In addition, in 2009, guidance for providing a ‘personal assistant’ social service was approved.

It should be emphasised that, in 2000, the Child Protection Act (2000, Article 7) introduced another obligation to report. Social service providers who are aware that a child needs protection should immediately report the case to the ‘Social Assistance’ Directorate, the SACP, or the Ministry of Interior. This same obligation exists for all individuals (e.g., doctors, teachers, lawyers) who become aware of the child’s situation during the course of their profession, regardless of any professional confidentiality. Unfortunately, most of these professionals breach this obligation because they are either not aware of the regulations of the Child Protection Act (2000) or they do not recognise the Act as their ‘own’. For instance, doctors tend to consider the Health Act (2005) as their ‘own’ and teachers tend to consider the Public Education Act (1991) as their ‘own’. As a result, in 2009, a new regulation was introduced to the Health Act (2005, Article 125), which states that all doctors are obliged to report every child born at the hospital who is at risk of being abandoned to the ‘Social Assistance’ Directorate. This includes the following situations:

- A mother who does not have identity documents at the time of the child’s birth.
- Single mothers.
- Mothers who have many children.
- Mothers who have serious or multiple illnesses.

In addition, doctors are obliged to inform the Ministry of Interior and the ‘Social Assistance’ Directorate if a child is a victim of violence. However, there are no similar regulations in the Public Education Act (1991) or Lawyers’ Act (2004).

## **2.6 Legislation relating to family support measures that may reduce the risk of abandonment**

The Child Protection Act (2000) stipulates two support measures for the child and his or her family, namely, financial aid and assistance in kind. The guaranteed minimum income (which is determined by the government) is used as a basis for determining the financial aid and assistance in kind. Since 2009, the guaranteed minimum income is 65 BGN. The financial aid and assistance in kind are provided by the ‘Social Assistance’ Directorate. Financial aid can be provided monthly or quarterly.

The Social Assistance Act (1998) considers the use of social benefits to supplement or replace individuals’ income for basic needs. They can also be used to meet the increasing needs of individuals and families. Social benefits are granted after exhausting all other possibilities of support from those who are obliged to provide financial support (Article 140 of the Family Code, 2009). Social benefits can be received monthly, on a targeted basis, or as a one-off payment. Social benefits that are received monthly are usually for individuals or families where the income is less than the differentiated minimum income. The differentiated minimum income is determined by the guaranteed minimum income. For example, parents raising a child who is less than three years of age will receive a differentiated minimum income of 78 BGN (which is 120% of the guaranteed minimum income). Targeted social benefits are usually received by single parents for rent of municipal homes under certain conditions. One-off social benefits are usually granted for increasing health needs, educational needs, utility needs, and other vital needs. Social benefits are granted by the ‘Social Assistance’ Directorate. At the discretion of the Director of the ‘Social Assistance’ Directorate, social benefits can be provided in kind by paying for kindergarten taxes, providing school meals, and buying food, clothing, shoes and school supplies.

The Integration of People with Disabilities Act (2005) regulates the right of a child with a specific type and level of disability to a monthly allowance for social integration (called integration allowances). This allowance is usually for transport, training and accessing information (Article 42v).

The Family Allowances for Children Act (2002) provides different types of family allowances during pregnancy, birth and raising the child. The Act also states how these allowances are granted. Family allowances for children are explicitly listed in the Act. These include:

- A one-off allowance during pregnancy.
- A one-off allowance for the birth of a child.
- A one-off allowance for raising twins until they reach the age of one.
- A one-off allowance for raising a child until he or she is one year old if the mother is a full-time student.
- A monthly allowance for a child up until secondary school, but the child should not be more than 20 years old.
- A monthly allowance for raising a child until he or she is one year old.
- A monthly allowance for children with disabilities.
- Targeted allowances for students.
- Targeted allowances for free transport for mothers with many children.

It is worth noting that parents and adoptive parents of children with permanent disabilities have a right to a monthly allowance of 70% of the minimum wage, which is equal to 168 BGN. Additionally, the right to family allowances is not a universal right. This means that only those families and pregnant women with an average monthly income that is less than or equal to the income designated in the State Budget Act (2011) per person for the respective year will receive an allowance. In 2011, the average monthly income for one family member was 350 BGN. The monthly allowances for a child until he or she completes secondary education were 35 BGN per child.

## **2.7 Conclusions on whether the legislation is effective**

According to the SACP, 6,333 children (aged 0–19) live in specialised institutions. As of 30 June 2010, the rate of children living in specialised institutions is 4.5 per 1,000 children. Specialised institutions are defined as boarding homes where children are raised in permanent separation from their home environment. There are three main types of specialised institutions in Bulgaria. The first type of specialised institution is for children aged 0–3. These institutions are called homes for medico-social care for children (HMSSC). They are subordinate to the Ministry of Health and are referred to as health establishments by the Health Establishments Act (1999). According to Article 27 of the Health Establishments Act (1999), a HMSSC is a health establishment in which medical and other experts carry out continuous medical monitoring and care for children (aged 0–3) with chronic illnesses and medico-social problems. Once children reach the age of three, they are transferred from the HMSSC to the second type of specialised institution. Often children with disabilities would stay in the HMSSC until they reach 7 years of age. The other type of institution is called a home for children deprived of parental care (HCDPC), and these fall under the responsibility of the municipalities. Previously, they were managed by the Ministry of Education. If a child has a physical or psychological disability, he or she is transferred from the HMSSC to the third type of specialised institution. These are called homes for children with disabilities. There are currently 26 of these institutions, with 941 children living in them.

In light of this information, the following conclusions may be drawn. Bulgarian legislation provides a foundation for protecting children at risk by providing child protection measures, social services for children as well as financial and social support to families in need. However, there are no clear mechanisms to limit children entering specialised institutions or to assist in children leaving them. Indeed, HMSSC ‘provide’ the children for the two other types of institutions. There is a need to develop a wider range of services that specifically focus on preventing abandonment, as well as services that support effective reintegration with the family when this is in the best interests of the child. Additionally, the legislation allows infants to be placed in specialised institutions when the parents cannot or will not care for the child. This breaches the basic rights of the child and deprives him or her of a family or family-like environment.

Unfortunately, the Child Protection Act (2000) is applied in practice alongside other old-fashioned primary and secondary legislation that gives grounds for violating children’s rights. There is a lack of experience and often strong resistance towards applying multi-agency approaches to child protection work, including preventing child abandonment. Instead, numerous Councils and Commissions are set up, which lead to a lack of clear responsibilities for actions and decisions that affect the child. Further, social workers are limited in terms of working with individual children, particularly where social benefits or other financial support should be granted. For instance, if the child and his or her family do not fall within the

differentiated minimum income, they are automatically excluded from receiving any kind of financial support. It is also worth noting that with regards to one-off payments aimed at preventing child abandonment under the Child Protection Act (2000), the procedure is so slow that the family does not receive the support when they need it.

All of the child protection legislation, both primary and secondary, needs to be reviewed as an entire package, so as to guarantee the observation of children's rights and the application of basic child protection principles, such as support for families, providing a family or family-like environment for the child, and making decisions in the best interests of the child.

### **3. An Overview of issues relating to Child Abandonment in Bulgaria**

#### **3.1 Social or personal causes of child abandonment**

According to For Our Children Foundation, children are being placed in institutional care for several reasons. Firstly, there is a lack of services to support children and their families, particularly services that provide a holistic approach to meet all of their clients' needs. Secondly, a common reason for the social exclusion of a family, and the subsequent placement of children in institutional care, is a lack of financial resources. Indeed, poverty is the main reason for child abandonment in Bulgaria and, according to Eurostat information, the level of poverty among children in Bulgaria is the second highest in the EU. Thirdly, in the case of couples starting their families outside of wedlock, more parents become single parents if these relationships break down. In terms of the placement of children, there is a lack of alternatives to institutional care (e.g., community-based placements). Child protection departments frequently place children in institutions because there are no foster family or community-based alternatives, or because they are unable to manage the higher workload related to placement in family-based care. There are cases when a child included in the register for adoption is placed in the institution because it is believed that it is not good for the child to be placed in a foster family whilst the adoptive family for the child is being identified and the adoption process is being undertaken. Additionally, the existing medical model regarding children with disabilities supports the view that institutional care is better for the child's development. Although this stands in stark contrast to recent research, doctors continue to advise parents to leave their children in institutions because of this model.

In 2010, on the initiative of the For Our Children Foundation, seven focus groups were conducted in the cities of Sofia, Plovdiv and Pleven with social service providers, clients of social services for families and children, and representatives of the responsible institutions. The objective of the research was to investigate the concept of child abandonment, as understood and practised in Bulgaria. The results of the focus groups showed that:

- The practice of abandoning a child or delegating the parental care has been established for years and is increasing.
- The normative arrangements and, to an even greater extent, the existing practice is more focused on the rights of the biological parent than on the rights of the child.
- The child protection system has no capacity to deliver real prevention, in particular early prevention.

- The system is not sufficiently prepared to modernise, i.e. to adopt and implement effectively the new forms of protection.
- There is lack of sufficiently diverse services.
- Social exclusion could qualify as a reason to a great extent. In its financial aspect it is identified with poverty, but more significant seems to be the effect of the inability to participate in the “normal” life of the society.
- Among the abandoned children the Roma minority group is over-represented. This is related to some social and cultural characteristics, among which the most important are:
  - The widespread falling apart of families and the high frequency of a single biological parent
  - Absent parental model and the resulting absent feeling of responsibility for the child and their future
  - Poor health culture, accompanied by certain influence of prejudice to the means for unwanted pregnancy prevention that is traditional for the community
  - Psychiatric diseases and addictions

### **3.2 Social consequences for abandoned children**

In the Homes for Medico-Social Care, there are no up-to-date, comprehensive and holistic assessments of the needs of the children placed there. Such assessments would demonstrate the impact of institutional care on the development of children, and the consequences it can have for them. However, pilot studies have been carried out on the impact of institutional care on those children socialised back into the community, following the closure of an institution. Thus, a level of understanding regarding the impact of child abandonment and institutionalisation can be gained from these children.

According to For Our Children Foundation, one of the social consequences for children living in institutional care is isolation. When children are adopted from the institution, there is often a breakdown in the adoption because the adoptive parents have not been appropriately prepared for the characteristics and needs of an institutionalised child. A further reason for the placement breakdown is the lack of aftercare support following the adoption of an institutionalised child. Of the 2,334 children living in institutions in 2009, 539 were adopted, 501 were reintegrated with their families, 33 were placed in foster care (which is a step forward in terms of their socialisation), and 21 were placed in kinship care.

In 2009, 311 children were moved from one institution to another, increasing the probability that they will remain in institutional care for the rest of their childhood. This movement can create a high level of stress for the child and interrupts any relationship or bond that may have developed with members of staff from the previous institution. In addition, the move often means that children lose contact with their birth parents, as the new institution is usually further away. Children who spend a long time in institutional care can also develop a certain amount of dependency, and often find it difficult to develop the skills needed to be independent and integrate with society. Therefore, placing an institutionalised child in a family can be more difficult the longer they are in an institution. This should not be a reason for not placing children in family care but should be addressed by appropriate support for both the child and the family.

The government provides annual funding for the state care of children in institutions. In terms of Homes for Medico-Social Care, the annual subsidy per child is the equivalent of 3,367 EUR (State Agency for Child Protection, 2009). In 2009, the total funding injected into the

care of institutionalised children was 14,702,000 EUR. Additionally, 2,936,000 EUR was donated to institutions. For Our Children Foundation conducted a pilot study on child abandonment and the costs of supporting a child. It was found that the cost of supporting one child to stay with his or her family, and prevent the family from abandoning the child, costs no more than 1,200 EUR per year. This is a lot less than the 3,367 EUR that is needed to care for a child in an institution, and clearly demonstrates that it is more cost-effective to provide social services that can visit and work with high risk families, than it is to place the child in an institution. Nevertheless, Bulgaria continues to have a large number of children in institutional care, and the belief that medical institutional care is better than family-based care still prevails. Often, donors give significant funds to institutions truly believing that this is best for the children placed there; the consequence of this is that institutional care still exists.

### **3.3 Poor practice in Bulgaria**

#### *3.3.1. Factors influencing child abandonment*

In Bulgaria, the factors that influence child abandonment can be classified as those that are internal to the family and those that are external to the family. The internal factors can be divided into a further three groups. These are:

- Lack of material resources and poor living conditions (resulting from poverty, low income, lack of income, or unemployed parents).
- Parents with limited social capacity (in terms of lack of parenting skills, social isolation, lack of social skills, parents' personal experiences of poor parenting, separated parents, single parents, young parents, and parents with alcohol or drug addictions).
- Health problems (in terms of children with disabilities, parents with severe health problems, and parents with mental health difficulties).

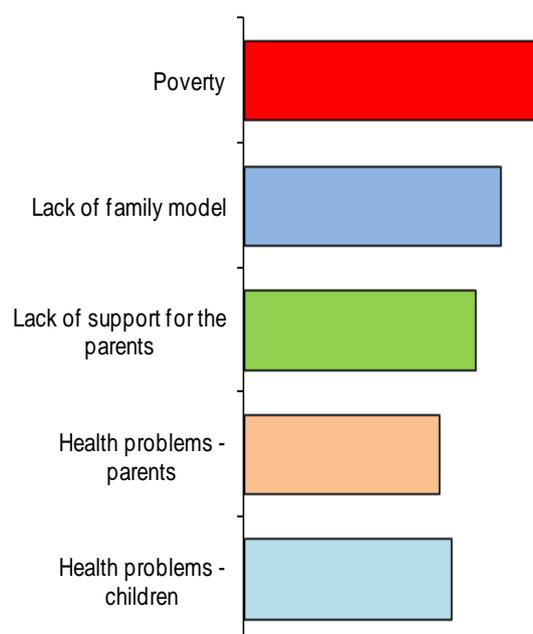
These groups can individually, or in conjunction with one another, lead to the abandonment of children. Chart 1 illustrates the above factors according to their importance in terms of causing child abandonment. It is based on 18 interviews with experts from the Bulgarian National Network for Children.

According to Chart 1, poverty and a lack of an effective family model are the most important factors contributing to child abandonment. However, the main external factor affecting child abandonment is the lack of support for mothers and families. Indeed, one expert stated that practice shows that when there is a strong supportive network around the child and the family, additional risk factors tend to decrease. Preventing child abandonment is hindered by a lack of a professional network to work with high risk groups, as well as a lack of understanding and support from institutions, local communities and/or the family, in terms of risk factors and ways to address child abandonment.

#### *3.3.2. Problems in practice*

In Bulgaria, there is currently a contradiction that impedes the development of prevention services at a national level. The needs of society and the factors that lead to child abandonment require efficient organisation at a national level, where all authorities and departments engage, co-operate, and act on time to achieve a successful outcome in a timely fashion. However, the various structures and specifically the child protection departments

Chart 1: Factors which cause child abandonment



who are authorised to make decisions and co-ordinate actions preventing child abandonment are underperforming due to:

- The lack of staff working in child protection departments, which prevents them from being able to intervene on time so as to prevent child abandonment and facilitate reintegration. This problem is mostly present in Sofia and other big cities.
- Low remuneration and lack of financial incentives for social workers.
- The low social status and authority of social workers working within child protection departments.

Unfortunately, there is no substantial quality research analysing the contributing factors for child abandonment. Still, it is clear that, together, these issues result in state employees having decreased motivation to work, and a high turnover of staff. In turn, this hinders the functioning of the system as a whole, and can cause other efforts to result in failure. Another problem is the lack of professional networks and support services for the mother. According to the assessment report on the impact of the Child Protection Act (2009), “the range of social services for children and families in the community is constantly growing. Despite the development of social services, the capacity for providing services remains insufficient to satisfy existing needs... The development of social services in the country is chaotic and disorganised, and is dependent mainly on the initiative and interest of the suppliers” (p. 8). Aside from the problems identified above, there are a number of other issues that are mostly related to legislation and administrative procedures. These issues include:

- Legislation that outlines regulations for preventing abandonment, which requires a 24 hour reaction to every potential case of abandonment (Article 9, Paragraph 1 of the Regulation on the conditions and rules for measures for prevention of abandonment of children and their placement in institutions, as well as their reintegration, 2003). This regulation is not practical in terms of real life scenarios, and as a result is not effective.

For example, there is a difference between administrative working hours and the dynamics of cases in maternity units.

- When a mother declares her intention to abandon her child, the child protection departments do not, in practice, work within a 30 day period to prevent it.
- Long administrative procedures (e.g., the duration of court proceedings).
- There are no statutory incentives for adoption and foster care (e.g., adoptive parents do not benefit from maternity leave following the adoption of a child if the child is 2.5 years or older).
- The social, health and judicial system do not co-operate with each other for the benefit of the child.
- Lack of adequately prepared university staff who are able to work on prevention.
- Health personnel advise parents of children with disabilities to abandon them. Additionally, the prevailing medical model regarding children with disabilities states that the children will receive better care in institutions.
- Chaotic health services hinder parents in terms of understanding the complex referral and redirection between hospitals and doctors.

As a result of these issues, the prevention of abandonment does not happen as it should. This is not in line with the national strategy for children, which aims to ensure that the right of the child to live with his or her parents is secured.

#### **4. Data collected from Maternity Units in Bulgaria**

In 2009, there were 80,956 live births in Bulgaria, and the infant mortality rate was nine deaths per 1,000 live births. There are currently 112 maternity units/hospitals in Bulgaria, 10 of which are 'baby friendly' according to UNICEF regulations. As part of the current EU Daphne-funded project, 10 maternity units in Bulgaria were contacted for information relating to the infants born in their hospital. This data is presented in the tables below, and provides some insight into the extent of child abandonment in each maternity unit, possible causes of abandonment, community and social work within the maternity units, and strategies in place that assist in preventing abandonment.

Table 1: General statistics from 10 maternity units in Bulgaria

	Maternity Unit										Total
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Number of live births	768	1,678	896	2,669	1,502	923	4,489	828	2,434	3,966	20,153
Number of infants classed as abandoned	2	17	1	100	20	7	44	3	8	48	250
Number of infants who died within 7 days	2	15	2	15	3	1	2	2	11		53
Number of infants who died within 28 days	0	3	1	6	3		N/A		9		22
Number of maternal deaths	0	0	0	N/A	0		0		0		0
Number of infants born with a disability	0	7	8	54	13	6	8	246	404		746
Number of infants born premature	45	280	100	472	188	57	315	68	269		1,794
Number of infants born with a low birth weight	50	328	78	472	188	57	289	68	269		1,799
Number of	0	2	0	0	0	0	0	0		0	2

mothers who did not provide identity											
Number of mothers who left without their infant, without doctor's consent, and without saying when they will be back	0	5 (60% male infants, 40% female infants)	0		0	0	18 (38.9% male infants, 61.1% female infants)	0	5 (40% male infants, 60% female infants)	9	37
Number of mothers who left without their infant, but were reunited	N/A	3 (33% male infants, 67% female infants)	0		0	0	9 (44.4% male infants, 55.6% female infants)	0		22	34
Number of mothers who agreed to sign adoption papers before leaving hospital	N/A	0	0	32	N/A	6	N/A	0		N/A	38

Note: N/A refers to data not being available.

Eighty per cent of the 10 maternity units felt that there was an overrepresentation of certain ethnic minority groups among the children who had been abandoned there. Indeed, 50% of the maternity units reported Roma children as being frequently abandoned. In addition, of the 10 maternity units, only three were classified as being 'baby friendly (according to UNICEF guidelines).

Table 2: Possible causes of children being abandoned at maternity units

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Poverty/financial hardship	X	X		X	X		X	X		X	70
Poor housing or homelessness	X	X		X	X		X	X		X	70
Parents with learning difficulties	X	X		X							30
Parents with mental health difficulties		X		X	X		X			X	50
Parents with alcohol or drug problems		X		X			X	X			40
Parents' lack of sexual education and family planning	X	X		X			X	X		X	60
Teenage parent without support	X			X	X		X	X		X	60
Single mother with father absent		X		X	X		X	X		X	60
Poor preparation for birth / no contact with health services		X		X				X		X	40
No community home visits to pregnant mothers				X				X		X	30
Traditional maternity services (no baby friendly)		X		X							20

services available)											
No community home visits to families with newborns		X									10
Other reasons		Non-identification of 'at risk' women before birth	Child's disability		Child with ill health						

Table 3: Community and social work within the maternity units

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
High risk mothers are identified before giving birth	NO	NO	YES	NO	YES	NO	NO	YES	NO	YES	40
Community health professionals visit expecting mothers prenatally	NO	YES	YES	NO	NO	N/A	NO		NO	NO	20
Visits are made to all mothers (universal service)	NO	YES	YES	NO	NO	N/A	NO		NO	YES	30
Visits are only made to high risk	NO	YES	NO	NO	NO	N/A	NO	YES	YES	YES	40

mothers (targeted service)											
There is a hospital social worker	YES	YES	NO	NO	YES	NO	YES	YES	YES	YES	70
When a mother is identified as at risk of abandoning her child in a hospital or maternity unit she receives counselling	YES	100									
These mothers are encouraged to keep their children	YES	100									
These mothers are counselled to help them make their own decisions	YES	100									
These mothers are encouraged to sign adoption papers	NO	0									
Information about child birth and the maternity unit is provided in more than one language	YES	NO	YES	NO	NO		NO	YES	NO	YES	40

Note: N/A refers to data not being available.

Table 4: Prevention strategies for child abandonment within maternity units

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Home visits to pregnant mothers by health professionals	NO	YES	NO	NO	NO	N/A	NO	YES	NO	NO	20
Screening pregnant mothers around 20 weeks	NO	NO	YES	YES	NO	YES	YES		NO	YES	50
Social care and counselling in maternity units	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	90
Mother's identity confirmed in hospital	YES	100									
Child given identity before leaving hospital	YES	100									
Baby friendly maternity unit/hospital (newborn in room with mother, breastfeeding/cuddling on demand, no set visiting times for father, siblings and grandparents)	YES	YES	NO	YES	YES		NO	YES	YES	YES	70
Referrals to mother and baby units, shelter to high risk mothers with their children	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	90

Support for parents with special needs children	YES	YES	YES	YES	YES	N/A	YES	YES	YES	YES	90
Referrals to day care provision for children with special needs (e.g., children with physical/intellectual disabilities)	YES	NO	YES	NO	NO	N/A	YES	YES	YES	YES	60
Parent education and family planning	NO	YES	YES	NO	YES		YES	YES	YES	YES	70
Family planning services	NO	NO	YES	NO	NO		YES		YES	YES	40
Referrals to housing and social services	NO	NO	NO	YES	NO		YES	YES	YES	YES	50

Note: N/A refers to data not being available.

## 5. Preventing Child Abandonment in Bulgaria

In terms of policy, a range of actions have been undertaken in the last 3–5 years to challenge the large number of children (aged 0–3) who are abandoned in Bulgaria. One of these actions was the introduction of *Methodological Guidance* (State Agency for Child Protection, 2009) on preventing child abandonment at maternity units. This guidance has been implemented by the hospitals and the child protection system. In addition, another guidance document (State Agency for Child Protection, 2009) is available that outlines the way in which parents should be told that their child has been born with a disability. This is so as to minimise parents making an uninformed decision to abandon their child, and to assist them with considering the alternatives. However, a lot more needs to be done in the health system to ensure that the number of children being abandoned is reduced. One of the biggest challenges will be changing the approach and introducing an integrated and multi-disciplinary system to address cases where there is a risk of child abandonment.

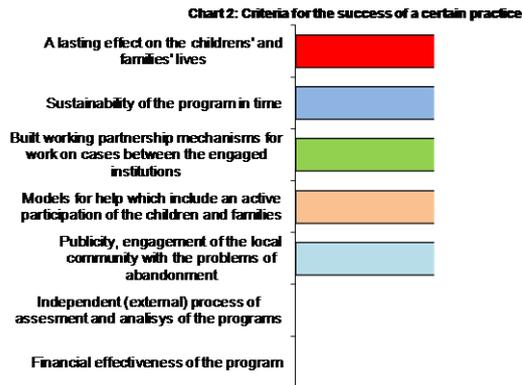
In 2009, in consultation with a number of NGOs, the government produced an important document called *National Strategy Vision for the Deinstitutionalisation of Children in the Republic of Bulgaria*. There are two measures outlined in this document that are noteworthy. Firstly, the closure of 137 institutions for children over the next 15 years, and secondly, avoiding placing children aged 0–3 in residential care after the reform period.

The high number of children placed in institutions in 2009 is a clear indicator of the lack of services aimed at prevention. However, good practice has been identified within the child protection departments and other organisations, as well as within maternity units where integrated intervention has been found to significantly reduce the level of abandonment. In 2010, a national plan was developed to close all 32 child institutions by developing community-based services for these children. However, the financial model for this package of services has not been produced yet, which presents a serious obstacle for reducing child abandonment, particularly since poverty is one of the primary reasons for abandoning a child.

### 5.1 Working towards good practice in Bulgaria

There is no functioning system for preventing child abandonment in Bulgaria. In particular, there is a lack of well-developed community-based alternatives to institutional care. Although good practice in this field has been identified, it remains chaotic and uncoordinated. The essential conditions for preventing child abandonment are that practice should be consistent, and the organisations involved should have a well-developed working partnership. Additionally, it is important that children, families and the local community get involved.

During interviews with 18 experts from member organisations of the Bulgarian National Network for Children, the research team discussed the processes that need to be established for the effective prevention of child abandonment. The conclusions of these discussions are presented in Chart 2. Based on the challenges of preventing child abandonment (highlighted above), and the experiences and achievements of the prevention practices already established, a model outlining good practice in terms of preventing child abandonment in Bulgaria can be made.



### 5.1.1. Recommendations generated by the providers of good practice in Bulgaria

- Develop legislation that meets the requirements of society, and is realistic in terms of being put into practice.
- Improve financial resources and the number of staff working in child protection departments.
- Alternatively, outsource this work to social service providers who are well known for their successful work. In this way, child protection departments would only have to focus on managing the provision of these social services (and not providing the services themselves).
- Target services towards preventative field work with high risk groups, using mobile teams of specialists. This would involve human resources for intensive work, vehicles for mobility, overcoming language and cultural barriers by hiring mediators and interpreters for work in the Roma community, mechanisms to allow for fast co-operation between organisations, and skills to work in both communities and the homes of families.
- Encourage consultation between pregnant women and their doctors, particularly when monitoring the pregnancy (when there is risk of child abandonment).
- Develop a family-orientated approach to support not only the child, but the whole family, thus respecting the child's basic rights to live in a family environment.
- Create a partnership network between the prevention services. This should include all of the stakeholders who work in some way to prevent child abandonment. In addition, there should be co-operative interaction between the child protection departments, service providers, parents, and the extended family.
- Adopt an individual approach to every case. This is particularly important given the diverse risk factors relating to abandonment, and the specific problems faced by each family.
- Implement a multidisciplinary team of specialists (not just the social worker from the child protection department) to make decisions regarding the child's placement, and the work that shall be undertaken with the child's family.
- Integrate health and social services for infants and children.

- Effectively promote prevention services in the local communities.

## **5.2 Services that help to prevent child abandonment in Bulgaria**

A number of services aimed at directly and indirectly preventing child abandonment in Bulgaria have been developed. Thirteen providers of these services were interviewed for the purpose of the current EU Daphne-funded project. The different types of services provided, and the range of client groups they are aimed at, shows that efforts are being made to target the numerous factors that have an impact on child abandonment. These programmes offer:

- Services to support families who are identified as being at risk of abandoning their child, by working with them directly in the community.
- Residential services for the support and placement of whole families experiencing difficulties.
- Support, training and advice for foster carers and prospective adoptive parents, so as to make the placement of abandoned children in their care as successful as possible.
- Support for families wishing to get their children back from institutional care.
- Financial advice and direct financial or material aid.
- Support for Roma families.
- Support for families where evidence of abuse and/or neglect has been identified.

These programmes address the prevention of abandonment from a number of different angles, and are able to target a wide range of issues that impact on child abandonment in Bulgaria.

A brief description of each of the 13 prevention services is outlined below. These descriptions provide information regarding the purpose of the service, who funds it, whether they have a direct or indirect focus on preventing child abandonment, the target group or clients, the types of intervention offered, whether they attempt to integrate children who have been abandoned back to their biological family or to a foster family, whether the service follows up on the families and/or children they work with, the impact the service has had on preventing child abandonment (if known), and finally, a case study of a family or child helped by the service.

By looking at the services outlined below, it is apparent that the majority have a direct focus on reducing and preventing child abandonment in Bulgaria. For some of the services identified, the prevention of child abandonment is the main focus of their work. For others, the prevention of child abandonment is just one of the many different activities they carry out. What can be seen from the outline of the work carried out by the service providers is that the prevention of child abandonment is tackled from a number of different angles and with a range of client groups. Although there is a level of overlap between many of the services, they all tend to focus on different aspects of abandonment (e.g., addressing social issues, working with teenage parents, helping children born with disabilities, or helping children be rehabilitated back into a family from institutional care). An interesting observation is that five out of the 13 services provide direct material or financial support to families in need, thus directly addressing the impact poverty and financial hardship can have on the decision of a Bulgarian family to abandon their child(ren). The programmes are provided within the community where possible and appropriate, and in some cases, residential care is available in order to provide more intensive support and training to families in need. For example, one of the programmes identified for this project offers accommodation within a ‘training centre’ for single or young mothers, in order to help them learn how to be a good parent to their child,

and in order to develop the bond and attachment between them. Finally, the focus of a number of the services on training and supporting prospective foster and adoptive parents when taking on a child who has been placed in institutional care indicates that these services also provide a reactive approach to child abandonment. This is in terms of working to prepare the new family to take on an institutionalised child, thus increasing the chances of the child being successfully re-homed into a family.

### **5.3 For Our Children Foundation, Community Support Centre ‘St. Sofia’**

#### *Overview of the service:*

- For Our Children Foundation has been developing services for the prevention of abandonment of children since 1997 and they are part of its strategic objectives in relation to improving the well-being of children during the first year of their life.
- The Community Support Centre St. Sofia was created by the For Our Children Foundation under a number of EU projects. It shares the same building as the Home for Medical and Social Services St. Sofia for children aged 0–3, and aims to contribute to the process of its deinstitutionalisation.
- The Centre’s team is composed of a wide range of specialists including social workers, psychologists, family therapists, physiotherapists and pedagogues. Their work is supervised by experts from the most prominent Bulgarian think-tank working in the field of child and family therapy: the Bulgarian Institute for Human Relations. The Centre’s capacity is to work with 105 clients.
- Provides a comprehensive, community-based service that works towards reducing and preventing child abandonment in a number of ways. The prevention team of the Centre provides prevention during the pre- and post-natal periods, as well as prevention in three maternity units in Sofia.
- Supports parents who are struggling to look after their new born baby and may be at risk of, or are considering, placing the baby in an institution.
- Supports parents of children who are in institutions with the aim potentially to encourage reintegration.
- Supports the development of children who are already placed in an institution by producing holistic assessments, which can make the placement in family-based care possible.
- Provides training, support and guidance to foster carers.
- Provides support and training for adoptive parents to reduce adoption breakdown risk.

#### *Funding from:*

- State
- Co-funding from the Foundation’s own resources

#### *Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

#### *Target groups:*

- Pregnant women

- Mothers who have declared their intention to leave their children
- Family members

*Services offered:*

- The Centre's social workers in cooperation with the three largest maternity units in Sofia and the Child protection departments directly support mothers before and immediately after birth to keep their babies. If needed, psychologist and family therapist intervenes.
- The mother is informed and consulted in the hospital by the prevention team on all issues related to the health, emotional status, plans and concerns for the baby or herself.
- Intensive support is provided in the post-natal period, including monitoring and helping the family in the home environment to acquire parenting and practical skills for taking care of the newborn. If the baby has disabilities, physiotherapy is provided. The family is also given consultation by a paediatrician, if needed.
- The prevention team advocates for the mother and her family before institutions and organisations in order to facilitate their access to different services.
- Material and financial aid is available if the risk of abandonment is due to lack of resources for taking proper care of the child in order to meet their most urgent needs. A package for the new born is provided consisting of the most needed items for the baby, such as clothes and baby cosmetics
- To ensure early prevention, the team delivers parental skills courses, which cover basic care for babies, development of attachment relations and other subjects

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- The service follows up on children who have been adopted or fostered.

*Known impact of the service:*

In 2011, the service has supported:

- 10 pregnant women during the pre-natal period, some of whom were minors
- 27 mothers in maternity units to prevent abandonment of their babies
- 122 families to keep their children and to ensure a secure environment for them
- 22 families whose children have disabilities, by provision of services in the home environment, including physiotherapy
- 85 participants in courses for parental skills
- 13 children to be reintegrated with their families.

A main achievement of the programme is the demonstration of a mechanism for connecting medical and social services, and organising them around the child and the family according to their needs in a particular case.

*Case study:*

The service helped support a single mother with three children, who became pregnant with a fourth child. She was thinking of abandoning the fourth child at birth, as she felt that she could not cope emotionally or financially with another baby. After receiving support from the centre, the mother began to feel more confident. The service has continued to work with her throughout her pregnancy, so as to help her plan for the baby's arrival, and provide financial support to improve the care of the other three children. They have also helped her gain access to the social benefits to which she is entitled.

## **5.4 FICE Bulgaria**

*Overview of the service:*

FICE-Bulgaria comprises of professionals working in the field of child welfare. Its members include 100 judicial and other professionals, including those working in children's homes, social-pedagogical boarding schools, and non-governmental organisations. It works with children deprived of parental care, educators, teachers, social workers and students. In 2010, FICE-Bulgaria finalised a project in the city of Dobrich, which aimed to deinstitutionalise children at risk by restructuring specialised institutions and providing alternative social services. In the children's home 'Duga', alternative social services were created that aimed to decrease the capacity of residential care, and create conditions to allow for an individual approach to meet the needs of each child. Within the established Community Support Centre, services for the prevention of child abandonment have been developed.

*Funding from:*

- Grants
- State

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target group:*

- Children living in residential care services

*Services offered:*

- Prevention of child abandonment
- Reintegration of children from residential care back into the family
- Deinstitutionalisation programme

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, for a duration of six months.

### **5.5 Give a Smile Foundation, 'Prevention of Child Abandonment' programme**

*Overview of the service:*

- The service supports single mothers and families with many children.
- The main aim of the 'prevention of child abandonment' programme is to provide direct and timely financial resources that are needed to raise the children.

*Funding from:*

- Self-funding

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Single mothers
- Families with many children

*Services offered:*

- Providing psychological and material help to parents in difficult situations.
- Once-off or regular monthly support, with clothes, shoes, food, diapers, and medications.
- Providing the necessary resources needed for raising newborns.
- Support in gaining identification cards for parents who do not have them, so that they may receive the social benefits to which they are entitled.
- Encouraging and motivating parents to raise their children in a family environment.

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, follow-up takes place every six months.

*Known impact of the service:*

- Over 200 families have been supported.
- The abandonment of 20 children (aged 0–3) has been prevented.

*Case study:*

The child protection department informed the service of a single mother whose child was thought to be 'at risk'. The family were living in poor conditions, with no money or access to social benefits, and the child was visibly malnourished. The child was removed from the mother's care and placed into an institution to prevent any further harm. The Foundation provided the mother with the necessary material help, and helped her gain an identification card so that she could access benefits. After receiving material support and child benefits from the Social Assistance Department, the child was allowed to return home to the mother as long as she continued to receive support in the form of psychological help and assistance from the service.

## **5.6 Karin Dom Foundation, 'Early Intervention to Prevent the Abandonment of Children with Special Needs' programme**

*Overview of the service:*

- Karin Dom Foundation is a non-governmental organisation that operates in the city of Varna. The Foundation is committed to giving people with disabilities a better quality of life and equal opportunities.
- The organisation runs a Centre for Rehabilitation and Social Integration of Children with Special Needs and Their Families, as well as a Centre for Vocational Training.
- In December 2010, the Foundation launched their early intervention programme for preventing abandonment due to disabilities. The goal of the programme is to decrease the abandonment and institutionalisation of children with disabilities. It is aimed at children (aged 0–4) who have special needs, are at risk, or are falling behind in their development.
- The main achievement of this programme is its family-oriented approach, which places the child at the centre and works with the whole family. This allows the parents to establish their priorities in terms of their child's development, and work towards achieving goals that improve their child's condition or change their social environment.

*Funding from:*

- Agency-funded

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Families with children (aged 0–4) who are at risk of developing a disability.
- Children with special needs in terms of their cognitive, motor, social, emotional, or speech abilities.

*Services offered:*

- Support for breastfeeding mothers (e.g., individual consultations in the maternity unit, via phone, or in the mother's home; informative lectures for pregnant women and mothers about breastfeeding, and the development of their children during their first year).
- Home visits by a specialist consultant regarding the early development of the child. This includes: rehabilitation, psychologist, speech-therapist, special pedagogue, social worker, paediatrician, or a consultant on breastfeeding.
- Play groups for parents and children (aged six months to three years) aimed at stimulating the children's development, making social contacts, and sharing experiences and ideas between parents.
- Development of a parents' support network.
- A resource library (e.g., literature for parents, children's books and toys).

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, for 3–4 years.

*Known impact of the service:*

- Families feel more satisfied, relaxed and supported, reducing the risk of them leaving their children in an institution.
- Development of additional services (e.g., child therapy).
- Regular consultations (15–20 a day) in the maternity units of two of the hospitals in Varna.
- 12 organisations in the country are trained in this way.

*Case study:*

Family of a child born in Varna with malformations of the limbs: The doctors advised the mother not to see the child and not to stay together. They gave her the example of a doctor whose grandson was abandoned in an institution, and suggested this as an option. The doctors informed the father that the situation was hopeless, that the treatment is very expensive, and that the child will never walk. The parents therefore placed the child in an institution and have not seen the child since.

## **5.7 ECIP Foundation, Complex for Social Services for Children and Families, Sofia**

*Overview of the service:*

- ECIP Foundation is the legal successor of CARE Bulgaria, and continues to implement its on-going projects. Since May 2007, the name of CARE International Bulgaria Foundation has been changed to ECIP Foundation, which carries on the mission of the organisation within the country, by developing projects and

programmes relating to social policy reform, integration of minority groups, and social services management.

- As part of their work, ECIP Foundation runs the Complex for Social Services for Children and Families in Sofia.
- A Mother and Baby Unit operates within the Complex, and provides a temporary shelter for pregnant women and mothers (for up to six months) who are at risk of abandoning their children

*Funding from:*

- International organisations

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Families at risk
- Pregnant women at risk
- Children who have been abandoned

*Services offered:*

- Prevention of child abandonment.
- Prevention of risky behaviour by children, and help for children with behavioural problems.
- Prevention of children dropping out of school.
- Decreasing the number of children placed into institutions, and reintegrating children out of specialised institutions.
- Ensuring that there is a possibility for foster care and adoption.
- Integration, help and support for children with disabilities and their families.
- Co-operation and support for children who are victims of violence and/or exploitation, including child labour.
- Support and consultation for pregnant women who are at risk of abandoning their child once he or she is born.
- Support for children and families in the community.

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, for six months.

*Case study:*

14 year old girl who grew up in institutions and became pregnant by a classmate, who also grew up in an institution. Placed in the mother and baby section of the service when she was six months pregnant, and remained with her baby in the unit for one year, as she could not go to another institution with her child. She was later placed in a foster family that the service helped to mediate.

## **5.8 Samaritans Association, ‘Prevention of Abandonment’ programme**

*Overview of the service:*

- The Samaritans Association’s mission is to work to unite children, youths, the elderly and families at risk in the Stara Zagora Municipality, and to provide support to separate groups of people and communities by carrying out a number of activities and delivering a number of different services.
- In relation to preventing child abandonment, the Association provides (a) a Community Support Centre to prevent abandonment, and work with children at risk in the community, (b) a Mother and Baby Unit which provides a temporary placement where short-term social services are provided in an environment that is as close to a family environment as possible, the main aim of which is to prevent abandonment and help develop the relationship between the mother and baby, and (c) a unit for early psychological and social intervention to support the families of children with extra support needs.
- The service conducts partner work between all institutions in the municipality of Stara Zagora. This combination of social work with the possibility of providing residential credit from Habitat Bulgaria allows the opportunity to improve the living conditions of the clients.

*Funding from:*

- The Community Support Centre and the Mother and Baby Unit are funded by the state.
- The Early Psychological and Social Intervention Centre is funded by the EU Daphne programme.

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Roma families
- High risk families
- Families with children with disabilities

*Services offered:*

- Carrying out informative meetings with representatives of the local authorities and informal leaders.
- Initiating groups that inform the representatives of the local community about organisations that provide children with protection.
- Updating the analysis of the social environment in seven villages.
- Identification of families and children at risk.
- Preparation and reporting to the Social Support Directorate.
- Providing social services in the community (e.g., consulting, assistance, mediation).
- Material and financial support (e.g., search for suitable users of personal crediting from Habitat – Bulgaria, and provision of contraception).
- Social work on cases, selection of associates from the community.
- Planning of individual or group activities, with the purpose of training the associates from the community who would contribute to the development of a supportive network for families at risk.
- Mother and Baby Unit to provide support to mothers who are at risk of abandoning their child(ren).
- Specialist psychological and social support for children in need.
- Parenting training for pregnant women.
- Support groups for mothers who leave the Mother and Baby Unit, and also for those with children with disabilities.

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, for up to one year.

*Known impact of the service:*

- Worked with 23 cases of children who were at risk of abandonment.
- 19 reports to the Department of Child Protection for cases of children who were at high risk of abandonment.
- 18 referrals from the Department of Child Protection.
- Individual social work with 132 clients altogether, involving social services, social consulting, mediation and assistance, and provision with financial support.
- Programme for group work with women who are likely to abandon their children.
- Arrangement between the implementation team and the local mayors for provision of rooms for the group programmes.
- Survey on the need for family planning within the risk groups.

*Case study:*

Mother from a Roma family who has 11 children, her partner is often absent. They live in very poor conditions and the only source of income is the children's social benefits. Mother became pregnant again and informed the Social Assistance

Directorate that she wanted to abandon the child once he or she was born. Once the child was born, social workers from the Centre started working with the mother to help develop her attachment to the baby, motivate her to keep the child, and provide material support. Mother and baby are still together.

### **5.9 Sauchastie Association, ‘Prevention of the Abandonment of Children from the Roma Community’ programme**

#### *Overview of the service:*

- Provides a community-based service for Roma families, aimed at educating them about child abandonment and the impact it can have on the child.
- Identifying families at risk of abandoning their children, and supporting those families who have been identified as being at risk.

#### *Funding from:*

- Grants
- Local authority

#### *Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

#### *Target groups:*

- Families with a significant risk of abandoning their children in institutions
- Single women, pregnant women and families with many children who live in social isolation
- Families that already have a child/children in an institution
- Families that have a child/children back from an institution
- Women who are prostitutes
- Families that work abroad
- Young parents
- Young people with risky sexual behaviour (i.e., many sexual partners, unsafe sex, antisocial behaviour).

#### *Services offered:*

- Educating and disseminating information in the Roma community.
- Training of Roma foster parents and women – leaders in the community for early detection and consultation of families at risk.
- Parent training skills groups.
- Early detection of cases where children are at risk of being placed in an institution.
- School for young parents.
- Work with young people with risky sexual behaviour to prevent child abandonment.

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, for six months or more if needed.

*Case study:*

Family with three children living in poor conditions with limited resources. Both parents and two of the children are ill with tuberculosis, which requires long hospital stays in different cities, meaning that the healthy child is at risk of being placed in an institution until his parents return home. The service helped the family by speaking to extended members of the family and arranging for the healthy child to stay with the father's relatives when the parents were hospitalised.

### **5.10 For Our Children Foundation – Plovdiv, ‘National Centre for Preventing the Abandonment of Children aged 0 to 3 years’ programme**

*Overview of the service:*

- The National Centre for Preventing the Abandonment of Children aged 0 to 3 was created under a project realised in 2009–2011. The work of the Centre was launched in Sofia in 2009, and later a centre in Sofia also started functioning. Since the end of the project, the prevention service of For Our Children in Plovdiv has been delivered by the Community Support Centre “For Children and Parents”. The Centre has developed partnerships with the three largest maternity units in the city where services for prevention of abandonment are delivered directly to mothers at risk.
- Under the project, a comprehensive, community-based service is delivered by a multi-disciplinary team consisting of a social worker, neonatologist, paediatrician, physiotherapist, family therapist, and other specialists.
- Support is provided to parents who are struggling to look after their infant and may be at risk of, or are considering, placing the baby in an institution.
- Supports parents of children who are in institutions aiming at reintegration with the family.
- Provides training, support and guidance to new and prospective foster carers.

*Funding from:*

- State
- For Our Children Foundation co-funds some of the activities

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Children who have been, or are at risk of being, abandoned, as well as their families
- Families in need who lack social support
- Children who have been abused or neglected
- Prospective foster or adoptive parents

*Services offered:*

- Services are provided in maternity units, where the social workers of the centre are on duty to inform and advise mothers of the effects of abandonment on their children. The mothers are supported to share their emotions and concerns in relation to the baby. They receive information on available medical and social services for their child. This work is performed in coordination with the state child protection department in Plovdiv.
- Consultation for the mother and her family is provided when a child is born with disabilities, in relation to their emotions as well as what support is available for meeting the child's needs.
- Intensive work is performed by social workers and medical staff in the family's home environment, including supervision and support after the birth of the baby, in advising the family how to take care of the child.
- Preventive work to reduce child neglect (which leads to placing the child in an institution).
- Provision of material and financial support to families with limited financial resources, aiming to meet their immediate needs after the birth of the baby.
- Individual and group-based courses for parenting skills are provided in partnership with the medical staff of the maternity units.
- Advocacy for the mother and the family before different institutions and organisations in order to ensure their access to different services.
- Work with children with behavioural problems who are at risk of dropping out of school.
- Reintegration of children from institutions back into their families.
- Support and training of foster and adoptive families.

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, for 3–6 months.

*Known impact of the service:*

- In one year (1 October 2009–30 September 2010), the National centre provided services in Plovdiv and Sofia for 259 children and families as follows:
  - 146 cases where an individual plan for support was developed.
  - 41 families received a package for the newborn baby consisting of materials to meet the basic immediate needs of the baby.

- 18 children from HMSCC Plovdiv were included in socialising activities.
- 54 participants in information meetings for foster care.
- For the first six months of 2011, CSC for Children and Parents, Plovdiv, worked on 117 cases, 66 of which were on prevention of abandonment.

*Case study:*

Roma family with four children. The service got involved with the family after concerns were raised about the third child as, due to financial reasons, the parents did not go to visit her in the hospital after she was prematurely born. When the child was discharged from the hospital, the service continued to support the family by providing material support, information, consultation and representation in front of other agencies. The child developed a number of illnesses and disabilities as a result of her premature birth. The service supported the family in gaining help and information about the child's disability. After the mother and the baby left the hospital, the team of the Centre continued to support them at home with information and consultations, material support, mediation and representation in front of different agencies. As a result, the abandonment of the baby girl was prevented.

### **5.11 UNICEF & SAPI, 'Family for every child' programme**

*Overview of the service:*

- Works towards enhancing the social inclusion of vulnerable groups in Bulgarian society.
- Runs a Centre for Social Services in Shumen, which supports children and families at risk in terms of building a healthy family environment for raising the child.
- Aims to prevent the abandonment of children in institutions.
- Provides a Mother and Baby Unit in the Centre for Social Services, which offers accommodation and support for up to six months for mothers who have been identified as being at risk of abandoning their children.

*Funding from:*

- State
- Projects within UNICEF

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Children in specialised institutions
- Children at risk of abandonment
- Prospective foster families
- Children's biological parents
- Families and mothers at risk and in need
- Children who have been abused and/or neglected

- Parents of children between 0 and 3 years
- Professionals who work with families with children, specifically in the areas of social activities and health care
- State institutions that work on family policies

*Services offered:*

- Informational campaigns
- Social and legal consultation
- Team work to build skills
- Group programmes for positive parenting
- Schooling for pregnant women
- Training of prospective foster parents
- Assessment of prospective foster parents
- Support for the foster family when they are getting to know the child
- Observation and support for the foster family when taking care of the child

*Follow-up on families helped by the service?*

- Yes, for a minimum of six months

*Known impact of the service:*

- 98 children received prepared assessments.
- 58 mothers who were at risk of abandoning their children were helped via consultation and being informed of the risks of child abandonment. They were also informed about the support available, including material and institutional support.
- 45 mothers were successfully prevented from abandoning their children at maternity units.
- Cross-institutional co-operation and partnership between governmental and municipal institutions and the non-governmental sector.

*Case study:*

A single mother with a 2-year-old child didn't have support from her family, a safe home or regular income. The service offered her a place in a Mother and Baby Unit and tried to support her in her home. However, the mother started a job abroad to gain a regular income and so her child was placed in foster care.

**5.12 International Social Services in Bulgaria & Club of Non-Profit Organisations, Targovishte, 'Support from the Community for Raising Children in a Family Environment' programme**

*Overview of the service:*

- International Social Services in Bulgaria runs a Mother and Baby Unit in Targovishte, which is part of the local complex for social services for children and families.
- The Mother and Baby Unit has the capacity to provide shelter and support for eight mothers and their children.

- The Mother and Baby Unit aims to prevent the abandonment of children (aged 0–3), as well as prevent situations that endanger the safety, health and development of the children.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Families in need and experiencing difficulty
- Pregnant women and girls at risk of abandoning their child
- Families wishing to get their children back from institutions
- Children and Roma families at risk

*Services offered:*

- Support for pregnant women
- Support for mothers with children (aged 0–3)
- Counselling
- Parenting classes
- Prevention of risky sexual behaviour
- Training, discussions and meetings with representatives of the local communities
- Training and inclusion of social mediators as representatives of the community when working with families at risk

*Follow-up on families helped by the service?*

- No

*Known impact of the service:*

- Helped over 40 families to improve the care of their children.
- Changes in the behaviour of the parents – mutual trust, assuming tasks, increased responsibility, sharing of responsibilities.
- Changes in the team – recognition of the problems ‘from the inside’ and in time, which allows timely reaction before the problem becomes irreversible.
- Families come to the organisation before demanding services from institutions because they know that they will receive real support.

*Case study:*

A mother with five children, who is pregnant again, is thinking of placing the unborn baby for adoption as soon as he or she is born. Her partner works abroad and has not sent them any money to sustain them. The family lives in poverty and in very poor

conditions. They were originally being helped by the ‘Abandonment Prevention Service’, but social workers arranged for them to be placed in the Mother and Baby Unit urgently. Whilst there, the mother was evaluated as having good parenting skills and is very capable of caring for her children. The service helped the children to enrol in school. The father began sending them money while they were in the Mother and Baby Unit, which the mother managed to save, and after he returned home from France, they all went home together. The family now receives support from the ‘Support and Consultation’ service in the CPS and the mother has been given advice and support on choosing a good method of contraception.

### **5.13 Amalipe Centre, ‘Encouraging Fieldwork with Traditional and Marginalised Groups of the Roma Community’ programme**

#### *Overview of the service:*

- Beginning in February 2011, it is a two-year initiative implemented in Bulgaria, Romania and Greece by the Amalipe Centre and partner organisations.
- It focuses on identifying and tackling different problems and challenges that Roma families face, including the risk of child abandonment.
- Six Community Development Centres for direct work with the Roma community have been established in Bulgaria.
- Work involves direct fieldwork in the Roma neighbourhood, including daily visits to Roma families.
- Work through questionnaires to identify any problematic areas with family life, including risks for the child.
- Innovative method as it adopts an active approach to screen for problems and identify risk.

#### *Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

#### *Target groups:*

- Children, youngsters and women exposed to risk in the marginalised and traditional groups of the Roma community in Bulgaria, Romania and Greece – 8 municipalities, 480–600 direct beneficiaries.
- Roma families from marginalised and traditional groups of the Roma community: not only the people exposed to risk will be taken into account, but also families in isolation and/or traditional groups of the Roma community – around 1,200 families.
- Social workers, teachers and other employees within the project – around 180 direct beneficiaries.
- Moderators in the Roma community within the project – 16 will be hired.
- Local Roma leaders and NGO activists from Bulgaria, Romania and Greece.
- National institutions and officials from key institutions for prevention and protection in Bulgaria, Romania and Greece.

### *Services offered:*

- Mobilising the Roma community – this will involve developing the communities to recognise and prevent cases of violence.
- Training moderators in the community – initial training and follow-up training at the workplace (including exchange trips).
- Observing and supporting the moderators and the centres for development in the community.
- Developing activities and mechanisms for supporting the community to mobilise and prevent violence.
- Assisting with co-operation between institutions and the Roma community.
- Training social workers, teachers and other governmental employees.
- Training NGO activists, and formal and informal leaders who work in the community organising collaborative meetings for the employees of governmental and municipal administration.
- Training moderators and NGO activists in terms of how to plan joint campaigns and mobilise the community.
- Preparing and implementing local programmes to develop the community and prevent violence.
- Public campaigning.
- Lobbying activities.
- Exchanging practical experiences between Bulgaria, Romania and Greece.

### *Case studies:*

Since the Roma community moderators are well known in the community, the moderators in one town were contacted by the parents of a girl (who was under the age of 18). The girl had been absent for a long time, and had returned home pregnant. She wanted to abandon her baby. After intervention, the girl decided to keep her baby.

The Roma community moderators identified children at risk who were living with their grandparents, who did not have sufficient finances to take good care of them. Amalipe initiated discussions with the child protection department, which led to them being provided with material support and prevented the children from being placed in an institution.

## **5.14 SOS Children's Villages Bulgaria, 'Support for the Family: Preventing Abandonment' programme**

### *Overview of the service:*

- Since the beginning of 2004, SOS Children's Villages Bulgaria has been working to develop programmes at a national level that aim to provide social counselling and support for children and families at risk in order to prevent children being placed in institutions.
- Objectives of the national programme are:
  - The development and provision of community-based social services based on the needs of at risk children and their families.
  - Strengthening the capacity of the local community to support families at risk.

- Development and integration of a stable model of co-operation between the local and state structures, and NGO's.
- To provide support for children at risk of abandonment, along with their families.

*Funding from:*

- Donations

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Families with low incomes, incomplete families, and families with many children
- Young, single mothers
- Families where one or both parents work abroad, and the extended family takes care of the children
- Families where one or both parents suffer from chronic diseases
- Families where the children suffer from chronic diseases
- Families that do not have a permanent home
- Families that cannot meet the educational needs of the child
- Children who have been reintegrated into their biological families, and are at risk of being re-placed in an institution

*Services offered:*

- Psycho-social support for parents – individual and group consultations for parents on issues related to raising their children and meeting their special needs.
- Family therapy and consultations on legal matters.
- Assisting with access to specialised medical services – assistance with finding medical help and specialised treatment needed.
- Psycho-social consulting during pregnancy and the post-labour period for mothers with a high risk of abandoning their children.

**5.15 SOS Children's Villages Bulgaria, Sirak Foundation & 'For the Young and the Adult Foundation', 'A Chance to Stay in my Family' programme**

*Overview of the service:*

- The project is carried out by SOS Children's Villages Bulgaria, in partnership with Sirak Foundation and 'For the Young and the Adult' Foundation.
- The objective of the project is to develop community-based social services for children and families at risk, by establishing a Centre for Family Counselling and Support, along with conducting mobile social work.
- The services of the Centre are directed towards the most vulnerable children and families, where a high risk has been identified of the child being placed in an institution for child protection reasons.

- The project hopes to decrease the number of children placed in institutions, and increase the capacity of families by ensuring there are appropriate conditions for the child to develop physically, intellectually and spiritually.
- Aims to develop co-operation between the municipal structures for child protection and NGOs, providing alternative social services in the community.
- Aims to develop high quality social services for supporting children and families at risk.

*Funding from:*

- Phare 2004/Deinstitutionalisation: BG 2004/016-7110102

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Children (aged 3–18) at risk of abandonment in Sofia
- Families at risk of abandoning their children
- Families struggling to raise their children
- School-aged children with behavioural problems

*Services offered:*

- Social services for the above target groups
- Family counselling and support
- Mobile social work

*Known impact of the service:*

- Decrease in the number of children in institutions in Sofia
- Increased capacity of at risk families to provide the necessary conditions for the physical, intellectual and spiritual development of their children
- Development of a partnership between the municipal structures for child protection and NGOs in providing alternative services
- Providing high quality social services to support:
  - 150 children at risk of abandonment
  - 100 families at risk
  - 50 families that have difficulties when raising their children
  - 500 school-aged children



# Child Abandonment and its Prevention in the Czech Republic

by Hana Žurovcová & Kumar Vishwanathan

## 1. The Extent of Child Abandonment in the Czech Republic

In 2010, there were 117,153 live births in the Czech Republic and the infant mortality rate was 2.67 deaths per 1,000 live births. Ten children (aged 0–18) died as a result of violence. There were 484 children (aged 0–3) relinquished for adoption (open abandonment), meaning that 4.1 children per 1,000 live births were openly abandoned. There were 11 children left in ‘baby boxes’ (baby hatches). Of these children, nine were girls and two were boys. As of 31 December 2010, there were 1,513 children (aged 0–3) in institutions and 7,021 children (aged 0–3) in foster care.

At the end of 2009, the Czech Republic had 10,491,492 inhabitants. During that year, 118,003 children were born and 24,636 abortions were carried out<sup>3</sup>. In the same year, 329 parents had their parental rights removed by the court and in 353 cases the court deemed that the parents had a lack of interest in their children and placed them into institutional care. There were 530 children under the age of 14 who were adopted, 8,159 who were placed into foster care and 8,009 who were living in institutional care at the end of 2008.

In 2009 there were 34 institutions for children under the age of three years. During this year, 1,966 children were placed into these institutions. More than 50% of these children were placed there because of social reasons, 25% because of health/social reasons, and around 20% of children were of Roma origin. During the same year, 2,022 children left these institutions, of which 55% returned to their biological family, 21% were adopted and 11% were placed into foster care. Of the adopted children, 266 were adopted with the agreement of their parents, 137 were cases where the parents lacked interest in the child, and 30 children were adopted following the court’s removal of their parents’ rights. In the latter two cases, these children spent more than a year in institutional care<sup>4</sup>.

In 2009, 19 parents were charged with the criminal act of ‘abandonment of a child’<sup>5</sup>. This criminal act is defined as the act of placing a child in danger of death or bodily harm by somebody who is responsible for the care of the child and where the child is unable to take care of itself. In the same year, one mother was charged with the criminal act of the ‘murder of a newborn by its mother’.

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<sup>3</sup> Prague 2010, Demographic situation in the Czech Republic in 2009, Institute of Health Information and Statistics of the Czech Republic, [http://www.uzis.cz/download.php?ctg=20&search\\_name=demografick%E1&region=100&kind=21&mnu\\_id=6200](http://www.uzis.cz/download.php?ctg=20&search_name=demografick%E1&region=100&kind=21&mnu_id=6200). Retrieved 30.04.2010.

<sup>4</sup> Prague 2010, Activity of institutes for infants and homes for children up to three years of age and other institutions for children in 2009, Institute of Health Information and Statistics of the Czech Republic, [http://www.uzis.cz/download.php?ctg=20&search\\_name=kojeneck&region=100&kind=21&mnu\\_id=6200](http://www.uzis.cz/download.php?ctg=20&search_name=kojeneck&region=100&kind=21&mnu_id=6200). Retrieved 30.04.2010.

<sup>5</sup> <http://www.policie.cz/web-informacni-servis-statistiky.aspx>. Retrieved 30.4.2010.

There are 37 ‘baby boxes’ in the Czech Republic, which allow for parents to anonymously abandon their children anonymously. At the end of June 2010, 32 babies had been placed in these boxes<sup>6</sup>.

### 1.1 Typology of child abandonment in the Czech Republic<sup>7</sup>

Child abandonment in the Czech Republic can typically be defined as:

- A) Permanent abandonment of the child: when the parent leaves the child with no intention of taking care of it. In such cases the identity of the parent can remain known (in cases where adoption papers are signed) or unknown (anonymous abandonment). If the parent abandons the child by leaving them at a hospital, office, maternity hospital or baby box, then they are seen as taking responsibility for the needs and security of the child. Where parents abandon the child on the street or in a dustbin, this is irresponsible and can place the child’s life in danger. In such cases, the parent can be punished by the criminal law (see above).
- B) Temporary abandonment of the child: when the parents do not take adequate care of their child, for example leaving a small child at home by themselves. In such situations, the safety of the child has not been considered and, again, the parents could be punishable by law. Other cases that could fall under this category are those where parents take their child to the hospital if they are ill but fail to return to collect the child.
- C) Abandonment of a child placed into institutional care: it is fairly common for a child to be placed into institutional care and for the parents to fail to visit or write to the child. The parents’ interest in the child often fades over time and after a while the court can decide that the parents lack interest and can terminate their parental rights. This can lead to the child being placed into foster care or being freed for adoption. There are many reasons why this happens; mainly the parents are poor and do not have the money to travel to visit their child who is often placed in a far-away city. It is sometimes the case that parents do not know where to find the institution in which their child is placed, and often the staff working in the institutions do not support the parents. Parents do not forget their child, but they do not have the capacity or adequate professional support to keep regular contact with their child. It is also common for the family to have no permanent housing and many have new children for whom they must care. In addition, many parents do not trust the institutions and feel ashamed that they failed in their role to be good parents. It must be noted that there are also some families who do not visit their child of their own will.

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<sup>6</sup> <http://www.babybox.cz/aktuality.php?year=2010>. Retrieved 12.07.2010

<sup>7</sup> This is based on the observations and thoughts of an expert in this area who works within the Czech Republic. The information is shaped by the professional’s own work experiences and information received from professionals and experts in this area who were interviewed during March and April, 2010. These include; the head of the Child protection department of the town Ostrava Mgr. Šárka Chytilová, social workers within a Child protection department of local government Slezská Ostrava Mrs. Hana Žurková a Dana Nogová, the director of the institution for the children under the age of three MUDr. Zdeněk Novotný, a social worker within the department of social affairs of regional government Moravia – Silesian region Mgr. Marcela Faluši, family law expert lawyer Mgr. Kateřina Cilečková, the head of NGO The Fond of endangered children, The Centre of substitute family care Ostrava, PhDr. Jarmila Valoušková, field social workers of NGO Life Together, experts for the support of endangered families Mrs. Elena Gorolová, Mrs. Elena Žídková, Mrs. Jana Pechová, a social worker within the teaching hospital of Ostrava, Mrs. Hana Balabánová

## **2. Legislation relating to Child Abandonment**

### **2.1 Legal consequences for abandoned children and their parents**

The legal system is very active in terms of protecting children against violence, abandonment, abuse, and neglect. There are a number of state-funded agencies who are involved in child protection and their control is very strong. As such, if a parent abandons his or her child, it is very difficult to convince the officials and the court to get the child back as parents' rights are not well respected.

There are too few social workers in the Czech Republic, who are all overloaded with administrative work. In many cases, they do not consider the parents as real partners and think that the child will receive better care in an institution or foster family. Mothers from Roma communities often tend to leave their children in the maternity unit and return home immediately after the birth. There are many reasons why they do this: for example, they may have other children to take care of, they may be embarrassed, or they may find the atmosphere and rules in the hospital unfriendly. However, in such instances, the newborn baby will be placed in institutional care and the mother may have great difficulty in getting the child back.

According to NGO's and other professionals working in this area, the number of mothers leaving the hospital early is slowly decreasing. This is because they are now given more information and their self-esteem is improving. Additionally, there has been a positive improvement in the attitudes of hospital staff. Mothers from Roma communities still tend to leave the hospital early, despite it being compulsory for their baby to stay for at least four days for vaccinations. However, mothers can now make an agreement with the hospital staff that they will return for their baby once the vaccinations are complete. This then means that the authorities do not have to intervene.

If a child is without parental care, the court places the child in institutional care, a crisis centre, or professional foster care. There are a large number of children who are placed in institutional care for a long period of time. This is problematic for their later development. Professional foster care that is able to accommodate the child immediately does not really exist.

A problematic issue in the Czech Republic system is that it is quite common to deprive parents of their rights because they do not show a 'real interest' in their child. However, this decision is often made because it makes it easier to put the child forward for adoption or place the child in permanent foster care. Parents can eventually get their parental rights back, but it is extremely difficult to get the child back from adoption or permanent foster care.

### **2.2 Legislation that helps to prevent child abandonment**

There is both national and international legislation that relates to protecting human and child rights (e.g., the Constitution of the Czech Republic, the Charter of Fundamental Rights and Freedoms, International Covenant on Civil and Political Rights, International Covenant on Economic, Social and Cultural Rights, Convention on the Protection of Human Rights and Fundamental Freedoms, Convention on the Elimination of all Forms of Racial Discrimination, Convention on the Rights of the Child, Convention on the Elimination of all Forms of

Discrimination against Women, Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, and Framework Convention for the Protection of National Minorities). There is a special government body, the Council for Human Rights, which deals with all of the aforementioned legislation.

## **2.3 Legislation that defines the legal obligations of child protection organisations**

### *2.3.1. Legislation relating to social services*

Act 108/2006 enables high-risk families to receive the support that they need. It defines 32 social services that are divided into social counselling, social welfare services, and social prevention services. Some services are designed for families with children (e.g. Social Activation Services for Families with Children), the children themselves (e.g. Drop-in Facilities for Children and Young People), or mothers with children (e.g. shelters). These social services are primarily financed by the state, but this funding is not stable. Organisations have to request funding every year and they do not know if they will receive the funding or how much funding they are likely to get.

Law 359/1999 refers to the social and legal protection of children. This law states that there are specialised departments in every town that have social workers whose main responsibility is to help high-risk families.

### *2.3.2. Legislation relating to medical services*

Pregnant women have the right to receive free basic medical examinations. Pregnant women and mothers with newborn children also have the right to receive the best health care available. Law 48/1997 relates to public health insurance. If a pregnant woman or mother is employed, she is required to pay health insurance. However, if she is unemployed or on maternity leave, then the state will pay it for her.

When a pregnant woman is hospitalised to give birth to her child, she is required to pay 2.5 EUR per day and 2.5 EUR per day for her child. This can be problematic for poorer women, especially if the child has health problems and has to stay in the hospital for a longer period of time. If the mother is living under the minimum wage and receiving social benefits, she does not have to pay the hospital. However, she must be registered with social services.

According to Law 66/1986, a pregnant woman can ask for an abortion up until the third month of pregnancy.

## **2.4 Legislation relating to family support measures that may reduce the risk of abandonment**

According to Labour Law 262/2006, all pregnant employees can receive financial support during their maternity leave. Maternity leave can be 28 weeks or 37 weeks, depending on whether or not the mother is expecting twins. The mother will begin receiving this financial support 6–8 weeks before the child is born. The amount of financial support will depend on her income.

Law 110/2006 states that if a family with children is living under the minimum wage then they are entitled to receive financial support. Additionally, Law 117/1995 states that women

on maternity leave and unemployed women can receive financial support. A mother on maternity leave can choose how long she wishes to receive this benefit. It can continue up until the child is four years old, during which time the mother must stay at home and care for the child. If the child has a disability, the mother can stay at home and care for the child until he or she is seven years old.

## **2.5 Conclusions on whether the legislation is effective**

When considering the legislation relating to preventing child abandonment, it mainly concerns supporting high-risk families, providing financial support and social services support, and protecting the fundamental rights of children and their parents. While there is a good medical care system for mothers and children, the supporting services are very much dependent on the financial contribution of the state. Over the past two years, there has been a strong trend towards lowering social costs and benefits. This presents many problems, particularly for poorer families. For example, in order to receive full social benefits, parents have to do a certain amount of community service. If they don't work enough hours, then the social benefits they receive are much lower. However, there is no law that places a duty on the municipalities to create jobs for community service. Indeed, there is a lack of jobs in community service and many people who wish to work cannot do so. Furthermore, there are no laws that exist in relation to social housing. As a result, cheaper accommodation for poorer families does not exist. Many families are homeless and live with relatives in crowded flats.

The financial stability of NGO's that provide most of the social services for high-risk families is very poor, and the number of financial grants received from the state is very low. Additionally, institutional care receives better financing than social services, despite social services being less expensive and able to provide support within the family environment.

## **3. An Overview of issues relating to Child Abandonment in the Czech Republic**

### **3.1 Social or personal causes of child abandonment**

The legal and social protection of children plays a big role in child abandonment. Social workers put the case to the court who can decide within 24 hours, if necessary, that the child can be placed into institutional care. They also work with mothers who decide to give their child up for adoption.

Personal causes of child abandonment include:

- Bad family situation
- Inadequate housing
- Debts and/or unemployment
- Social exclusion
- Poverty
- Large family with many children
- Lonely mother without support

- Homelessness
- Young mothers without the support of their family being placed into institutional care
- Maternal mental illness
- Child disability/ill health
- Maternal drug/alcohol addiction

### **3.2 Poor practice in the Czech Republic**

The prevention of unwanted pregnancies is important when considering ways of preventing child abandonment, and it is important that women receive information about different methods of contraception. Social workers from community social services can give basic information to women who don't attend gynaecological services, but this is unusual and there is a lack of programmes focused on increasing awareness of family-planning amongst women at risk. Secondary schools provide basic sex education and education on parenthood, but there are no regulations or guidelines on how information should be provided, or what information should be given<sup>8</sup>.

In addition, NGO's that have been designed to help families and to prevent child abandonment are not accessible for every family or mother, and the financing of these services is not stable, meaning that NGO's have to survive from year to year.

Additional problems include:

- Siblings are separated as there are different institutions for children 0–3 years of age and for those who are older
- Slow court proceedings for placing children into foster care or for adoption
- No concept of social housing
- It is fairly common for the court to remove parents' rights in order to make easier the placement of children into foster care or adoption
- Parents are able to regain their parental rights up until a point, but once a child has been adopted this is irreversible
- Once children have been placed into institutional care, it is very difficult for parents to get their children back
- There is no provision to allow for children to be placed directly into foster care. All children must be placed into institutional care first

## **4. Data collected from Maternity Units in the Czech Republic**

In 2010, there were 117,153 live births in the Czech Republic, and the infant mortality rate was 2.67 deaths per 1,000 live births. There are currently 96 maternity units/hospitals in the Czech Republic, 64 of which are 'baby friendly' according to UNICEF regulations. As part of the current EU Daphne-funded project, 10 maternity units in the Czech Republic were contacted for information relating to the infants born in their hospital. This data is presented in the tables below, and provides some insight into the extent of child abandonment in each maternity unit, possible causes of abandonment, community and social work within the maternity units, and strategies in place that assist in preventing abandonment.

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<sup>8</sup> <http://www.hovormeotom.cz/web/soubory/doporuceni-sexualni-vychova.pdf>

Table 1: General statistics from 10 maternity units in the Czech Republic

	Maternity Unit										Total
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Number of live births	2,293	1,514	3,449	2,342	2,059	1,734	1,075	854	736	1,036	17,092
Number of infants classed as abandoned	8	5	12	21	11	7	4	7	18	4	97
Number of infants who died within 7 days	5	0	4	0	5	0	1	0	2	0	17
Number of infants who died within 28 days	5	0	6	1	5	1		0		0	18
Number of maternal deaths	0	0	0	0	0	0	0	0	0	0	0
Number of infants born with a disability	57	27	67	4			11	11	2	57	236
Number of infants born premature	350	47		200	300	126		90			1,113
Number of infants born with a low birth weight	398	47	361	173	339	120	55	90 (all pre-mature)	8	27	1,618
Number of	1	0		1	0	0	0	0	3	0	5

mothers who did not provide identity									75% male infants 25% female infants		
Number of mothers who left without their infant, without doctor's consent, and without saying when they will be back		2	3	3	5	0	0	9 44% male infants 56% female infants	10 60% male infants 40% female infants	2	34
Number of mothers who left without their infant, but were reunited	2	2	3	0		0		9 44% male infants 56% female infants	2 50% male infants 50% female infants	2	20
Number of mothers who agreed to sign adoption papers before leaving hospital	9 66% male infants 34% female infants	1 100% male infants	12 58% male infants 42% female infants	16 56% male infants 44% female infants	11	6 17% male infants 83% female infants	4 75% male infants 25% female infants	7	18 55% male infants 45% female infants	4 50% male infants 50% female infants	88

Forty per cent of the 10 maternity units felt that there was an overrepresentation of a particular ethnic minority group among the children who had been abandoned there. Of these, 100% identified Roma children as being overrepresented. In addition, of the 10 maternity units, six were classified as being ‘baby friendly’ (according to UNICEF guidelines).

*Table 2: Possible causes of children being abandoned at maternity units*

	Maternity Unit										%
	<b>1</b> <i>Data for 2009</i>	<b>2</b> <i>Data for 2009</i>	<b>3</b> <i>Data for 2009</i>	<b>4</b> <i>Data for 2009</i>	<b>5</b> <i>Data for 2009</i>	<b>6</b> <i>Data for 2009</i>	<b>7</b> <i>Data for 2009</i>	<b>8</b> <i>Data for 2009</i>	<b>9</b> <i>Data for 2009</i>	<b>10</b> <i>Data for 2009</i>	
Poverty/financial hardship	X	X	X	X	X	X	X	X	X	X	100
Poor housing or homelessness	X	X	X	X	X	X	X	X	X	X	100
Parents with learning difficulties		X	X	X				X	X		50
Parents with mental health difficulties				X				X	X		30
Parents with alcohol or drug problems		X	X	X	X	X	X	X	X		80
Parents’ lack of sexual education and family planning		X	X	X	X	X	X	X	X		80
Teenage parent without support		X		X	X						30
Single mother with father absent		X	X	X	X	X	X	X	X	X	90
Poor preparation for birth / no contact with health services			X	X	X		X	X	X	X	70
No community home visits to											0

pregnant mothers											
Traditional maternity services (no baby friendly services available)											0
No community home visits to families with newborns											0
Other reasons			Bad family situation	Bad social situation			Too many children in the family		Prostitution	-Mothers with many children at home -Student parents	50

Table 3: Community and social work within the maternity units

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
High risk mothers are identified before giving birth	YES	NO	90								
Community health professionals visit	NO	0									

expecting mothers prenatally											
Visits are made to all mothers (universal service)		NO					NO	NO			0
Visits are only made to high risk mothers (targeted service)	YES	NO		YES			NO	NO			20
There is a hospital social worker	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100
When a mother is identified as at risk of abandoning her child in a hospital or maternity unit she receives counselling	YES		YES	YES	YES	YES	YES	YES	YES	YES	90
These mothers are encouraged to keep their children	YES	YES	YES	NO	YES	YES	NO	YES	YES	YES	80
These mothers are counselled to help them make their own decisions	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	100
These mothers are encouraged to sign adoption papers	NO	NO	NO	NO	NO	NO	NO	Depends on the case	NO	YES	20
Information about child birth and the maternity unit is	YES	NO	YES, Interpreters	YES	NO	YES	YES	NO	YES	YES	70

provided in more than one language			within the department								
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Table 4: Prevention strategies for child abandonment within maternity units

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Home visits to pregnant mothers by health professionals	NO	0									
Screening pregnant mothers around 20 weeks	YES	100									
Social care and counselling in maternity units	YES	100									
Mother's identity confirmed in hospital	YES	100									
Child given identity before leaving hospital	YES	100									
Baby friendly maternity unit/hospital (newborn in room with mother, breastfeeding/cuddling on demand, no set visiting times for father, siblings and	YES	100									

grandparents)											
Referrals to mother and baby units, shelter to high risk mothers with their children	YES	100									
Support for parents with special needs children	YES	YES	YES	YES	YES	YES		YES	YES	YES	90
Referrals to day care provision for children with special needs (e.g., children with physical/intellectual disabilities)	YES	YES	YES	YES	YES	YES		YES	YES	YES	90
Parent education and family planning	YES	100									
Family planning services	YES	100									
Referrals to housing and social services	YES	100									

## 5. Preventing Child Abandonment in the Czech Republic

### 5.1 Working towards good practice in the Czech Republic

The Czech Republic has improved all basic international documents in relation to the protection of children, and in 2005, the National guidelines for supporting families with children were developed. There are four basic goals of these guidelines: 1) To provide support to allow for the necessary socio-economic conditions for optimal family functioning. This should include financially supporting families, ensuring families are able to work and care for their children, and providing care services for children. 2) To improve family relationships and parenting ability. 3) To support families with specific needs, and 4) To support regional and municipal governments in developing and following family policies.

There is a financial support system in place in the Czech Republic which aims to support low-income families with children. Families have to fulfil a number of conditions in order to be entitled to these social benefits. The amount they receive depends on the number of family members and the age of the child (for example: two parents with two children aged five and eight would receive 9,040 CZK / 376 EUR). Other benefits include child benefit, living benefit, parental benefit and social benefit. There is also a special grant for mothers who are giving birth to their first child. In addition to these benefits, there are also other benefits for families where their income is lower than the living minimum. The mother or father can stay out of work and remain at home with the child until they reach two, three or four years old and can receive parenting benefits depending on the length of stay at home. If the child is disabled, the parent is entitled to receive financial support until the child is seven years old. These benefits highlight the effort being made in the Czech Republic to support families with children. However, there is an increasing trend to lower these benefits in order to save money from the national budgets.

In 2006, a new law in relation to social services was passed which regulates the terms and conditions for social services and their financing by the State. This law also outlined quality standards and ways of controlling quality. Many social services are focused on families with children in need of help and support. These include: families with three or more children; single-parent families; Roma families; immigrant families; families with a disabled child; and foster families. Social services are provided mainly by non-governmental organisations and municipalities. The planning, control and accessibility of services is provided by regional governments<sup>9</sup>.

There is special legislation focused on the social and legal protection of children and their families. Child social and legal protection is provided by the state, and special departments are available in every municipality and region. Within these departments, social workers aim to meet three main goals including: protecting the right of the child to receive good quality education and development; protecting the interests of child; and supporting the rehabilitation of poorly functioning families. Protection is focused on children aged 0–18 years and social workers should help families in need to solve their problems and keep the family together. The role of these departments is crucial in cases where children have been abandoned, and the work carried out within these departments can prevent abandonment by providing information to the mother such as useful contacts for specific social services and NGO's. In

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<sup>9</sup> [http://www.mpsv.cz/files/clanky/7958/Narodni\\_koncepce\\_podpory\\_rodin\\_s\\_detmi.pdf](http://www.mpsv.cz/files/clanky/7958/Narodni_koncepce_podpory_rodin_s_detmi.pdf)

practice, however, this is often a problem because social workers are overloaded with cases and administrative work. In some towns there are 400 cases to one social worker<sup>10</sup>.

There is a very good medical system for the care of pregnant women in the Czech Republic. Pregnant women meet with a gynaecologist several times during their pregnancy and many examinations are undertaken to identify risk and hereditary birth defects. However, this antenatal care is voluntary, meaning that many high risk mothers do not access it. In addition to this, there are no universal health visiting services. It is the job of social workers from child social and legal protection agencies, along with the social workers associated with individual NGO's, to find 'at risk' pregnant women to help them receive medical care.

Most of the maternity hospitals in the Czech Republic are accredited as 'baby friendly', or provide baby friendly services. Within each hospital there may be staff who have different attitudes towards women abandoning their children, but the mother is said always to receive basic information about her rights and possibilities. In addition to this, the child social and legal protection department is informed of every case where risk is identified. In so doing, the social worker from the hospital can give the mother basic social advice according to her situation.

The accessibility of social services for the mother and newborn child differs from town to town. In bigger towns, there are often asylum homes for mothers and children, community-based assistance for families with children, social and legal advisory centres, and centres providing early care for disabled children. There are also special institutions providing short-term stays for children in immediate need, in order to allow parents to resolve their difficulties and work towards getting their child back home. These institutions are financed by the Ministry of Work and Social Affairs. There are 62 asylum homes for mothers and small children registered in the Czech Republic, along with 62 organisations that provide community support for families with small children and 43 organisations that provide support for families with small disabled children<sup>11</sup>.

Cooperation between NGO's and the child social and legal protection department is sometimes problematic, and their attitude towards working with families can greatly differ. However, matters have improved as a result of the work carried out by the Ministry of Work and Social Affairs, which has led to programmes aimed at transforming the care system for children in need. The number of children being secretly or openly abandoned in the Czech Republic is not very large. However, there are a much larger number of children that are placed into institutions for a long time with little or no contact with their parents.

Other current strengths include:

- Each abandoned child receives professional help very soon after their abandonment
- The help available for families in need is fairly accessible
- Only courts or parents can decide to place a child into institutional care. Twenty years ago it was possible for social workers to do this. This is beneficial as the courts are independent, have strict rules, and each participant within the system has clear rights and duties, which allow for the better protection of the rights of the child and their parents

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<sup>10</sup> <http://www.mpsv.cz/cs/7242>

<sup>11</sup> <http://iregistr.mpsv.cz/socreg/>

- Baby boxes mean that the mother now has the possibility to abandon her child safely and anonymously
- The mother has the possibility to leave her child safely and anonymously in the hospital, but her identity is known because the data are held by the maternity hospital
- Most pregnant women are under the supervision of a gynaecologist – they give birth to their child in a safe, professional and friendly environment, and the child is said to receive perfect health care when it is born
- Evolving network of NGO's which are available to support families in many ways

### *5.1.1 Recommendations for good practice in the Czech Republic*

- Encourage and support parents to visit their child if they have been placed in an institution in order to try to encourage them to develop a bond with the child and take the child back
- Allow abandoned children to go directly into a foster family or adoptive care without first being placed in an institution
- Reduce the load on social workers and increase resources
- Greater provision of services in smaller, poorer areas
- Standardise sex education across schools to ensure all young people receive the same level of basic sex education and family planning
- Stabilise the financing of services and make services accessible to all mothers

## **5.2 Services that help to prevent child abandonment in the Czech Republic**

A brief description of each of the 10 child abandonment prevention services identified for the purpose of this research project is outlined below. These summaries provide information regarding; the purpose of the service, who it is funded by, whether they have a direct or indirect focus on preventing child abandonment, the target group of clients the service is aimed at, the types of intervention offered by the service, whether they attempt to integrate children who have been abandoned back into their biological family or into a foster family, whether the service follows-up on the families/children they work with, the impact the service has had on preventing child abandonment (if known), and finally, a case study of a family/child helped by the service.

When reviewing the 10 services outlined below, it is clear that the prevention services available in the Czech Republic cover a wide range of issues relating to abandonment, and work to support a number of different client groups. Some services work to address specific problems and factors that are known to be either directly or indirectly related to abandonment, while other services have a very large scope, of which the prevention of child abandonment is one aspect. Taking into account the risk factors relating to child abandonment that have been outlined above, the prevention services identified for the purpose of this project include: both community-based and residential services to support families in need; respite institutional care for the children of families in crisis; therapeutic support for children who have been abandoned; support for children and the families of children with disabilities; educational institutions for young parents; the provision of financial assistance and direct financial support; support for families who have children in institutional care; support, training and advice for prospective foster carers and/or adoptive parents; 'asylum homes' for women and children at risk and in danger; and 'training flats' to encourage positive parenting and help develop the bond between the parent and child. All of these services address one or more of

the risk factors for child abandonment that have been outlined above. Therefore, whether the service has a direct or indirect focus on preventing child abandonment, all of the services work in some way to reduce the rates of children abandoned in the Czech Republic.

Intensive support is provided for families in need or who have been identified as being at risk of abandoning their children, through the provision of ‘training flats’ and ‘asylum homes’ to mothers and families, along with their children. These services offer residential support to those in need, to help the mother/parents learn how to be good parents whilst also developing and strengthening their attachment to their children. In addition, asylum homes offer safe places for women in danger to flee with their children, as the address of the homes are kept secret. This also allows for women to keep their pregnancy secret and to be left alone to make a decision as to whether or not to keep their baby, without being influenced or distracted by others around them. In some cases, this can lead to the mother changing her mind about abandoning her child once the bond between mother and baby has been established and they have been left to come to a decision in peace.

Three of the services identified below are institutions for the placement of children who have been either abandoned by their parents or removed from their parents’ care for child protection reasons. Two of these institutions also offer respite care where parents in crisis can place their children for a short while to give them time and space to resolve their difficulties, and therefore be in a better position to care for their children. These institutions also provide direct support to the families to help them overcome their problems. This is a rather pragmatic approach to preventing child abandonment as it can both facilitate and prevent children from being permanently abandoned by their family. Indeed, some of the children placed there for respite care do not return home.

In addition to the respite care offered, one of the aforementioned institutions also prides itself on adopting a new approach to institutional care, in that the care given to the children placed there has been designed to reduce harm and trauma to the child. This is achieved by placing children within the institution into ‘families’ consisting of around six children, with two carers designated to care for each family. This shift in the quality of institutional care offered to institutionalised children signifies a much-needed change in the care of abandoned children. Thus, although not directly working to prevent child abandonment at the present time, the impact this form of institutional care can have on the children placed there may have an indirect preventive effect on the future abandonment of children. This is by encouraging the children placed within the institution to develop into more well-rounded, healthy individuals, thereby reducing the likelihood of these individuals from going on to abandon their children. The importance of encouraging the healthy development of abandoned children is echoed in therapeutic services offered to abandoned children by four more of the services interviewed for this project.

### **5.3 Fond ohrožených dětí, Klokánek, Praha 4**

#### *Overview of the service:*

- This preventive programme supports parents in difficult life situations by taking in children until the family can resolve their problems
- Very different from standard institutional care
- Children are kept in ‘family groups’ of six children and can receive more attentive care from the ‘aunts’ that work there

- This type of care is said to reduce deprivation by providing care that is very similar to family life

*Funding from:*

- Grants
- Agencies
- State
- Small fee for parents if not on state benefits

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Families who are in difficulty
- Children who have been placed into care by their families

*Services offered:*

- Accommodation and daily care for children
- Free-time activities according children's interests
- Art therapy
- Music therapy
- Social advisory for parents if they need and want help
- Psychological support
- Educational support
- Preparation of children for adoption or foster care
- Social rehabilitation

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, depending on the individual case

*Known impact of the service:*

- During 2010, 466 children left Klokánek:
  - 51% returned to biological family
  - 18% to foster and adoptive care
  - 11% were placed in different institutional care

*Case study:*

Two girls aged six and four came to Klokánek as they were witnesses of domestic violence towards their mother; the mother was hospitalised for a long time. Both parents were drug addicts and the family lived in very bad conditions outside of the city. The mother went through several therapies for drug-addicted clients but relapsed. The child protection department tried to encourage the mother to leave her partner and drugs but she was unable to do so. The two girls were placed in Klokánek for two years and, at first, the mother visited them occasionally but she was not able to improve her situation and to fulfil her promises. The girls were therefore placed in a foster family and are now happy and doing well.

#### **5.4 Kolpingův dům, home of asylum for mothers with children, Praha 8**

*Overview of the service:*

- Asylum home for mothers, fathers or families with children
- Provided by an NGO called Kolpingova rodina Praha 8 (Kolping family Prague 8)
- Provides accommodation and support to families that live in bad conditions which are unhealthy and potentially damaging to the child
- The goal of the programme is successfully to integrate the family back into a normal social environment

*Funding from:*

- Grants
- Agencies
- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Young mothers/families in difficulty and without family support

*Services offered:*

- Support in solving financial problems and debt (social benefits, registration at job office, etc.)
- Legal help and advice
- Support in care of children, care of household, shopping, cooking, cleaning, etc.
- Development of child and fulfilling of child needs
- Job and retraining advisory
- Free-time activities
- Video training
- Individual supporting therapy
- Education – computer skills, basic knowledge, cooking

- Group meetings of clients and staff – sharing of success, troubles, themes

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- No

*Case study:*

A young mother with a mental disability from a “normal” family that did not accept her fell pregnant to a partner with criminal past. She gave birth to a son who also had a mental disability, and moved back in with her biological family. However, the mother’s mother (grandmother of boy) was violent towards her. When the boy was four years old he was placed into institutional care. The child protection department asked Kolping house for help, and the mother and boy joined the programme to evaluate whether the mother is able to take care of the child. They stayed in Kolping house for one year and the mother was deemed to be able to care for the child. She was then moved into a training flat with the boy’s father and is still being supported by the service in financial management, debts advisory, and how to communicate with her child.

## **5.5 Na Počátku NGO, Brno**

*Overview of the service:*

- Na počátku (‘In the beginning’ NGO) helps pregnant women and mothers with small children in need to allow them to develop healthily
- Provides antenatal and children’s clinic, and asylum home for mothers and children, which has a secret address to maintain the safety of the clients staying there
- Provides halfway flats (training flats) and community support for mothers

*Funding from:*

- Grants
- Agencies
- State

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Pregnant women and mothers in need of support
- Pregnant women and mothers in need of protection

*Services offered:*

- The clinic offers:
  - legal and social advice
  - crisis intervention
  - assistance in obtaining social benefits
  - debts advice
  - help with court cases
  - health insurance
  - registration to gain employment
  - advice on and assistance with gaining employment
  - accompaniment to interviews.
- The asylum home offers:
  - social and legal advice
  - free-time activities
  - psychological help
  - training courses focused on the care of a new born baby
  - assistance during the delivery of the baby.
- The training flats offer:
  - social and legal advice
  - communication with institutions and offices
  - assistance in taking care of the household.

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, for those leaving the asylum home. They can go into training flats or can be continually supported by social workers if they go back into the community.

*Case study:*

A mother with a four-year-old daughter with a very serious disability became pregnant again and wanted to give the child up for adoption, as she is single and did not feel that she could cope with another child. She is from a normal family with no great social problems but her family is not supportive of her and has instructed her to leave home. The father of her current child does not support her. The mother came to the clinic for help and the social workers offered her accommodation in an asylum home, social advisory and psychological support. She needs support and respite care for her daughter who attends a special centre for disabled children. The mother still wishes to give her unborn child up for adoption.

## **5.6 Dětské centrum při Fakultní Thomayerově nemocnici, Praha**

*Overview of the service:*

- The child centre is an institution provided by the state (Ministry of Health)
- Focused on the care of:

- children endangered by the environment
- abandoned children
- children who have been neglected and abused
- children with a disability.
- The institution provides support for the biological parents of these children and adoptive parents too
- These centres are the most common places for abandoned children to go and they often stay here for weeks or years
- The institution is very open and cooperates well with NGO's and the biological parents of the children placed there
- Through the support of mothers directly after the birth of the child, this programme can prevent the abandonment of children

*Funding from:*

- Grants
- State
- Agencies
- Majority of funding comes from the Ministry of Health who have established a foundation for financing special programmes

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Abandoned children aged 0–3
- Abandoned disabled children 0–6
- Disabled children who are placed here with the agreement of parents
- Children placed here by the decision of the court
- Drug-addicted mothers who want help to become clean
- Mothers who need special support in the care of their child
- Pregnant women who want to give their child up for adoption
- Young mothers under 18

*Services offered:*

- Programmes for children:
  - nursery and education care
  - medical care
  - individual rehabilitation
  - special pedagogic care
  - music therapy
  - hippotherapy (horses)
  - canistherapy (dogs)
  - swimming
  - emotional and psychological support
  - curative stays in the mountains.

- Programmes for mothers with children:
  - therapeutic stay for drug- or alcohol-addicted mothers
  - training stay for young mothers
  - mothers with low social competencies
  - mothers with health disability and psychiatric illness
  - social advisory
  - advisory in the care of child
  - psychological support
  - individual psychotherapy
  - community meetings with other mothers
  - support and accompaniment during difficult life situations.
- Crisis intervention for children in need
- Training for future adoptive or foster parents and advisory
- Stay for pregnant women who want to give birth to the child in secrecy – mother can stay here before birth; after the birth she can agree to give the child up for adoption or stay with the child at the facility if she wishes to keep it
- Social and legal advisory for biological parents
- Respite care for children

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes: if the child is fostered then the new parents can go back to the institution for meetings. If the child goes back to its biological parents then the centre can follow up on them through the Child protection department.

*Case study:*

A mother, who was adopted and did not have a supportive family, found a bad partner, started to use drugs, started to steal, and was finally imprisoned. Her baby son was placed in the child centre and there was a plan to place him into foster care. When the mother left prison, she stayed in the child centre with the boy and started to cooperate with the Sananim NGO, which helps drug-addicted clients. She now lives with the boy in a sheltered training flat and is supported by the child centre and Sananim. The boy is officially placed in the child centre by the court, but he lives with his mother in the sheltered flat and she has appealed to the court to cancel the court order to place the child into institutional care.

## **5.7 Vzájemné soužití NGO, Tým Hnízdo – Čiriklano Kher, Ostrava**

*Overview of the service:*

- The goal of ‘The Nest’ is to support endangered families (especially Roma families) in the community and to prevent children being placed into institutional care
- The Nest also helps parents or other relatives whose children are already in institutional care to get them back home

*Funding from:*

- Grants
- State
- Agencies

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Families whose children (0–18 years old) are at risk of being placed into institutional care because of their social situation, lack of parental skills, etc.
- Families whose children are in institutional care or with a foster family and who want to get their children back or to keep contact with them

*Services offered:*

- Social and legal advice
- Assistance during court hearings connected to the care of children
- Support for parents in contact with children placed in institutional care
- Assistance and accompaniment of parents to other organisations or institutions
- Training in parenting skills, basic skills and how to take care of the household
- Information about medical care
- Psychological support
- Crisis intervention and material support
- Support for parents' rights and rights of their children
- Information about other services
- Group activities for families and children – information meetings, role play, free-time activities, etc.
- Social training flats for families at risk of homelessness:
  - families get living and social support from a social worker (once a week)
  - flats belong to a private company, and are rented by the 'Life Together' NGO: families are therefore subtenants of Life Together
  - after two years, when family is without problems, family can become tenants in their own right

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- No

*Case study:*

A poor Roma family has seven children, all of whom have been placed in institutional care (five older children have been placed in a children's home; two babies have been placed in a nursery institution). The reason for the institutional care of the children is that they were living in very bad conditions and there were problems with the education of the older children and their medical care. The parents are now homeless and the mother is pregnant again and wants to keep the child. A plan has been put in place for the parents to go to the social training flat of Life Together, where they will get back their two babies from the nursery institution. They also visit their older children in the institution.

## **5.8 Slezská Diakonie, Raná péče Dorea, Brno**

*Overview of the service:*

- The mission of the early care clinic Dorea is to help families with a disabled child or families with child whose development is at risk (0–7 years)
- Dorea supports the family in coping with very difficult life situations
- Together with their parents, the centre also supports the education of the disabled child and helps integrate them and their family into society
- The main goal of the centre is for the child to grow up in natural environment in their own family

*Funding from:*

- Grants
- Agencies
- State
- Donations

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Children with mental and/or physical disability
- Premature children

*Services offered:*

- Type of service provided depends on needs and individual plan for the child
- Advisors use methods and techniques from special pedagogy to help the child develop as much as possible
- Except for individual work in families, the clinic carried out three or four group activities for each family including:
  - hippotherapy
  - 'open door' days in the organisation

- free-time activities focused on Easter or Christmas

*Attempt to integrate abandoned children back into the family?*

- No

*Follow-up on families helped by the service?*

- No

*Case study:*

The child protection department contacted the organisation to ask for help for a poor family, which consisted of a single mother living in an asylum home with three children, two of whom are healthy and one disabled. The disabled child is three years old and has a very severe disability. An advisor from the clinic now visits the mother regularly in her asylum home, works with the child and mother, and gives her information about social benefits. The advisor cooperates with the child protection department and a field worker from another NGO. The mother is now coping quite well but there is danger that she will have to leave the asylum home in the future, and the family may lose contact with the advisor. The mother does not have support from her family or partner and she has financial problems.

## **5.9 Šafrán NGO, Praha**

*Overview of the service:*

- The mission of Šafrán is to support the identity and individuality of children who have experienced trauma through separation from their families and have been placed into institutional care at an early age
- The goal of the organisation is to minimise trauma through changes in accommodation, to help the children adapt, and to care for their basic safety when moved from the family to the institution and from the institution into foster care, adoption or other another institution

*Funding from:*

- Grants
- State
- Agencies

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Children, aged 0–5 years (0–7 if disabled), who have been placed in institutional care (mainly for social reasons)

- Foster carers, adoptive parents, guardians and staff working in institutions for small children.

*Services offered:*

- Mobile teams working in institutions – currently four teams
- Programme for the creation of therapeutic instruments, toys, “suitcases of safety”, fairy-tale books, etc.
- Social programme focused on working with foster or adoptive family, or biological family (especially family of disabled children placed in institutional care)
- Informational programme to educate and inform parents, foster carers and professionals

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, children are followed up on after they have been placed with foster carers, adoptive carers or into another institution

*Case studies:*

1. A child was placed (abandoned) into the institution by his biological family because he cannot see or hear. After intensive work by the mobile team, the child now has some residual hearing and it is much easier for him to communicate with staff.
2. A child who was very seriously burnt and did not communicate was brought to the institution. After intervention the child now communicates well and is very popular in the institution.

## **5.10 Sananim NGO, Praha**

*Overview of the service:*

- This NGO provides services for drug-addicted people from the whole of the Czech Republic
- It is very specific in its programmes and offers special care for drug-addicted mothers with children
- Pilot project offering care for the children of addicted parents (case work)
- This NGO provides 11 special centres with different programmes which include:
  - field support for clients
  - therapeutic communities
  - after-treatment centre
  - sheltered flats and ambulant service
  - advice
- Mothers with children can use all of the services offered.

*Funding from:*

- Grants
- State
- Agencies

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Therapeutic community:
  - pregnant women addicted to drugs
  - drug-addicted mothers with one or two children
  - mothers who are sent to therapeutic community by the court's decision
  - mothers with children that were placed into institutional care
- After-care centre:
  - mothers who have been successfully rehabilitated into the community and no longer use drugs
  - mothers who haven't used drugs for more than three months
  - mothers over 15 years of age who wish to be clean from drugs
  - children of the drug-addicted mothers and their relatives

*Services offered:*

- Therapeutic community: the basic principle of treatment is the support of the group
- There are programmes offered to the mothers which include:
  - group and individual psychotherapy
  - daily regime and rules
  - work therapy
  - education and training in basic social, hygiene, work, household skills
  - free-time activities
  - social advice and support
  - accompanying clients when dealing with authorities
  - medical care including specialists (gynaecologist, paediatrician, etc.)
  - family advice and therapy
  - psychiatric care and medication.
- After-care centre:
  - services for mothers who don't use drugs
  - social services and advisory
  - case management
  - individual support and interviews
  - family advisory
  - group therapy
  - free-time activities
  - crisis intervention and sheltered living for mothers with children
  - psychological and pedagogical support for the children
  - support for mothers who want to get their child back from institutional care.

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, mothers leaving therapeutic centre continue to be supported by the after-care centre

*Case study:*

A mother gave birth to a child who was found to have drugs in his system. The hospital informed child protection services and the child was placed into institutional care for the short term. The mother was contacted by Sananim and, after an interview, she decided to go for therapy with her child. The mother stayed there with the child for 10 months and after that she continued to cooperate with the after-care centre and lived in sheltered accommodation. The court cancelled the order to place the child in institutional care.

### **5.11 Diagnostický ústav a Středisko výchovné péče, Praha**

*Overview of the service:*

- Institution provided by the state (Ministry of Education, Youth and Sports)
- This part of the institution is focused on pregnant girls and young mothers (under age of 18)
- It is a very special programme in the Czech Republic as there are only four other similar programmes

*Funding from:*

- State (Ministry of Education, Youth and Sports)

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Pregnant girls or mothers, aged 15–18, who have been placed into institutional care by the court and who are required to finish their education

*Services offered:*

- It is very individual and depends on the length of stay or whether the girl has special needs or is disabled
- Basic programme focused on supporting and educating girls to:
  - care for the child and household
  - manage finances

- get to know the social system (which social benefit they can get, how to access benefits, where to go if they need help in different areas)
- Education activities
- Free-time activities
- Training flats where girls with their babies can stay after they leave programme. They can stay here for a maximum of one year with the support of social workers

*Follow-up on families helped by the service?*

- Yes, but unofficial and not standard procedure

*Case study:*

A 16-year-old girl with very poor social skills and a low IQ wished to give up her child. She has little family support and all of her siblings have been placed into institutional care. She joined the programme and has been given support by an educator who accompanies her for whole days to support her in the care of her child. After some time, she has become better in caring for her child and has started to communicate with staff and other girls (when she arrived, she spoke very little). When the mother turned 18, she went to the asylum home, which is specialised in providing intensive support to mothers. Now she is coping well and is able to take care of her child, and is in contact with her grandmother.

## **5.12 Střep NGO, České centrum pro sanaci rodiny, Praha**

*Overview of the service:*

- The goal of Střep is to help children grow up in their own family by supporting parents to find ways of creating safe and stable homes for their children
- Prevents children from being taken from their families and placed into institutional care
- Helps children return from institutional care to their families safely
- Helps parents create and maintain good, safe homes
- Facilitates the co-operation of different organisations to maintain the best interests of the child

*Funding from:*

- State
- Agencies
- Grants

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Young pregnant women or mothers with small children living in situations where the child is at risk or where the child protection department has asked for help for the mother
- Families with children aged 0–15 years that are experiencing difficult life situations and where there is evidence of neglect

*Services offered:*

- Help with basic things connected with family life; living, finances, employment, education
- Contact with other organisations and institutions
- Parental skills and training
- Support for parents who have children placed into institutional care

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- No, this is done by the child protection department

*Case study:*

A family with five children, the oldest of whom was 17 years old, was contacted by Střep to help protect the four younger children from being placed into institutional care. When workers started to visit the family, they found that the oldest girl was pregnant with twins, and that she wanted to place them for adoption after they had been born as she did not live in a good environment and was not ready to take care of the babies. However, she was afraid of how her adoptive parents would take care of her children. Střep organised a family conference to see if somebody from her family could take care of the babies instead, and also gave her information about asylum homes or placement within a child centre to help her develop parenting skills and to build attachment. The young mother finally decided to keep her children and to go to the child centre for training. Since then, it has been arranged that she will live with her grandmother in her family house.



# **Child Abandonment and its Prevention in Denmark**

by Ingrid Leth, Tina Nielsen & Nell Rasmussen

## **1. The Extent of Child Abandonment in Denmark**

In 2010, the population in Denmark consisted of 5,534,738 people. During this same year, there were 63,411 live births and the infant mortality rate was three deaths per 1,000 live births. These figures indicate a slight increase since 2009, where the population consisted of 5,511,451 people and there were 62,818 live births. In 2010, 19 children (aged 0–3) were relinquished for adoption (i.e., open abandonment). This shows that Denmark has a low rate of open abandonment (i.e., 0.36 children per 1,000 live births). In terms of secret abandonment, there were no cases of children being secretly abandoned by their parents in 2010. There were also no cases of children being left behind by their parents at maternity units.

## **2. Legislation relating to Child Abandonment**

### **2.1 Definition of child abandonment**

The only legal definition of child abandonment refers to when a child or any other person is left helpless and unable to take care of him- or herself. According to Section 251 of the Penal Code, any woman who, at the time of her child's birth, exposes her child to serious danger in an unwarrantable manner will be liable to a fine or imprisonment for a term not exceeding one year. This penalty may be reduced or remitted if the child survives without having suffered any injury. Only a few cases have ever been tried in court, with them usually ending in the charge being dismissed or given a suspended sentence.

In terms of neglect or negligent treatment, Section 213 of the Penal Code states that any person who, by neglect or degrading treatment, insults his or her spouse, his or her child or any of his or her dependents under the age of 18, or any person to whom he or she is related by blood or marriage in lineal descent, or who by deliberately evading his or her duties to maintain or contribute to the maintenance of any such persons, exposes them to distress, shall be liable to imprisonment for a term not exceeding two years.

### **2.2 Current laws associated with child abandonment**

According to the Law of Adoption, a woman has the right to relinquish her child for adoption. A signed agreement to adopt is only valid three months after she has signed the papers. In Denmark, very few children are relinquished for adoption. In most cases, adoption relates to a stepfather or stepmother adopting their partner's child.

### **2.3 Legal consequences for abandoned children and their parents**

There is only one section in the Penal Code that refers to the legal consequences for parents who abandon their children. It states that any woman who, at the time of her child's birth, exposes her child to serious danger in an unwarrantable manner will be liable to a fine or to imprisonment for a term not exceeding one year. This penalty may be reduced or remitted if the child survives without having suffered any injury.

### **2.4 Legislation that helps to prevent child abandonment**

'In the best interests of the child', the most important preamble in the United Nations Convention on the Rights of the Child (UNCRC, 1990), has been incorporated as a general ethical term in the Law of Social Services, which relates to children under the age of 18. However, Danish law does not define exactly what the child's best interests are. This is because social welfare authorities and the state consider the best interests of each individual child, as opposed to merely using age and maturity level as general guidelines (Rasmussen & Røhl, 2010). There are a number of strategies for preventing child abandonment in Denmark. Some of these strategies are outlined below.

#### *2.4.1. Legislation in relation to parenting*

The Parental Responsibility Act describes the rights and commitments that parents have towards their children. This is in accordance with Section 5 of the UNCRC. The Parental Responsibility Act primarily relates to parental custody, and is based on the principle that a child has a right to two parents for care and support. In principle, a mother who abandons her child 'on the street' is liable and can be fined or punished. However, punitive action is rarely sought. Instead, in most cases, the social welfare authorities seek solutions that result in reuniting the mother and child so as to enable them to stay together.

In Denmark, there is a distinction between a private and public duty to support children. Parents are, by law, bound to support their children. This means that parents have a responsibility to provide their children with food, clothes, and an education (for a minimum of nine years), and are liable if the social welfare authorities have to step in to support their children.

#### *2.4.2. Pregnancy and birth*

During pregnancy, mothers are offered different medical examinations by a general practitioner and a midwife. The purpose of these examinations is to assess the risk of diseases, such as Down's Syndrome and congenital deformation in the heart and spinal cord. The examinations are free of charge and are carried out from the eighth to the twentieth week of pregnancy.

In the last month of pregnancy, mothers can participate in maternity classes run by a nurse. The classes cover information about what to do and what not to do while pregnant, the stages of birth, and the child's first few days (such as eating habits and sleeping patterns). In addition, mothers can participate in post-birth courses and learn about their own physical state and exercise after birth, along with the child's development and parent/child relationships. The courses are free and usually take place at the local hospital or maternity centre.

In Denmark, a mother can freely choose where she wishes to give birth to her child – either in a hospital, a private clinic or at home. During the birth, the mother has a right to be assisted by a midwife and a doctor, and to have the child's father or other relatives present. The mother also has the opportunity to have a relative stay overnight after the birth.

#### *2.4.3. Registration of all Danish citizens*

According to the Law of Notification of Birth and Death, mothers have an obligation to report the birth of their child to the Central Office of Personal Registration within 14 days of the birth. If a mother fails to comply, she can be fined for up to six months. If the birth takes place at a hospital, the midwife will notify the authorities. If the midwife is unable to provide the child with a social security number, she must report the birth to the Ministry of Church (Kirkeministeriet). This is so as to ensure the child's Danish citizenship. In the Proclamation of the Law on Danish Citizenship, it is also stated that a foundling (hittebarn) should be given Danish citizenship until other information proves otherwise.

All Danish citizens are registered at birth by the Central Office of Personal Registration and are given a social security number that consists of their date, month and year of birth, as well as four random digits (10 digits in total). Women have an equal number at the end of their social security number and men have an unequal number. The number contains basic personal information and the registered address where the person is staying. This is used by the social welfare authorities (e.g., when a person is enlisted in a public school).

#### *2.4.4. Abortion and contraception*

Since 1973, Danish women over the age of 18 have had the right to an abortion up until the end of the twelfth week of pregnancy. After this week, pregnant women who want an abortion have to apply to the Abortion Committee (Abortsamråd) for permission. Permission is usually given if the Committee finds that the child will suffer a severe mental or physical disability, the woman's health is at risk if she continues with the pregnancy, the pregnancy is the result of rape, or the pregnancy, birth or taking care of the child is predicted to be a particular burden on the woman. If a woman applies for such an abortion, she will be scanned at the local hospital to determine the week of pregnancy. After this, she must complete an application form and will be called to an interview with a social worker and a psychiatrist. This process usually takes about a week. If the woman is less than 18 years of age (i.e. a minor) and is not able to get her parents' consent, she can also apply to the Abortion Committee for permission.

Since the 1930s, the use of different kinds of contraception has been generally accepted in Denmark. Information regarding birth control is available online, in public schools, and in institutions. A free consultation at the general practitioner's office is also offered.

#### *2.4.5. Raising a child*

All children are under the custody of their parents until the age of 18, unless they are married with parental consent or have a child of their own. Section 2 of the Parental Responsibility Act states that the custody holder must take care of the child and can only make decisions that are in the child's interests and meet the child's needs. The child has a right to a safe environment, must be treated with respect for his or her integrity, and must not be subjected to corporal punishment or other violent acts. Most importantly, the law states in Section 5

that under all circumstances, the child's own viewpoint must be taken into consideration according to the age and maturity of the individual child.

#### *2.4.6. Financial and medical aid*

In Denmark, common everyday health care is free. All children are offered routine health examinations from birth until the age of 15. This includes vaccinations and dental care. In the first year after a child is born, a healthcare nurse routinely visits the family to guide the parents in the child's development, diet, and parenting. The nurse automatically contacts the family after the social welfare authorities are notified about the birth of the child. This is also a way for the authorities to be aware of the child's situation and intervene if the child is neglected or if the family is struggling with the parent/child relationship.

In addition to free health care, families are entitled to a range of financial aid. For example, there are housing benefits and child and youth support from the child's birth up until the child is 18 years old. If the parents are not married or not living together, then the parent with whom the child lives can receive child support until the child is 18 years old and the child can get educational support from the age of 18 until the age of 24.

#### *2.4.7. Adoption*

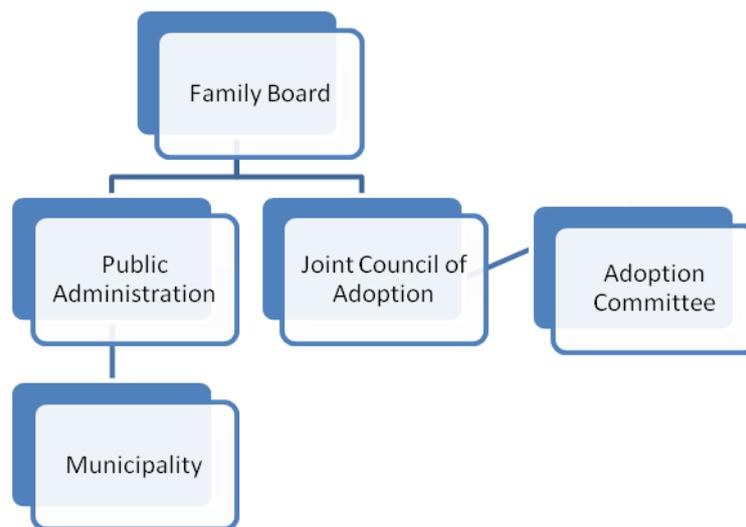
The Division of Family Affairs of the National Social Appeals Board (until 2012, the Family Board) is appointed by the Minister of Justice and handles the rules for approving adoptive parents and processing individual adoption cases. Within this authority is the Public Administration, which processes all cases of adoptions by collecting relevant information about the adoptive parents. The actual approval of the adoptive parents lies within the jurisdiction of the Joint Council of Adoption. When the adoptive parents are approved, they are matched with a child by the Adoption Committee. This committee is also expected to collect, process and share knowledge about national and international adoption.

The home municipality gets involved when it comes to international adoption, as the adoptive parents have to be approved to have a child in foster care before the actual adoption can take place. The municipality also gets involved with cases of forced adoption. The Public Administration's decision can be appealed in court. While this is on-going, the final adoption is placed on standby. Figure 1 illustrates these processes.

Adoption usually involves a complete change of family. This includes the legalities between the child and his or her biological parents. There are no legal ties between the child and his or her biological parents, and therefore no laws stating a right to establish contact between the parties. However, in cases of anonymous adoption, the child has an option to obtain the identity of his or her biological parents. On the other hand, the biological parents do not have a right to know the identity of the adoptive parents and the adoptive parents are not required to complete any follow-up reports.

In special cases, contact between the child and his or her biological parents can be arranged, but only if it is considered to be in the best interests of the child. These legal proceedings fall within the jurisdiction of the Public Administration and the request has to be given within a short time after the actual adoption. With regards to the place of accommodation, the law of adoption states that contact between the biological parents and the child can occur if the

Figure 1. The Division of Family Affairs of the National Social Appeals Board



biological parents want to visit the child before a final decision is made. As such, there is the possibility of contact between the biological mother and her child before the adoption is finalised. How often this form of contact takes place is unknown.

### 3. An Overview of issues relating to Child Abandonment in Denmark

#### 3.1 Why is child abandonment rare in Denmark?

Child abandonment is rare in Denmark. This is because:

- There is no shame or risk of expulsion attached to giving birth out of wedlock. This stands in comparison to the period after World War II, when more than 1,800 children were relinquished for adoption per year.
- Most mothers give birth in a maternity unit at a hospital. The procedures at the hospitals are child-friendly, and include having the child placed with the mother at all times. Unfortunately, budget reductions in recent years have resulted in less staff to take care of mothers and their children. Therefore, this new situation may be a risk, particularly for vulnerable mothers who need extra care.
- After World War II, it was impossible to rent an apartment as a single mother. However, the current social security system now assists mothers in terms of finding a home. It also provides financial support to pay for the apartment.
- Social legislation and the management of security play an important role. Sixty years ago, many young unwed mothers were forced to leave their babies in institutions because they could not afford to take care of their children and did not have appropriate housing facilities. These days, young mothers with small children are a high priority and legislation offers a range of different measures aimed at assisting young families at risk.
- Mødrehjælpen (mothers' assistance) is a private organisation that is financially supported by the state. It aims to assist single mothers and has a very good reputation for supporting mothers in different types of difficult situations.

- Home-visiting health nurses establish contact with pregnant mothers in order to provide nursing assistance. These nurses can also refer women to social welfare if needed. However, budget reductions mean that there is less time to visit expecting mothers, which may be a disadvantage for high risk women.
- Sex education is part of the curriculum in all public schools. Free sex education begins in pre-school and is introduced and adapted to the children's development throughout school. As a result, there is widespread use of contraception, with more than 60% of girls (aged 15–24) using contraceptive pills.
- There is free access to abortion. The annual number of abortions in Denmark is approximately 15,000, which comprises one quarter of children born each year.
- Teenage pregnancies are rare. The average age of becoming a parent in Denmark is fairly high (29.1 years of age for mothers and 33 years of age for fathers).

In addition to the above factors, there are no public incubators or baby hatches in Denmark, and therefore no means of facilitating child abandonment.

### **3.2 Social consequences for abandoned children**

Adoption or permanent placement with a foster family is the most desirable outcome for a child who has been abandoned. However, forced abandonment in Denmark frequently results in the child being placed in an institution before a permanent foster family is identified. As legislation favours rehabilitation with the mother, a child may experience several different placements (while the mother is being treated and assessed) before a final placement is established. As part of the social reform on support and protection of vulnerable children (The Child's Reform, 2010), a child below the age of one year may, in very rare cases and strict conditions, be given up for adoption without parental consent by the social welfare authorities.

### **3.3 Poor practices in Denmark**

Denmark has filed four reports with the UN Child Committee and, in 2005, received some suggestions from the committee on how to improve conditions for Danish children according to the UNCRC. These suggestions include:

- Danish law should implement the UNCRC.
- More statistics are needed in relation to Danish children.
- Efforts should be made to prevent discrimination against children from ethnic minorities, refugee children, and children of asylum seekers and immigrants.

In addition, there have been several financial reductions in the Danish health sector concerning the number of medical examinations during pregnancy, midwife assistance and the time of hospitalisation allowed following birth. This may impact on the ability of hospital staff to help parents with establishing an optimal mother-child relationship.

Due to the number of financial cuts, many parents employ a private 'birth coach' during pregnancy. This means that only parents who are able to afford this expense are receiving optimal support during the perinatal stage. Despite this, there is no correlation between the limited official support and any tendency towards child abandonment.

#### **4. Data collected from Maternity Units in Denmark**

In 2010, there were 63,411 live births in Denmark, and the infant mortality rate was three deaths per 1,000 live births. There are currently 30 maternity units/hospitals in Denmark, all of which are ‘baby friendly’ according to UNICEF regulations. As part of the current EU Daphne-funded project, 10 maternity units in Denmark were contacted for information relating to the infants born in their hospital. This data is presented in the tables below, and provides some insight into the extent of child abandonment in each maternity unit, possible causes of abandonment, community and social work within the maternity units, and strategies in place that assist in preventing abandonment.

Table 1: General statistics from 10 maternity units in Denmark

	Maternity Unit										Total
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Number of live births	1,331	1,395	3,556	1,620	689	1,400	4,800	4,959	3,177	3,100	26,027
Number of infants classed as abandoned	0	0	0	0	0	0	0	0	0	1	1
Number of infants who died within 7 days	N/A	N/A	N/A	N/A	0	N/A	N/A	17	9	N/A	26
Number of infants who died within 28 days	N/A	N/A	N/A	N/A	0	N/A	N/A	N/A	18	N/A	18
Number of maternal deaths	N/A	0	0	0	0	0	0	0	0	0	0
Number of infants born with a disability	N/A	N/A	53		0	N/A	N/A	N/A	10	N/A	63
Number of infants born premature	70	77	320	134	10	113	N/A	403	317	N/A	1,444
Number of infants born with a low birth weight	N/A	57	106	113	5	N/A	N/A	316	158	N/A	755
Number of	N/A	0	0	0	0	0	5	0	0	0	5

mothers who did not provide identity											
Number of mothers who left without their infant, without doctor's consent, and without saying when they will be back	0	0	0	2 (50% male infants, 50% female infants)	0	0	0	0	0	0	2
Number of mothers who left without their infant, but were reunited	0	0	N/A	1 (100% female infants)	0	0	0	0	0	0	1
Number of mothers who agreed to sign adoption papers before leaving hospital	N/A	2	0	0	0	2	5	1	2	1	13

Note: N/A refers to data not being available.

Ten per cent of the 10 maternity units felt that there was an overrepresentation of certain ethnic minority groups among the children who had been abandoned there. In addition, of the 10 maternity units, four were classified as being 'baby friendly (according to UNICEF guidelines).

Table 2: Community and social work within the maternity units

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
High risk mothers are identified before giving birth	NO	NO	NO	YES	YES	YES	YES	NO	NO	YES	50
Community health professionals visit expecting mothers prenatally	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	90
Visits are made to all mothers (universal service)	YES	YES		NO	YES	NO	NO	YES	NO	NO	40
Visits are only made to high risk mothers (targeted service)	NO	NO	YES	YES	YES	YES	NO	NO	YES	NO	50
There is a hospital social worker	YES	YES	NO	YES	YES	YES	NO	YES	YES	NO	70
When a mother is identified as at risk of abandoning her child in a hospital or maternity unit she receives counselling	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	90
These mothers are encouraged to keep their children	N/A	YES	YES			YES	NO	YES	N/A	YES	50

These mothers are counselled to help them make their own decisions	N/A	YES	YES	YES	YES	YES	YES	YES	N/A	YES	80
These mothers are encouraged to sign adoption papers	NO	N/A	NO	YES	NO	YES	N/A	NO	N/A	NO	20
Information about child birth and the maternity unit is provided in more than one language	YES (in English, Arabic, Turkish, Serbian)	NO	YES (in English, Turkish, Somali)		YES (in Somali, Polish)	YES	YES	NO	N/A	NO	50

Note: N/A refers to data not being available.

Table 3: Prevention strategies for child abandonment within maternity units

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Home visits to pregnant mothers by health professionals	NO	NO	NO	NO		YES	YES	NO	YES	YES	40
Screening pregnant mothers around 20 weeks	YES	YES	NO	NO	YES	YES	YES	NO	NO	YES	60
Social care and counselling in maternity units	NO	NO	NO	NO	NO	YES	NO	YES	YES	NO	30
Mother's identity	YES	100									

confirmed in hospital											
Child given identity before leaving hospital	YES	100									
Baby friendly maternity unit/hospital (newborn in room with mother, breastfeeding/cuddling on demand, no set visiting times for father, siblings and grandparents)	YES	100									
Referrals to mother and baby units, shelter to high risk mothers with their children	YES	NO	YES	NO		YES	YES	YES	YES	YES	70
Support for parents with special needs children	YES	100									
Referrals to day care provision for children with special needs (e.g., children with physical/intellectual disabilities)	NO	NO	YES	YES	YES	NO	YES	YES	YES	NO	60
Parent education and family planning	NO	NO	YES		YES	YES	YES	YES	YES	NO	60
Family planning services	NO	NO	YES		YES	NO	YES	NO	YES	NO	40
Referrals to housing and social services	NO	NO	YES	YES	YES	YES	NO	YES	YES	NO	60

## **5. Preventing Child Abandonment in Denmark**

### **5.1 Working towards good practice in Denmark**

In Denmark, there is no tradition of developing programmes in relation to specific problems and individual need. Instead, there is a view that all professionals working in the social welfare system, as well as health visitors, teachers and social educators, should all be equipped with the skills needed to act correctly when they come across a family with a child who is at risk.

There are no institutions or services in Denmark that explicitly work towards preventing child abandonment or infanticide, as neither are a big issue. However, services that have been developed to aid families and children in need (e.g., child care institutions, residential support services for families in need, and community-based interventions that address risk) all have a preventive impact on parents abandoning their children.

A recent review (SFI, 2011) on preventive measures for children at risk (aged 0–3) identified risk factors for children being mistreated by their families. These include:

- Substance abuse
- Neglect
- Violence
- Mental illness
- Mental disability
- Teenage pregnancy
- Multi-problem families

In 2010, the Danish Research Institute, together with a body under the Ministry of Social Affairs, outlined a number of preventive measures that need to be implemented in order to secure the well-being and development of ‘at risk’ children (Lausten, Mølholt, Hansen, Schmidt & Aaquist, 2010). The first report written by the team includes recommendations such as:

- Strengthening parent-child relationships.
- Empowering parents as the responsible agents in the family who should serve as role models and take the lead in terms of problem-solving (without resorting to violence).
- Teaching parents to have positive expectations of their child and their own role as a parent.
- Providing parents with education regarding child development issues.

Many services in Denmark work towards addressing and reducing these risk factors.

### **5.2 Services that help to prevent child abandonment in Denmark**

Ten services that help prevent child abandonment in Denmark were identified as part of the current EU Daphne-funded study. These services are briefly outlined below and provide information on the purpose of the service, who funds it, whether it has a direct or indirect focus on preventing child abandonment, its clients, the types of intervention offered by the

service, whether they attempt to integrate children who have been abandoned back into their biological family or into a foster family, whether the service follows up on the families/children they work with, the impact the service has had on preventing child abandonment (if known), and finally, a case study of a family/child helped by the service.

The first service outlined below is a family unit in an open prison. Parents are placed in the unit because they have committed a crime, and not because they need help managing their children or developing their parenting skills. Nonetheless, this service provides an effective way of targeting vulnerable families in order to provide support in the form of counselling and parenting training, which may be beneficial to the family in the long run. It also allows families to remain together whilst the mother serves her sentence, thus indirectly preventing children from being abandoned.

Another service identified as part of the research focuses on the assessment, training and support of prospective adoptive and foster parents. This is to ensure that they are suitable to become foster/adoptive parents, as well as to match them with an appropriate child(ren), and provide support and development in terms of their role as a carer.

The remaining eight services interviewed for the project all provide targeted help to support families and/or children who have been identified as being 'at risk' or in need of intensive support and intervention. This is in the form of child-care institutions and intensive residential support services for families in need. From looking at the work that these services do, a number of common traits regarding the functions of the institutions and agencies can be identified. These include a view that the social educator, social case worker and other staff working within these organisations should:

- Establish psycho-education, assertion training, and empowerment of the mothers/parents to become good carers for their children.
- Support social case work to assist the parents with their contact with welfare authorities.
- Carry out an assessment of parenting ability. This may result in recommending that the authorities place the child in a foster family, which could be considered contradictory to the first function.
- Counselling and therapeutic support for parents and/or children.

The intention of the services identified is primarily to keep the families together, but not if this would be to the detriment of the child. Children are still placed outside their home, at a rate of approximately 10,000 per year. However, this is not due to a risk of abandonment, but rather to the risk factors mentioned above.

### **5.3 Open prison**

*Overview of the service:*

- One project run in the prison is the 'family house', where inmates can live with their partner and children while carrying out their sentence.
- Inmates may be referred to this facility at the end of a longer sentence.
- The prison receives all kinds of criminal inmates, with the exception of sex offenders.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment.

*Target groups:*

- Adults who have children and have been sentenced to prison.

*Services offered:*

- Allows parents and their children to remain together while the mother carries out her sentence in prison.
- Whilst there, parents are offered:
  - Counselling
  - Training groups on issues such as parenting skills
  - Information on how to deal with social authorities
- Support for families when they have left the prison.

*Follow-up on families helped by the service?*

- Yes, on an individual basis.

*Case study:*

Mother with her baby and a boyfriend who had two children of his own. Mother would not let anyone assist her with the care of her child and the social authorities were not sure that she could take care of the child. Mother was given help to enable her to care for her baby, including education on a baby's needs and practical training regarding baby food and stimulation. There was also intervention to address the father's problems with his ex-wife which had a major impact on the family. The mother was sentenced to prison for half a year. She came back two months later to receive counselling and again six months later when she was invited to a party in the family house. She had established a much better relationship with the child and is able to let others handle the child.

## **5.4 Family institution**

*Overview of the service:*

- Residential service providing round-the-clock care and support for families where there is concern about the relationship between the parents and their child(ren), as identified by social services.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment.

*Target groups:*

- Parents with cognitive impairments or mental illnesses (e.g., personality disorders).
- Teenage parents.
- Parents who might have suffered from some kind of trauma (e.g., past suicide attempt).

*Services offered:*

- Development course runs over 2–4 months, where individuals' problems are targeted during their stay at the institution.
- Investigation course lasts two months, where the social welfare authorities have asked for an evaluation of the family before further decisions are made.

*Follow-up on families helped by the service?*

- No

*Case study:*

Teenage parents (16–19 years old). The father was very immature and not ready for the responsibility of raising a child. The mother was non-responsive towards her child and also immature. She had no real social network and her parents were abusing alcohol. The father had a good social network and his parents were functioning well. They agreed to a family adoption and so the relationship between the parents and the child was preserved, but the child's needs were better met with the grandparents as primary caretakers.

## **5.5 Family institution**

*Overview of the service:*

- Family institution offering round-the-clock care for families.
- Provides a training and observation centre to assess and develop parenting skills.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment.

*Target groups:*

- Children with developmental difficulties (aged 0–7)
- Parents in difficulty
- Teenage parents
- Children placed for adoption

*Services offered:*

- Parent intervention programme that focuses on the resources or strength that the parents possess when dealing with their child. Intervention happens in three stages:
  - an instructive stage
  - an advisory stage
  - an indicative stage
- Goal is to get the parents to the final stage so that they have something concrete to take home.

*Follow-up on families helped by the service?*

- Yes, for 2–3 months.
- Children placed in foster care are helped to get comfortable in their new surroundings.
- Children returning home with their parents are checked by social welfare authorities.

*Case study:*

Three-month-old girl whose mother was mentally ill and committed to a treatment facility. Father provided the only source of income for the family and could not take care of the infant as well as work. The girl stayed at the institution to begin with, but later stayed only two nights a week, and finally only during the daytime. The mother came to visit her child at the institution and slowly recovered so that she was able to care for her baby.

## **5.6 Child care institution**

*Overview of the service:*

- Child care institution offering round-the-clock care and education for children with mental disabilities or illness caused by neglect.
- Goal is to secure positive development for the child so that they can live full-time with their own family and attend public school.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment.

*Target groups:*

- Children referred to the institution via social welfare authorities.
- Children (aged 6–16) who have been identified as victims of neglect.

*Services offered:*

- Psychological treatment consisting primarily of pedagogical interventions.
- Education 0–9th grade level: setting is that of a typical Danish public school, but has both teachers and pedagogical staff involved in the lessons and has a therapeutic environment approach.
- Intervention includes:
  - Play and psychological therapy
  - Family therapy
  - Psychological testing of the child to describe their sometimes multiple mental problems

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, for two months to one year.

**5.7 Prevention Service 5 (Anonymous)**

*Overview of the service:*

- Recruits, approves and supports foster carers and adoptive parents and matches them with children.
- Service places around 400 children in foster care each year.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment.

*Target groups:*

- Foster and adoptive parents

*Services offered:*

- Recruits and screens families for the foster family programme.

- Prospective foster/adoptive carers are interviewed and go on a four-day course before being given final approval.
- Once approved, families receive on-going supervision, counselling and guidance.

*Follow-up on families helped by the service?*

- Yes

## **5.8 Prevention Service 6 (Anonymous)**

*Overview of the service:*

- Residential facility to assess parents' ability to care for their child, and also assess the child's social functioning.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment.

*Target groups:*

- Children who have suffered abuse or neglect.
- Unaccompanied refugee children.
- Families who are struggling to care for their children (e.g., due to addiction or social issues).

*Services offered:*

- Institution investigates:
  - how the child or young person acts in social interactions with others, as well as one-to-one with the teacher.
  - how the child or young person reacts to being told 'yes' and 'no' (rule setting).
  - if a young person is capable of structuring his or her own everyday life.
  - how capable they are in creating relationships with others.
- Parent resource investigation: an account of how able the parents are to take care of their child.
- Advice and guidance for parents about practical everyday things (e.g., nappy-changing).
- Focus on whether or not the parents are able to view the child and his or her actions realistically, and if they can manage their own difficulties and not take it out on the child.

*Follow-up on families helped by the service?*

- No

## **5.9 Prevention Service 7 (Anonymous)**

### *Overview of the service:*

- Residential intervention programme to help parents take care of their child.
- Parents are referred to the programme by social welfare authorities.
- Consists of two institutions run by one manager.

### *Funding from:*

- State

### *Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment.

### *Target groups:*

- Families who are struggling to take care of their children and have been referred to the service by the social welfare authorities.

### *Services offered:*

- Socio-educational intervention regarding the parents' ability to care for their child.
- Pedagogical and psychological intervention.

### *Follow-up on families helped by the service?*

- Yes

## **5.10 Child care institution**

### *Overview of the service:*

- A child-care institution that offers long-term or acute placement for children who have suffered severe abuse or neglect, whilst finding them a placement and investigating their current situation.

### *Funding from:*

- State

### *Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment.

### *Target groups:*

- Children who have been removed from the care of their parents due to:

- severe abuse or neglect
- Foetal Alcohol Syndrome
- failure to thrive

*Services offered:*

- Institution takes a holistic approach but focuses on the resources of the child.
- Assesses the degree of neglect the child has suffered in terms of how well the child functions in everyday life.
- Child continues to attend either their nursery or pre-school and only sleeps at the institution (unless the child has suffered serious neglect).
- Therapeutic environment approach.
- Pedagogical and psychological assessment of the child.

*Attempt to integrate abandoned children back into the family?*

- Yes, if appropriate.

*Follow-up on families helped by the service?*

- No

*Case study:*

Three-year-old girl who suffered from neglect. She lived with her father who suffered from mental illness (compulsive gambling) and who could not offer her stability. She was therefore placed at the institution and for six months she was in a normal routine, being at her pre-school during the day and sleeping at the institution. Her mother was later granted custody and the girl's father was granted visitation rights.

### **5.11 Prevention Service 9 (Anonymous)**

*Overview of the service:*

- A hall of residence with apartments for single mothers who are still in education.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment.

*Target groups:*

- Student mothers in need of accommodation.
- Single mothers with an education plan, who have been referred and paid for by the social welfare authorities.

- Mothers must be active students and be prepared to live in a community with other young mothers.

*Services offered:*

- Mothers referred by the authorities will receive assistance.
- Social network of other young mothers.
- Goal is to support autonomy and the development of life skills.

*Follow-up on families helped by the service?*

- Yes, this is both formal and informal.

*Case study:*

Young mother with a hearing disability, academic failure and fairly unstable family life. She lived with the baby's father but they split up when the baby was six months old. Mother got into difficulty and the baby therefore went to live with her father for a while. After receiving psychological help, the mother recovered and got her baby back. However, the baby was placed into care as the father made a referral to social services. When looking for help, the mother found one of the halls of residence offered by this service and moved in with her daughter. This was paid for by the local authority. The mother is now doing well and is caring for her baby whilst finishing her education.

## **5.12 Prevention Service 10 (Anonymous)**

*Overview of the service:*

- Municipal institution for children (aged 0–6) with an emphasis on treatment/training of parenting skills, and developing and strengthening the attachment between the child and the caregiver.
- Institution serves four functions:
  - placement for small children with consent from their parents
  - urgent placement for children with or without consent from the parents
  - apartments for children and their parents to provide parents with training
  - day treatment/training in parenting skills for troubled families (individual and group treatment)

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment.

*Target groups:*

- Children who have been abused or neglected
- Children identified as failing to thrive

*Services offered:*

- Assessment of child's functioning and attachment based on Crittenden Adult Attachment Interview
- Environmental psychotherapy to stimulate the development and thriving of the child
- Play therapy
- Riding therapy (for the child, assisted by parents and riding therapist)
- Educational observation
- Assessment of parents' competence
- Counselling for parents
- Reflective conversations (videotaped)
- Social training
- Family group therapy
- Developing family identity (e.g., by means of books with photos, genogram)
- Physical training
- Body therapy
- Day treatment (ambulant sessions and support groups)

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, for at least two months up to two years.
- Includes weekly Wednesday dinners, group training and home visits.

*Case study:*

In the last four years, the institution has experienced two mothers who abandoned their children. They were both foreign and of non-Western origin. One mother disappeared and the father was granted custody of the child alongside foster care support. In the second case, the mother moved into the service with her newborn child, but later disappeared to England. The father was traced and, as he was homeless, he moved into the service to be supported in caring for his child. This included parental training and support whilst he finished his education. When his education was complete, he got his own apartment and enrolled the child into pre-school. A part-time foster family helps to assist the father every second week-end and sometimes during holidays. The institution is still in contact with the family.



# Child Abandonment and its Prevention in France

by Marie Anaut

## 1. The Extent of Child Abandonment in France

In 2010, there were 1,360 children (aged 0–3) relinquished for adoption. This means that 1.6 children per 1,000 live births were openly abandoned. While there are no baby hatches in France, 664 children were born through anonymous birth (*accouchement sous X*) and abandoned at the hospital. A further 204 children (aged 0–1) who were not born through anonymous birth were also abandoned at hospitals. As such, 1 child per 1,000 live births was abandoned in a hospital in 2010.

## 2. Legislation relating to Child Abandonment

### 2.1 Definition of child abandonment

In France, the term ‘child abandonment’ is not commonly used. Instead, children who are legally abandoned are referred to as *pupilles* (or children in care).

### 2.2 Current laws associated with child abandonment

The law forbids child abandonment in the public thoroughfare (e.g., in the street). If this occurs, a judicial procedure will be put in place to look for the parents of the child. In the meantime, the child will be placed in the care of social services who will place the child in an institution. The child will be referred to as a *pupille* and, unless the judicial procedure takes a long time, will become adoptable after two months.

With regards to children who have been placed in care because of neglect or abuse from their parents, the Civil Code states that if it is proven that the legal or biological parents of the child have had no contact with their child for at least one year, then the child will be referred to as a *pupille* and, after the one year period has elapsed, can become adoptable. However, according to Article 350 of the Family Code, the parents’ lack of contact with the child needs to be confirmed through a judicial procedure. This procedure will notify the parents that they no longer have any parental responsibility for the child. These legal procedures do not occur very often and usually concern older children (on average eight years of age). Nevertheless, if these legal proceedings do occur and the children are very young, they can be put forward for adoption. In some instances, the foster family may formally adopt them. However, older children (more than 10 years old) tend to stay in foster families or institutions without ever being adopted.

According to Article 341 of the Civil Code, women have the right to remain anonymous to their babies after giving birth in a hospital. This is referred to as *accouchement sous X* and no

legal ties between the mother and baby can ever be established as a result of it. The mother is not required to show her identity card and there will be no follow-up enquiry. However, Article L.222-6 of the Family and Social Action Code (2000) states that the mother must be informed of the legal consequences regarding her request to remain anonymous, as well as the importance of children knowing their origins and medical history. In addition, the mother is invited to leave information about her health, the father's health, and the circumstances of the birth. She is also invited to record her identity and leave it in a sealed envelope. The mother is informed that she can provide her identity at any time (in a sealed envelope) or add to the information she provided at the time of the child's birth. The envelope containing the mother's name also contains information regarding the child's name, gender, date of birth, place of birth, and time of birth.

The actions highlighted above are carried out by individuals listed in Article L.223-7 (2000), who work for the director of the health institution. The medical expenses of the birth are taken care of by children's social services. Children's social services will also suggest that the mother receives psychological and social support, which they will provide. According to Article 57 of the Civil Code, if the child's mother or father does not register the child's birth, their names will not appear in the register. However, the 'anonymous' mother may name the child if she wishes to do so. If she does not name the child, the registry office will give the child a name.

### **2.3 Legal consequences for abandoned children and their parents**

Usually, children who become *pupilles* are one or more of the following:

- Children whose family relations are unknown and who have been taken care of by children's social services for more than two months.
- Children whose family relations are unknown and who were given to children's social services to be admitted as *pupilles*.
- Children whose family relations are known and who were given to children's social services for more than six months by their father or mother to be admitted as a *pupille*, and where the other parent has not told the service during that time that they want to assume responsibility for the child. (Before the end of the six months, the service will try to discover what the intentions are of the second parent.)
- Children who are orphans.
- Children whose parents have lost their parenting rights, and who have been placed in children's social services.

Young children tend to be adopted very quickly (i.e., 74% are adopted before they are one year old). However, children who have health problems or physical or mental disabilities can take longer to be adopted. In some cases, these children don't find adoptive parents and remain in foster or institutional care. Parents have two months to change their minds about relinquishing their child for adoption.

### 3. Causes of Child Abandonment in France

Children are often born through anonymous birth (*sous X*) because:

- The mothers are young and lack income.
- The mothers never wanted to fall pregnant and are often living in high risk social and economic situations.
- Some unwanted pregnancies are the result of rape.

Some children, regardless of whether or not they are born through anonymous birth, are abandoned at birth because of health issues (e.g., HIV), or a physical or mental disability.

### 4. Data Collected from Maternity Units in France

In 2010, there were 828,000 live births in France, and the infant mortality rate was 3.6 deaths per 1,000 live births. There are currently 589 maternity units/hospitals in France. Although they are not ‘baby friendly’ according to the UNICEF regulations, they follow similar procedures. As part of the current EU Daphne-funded project, six maternity units in France were contacted for information relating to the infants born in their hospital. This data is presented in the tables below, and provides some insight into the extent of child abandonment in each maternity unit, possible causes of abandonment, community and social work within the maternity units, and strategies in place that assist in preventing abandonment.

*Table 1: General statistics from 6 maternity units in France*

	Maternity Unit						Total
	1 <i>Data for 1999</i>	2 <i>Data for 1999</i>	3 <i>Data for 1999</i>	4 <i>Data for 1999</i>	5 <i>Data for 1999</i>	6 <i>Data for 1999</i>	
Number of live births	3,632	1,973	642	1,249	3,542	1,515	12,553
Number of infants classed as abandoned	6	4	0	0	4	1	15
Number of infants who died within 7 days	5	2	2	0		0	9
Number of maternal deaths			0	0	0	0	0
Number of infants born with a disability						0	0
Number of infants born premature				90	200	73	363

Number of infants born with a low birth weight						45	45
Number of mothers who did not provide identity	6 (66.7% male infants, 33.3% female infants)	4 (50% male infants, 50% female infants)	0	0	4	1 (100% male infants)	15
Number of mothers who left without their infant, without doctor's consent, and without saying when they will be back	0	0	0	0	0	0	0
Number of mothers who left without their infant, but were reunited	0	0	0	0	0	0	0
Number of mothers who agreed to sign adoption papers before leaving hospital	6 (66.7% male infants, 33.3% female infants)	4 (50% male infants, 50% female infants)		0	4	1 (100% male infants)	15

None of the maternity units felt that there was an overrepresentation of any particular ethnic group amongst the children who had been abandoned there.

*Table 2: Possible causes of children being abandoned at maternity units*

	Maternity Unit						%
	<b>1</b> <i>Data for 1999</i>	<b>2</b> <i>Data for 1999</i>	<b>3</b> <i>Data for 1999</i>	<b>4</b> <i>Data for 1999</i>	<b>5</b> <i>Data for 1999</i>	<b>6</b> <i>Data for 1999</i>	
Poverty/financial hardship	X	X			X		50
Poor housing or homelessness	X	X					33
Parents with learning difficulties							0
Parents with mental health difficulties	X	X					33

Parents with alcohol or drug problems	X				X		33
Parents' lack of sexual education and family planning							0
Teenage parent without support		X			X		33
Single mother with father absent	X	X			X	X	67
Poor preparation for birth / no contact with health services					X		17
No community home visits to pregnant mothers							0
Traditional maternity services (no baby friendly services available)							0
No community home visits to families with newborns							0
Other reasons							0

Table 3: Community and social work within the maternity units

	Maternity Unit						%
	1 <i>Data for 1999</i>	2 <i>Data for 1999</i>	3 <i>Data for 1999</i>	4 <i>Data for 1999</i>	5 <i>Data for 1999</i>	6 <i>Data for 1999</i>	
High risk mothers are identified before giving birth	NO	NO	NO	YES	NO	NO	17
Community health professionals visit expecting mothers prenatally	YES	YES	YES		YES	YES	83
Visits are made to all mothers (universal service)	NO	NO	NO	NO	NO	NO	0
Visits are only made to high risk mothers (targeted service)	YES	YES	YES	YES	YES	YES	100
There is a hospital social worker	YES	YES	YES		YES	YES	83
When a mother is	YES	YES	YES	YES	YES	YES	100

identified as at risk of abandoning her child in a hospital or maternity unit she receives counselling							
These mothers are encouraged to keep their children		NO		YES			17
These mothers are counselled to help them make their own decisions	YES	YES	YES	YES	YES	YES	100
These mothers are encouraged to sign adoption papers							0
Information about child birth and the maternity unit is provided in more than one language	YES	YES	YES	NO	NO		50

*Table 4: Prevention strategies for child abandonment within maternity units*

	Maternity Unit						%
	<b>1</b> <i>Data for 1999</i>	<b>2</b> <i>Data for 1999</i>	<b>3</b> <i>Data for 1999</i>	<b>4</b> <i>Data for 1999</i>	<b>5</b> <i>Data for 1999</i>	<b>6</b> <i>Data for 1999</i>	
Home visits to pregnant mothers by health professionals	YES	YES	NO		NO	NO	33
Screening pregnant mothers around 20 weeks	YES	YES	YES	YES	YES		83
Social care and counselling in maternity units	YES	YES	YES	YES	YES	YES	100
Mother's identity confirmed in hospital	YES	YES	YES	YES	YES		83
Child given identity before leaving hospital	YES	YES	YES	YES	YES	YES	100
Baby friendly maternity unit/hospital (newborn in room with mother,	YES	YES	YES		YES		67

breastfeeding/cuddling on demand, no set visiting times for father, siblings and grandparents)							
Referrals to mother and baby units, shelter to high risk mothers with their children	YES	NO	NO	YES	YES	NO	50
Support for parents with special needs children	YES	YES	YES	YES	YES		83
Referrals to day care provision for children with special needs (e.g., children with physical/intellectual disabilities)	YES	YES	YES	YES			67
Parent education and family planning	YES	YES		YES	YES	YES	83
Family planning services	YES			YES	YES	YES	67
Referrals to housing and social services	YES	YES	YES		YES	YES	83

## 5. Preventing Child Abandonment in France

### 5.1 Working towards good practice in France

French citizens have been able to access contraception (family planning) and abortion since 1975. In addition, the socio-economic evolution of the country, as well as national policies to prevent cruelty to children, may help explain why abandonment in France continues to be rare.

Among the methods of prevention there is a good social services network, which is able to provide a community outreach service to help families with problems. Moreover, the creation of a centre for child protection in each area of France has become compulsory since 2007, and allows professionals to track children who may be at risk (Article L226-3-1 of the Family and Social Action Code, 2007), and adapt the help and prevention measures for families who are in trouble. For women in distress, there are numerous maternal houses/centres that offer help to women and their children. In many cases, the mothers can stay there during their pregnancy and until the child is one year old. Moreover, the centre for maternal and infant

protection supervises the health of all children from pregnancy to the age of six. This contributes to preventing abandonment and neglect.

In France, there is no counselling service that specialises in the 'prevention of child abandonment', as abandonment is extremely rare. However, there are services that try to prevent the ill-treatment of children. In the maternity units/hospitals, social workers, some of whom are attached to the Centre de Plannification et d'Education Familiale (CPEF), provide information on legislation, and what to do if parents wish to relinquish their children for adoption.

#### *5.1.1. Centre de Plannification et d'Education Familiale (CPEF)*

In order to support family centres, which are private organisations, the state has opened Centres for Family Planning and Education (CPEF). These are public centres and are often located in hospitals. They make it possible for everyone to have access to the same services, no matter where they live. They also offer free consultations for minors along with the provision of contraception.

#### *5.1.2. Contraception and abortion*

The family support centres and CPEF mainly focus on providing information in relation to contraception and abortion. Minors can go to family centres without permission from their parents, in order to get contraception and information on different contraceptive methods. Emergency contraception (e.g., the morning after pill) can be delivered anonymously and free of charge.

With regards to abortion, any women (underage or not) can ask a doctor to terminate her pregnancy. The abortion has to take place before the end of the 12<sup>th</sup> week of pregnancy, just before the 14<sup>th</sup> week of amenorrhoea (absence of period). The woman has to contact a doctor (GP or physician from the family centre), who will then provide an attestation specifying the date of the visit and indicating the wish to interrupt pregnancy. The doctor will also provide a prescription to perform a scan that will establish the due date and determine the blood group. There is then a reflection period of seven days (starting from the first visit to the doctor), unless there is an emergency. Abortion is a medical act that is reimbursed by health insurance at a rate of 80% for the surgical method and 70% for the medical method. The rest can be paid by an insurance company. For women who have CMU (universal health insurance) or AME (medical help from the state), and for minors without parental permission, the cost of the abortion is fully reimbursed.

Minors are allowed to have an abortion without their parents knowing. However, they have to be accompanied by an adult of their choice. It is possible to have the abortion free of charge at the family centre. However, it is compulsory for the minor to have an interview with a counsellor or psychologist. This interview can happen at the nearest family centre or at the hospital where the abortion will take place.

No services were identified in France whose main focus was on the prevention of child abandonment, be it secret abandonment or open abandonment. The services that are in charge of abandonment are linked to adoption services. When looking at other services that may have an indirect impact on the prevention of child abandonment, many of these focus mainly on the prevention of unwanted pregnancies. This is by providing free contraception in family

centres and the CPEF, and also by providing sex education which starts at school with special education programmes. Support is also given to women who are thinking of giving birth anonymously or having an abortion. Whilst anonymous birth allows women to give birth anonymously and hand their babies over to social services immediately, it prevents these babies from being secretly abandoned at a later date in a way that may be dangerous to the child.

## **5.2 Services that help to prevent child abandonment in France**

A brief description of six child abandonment prevention services is outlined below. These summaries provide information regarding: the purpose of the service, who funds the service, whether the service has a direct or indirect focus on preventing child abandonment, the target group of clients the service is aimed at, and the types of intervention offered by the service.

The first service listed and the CPEF mainly provide information and support regarding contraception and abortion. The remaining four services are directly involved with the protection of children at risk, and with helping vulnerable families.

### **5.3 Prevention Service 1 (Anonymous)**

*Overview of the service:*

- A non-governmental organisation (NGO) with a feminist orientation.
- A popular education movement.

*Funding from:*

- Private organisations
- Some public funding
- State funds the education aspect

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Open to everyone
- Mainly focused on women

*Services offered:*

- Support for people of all sexualities (e.g., support groups for homosexuals)
- Promoting sex education (e.g., introducing sex education at schools, education groups for people with disabilities, education groups for prisoners)
- Contraception advice
- Support when considering abortion
- Providing help in situations involving violence (e.g., domestic violence, rape, sexual harassment, arranged marriage)

- Raising awareness and preventing HIV and sexually transmitted diseases
- Support for women who want to give birth anonymously
- Support for those who want help to conceive (IVF)
- Acting internationally and developing projects
- Training staff on sexuality issues and violence towards women

#### **5.4 Centre de Plannification et d'Education Familiale (CPEF)**

*Overview of the service:*

- Centres for Family Planning and Education that have been opened by the state.
- An entirely public service, with centres often located in hospitals.
- Gives everybody access to the same services wherever they live.
- Offers free consultations for minors and prescribes/delivers contraception.
- Offers support for women who are in difficult situations.
- Liaises with midwives of the maternal and infant protection service, and the gynaecology and obstetrics services.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Open to all

*Services offered:*

- Education
- Medical consultations (e.g., contraception, screening for sexually transmitted infections, screening for HIV, pregnancy tests, follow-up, abortion requests)
- Private consultation with a doctor or counsellor (regarding sexuality, contraception, abortion, sexually transmitted infections, couple or family-oriented counselling, counselling for victims of domestic violence, social support)
- Group education on emotional life and sexuality (group support)
- Free contraception for all

#### **5.5 Prevention Service 3 (Anonymous)**

*Overview of the service:*

- These services are in place to support women and children in distress or in difficult situations.
- In many cases, mothers can stay there during pregnancy and until the child is one year old.

- Around 100 have been created in France.

*Funding from:*

- State
- Charities
- Clients are expected to participate financially within their means

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Pregnant women (at least seven months into pregnancy)
- Isolated mothers with children under three years old
- Most centres only accept women over 18 years old, but some accept minors

*Services offered:*

- Accommodation for 10–50 women
- Individual rooms or apartments
- Financial and material help
- Education and psychological help
- Nursery for the children

## **5.6 Infantile and Maternal Protection Centre (PMI)**

*Overview of the service:*

- The centre supervises the health of all children from pregnancy to the age of six, by providing support and medical information.
- Can act as a protection system for the mother and child.
- Recognised to have played a major role in the distribution of the contraceptive pill.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Pregnant women
- Children (aged 0–6)

*Services offered:*

- Provides sessions such as preparing for birth, information for future parents, breastfeeding support, and maternal assistant counselling.
- Assesses the risk of child abuse and neglect, and identifies families at risk.
- Works in collaboration with social services and school doctors.
- Supports pregnant women by helping them to access a maternity department, information sessions, and parents' groups.
- Supports children (aged 0–6) by having a doctor:
  - Check their growth and development
  - Give vaccines (compulsory and recommended)
  - Screen for motor, psycho-motor, sensory, visual or hearing troubles
- Supports families with special needs by advising and supporting parents of children with disabilities or chronic illness, in order to facilitate or help with their care or integration.
- Provides a mediator or interpreter for families who don't speak French.
- Paediatric nurses provide advice regarding the growth of children, feeding habits, breastfeeding support, and can visit parents at home.
- Families can participate in different parent-baby groups (e.g., play group, singing, and reading).
- Psychologists can also be seen if parents want to talk about their difficulties.
- All services are free of charge.

### **5.7 Prevention Service 5 (Anonymous)**

*Overview of the service:*

- The service aims to increase knowledge in the field of child protection, in order to prevent cruelty to children, and work towards the better treatment of children.

*Funding from:*

- State
- General councils
- Child protection departments

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- No direct work is carried out with clients.
- The service helps to develop policy and train professionals working in the field.

*Services offered:*

- Supports all agencies involved in child protection.
- Organises regular collaborations between the different agencies involved in child

protection (in France and abroad).

- Develops online publications aimed at disseminating knowledge and providing up-to-date information to professionals working in the field.

## **5.8 Prevention Service 6 (Anonymous)**

*Overview of the service:*

- This service accommodates brothers and sisters in care who may or may not have been abandoned, as well as children from difficult family situations who require a long-term placement. The aim is to give these siblings the opportunity to grow up together in the warmth and safety of family life.
- One part of the service consists of 10 houses for families, a commune house and the house of the director. The area has all the necessary amenities close by, including a school, health centre, and leisure centre. Public transport is close and regular, which helps the children to gain independence and makes it easier for their parents to visit them.
- The service has built a house in Valenciennes to host more than 30 young people in difficulty, who have come from another part of the service (or other institutions in some cases). This is to help them to experience a semi-autonomous life where they can continue to receive support and go to school.
- At present there are 18 groups of siblings within the village, of whom 23 are girls and 27 are boys. The eldest child is 16 years old and the youngest is one year old.

*Funding from:*

- Private donations (to run the homes)
- The General Council (to buy land in order to build homes)
- SOS Children's Villages (to fund the building of the homes)

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Children who have been separated from their parents as a result of abandonment, death, child abuse or neglect
- Siblings who are in care

*Services offered:*

- The children live in a house with their siblings and an 'SOS mother'.
- A care team consisting of a director of the village, a head of the educational team, the educational team, a psychologist, and a social carer.
- Works in collaboration with children's social services, in order to analyse the needs of a family in cases where siblings have been separated when removed from their parents' care or abandoned.
- Assesses whether it is in the interests of the children to live together.

*Attempt to integrate abandoned children back into the family?*

- Parents can keep in contact with their children and have some rights (which the judge will agree on in the best interest of the child).

# Child Abandonment and its Prevention in Hungary

by Mária Herczog

## 1. The Extent of Child Abandonment in Hungary

In 2009, there were 96,450 live births and 44,890 abortions in Hungary. Of the children born, 8.3% weighed less than 2,500 grams and 40.1% were born out of wedlock (most of the parents were in a relationship or co-habiting). It is estimated that 5% of newborns had some form of disability, but the exact details are unknown. The average age of women giving birth for the first time has increased fairly quickly to 23.5 years, but this differs according to location, education and marital status. Indeed, there are many women over 30 years of age having a child for the first time. However, these are primarily women with a higher level of education (Central Statistical Office, 2010).

New legislation was introduced in 1997, which focused on preventing abandonment and encouraging family-based care. This included closing the big institutions (with the exception of infant homes) and the restructuring of others, dividing them into ‘group-homes’ within the same building.. The number of institutions is slowly decreasing, as is the number of children (aged 0–3) being placed in them. As of 30 June 2011, there were 582 children (aged 0–3) in institutions and 1,576 children in foster care. The term ‘abandonment’ is not used when describing the reasons for placing a child in care. Thus, it is impossible to differentiate between the number of newborns who have been abandoned by their parents and the number of newborns who have been taken away by the authorities.

According to the Family Code (1952), mothers can consent to relinquishing their child for adoption (i.e., open abandonment), including both open and secret forms of adoption. In 2009, there were 2,088 children waiting to be adopted, of whom 634 were children with disabilities. There were 459 domestic adoptions and 121 international adoptions.

The incubator programme was introduced in Hungary in 1996. This is supported by policy-makers, politicians and the public. There are currently 26 hospitals with incubators. Each incubator is placed in front of a hospital and is primarily financed by the county or city in which the hospital is located. However, more recently, some organisations have donated incubators to hospitals, with the running costs (e.g., electricity) being financed by the hospital concerned. Although there are no official statistics regarding the number of children left in incubators, the Department of Child and Youth Protection informed the author that approximately 40 newborns have been left in incubators since the programme began.

Each incubator is located near the hospital’s entrance. The idea behind the incubator programme is that children can be left in the heated incubator, which gives a signal upon being closed alerting hospital staff to collect the abandoned child. Anyone leaving a child in an incubator will not be identified, and they will not be required to provide the hospital with any information about the child and/or their circumstances. Some NGOs, in principle, offer help to pregnant women in crisis at risk of abandoning their child. However, their help tends to focus on adoption and they have limited resources and willingness to facilitate co-

operation between the local service providers. As such, no real services are offered to the parents. Even health visitors, who meet with most pregnant women at least three times, can refer them to use the incubators to abandon their child based on the requirements of the Health Act, instead of providing them with adequate support. Research on infanticide clearly shows that women in crisis do not know where to seek help and are afraid of contacting their local health visitor, as they do not believe that their situation will be kept confidential (Cseres, 2000). Therefore, services that can help women in need are vital and all women should be able to access them.

In 2005, the Family Code (1952) was modified to include a paragraph stipulating that infants left in incubators can become adoptable if the parents do not come forward within six weeks, with no age limit. The Health Act (2005) was also modified to include a sentence regarding the obligation of health visitors to inform a pregnant woman in crisis about the opportunity to leave her newborn in an incubator. Additionally, health professionals are obligated to inform a woman requesting an abortion about the option of leaving her child in an incubator instead.

When infants are abandoned elsewhere (e.g., a hospital (but not in an incubator), park or other public place), the mother can face prosecution, as indeed some have. However, there has been no evaluation of these women, no assessment of the outcomes of the situation, and no follow-up.

## **2. Legislation relating to Child Abandonment**

### **2.1 Definition of child abandonment**

In Hungary, there is no legal definition of child abandonment. However, there are different ways of describing activities similar to child abandonment, or activities considered as an act of abandonment (e.g., neglect or high risk behaviour by mothers).

The Family Code (1952) does not mention abandonment or any related issue, apart from the opportunity to adopt those children who have been legally freed for adoption. On the other hand, the Criminal Code (1978) refers to 'risky behaviour' when discussing crimes against marriage, family and youth. According to the text, risky behaviour is defined as the parent or caregiver not fulfilling the minimum requirements concerning the child's physical, emotional and moral development, as well as meeting the basic care needs of the child. However, the list of minimum requirements fails to mention not abandoning the child or not leaving the child behind. The only behaviour that comes close to this is not leaving the child unattended for a lengthy period of time. According to the Child Protection Act (1997), the term 'abandonment' is not used. However, terms such as 'risky behaviour', 'neglect' and 'abuse' are often employed when referring to child abandonment and child maltreatment.

When a child is left in an incubator, this is not considered abandonment, but rather an expression of giving up parental rights. If the child is left somewhere else and is well-maintained (i.e., covered properly) and placed in a safe public place (e.g., a hospital corridor, or in front of a police station), this can also be understood as a clear intention to give up parental rights and an unwillingness to care for the child. However, in such cases, a police investigation will be carried out and a formal search conducted for the parents of the child.

When a child is left in a place that is not considered safe (e.g., hidden, left alone unattended, starving, not dressed appropriately for the weather), this is considered a criminal act (placing a minor at risk), and an investigation will be carried out to find the mother and punish her. Despite the differences between leaving a child in a safe public place versus leaving a child in an unsafe public place, they are both considered, at least in principle, a crime (changing the family status of the child). This is based on the notion that the parents do not consider the child to be part of their family, and do not want anything to do with the child.

It is worth noting that there are currently considerations under way with regards to introducing the term 'abandonment' in the new comprehensive Civil Code (which will also incorporate the Family Code, 1952).

## **2.2 Current laws associated with child abandonment**

Prior to 2005, according to Section 193 of the Criminal Code (1978), placing a child in an incubator meant 'changing the family status of the child'. In principle, this would result in the prosecution of both the mother and the hospital personnel (for helping the mother to leave her child there). However, in 2005, the Family Code (1952), Children Protection Act (1997), and Law 89 of the Protection of the Foetus Act (1992) were amended. A new law (Law 22) introduced the incubator as a legal form of giving up parental rights, and parents who leave their child in an incubator have six weeks to change their minds. The new legislation also suggested that, rather than helping high risk pregnant women in a professional manner, health visitors and local child welfare workers should make them aware of the opportunity to leave their infants in an incubator. In addition, health professionals who provide counselling to women applying for an abortion are obliged to suggest that they place their child in an incubator instead.

When a child is placed in an incubator, he or she can quickly be freed for adoption (i.e., within two months). In a growing number of cases, the child can be temporarily placed in the care of the prospective adoptive family if the family wishes. However, this runs a minimal risk of the biological parents changing their minds during the six weeks to which they are entitled, though this has not happened so far. When a mother leaves her infant at the hospital and her identity is not known (because she has either not identified herself or has provided a false identity), the procedure takes longer. The infant remains in the hospital for a longer period of time, or is placed in an infant home until either the mother is identified or the 'unknown' category can be justified and the infant is assigned a name. In cases where the child is abandoned, but the identity of the mother or family is known, the custodial office must attempt to contact them. If the family can be contacted, they are encouraged to sign a declaration to free the child for adoption. However, if the family cannot be contacted, then the custodial office is entitled to withdraw their parental rights based on their non-appearance and lack of care. The child is then freed for adoption.

While there are strong sentiments in Hungary against child abandonment in general, parents who place their children in incubators are considered to be responsible, as they are making an infertile couple happy and not endangering their unwanted newborn. There is strong resistance (even among professionals) when legal and professional arguments are raised concerning the use of incubators. Questions regarding their use include:

- Has the decision to leave the child in the incubator been based on the informed consent of the mother?

- Who places the child in the incubator?
- Are the father and other family members aware of the decision to leave the child in the incubator?
- Is leaving a child in an incubator neglecting the child's right to his or her identity?

In Hungary, the action of placing a child in an incubator is seen as a responsible decision and does not consider the needs of the abandoned child's mother or family. It also does not take into account the consequences for any other children the mother may have. Nor does it take into consideration the right of the child to his or her identity or family.

### **2.3 Legal consequences for abandoned children and their parents**

When a child is left in a hospital or an incubator, the only legal consequence for the parents is the withdrawal of parental rights before the child is freed for adoption. In cases where abandonment is accompanied by severe neglect, abuse or endangerment of the child's life, there will be a police investigation that may, depending on the circumstances, result in prosecution. Such cases include leaving a child unattended anywhere that is not a hospital or an incubator.

If a child is left in an incubator, the child can be adopted within two months after receiving an assigned name. However, the family have up to six weeks after leaving the child to reverse their decision and reclaim the child. If a child is abandoned elsewhere, and the mother's identity is unknown, the child can also be quickly freed for adoption. If a child is abandoned elsewhere, and the mother's identity *is* known, the child is placed in foster care or an institution until the authorities have followed the appropriate legal procedure. In cases where the authorities are able to contact the parents, and the parents agree to sign a declaration relinquishing their child for adoption, the legal procedure is easy and fast. However, in cases where the authorities are unable to contact the parents or the parents do not agree to sign the declaration (but the child has no realistic chance of returning to his or her biological family), the authorities must initiate a court procedure to withdraw parental rights and free the child for adoption. These cases can take years to reach a conclusion due to the workload of the administrators and the lack of legal professionals working with the authorities. There is also a lack of accountability for not acting in these situations, leading to the long-term institutionalisation of many children who could have been adopted much earlier.

## **3. An Overview of issues relating to Child Abandonment in Hungary**

### **3.1 Social or personal causes of child abandonment**

The causes of women abandoning their children include: financial hardship, poor education, isolation, young motherhood, lack of appropriate support, lack of sex education, and no access to expensive contraception. However, the main reason why children are placed in care is because they are taken away from their parents for child protection reasons, in many instances due primarily to poverty and the lack of support given to them to prevent it. Additionally, adoptable newborns are in demand, and it is possible that pressure from prospective parents and the public may contribute to why mothers relinquish their children for adoption.

It is often thought that another cause of child abandonment is the child having some form of disability. However, it is becoming less frequent that the children abandoned are those with disabilities. Indeed, although it is often believed that children with disabilities are more likely to be abandoned, there is no data available to suggest that this is true.

The recent economic crisis means that more children are being brought into the care system, often as a result of poverty. Domestic violence and mothers entering prison are also reasons for either voluntarily or involuntarily ‘abandoning’ a child. However, this cannot be explored effectively as there is no statistical data and all the evidence is anecdotal.

### **3.2 Poor practice in Hungary**

There are many areas where improvements and societal changes need to be made in order to tackle child abandonment in Hungary. Universal, home-based health visitation has deteriorated by 20%<sup>12</sup>. Health visitors suggest this is due to a lack of resources, low wages, low prestige and high case-loads. There is no research or reliable information to support this, but it is a widely held opinion amongst professionals. A new programme is being developed that will use the EU Cohesion Fund to review the training and practice of health visitors, including a computerised system of documentation to ensure better quality work, accountability and co-operation between different professionals.

A lack of sex education and family planning, coupled with the high price of contraceptives, all act as barriers to preventing child abandonment. Parents and teachers are often opposed to any kind of sex education in schools (including abuse or drug prevention programmes), as they believe that these programmes encourage children to become interested in sex and the use of drugs. Abortion is frequently used as a form of contraception. In 2009, there were 44,890 abortions in Hungary. There is a controversial financial scheme that provides a great deal of money to hospitals based on their abortion rates, whilst providing no budget for counselling. The fast-growing use of emergency contraception provided without proper counselling and information on side-effects is also hindering more conscious decisions and planning.

One of the main challenges in Hungary with regards to preventing child abandonment is prejudice. Prejudice still exists in society towards those families that are struggling, branding them as irresponsible people. According to public opinion (including professionals, politicians and policy-makers), only ‘good’ families should have children, whereas ‘bad’ families (e.g., those who are poor, uneducated or of Roma origin) should not be encouraged to raise children. When young children are taken away from their parents, it is seen as rescuing them from their ‘bad’ families and giving them a better chance in life. It is also viewed as ‘punishment’ for those parents who cannot meet middle-class standards. Mothers in crisis are blamed for their circumstances and are seldom appropriately supported. Another worrying sign is the growing impatience and lack of support for those families who are not financially ready to take their children home or do not have appropriate housing. In these cases, health visitors and child welfare workers deny them their right to take home the child, and choose to place the child in an institution instead of providing support and helping the parents.

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<sup>12</sup> <http://www.hazijogorvos.hu>.

The number of newborns and infants coming into care due to abandonment, neglect or abuse is decreasing. However, there is evidence to suggest that primary prevention services and local provision are inadequate due to a lack of resources and accountability. An investigation by the Ombudsman into the death of a 13-month-old baby as a result of starvation revealed that neither health visitors nor paediatricians are reporting according to their duties, even in cases of severe abuse and neglect<sup>13</sup>. There are also a decreasing number of health professionals working in the most deprived sub-regions of Hungary. As a result, many settlements are lacking services, or those with services are overloaded<sup>14</sup>. The use of foster care placements is a recent development in Hungary. However, there is growing anecdotal evidence that in many cases foster parents' supervision is not organised, and there are children not being appropriately cared for in foster families.

The privatisation of general medical services has led to a change in service provision, meaning that the most deprived areas are not being reached. There is a shortage of social workers and child welfare services in general, and the quality of the existing services varies widely. The well-established system of pre- and antenatal care is not functioning well. This is due to financial situations, the lack of clarity concerning the duties of health visitors, and their knowledge and skills. Many women are choosing private doctors and refusing the health visitors' services. On the other hand, poor women have limited access to good quality care due to the lack of health visitors in the most deprived areas, and the lack of appropriate services offered to them (e.g., vitamins, examination during pregnancy). As can be observed above, equal access to services has changed dramatically. The failing medical service, the decline in ethics and reporting, and the fast-growing number of deprived families in Hungary present some of the key challenges in terms of preventing child abandonment.

There are many concealed pregnancies in Hungary, coupled with a number of pregnant women who are not accessing health care services. This is in spite of the eligibility criteria for receiving a birth allowance. These criteria stipulate that a mother must have had at least three visits to a gynaecologist and meeting the health visitor before she can receive a birth allowance. In remote areas of Hungary, the distance women have to travel to access health care, the cost of the travel, a lack of transportation and trained doctors, and missing health visitors contribute to this problem.

Hospitals are not providing preventive programmes for 'at risk' pregnant women. When infants are born with some form of disability, or in cases of still birth or the loss of a child, there is no protocol for staff in terms of how to communicate with and help the parents. Rooming-in in hospitals is still sporadic (16%), which is also felt to contribute to child abandonment along with many other issues such as low breast-feeding rates, attachment and bonding problems, and post-natal depression. In terms of maternal mental illness, post-partum depression is generally not recognised. Therefore, limited help and information is provided to women who are struggling with mental illness.

The rights of the child, rights of women, and rights of other family members (siblings, grandparents, and fathers) have not been considered in the legislation relating to public incubators. The Health Act only considers the women who are leaving their infants behind, and prevents any opportunity to search for the child's extended family to see if they would be willing to care for the child (as would be done in open adoption cases). According to information from one (now closed) hospital interviewed during the course of this project, in

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<sup>13</sup> <http://www.obh.hu/allam/2008/pdf/gyermekjogi.pdf>, pp. 64

<sup>14</sup> <http://www.hazijogorvos.hu>,

15 out of 16 cases, it was a man who placed the child in their incubator. This suggests that abandonment carried out in this way may not be a decision made by the mother. This is similar to infanticide cases, where only the mothers are accused and sentenced, despite evidence that other family members were also involved, or were at least aware of it.

There are also legal problems associated with child abandonment. Children abandoned in institutions can only be adopted after a court decision. In many instances, this decision does not happen due to a shortage of time or a lack of accountability on the part of the professionals. In principle, abandoned children are legally freed for adoption after six months of non-visitation by their parents. However, legal proceedings can take years, during which time the children remain in the care system. The average length of stay for children in the care system is 5.4 years. However, there is a lack of data for children under the age of three. Professionals state that initiating the court decision would require professional and legal expertise and time. As there are a lack of professionals and professional capacity, and no consequences for inaction, in many cases the legal proceedings do not even commence. There is no research or data looking into these cases, as any investigation would be against the interests of the county child protection agencies and the residential homes that could be closed if only a few children remain there<sup>15</sup>.

#### **4. Data collected from Maternity Units in Hungary**

In 2010, there were 90,335 live births in Hungary and the infant mortality rate was 5.3 deaths per 1,000 live births. Six of these deaths were due to violence. Hungary has 16 ‘baby friendly’ maternity units/hospitals (according to UNICEF regulations). As part of the current EU Daphne-funded project, 12 maternity units in Hungary were contacted for information relating to the infants born in their hospital. This data is presented in the tables below, and provides some insight into the extent of child abandonment in each maternity unit, possible causes of abandonment, community and social work within the maternity units, and strategies in place that assist in preventing abandonment.

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<sup>15</sup> Búki, P-Szikulai, I. (2000): A kisgyermeket ellátó speciális gyermekotthonok – korábban csecsemőotthonok – átalakításának lehetséges szakmai stratégiája, NCSSZI

Table 1: General statistics from 12 maternity units in Hungary

	Maternity Unit												Total
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	11 <i>Data for 2009</i>	12 <i>Data for 2009</i>	
Number of live births	3,262	2,234	2,412	1,074	1,086	772	2,174	2,849	1,258	2,805	1,731	1,415	23,072
Number of infants classed as abandoned	2	29	7	12	10	3	26			21		5	115
Number of infants who died within 7 days	9	2	8	0	3		4	10	1	9	6	8	60
Number of infants who died within 28 days	2		3	1	1		0		0	3		13	23
Number of maternal deaths	0	0	2	0	0	0	0	0	0	0	0	0	2
Number of infants born with a disability	13				88			96	1	222	4	7	431
Number of infants born premature	713	108	111	106	111	1	136		94	290	193	151	2,014
Number of	294	178	152	126	172	2	220	696	56	225	191	146	2,458

infants born with a low birth weight													
Number of mothers who did not provide identity	1		0	0	0	0	0		0	0	2 (50% male infants, 50% female infants)		3
Number of mothers who left without their infant, without doctor's consent, and without saying when they will be back	1 (100% male infants)	18	0	0	45 (49% male infants, 51% female infants)	0	5 (40% male infants, 60% female infants)		0	1			70
Number of mothers who left without their infant, but were reunited	0	8		0	45 (49% male infants, 51% female infants)	0	4 (50% male infants, 50% female infants)		0	1			58
Number of	12	2	3	2	0	0	5		10	0			34

mothers who agreed to sign adoption papers before leaving hospital	(60% male infants, 40% female infants)			(100% female infants)			(40% male infants, 60% female infants)		(70% male infants, 30% female infants)				
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Thirty-three per cent of the 12 maternity units felt that there was an overrepresentation of a particular ethnic minority group among the children who had been abandoned there. Of these, 100% identified Roma children as being overrepresented. In addition, of the 12 maternity units, only three were classified as being ‘baby friendly (according to UNICEF guidelines).

Table 2: Possible causes of children being abandoned at maternity units

	Maternity Unit												%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	11 <i>Data for 2009</i>	12 <i>Data for 2009</i>	
Poverty/ financial hardship	X	X	X	X	X		X		X	X	X		75
Poor housing or homelessness		X	X	X	X		X		X	X	X		67
Parents with learning										X			8

difficulties													
Parents with mental health difficulties				X						X	X		25
Parents with alcohol or drug problems		X				X			X	X	X		42
Parents' lack of sexual education and family planning		X	X										17
Teenage parent without support	X	X		X	X		X		X	X	X		67
Single mother with father absent	X	X		X	X		X		X	X	X		67
Poor preparation for birth / no contact with health services		X		X	X		X						33
No community		X					X						17

home visits to pregnant mothers													
Traditional maternity services (no baby friendly services available)		X											8
No community home visits to families with newborns		X											8
Other reasons										Lack of moral responsibility			8

Table 3: Community and social work within the maternity units

	Maternity Unit												%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	11 <i>Data for 2009</i>	12 <i>Data for 2009</i>	
High risk mothers are identified	YES	YES	YES	YES	YES		YES	YES	YES	YES	YES		83

before giving birth													
Community health professionals visit expecting mothers prenatally	YES	NO	YES	YES		83							
Visits are made to all mothers (universal service)	YES	NO	YES	YES		83							
Visits are only made to high risk mothers (targeted service)	NO	NO	NO	YES	NO		NO	NO	YES	YES	NO		25
There is a hospital social worker	NO	YES	YES	YES			YES	YES	YES	YES	YES		67
When a mother is identified as at risk of abandoning her child in a hospital or	YES		92										

maternity unit she receives counselling													
These mothers are encouraged to keep their children	YES	YES	NO	YES	YES	YES	YES			YES	YES		67
These mothers are counselled to help them make their own decisions	YES	YES	YES	YES	YES	YES	YES		YES	YES	YES		83
These mothers are encouraged to sign adoption papers	YES	Depends on the case	NO	NO	NO	NO	NO			YES	YES		33
Information about child birth and the maternity unit is provided in more than one	NO			NO	NO	NO	NO	NO	NO	NO	NO		0

language													
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Table 4: Prevention strategies for child abandonment within maternity units

	Maternity Unit												%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	11 <i>Data for 2009</i>	12 <i>Data for 2009</i>	
Home visits to pregnant mothers by health professionals	YES	YES	YES	YES	YES			YES	NO	YES			58
Screening pregnant mothers around 20 weeks	YES	YES	YES	YES	YES			YES	YES	YES			67
Social care and counselling in maternity units	YES	YES	YES	YES	YES	YES		YES	YES	YES			75
Mother's identity confirmed in hospital	YES			83									
Child given	YES			83									

identity before leaving hospital													
Baby friendly maternity unit/hospital (newborn in room with mother, breastfeeding/cuddling on demand, no set visiting times for father, siblings and grandparents)	NO		YES	YES	NO	YES	NO	NO	YES	YES			42
Referrals to mother and baby units, shelter to high risk mothers with their children	YES	NO			75								
Support for parents	YES	YES		YES	YES	YES	YES		YES	YES			67

with special needs children													
Referrals to day care provision for children with special needs (e.g., children with physical/intellectual disabilities)	NO	YES		YES	YES	NO			YES	NO			33
Parent education and family planning	YES	YES		YES	YES	NO			YES	NO			42
Family planning services	YES	YES		NO	YES	NO			YES	YES			42
Referrals to housing and social services	YES	YES		YES	YES	NO			YES	NO			42

## 5. Preventing Child Abandonment in Hungary

### 5.1 Working towards good practice in Hungary

In Hungary, five NGOs have been set up to work with ‘at risk’ pregnant women. These NGOs primarily focus on adoption and are only entitled to manage open adoption cases. In 2000, a pilot programme in Baranya county<sup>16</sup> aimed to close all infant institutions, and also employ social workers in all maternity units. Financial and professional evaluation showed that the programme had a 100% success rate, suggesting it was effective, cheaper and better for all. Budapest City Council Child Protection Agency is running a new programme for teenage mothers who are in the care system together with their infants. This programme has just started and training is taking place nationally.

A new programme will soon be introduced (using the EU Cohesion Fund) that will review the training and practice of health visitors. This includes a computerised record-keeping system to ensure better accountability and effective record-keeping by health visitors. It also aims to improve co-operation between professionals.

#### 5.1.1. Recommendations for good practice in Hungary

- Better developed health visiting service that is appropriately resourced. In particular, the case loads of health visitors need to be reduced, and their preparation and supervision developed.
- Improvement needed in the provision of hospital-based social workers. This includes other health professionals showing respect towards parents, especially mothers, and a better care pathway for referring families in need.
- Infant homes should no longer accommodate infants but need to be willing and able to accommodate mothers *and* babies. They also need to be prepared to work with them.
- Improvements need to be made in the services that are available so that they can be more effective.
- Efforts need to be made to reduce the stigma and stereotypes that still exist towards certain sections of society.
- Rooming-in in hospitals needs to be improved, and doctors and medical staff need better training in its benefits.

### 5.2 Services that help to prevent child abandonment in Hungary

Ten services that help prevent child abandonment in Hungary were identified as part of the current EU Daphne-funded study. These services are briefly outlined below and provide information on the purpose of the service, who funds it, whether it has a direct or indirect focus on preventing child abandonment, its clients, the types of intervention offered by the service, whether they attempt to integrate children who have been abandoned back into their biological family or into a foster family, whether the service follows up on the families/children they work with, the impact the service has had on preventing child abandonment (if known), and finally, a case study of a family/child helped by the service.

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<sup>16</sup> Büki, P-Szikulai, I. (2000): A kisgyermeket ellátó speciális gyermekotthonok – korábban csecsemőotthonok – átalakításának lehetséges szakmai stratégiája, NCSSZI,

The prevention services cover a wide range of issues relating to child abandonment and offer help in a number of ways. The services vary in their work, from those operating at a primary prevention level (e.g., the provision of universal health visiting) to those offering residential prevention services. Although not all of the services have a direct focus on preventing child abandonment, the work that each of them does has an indirect impact in terms of helping to address risk factors and family vulnerabilities that may lead to abandonment.

Five of the services identified are community- or hospital-based prevention services provided at a primary level. These services aim to identify risk and areas of difficulty amongst pregnant women (or those who have just given birth), and work to address these risk factors so as to encourage the mother and baby to remain together. Some of these services aim to intervene before problems can arise by encouraging a bond between the mother and baby (e.g., the 'rooming-in' programme), whilst others aim to identify mothers who may be at risk of abandoning their babies (e.g., the open adoption service). These services represent an attempt to tackle child abandonment and other social issues from an early stage.

In addition to the community-based outreach services outlined above, six of the services offer residential support. Four of these services are provided to pregnant women or mothers who are 'at risk' and need shelter. The shelters offer intensive support for the mothers and their children. This is delivered in the form of counselling, parenting advice, and providing information and education to mothers in relation to their personal situation.

### **5.3 Open adoption service**

#### *Overview of the service:*

- The service is made up of health visitors who devote their time and energy to finding at risk pregnant women so as to help them keep their child.
- In cases where mothers do not want their child (or cannot care for their child), the service helps to find adoptive parents.
- The organisation provides services for prospective adoptive parents, including preparatory training (21 hours, in accordance with the legislation), assessment, and regular meetings with families who have already adopted children.
- Provides a temporary shelter for high risk pregnant women, which consists of an apartment accommodating six women concurrently.
- Provides a free (green) helpline for anybody requiring more information about the service and/or advice.

#### *Funding from:*

- State
- Donations

#### *Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment.

*Target groups:*

- Pregnant women who are in crisis and either need support to keep their children or support when relinquishing them for adoption.
- Persons who want to adopt.

*Services offered:*

- Information and education.
- Self-help group for those waiting for adoption.
- Family gatherings for those who have already adopted.
- Free helpline.
- Health visitors present in the field and in hospitals to identify high-risk pregnant women.
- Network of health visitors in all counties to inform each other and service providers.

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, but only for adoptive parents with their consent.

*Known impact of the service:*

- Service has been operating for over 11 years
- 460 adoption cases
- Currently 261 parents waiting for a child
- 38 adoptions in 2011
- 24 mothers took their babies home
- 76 'starting packages' for babies in the last four years for those mothers taking their children home
- 41 expecting mothers placed in the shelter since 2007
- Every year there is one big gathering for all the adoptive families who want to meet

*Case study:*

An 18-year-old girl became pregnant as a result of sexual abuse and declared that she wanted to keep the child. She contacted the service and they accommodated her in a mother-baby residential facility. However, mother caused injury to the child at 10 months old and the baby was taken from her and placed for adoption. This was with the mother's agreement to prevent child abuse cases being brought against her.

## 5.4 Prevention Service 2 (Anonymous)

### *Overview of the service:*

- Local child welfare services and the local hospital have agreed on closer co-operation to prevent abandonment, abuse and neglect.
- The hospital social worker and the child welfare service keep each other informed and discuss cases with other professionals in order to determine how to proceed.

### *Funding from:*

- State

### *Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment.

### *Target groups:*

- Families at risk of abandonment, abuse or neglect.

### *Services offered:*

- Information
- Helping families to make a decision
- Providing help services for families
- Taking care of abandoned newborns
- Individual family counselling
- Financial support

### *Attempt to integrate abandoned children back into the family?*

- Yes

### *Follow-up on families helped by the service?*

- No

### *Case study:*

Mother with three children in care came into the hospital to give birth to her fourth child. Health visitor assessed the home situation and ruled the child could not go home with the mother. Tried to persuade the mother to sign adoption papers, but she left the hospital after two days and no papers were signed. Baby placed in an infant home.

## 5.5 Prevention Service 3 (Anonymous)

### *Overview of the service:*

- The health visitors are professional (four years' college training), offering counselling to pregnant women and families (primarily women) with small children.
- In accordance with the Health Act, they also offer counselling and inform mothers about the incubator programme and the anonymity it offers.
- Provide an outpatient service for children (aged 0–6) at home, and children (over six years of age) at school.
- All pregnant women are expected to visit the health visitor at least three times from their 12<sup>th</sup> week of pregnancy.
- Women can also ask for help in crisis situations.

### *Funding from:*

- State

### *Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment.

### *Target groups:*

- Universal service to all pregnant women over 12 weeks pregnant.

### *Services offered:*

- Information
- Health screening
- Referral to social services
- Doctors
- Counselling

### *Attempt to integrate abandoned children back into the family?*

- No

### *Follow-up on families helped by the service?*

- Yes, for up to six years

### *Challenges:*

- About 20% of health visitors are missing, especially in those parts of the country where they are most needed.
- Many are lacking resources (e.g., transportation), proper vocational education and supervision, and are overworked.
- Doctors do not see them as partners; there is no feedback, and no vocational training.

- The system is deteriorating and many families refuse the service.
- According to the law, 250 families should be taken care of by one health visitor. If there are many 'at risk' cases, this is not a realistic case load.

*Case study:*

A young woman was expecting a child, but had no partner and her parents refused to accommodate her after the birth of the baby. The health visitor tried to convince the woman to relinquish the child for adoption, but after realising how strongly she wanted to keep the child, she approached the parents and mediated between them. The grandparents (girl's parents) agreed to accept the situation and the family stayed together.

## **5.6 Hospital social worker**

*Overview of the service:*

- The hospital social worker provides help for those women and families in crisis situations whilst in hospital.
- This includes women and families who:
  - are pregnant
  - are giving birth
  - have a serious illness
  - are waiting for an abortion
  - are suffering from post-abortion problems
  - give birth to a disabled or very ill child
  - have lost their newborn or had a stillbirth

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment.

*Target groups:*

- Pregnant or sick women
- Women who have just given birth
- Women who have lost their baby
- Mothers who need help
- Mothers with a disabled or sick child
- Families who are homeless
- Parents lacking familial support
- Families at risk of abandoning their child

*Services offered:*

- Information
- Practical support (social security number, replacing missing documents)
- Help finding a place to live
- Counselling
- Co-operation with other professionals

*Attempt to integrate abandoned children back into the family?*

- No

*Follow-up on families helped by the service?*

- No

*Challenges:*

- There are too many clients and very few resources, coupled with a lack of formal structure and job description. Social workers are only present in a limited number of hospitals and often other medical staff are not supportive. Doctors, midwives and nurses are not trained and in many instances do not support the social worker in her efforts.
- There are different groups of women abandoning their children:
  - Transit women (not Hungarian citizens) who do not speak Hungarian, and often leave their baby behind without providing any information.
  - Teenagers cannot make a decision without their parents' consent, and often leave the child without informing their parents.
  - Parents of disabled children; there is no structure or protocol to help them.
  - Often mothers (almost exclusively Roma women) disappear for 3–4 days after giving birth and then return to take their baby home. The reason behind this is that their other children are left at home without proper care, so the mother has to go home to cook and take care of the children. The partner tends to come back to pick up the newborn. In these cases a referral is made to the local health visitor and child welfare service, but this does not have much impact as there is no system to provide home-based care.

*Case study:*

Homeless woman with no social security card and 16 weeks pregnant had been refused from three previous maternity units. She regularly attended health checks but health visitors were un-cooperative. No place for the mother in a mother's shelter so baby was placed in an institution with a plan for the mother and baby to be reunited when a place in a shelter could be found.

## 5.7 Home for teenage mothers who are under state care

### *Overview of the service:*

- Residential service for teenage mothers who are in the care system or who have come from difficult families.

### *Funding from:*

- State

### *Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment.

### *Target groups:*

- Teenage mothers coming from families with problems, an institution or foster care.

### *Services offered:*

- Mothers and children are accommodated in their own apartment (with kitchen, living room, dining area and bedroom) with a shared bathroom per two apartments.
- Provides adequate material and human conditions for both the mother and the child.
- Requires parent to comply with compulsory school attendance, and with any necessary additional schooling.
- Psychologist and other mental health professionals provide weekly and bi-weekly help where needed.
- A young mother, if not studying, must seek employment.
- Informal parenting advice.

### *Attempt to integrate abandoned children back into the family?*

- Yes

### *Follow-up on families helped by the service?*

- No

### *Case study:*

A 16-year-old girl who fell pregnant whilst living in an institution was referred to this teenage mothers unit. However, verbal and physical abuse was identified when the child was one-year-old. As a result, the mother went to another institution and the child stayed where he was for one month until he moved to a foster home. Child has a disability.

## 5.8 Prevention Service 6 (Anonymous)

### *Overview of the service:*

- Residential service for pregnant women and mothers in crisis.

### *Funding from:*

- Grants
- State
- Donations

### *Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment.

### *Target groups:*

- Mothers in crisis.
- Pregnant women who are in crisis and who need support, either to keep their children or relinquish them for open adoption.

### *Services offered:*

- Individual and group counselling
- Information
- Training course on self-care
- Preparation for birth
- Parenting skills
- Housekeeping practice
- Financial management
- Job seeking
- Works closely with Catholic church in providing counselling
- Fathers and other family members may visit three times a week, but cannot enter the room. They can only enter the separate meeting room or the garden.

### *Attempt to integrate abandoned children back into the family?*

- Yes

### *Follow-up on families helped by the service?*

- No

### *Known impact of the service:*

- Shelter has an on-going relationship with the NGO working on open adoption to help those who want to relinquish their children for adoption.
- Works closely with child welfare services.

- Very few children are left abandoned (1–2 per year), and few adoptions occur (2–3 per year).

*Case study:*

A former prostitute wanted to hide away while she was pregnant and keep her child. She had support from her family, but could not go home as she was at risk of abuse from pimps. She gave birth and spent a year in the shelter. The shelter tried to find a safe place for her, but had to move her to another shelter until they found another option. Mother was supported in finding employment and empowerment.

### **5.9 Prevention Service 7 (Anonymous)**

*Overview of the service:*

- Residential unit for breastfeeding mothers and their children.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment.

*Target groups:*

- Breastfeeding mothers who are willing to stay with their child
- Mothers who lack resources
- Mothers with a lack of skills
- Young mothers in care themselves
- Mothers with abusive or neglectful family/parents
- Those at risk of abandonment

*Services offered:*

- Home staff provide service to help parents breastfeed.
- Training in parenting skills.
- Depending on the situation, mothers can stay with the child, often spending unlimited time with the baby.
- In other cases babies are kept in the group and mothers can visit and feed them and spend time under supervision.

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- No

*Challenges:*

- Infant homes do not like accommodating mothers and babies. They are not prepared to work with the mothers and mothers often leave fairly soon after giving birth and leave the child behind.

*Case study:*

Mother of 16 years, who was herself in public care, wanted to keep her child and was breastfeeding so she was placed in the infant home. Authorities wanted her to place the child for adoption, but she wanted to keep her baby. Eventually she was placed into a foster family with her child.

### **5.10 Prevention Service 8 (Anonymous)**

*Overview of the service:*

- Residential shelter for women fleeing domestic violence.
- Provides a place for them to flee their partner and hide themselves and their children.

*Funding from:*

- Grants
- State
- Donations

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment.

*Target groups:*

- Women with children who are victims of domestic violence.
- Women with children who are at risk of becoming victims of domestic violence.

*Services offered:*

- Temporary shelter
- Helping with documents such as ID card, social security card if missing
- Providing food, clothing and lodging
- Psychological support
- Empowering women to make a decision about their abusive situation/partner/family
- Teaching women how to protect themselves and their children
- Counselling
- Help to find a solution from a practical point of view

- Job seeking
- Parenting skills

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- No

*Challenges:*

- The shelters cannot provide full services as there is a lack of special training and supervision for staff, along with a lack of tools to act. In addition, the environment is not very supportive and many still blame the woman.

*Case study:*

A mother of two arrived at the shelter from the hospital with a very young baby. The other child was kept hostage at the father's parents' house to force the mother to return home. The father denied the abuse and his parents supported him. The mother asked staff to help bring the older child to the shelter, but they could not help her. The local service providers were not helping as the family was known and had a good position in the community. Abuse was not seen as a reason for leaving and has not been documented as the father denied the allegations. The mother had to leave the shelter after 60 days and was referred to another home for women with babies, where they could stay for one year. In the meantime, legal proceedings were started to get her custody of the older child.

## **5.11 Mothers and newborns in prison**

*Overview of the service:*

- A prison-based mother-and-baby unit that offers a special unit placement for mothers with infants from birth up to a maximum of 12 months of age.
- It aims to support the reintegration of the mother, strengthen parenting skills, and support attachment and bonding.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment.

*Target groups:*

- Women who are serving sentences in prison and who have babies less than 12 months of age.

*Services offered:*

- Special unit placement for mothers with infants from birth up to a maximum of 12 months of age.
- Aims to support the reintegration of the mother, strengthen parenting skills, and support attachment and bonding.
- A health visitor, paediatrician, nurse and psychologist are employed on a part-time basis to look after the needs of the babies.

*Attempt to integrate abandoned children back into the family?*

- No

*Follow-up on families helped by the service?*

- No

*Challenges:*

- Though there are 20 places available for mothers and babies, in most instances no more than 5–6 are placed there.
- The service is not advertised; mothers are not encouraged to apply for it and it is seen as a privilege.
- So far over 120 children have been placed in this unit since 2003, but no follow up has been carried out on these children.

*Case study:*

A 19-year-old woman went to the unit while she was serving her sentence. Despite her efforts, she could not make any appropriate housing arrangements for her release, and therefore the child was placed in foster care at 10 months old.

## **5.12 Rooming-in service in hospitals**

*Overview of the service:*

- Hospital-based programme enabling mothers to stay with their newborn children.

*Funding from:*

- Grants
- State

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment.

*Target groups:*

- Open to women who choose to make use of this service, but only in cases where the mother can pay, or can be admitted for free if there is space on the free ward.

*Services offered:*

- On request, women are helped to breastfeed and take care of their baby.

*Attempt to integrate abandoned children back into the family?*

- No

*Follow-up on families helped by the service?*

- No

*Challenges:*

- In the hospital there are three rooms available for rooming-in. There are two where two mothers or a family can be accommodated at a cost of 5,000 HUF (approximately 18 Euro) a day, while there is one with six beds which is free.
- It is essential to provide all mothers with rooming-in, as it is a preventive programme, but one which is still not recognised in Hungary.
- The hospital staff considers it a 'fashion', and the chief doctor disagrees with rooming-in, saying that it is not enabling the mother to have rest after giving birth.

*Case study:*

A couple wanted to stay together in the room available for rooming-in after the birth of their child. They had to pay double the price as the father was also admitted.



# Child Abandonment and its Prevention in Lithuania

by Ieva Daniunaite & Rolandas Kruopis

## 1. The Extent of Child Abandonment in Lithuania

In 2010, there were 35,626 live births and 153 infant deaths (under one year of age). There were 82 children (aged 0–3) relinquished for adoption meaning that 2.3 children per 1,000 live births were openly abandoned. There were 13 infants left in baby hatches in 2010. Additionally, 61 children were left at maternity units (1.7 per 1,000 live births). As of 31 December 2010, there were 289 children (aged 0–3) in institutions and 384 children (aged 0–3) in foster care.

In November 2009, the first ‘baby hatch’ was opened in Vilnius, Lithuania. The number of baby hatches has increased since then, but there are no statistics or official information about the children left in them<sup>17</sup>.

The total number of inhabitants in Lithuania at the beginning of 2009 was 3,349,900. Of these, 653,700 were children. Statistics from the Child Rights Protection and Adoption Service, under State Ministry of Social Security and Labour, show that the number of children who were placed outside of their parents’ care over the year, along with the number of children without parents, is gradually decreasing. These statistics can be seen in Table 1. The main reasons for placing children outside of the care of their parents are: inadequate and insufficient care, neglect, abuse and danger for the child (1373 children in 2009). Other reasons include parental illness and parents’ arrest (366 children in 2009). In 2009, 603 children aged 0–3 lost parental care.

With regards to the 11,608 children who were growing up without parental care in 2009, 59.7% of these were cared for by foster parents or large foster families, and 40.3% were in residential care institutions (Chart 1).

In 2009 there were 108 residential care institutions: five infant homes, 33 county child care homes, four care establishments for disabled children, 31 municipality child care homes, 13 municipality child care home groups and 22 non-governmental child care homes. The number of children placed into institutional care is decreasing each year (Chart 2).

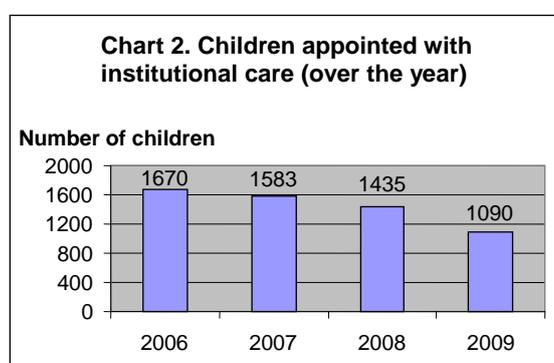
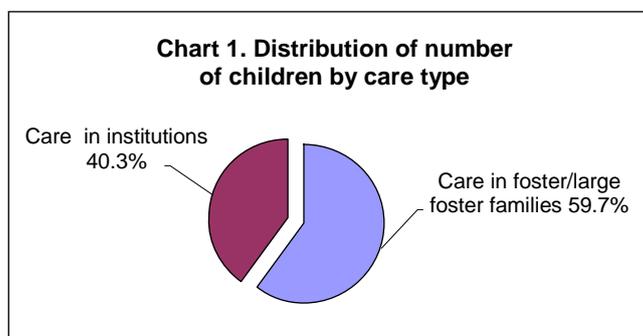
In 2009, the total number of children aged 0–3 in Lithuania who were living without parental care was 856. Of these, 481 were placed into a residential care institution, including 280 children who were placed into an institution for children with developmental disorders. Usually these institutions have better conditions to care for children under 3. This also relates to financial issues, as institutions for children with developmental disorders are financed by the Ministry of Health, and not the municipalities themselves.

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<sup>17</sup> Please note, Information for this review was collected from the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour, Ministry of Social Affairs and Labour, and Statistics Department by the Ministry of Interior Affairs.

Table 1. Number of children without parental care

	2007	2008	2009
<b>Total number of children without parental care</b>	12,910	12,306	11,608
<b>Number of children, who lost parental care over one year</b>	2,824	2,691	2,175



In 2009, 2,104 children (1,203 boys and 901 girls) were added to the record of adoptive children. Of these, 67.81% were aged 10 or above. The main reason why children are added to the record is that their parents have been permanently deprived of parental rights (79.8% cases). The process of registering a child to the record is regulated by the Adoption Record Order. Whether a child is ready for adoption depends not only on his legal status, but also other factors including: whether they are being visited by relatives or whether the child is older than 14. Children can also refuse to be adopted. Out of 2,104 children, 1,397 could not be adopted because it was deemed to be against their best interests. The adoption of children in Hungary is related to long-term social work with the family and professional efforts to help the biological family recover their parental rights. In addition, it is easier to find foster parents for younger children, except in cases where the child has a developmental disorder or health problem. According to the Adoption regulations, if Lithuanian adoptive parents are not found after the child has been on the register for six months then the child's case is discussed to consider international adoption.

During 2009, 103 Lithuanian families adopted 110 children (Table 2). In addition to this, 54 children were adopted by the spouse of the child's biological parent. Therefore, the total number of children adopted in 2009 was 164. In the same year, 88 Lithuanians living in foreign or foreign families adopted 146 children. The reason for foreign families adopting more children is that they are more open to adopting children with disabilities.

*Table 2. Number of adopted children*

	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Number of children adopted in Lithuania</b>	106	81	101	110
<b>Number of children adopted by families living in foreign countries</b>	125	148	108	146

In recent years, a trend in emigration from Lithuania has been noticed. The number of people who emigrated in 2009 was more than 20,000 (17,015 people declared their emigration in 2008, 13,853 in 2007, and 12,602 in 2006) and when these families move, the children usually stay with relatives or acquaintances. There were 2,019 children in Lithuania, who were officially appointed with such care (2009 statistics) and, in the majority of cases, it is children aged between 10–14 years who are left behind. This process is regulated by the Child Temporary Care Regulation Order (2007).

From 2006, the State Child Rights Protection and Adoption Service has sought to implement a standardised system to prepare foster parents and guardians. The Training programme for future foster parents and guardians known as “PRIDE” has been implemented in Lithuania. Twenty-three organisations were financed to implement training for foster parents in 2009 and 53 professionals were certified. In 2009, 55 training groups were implemented and 652 people participated in the training (410 foster parents/guardians and 242 adoptive parents). The total number of participants was three times higher than that in 2008.

## **2. Legislation relating to Child Abandonment**

### **2.1 Current laws associated with child abandonment**

In Lithuania, the following laws are associated with child abandonment: the UN Convention on the Rights of the Child (1990), the Constitution of the Republic of Lithuania (1992), the Civil Code (2001), and the Law on Fundamentals of Protection of the Rights of the Child (1996).

The UN Convention on the Rights of the Child (1990) emphasises a child’s right to family relations (Article 7). This right is consolidated in the Law on Fundamentals of Protection of the Rights of the Child (1996). Additionally, according to the UN Convention, parents are responsible for raising their children (Article 18), and a child should not be separated from his or her parents unless the separation is in the child’s best interests (Article 9). However, even after separation, the child has a right to keep in contact with his or her parents unless this is harmful for the child (Article 9).

Parents’ responsibility to care for and maintain their children is further highlighted in the Constitution of the Republic of Lithuania (1992). If parents do not look after their children, communicate with them, or maintain them, it constitutes a neglect of their constitutional responsibility. In such cases, restrictions of parental rights can be implemented.

The UN Convention on the Rights of the Child (1990) and the Law on Fundamentals of Protection of the Rights of the Child (1996) place a high priority on protecting children’s rights and interests. This means that all court decisions must first take into account the rights

of the child. Based on this principle, parents' rights can be temporarily or permanently restricted if they: (a) do not take care of their children, (b) abuse their power, (c) act violently towards their children, (d) expose their children to amoral behaviour, and/or (e) neglect their children. Even if only one of these actions is established, a temporary or permanent restriction of a parent's rights can be implemented. Permanent restrictions can be implemented if the court concludes that the parents are harming the child's development, or are neglecting the child, and there is no evidence that this will change for the better.

When a parent's rights are restricted, depending on whether it is temporary or permanent, the parent forfeits his or her personal rights of: (a) living with the child, (b) insisting the return of the child from other persons, (c) taking part in caring for the child, and (d) communicating with the child. It is worth noting that parents can communicate with their children if it does not present any harm to them. This is because, when the court passes judgement on the parents' rights restrictions, it cannot break the child's right to family relations.

In Lithuania, it is unacceptable for parents to give up their rights and duty towards their underage children without providing alternative care. Rejection of a child, leaving a child without care, or other actions that do not comply with parental responsibilities, are forbidden by law. Chapter 22 (Crimes and Misdemeanours against a Child and a Family) of the Penal Code (2000) states that if a father, mother, or guardian deserts a child who is unable to take care of him- or herself, and intends to abandon the child, they shall be punished by community service, restriction of liberty, arrest, or imprisonment for up to two years. The same chapter later states that if a person abuses their rights as a father, mother, or guardian by physically or mentally harassing the child, leaving him or her for long periods of time without care, or mistreating the child in a similar cruel manner, the person will be punished with a fine, restriction of liberty, arrest, or by imprisonment for up to five years.

In cases where children are abandoned in health care institutions or baby hatches ('windows of life'), Order A1-286 of the Social Security and Labour Minister (2011) recommends multi-agency communication between the child rights protection department, the institution where the baby hatch is located, and the police. This is so as to co-ordinate their actions and ensure that the rights and lawful interests of the child are protected. Under this Order, a baby hatch is considered to be a safe place where an infant can be left, and ensures that the child's right to live (in accordance with the UN Convention on the Rights of the Child, 1990) is protected. Additionally, the Order explicitly discusses what should happen when a child is left in a baby hatch, but shows evidence of being abused.

In cases where children are abandoned in the street or another public place, the Law on Police Activities (2000) states that the police must take the child to a medical institution.

## **2.2 Legislation that helps to prevent child abandonment**

Chapter 23 (Crimes and Misdemeanours against a Child and a Family) of the Penal Code (2000) states that a father, mother, caregiver, or another lawful representative of the child who leaves a child (who is unable to look after him- or herself) without due care, with the intent of abandoning the child, will be punished by community service, restriction of liberty, arrest, or imprisonment for a term of up to two years.

Leaving a child for long periods of time, even if the intent is to return to the child, is also punishable under Article 163 of the Penal Code (2000). As mentioned above, if a person

abuses their rights as a father, mother, or guardian by physically or mentally harassing the child, leaving him or her for long periods of time without care, or maltreating the child in a similar cruel manner, the person will be punished with a fine, restriction of liberty, arrest, or by imprisonment for up to five years. According to this Article, abuse is evident in the failure to perform (or perform adequately) duties relating to the child. The guilt of a person is determined not by the outcome of their actions, but by their intent and awareness of the risk at which they are placing their child. This means that as long as a person is aware of the dangerous nature of his or her actions, but still carries out these actions, then it is considered a criminal offence (Article 15 of the Penal Code, 2000).

The Administrative Violations Code (1985) of the Republic of Lithuania contains more lenient penalties for inadequate provision of parental authority. Article 181 states that the court will give a warning to parents who do not use their parental authority, or use it contrary to the interests of the child. These same acts are punishable by a fine if they have been committed before and the parent has already received a warning. Although the prosecution of these actions is regulated by the Administrative Violations Code (1985), the concept of 'parental authority' falls into the category of family relationship, and must be interpreted in accordance with the law governing legal family relationships. This law is located in Article 3 of the Civil Code (2001), which states that parents have a right and a duty to educate and foster their children properly, care for their health, and create favourable conditions for their full and harmonious development (taking into account their physical and mental state), so that their children will be ready for independent lives in society.

### *2.2.1. Abortion in Lithuania*

The protection of life during the prenatal phase has been considered by Parliament since 2005. In Lithuania, abortion is a legal medical operation that has its own health insurance code and is part of an obstetrician's competency. According to Article 142 of the Penal Code (2000), abortion is only considered illegal when one of the following is present:

- There are contraindications such that the abortion is inadmissible from a medical standpoint.
- The abortion is performed in a place that is not a health care establishment.
- The abortion is performed by a doctor who does not have the right to do so.

It is worth noting that the above concepts (i.e., 'contraindications', 'health care establishment' and 'doctor who does not have the right to perform abortions') are not clearly defined in the legislation. Indeed, the concept of a 'health care establishment' is only referred to in general terms and is not defined according to any specific criteria. As such, if a 'health care establishment' has a licence and is registered in the National Health Care Institutions Register, it will be considered a legal place to have an abortion.

## **2.3 Legislation that defines the legal obligations of child protection organisations**

The general task of preventing law violation is ascribed to the police. According to Article 5 of the Law on Police Activities (2000), preventing criminal acts and other violations of law is a key goal of the police. Article 19 of the Law on Police Activities (2000) states that while preventing criminal acts and other violations of law, the police have the right to:

- Visit the homes of people who are on the police prevention register in the manner prescribed by the law, or summon them to the police station for preventive discussions, as well as summon to the police station and officially caution other individuals for their inadmissible behaviour that is in conflict with the public's interest.
- Enter, at any time of day, the homes of convicted individuals when this is related to either the enforcement of a decision adopted by the court or carrying out an assigned duty, as well as to summon and bring individuals to the police station, and supervise their complying with laws and restrictions imposed by the court.
- Take offenders to health care institutions for compulsory testing when (a) they are intoxicated with alcohol, narcotics, psychotropic substances, or toxic substances; or (b) they have infectious or venereal diseases and the aim is to prevent the spread of these diseases.
- Bring individuals from public places to a health care institution if they are intoxicated (with alcohol, narcotics, psychotropic substances, other dangerous substances, or substances severely affecting the mind) and unable to move or are liable to harm themselves or those around them.

Most of these rights and duties of the police can be applied to ensuring a child's rights.

In addition, there are organisations dedicated to child protection, whose role is more specialised and oriented toward protecting the rights of minors. Such organisations are governed by regulations approved by the Government of the Republic of Lithuania in Resolution 1983 (2002). Under this Resolution, child protection departments have the right to:

- Organise a child's custody, care, supervision and adoption.
- Consult parents, caregivers, adoptive parents, teachers, social workers and other natural and legal guardians, as well as the children themselves, regarding the protection of their rights, their custody or care, their adoption or any questions regarding preventing legal violations.
- Organise meetings and participate in decision-making with municipal authorities, law and education departments, local authorities, the police, pedagogical psychological services, educational, health and social care institutions, NGOs, and children's representatives.

These regulations also define the duties of child protection departments with regards to the rights of a child left without parental care. Section 5 states that when a child is left without care, the department must:

- Take care of the child immediately, as well as his or her rights and lawful interests.
- Organise accommodation for the child in a family or household. If this is not possible, the child should be placed in a social care institution.
- Inform the child's parents or legal representatives of his or her temporary residence.
- Organise a temporary custody or care setting and caregiver for the child.
- Organise preventive or rehabilitative work with the caregivers, provide them with methodological support, and consult them regarding the child's rights protection.

## **2.4 Legislation relating to family support measures that may reduce the risk of abandonment**

Recommendations found in Order A1-207 of the Social Security and Labour Minister (2003) regulate the provision of help for high risk families. Child abandonment is only briefly mentioned in the Order when it states that in evaluating emotional violence it is necessary to objectively consider the family's living conditions. For example, do they live in a dangerous neighbourhood and the children are not allowed outside for their own safety? Are the parents forced to leave their children alone because of job circumstances? It is also important to consider whether the neglect is permanent, and whether the parents fail to satisfy the child's physical and psychological needs (which may threaten the normal development and functioning of the child). The Order goes on to include abandonment and banishment from the home amongst failures to meet the physical and psychological needs of the child.

## **3. An Overview of issues relating to Child Abandonment in Lithuania**

### **3.1 Social or personal causes of child abandonment**

The number of families classified as being at 'social risk' in 2009 was 11,121 (Ministry of Social Affairs and Labour). The number of children growing up in these social risk families in Lithuania at the end of 2009 was 24,222, having decreased from 25,483 children in 2008 and 27,881 in 2007). The main reasons why families are officially categorised as being at risk are: alcoholism; lack of social and parenting skills; abuse; incorrect use of support; and loss of parental rights. These numbers show how much work and attention is needed to prevent child abandonment in Lithuania. In particular, families who are experiencing social difficulties and who have children under three years need targeted intervention.

Statistics have been published by the Republic of Lithuania Government Institute for Social Research (2005) on children in public care in the year 2000. These suggested that, of those children who were renounced by their parents, 5% were renounced due to poverty, 4% due to parental illness, 8% due to child disability, 20% due to single parenting and 8% were there because of rejection. Eighty-six per cent had mothers who were unemployed.

### **3.2 Social consequences for abandoned children**

The Child Care Law acknowledges two kinds of children's care: *long-term* or *permanent care*; and *short-term* care. The goal of short-term care is to return a child to his/her biological family, though the law does not stipulate the timeframe for this to be done. Of the children who lost parental care in 2009, 82.3% were placed into temporary care whilst 17.7% were placed into permanent care.

Usually temporary care is appointed for children under 3. However, it is noticed that such care tends to continue without limits and therefore the possibility for adoption is reduced.

Of the 2,175 children who lost parental care during 2009, 50.1% were placed in foster families, 49.9% were placed into residential institutions. Once parents have lost the ability to care for their children, the extended family is usually sought to see if they are able to take

over the care of the child (usually the grandparents). If there is no such possibility, efforts are made to find foster parents or to place the child for adoption. Four forms of children's care are legally acknowledged in Lithuania: care in a family, care in a large foster family, institutional care, and adoption. Residential care institutions should be seen as the last resort. It must be noted that the number of children being placed into residential units is gradually decreasing every year. This tendency is related to the improving system of searching for and preparing foster parents.

#### **4. Data collected from Maternity Units in Lithuania**

In 2010, there were 35,626 live births in Lithuania, and the infant mortality rate was 4.3 deaths per 1,000 live births. There are currently 33 maternity units/hospitals in Lithuania, eight of which are 'baby friendly' according to UNICEF regulations. As part of the current EU Daphne-funded project, 10 maternity units in Lithuania were contacted for information relating to the infants born in their hospital. This data is presented in the tables below, and provides some insight into the extent of child abandonment in each maternity unit, possible causes of abandonment, community and social work within the maternity units, and strategies in place that assist in preventing abandonment.

Table 3: General statistics from 10 maternity units in Lithuania

	Maternity Unit										Total
	1 <i>Data for 2010</i>	2 <i>Data for 2010</i>	3 <i>Data for 2010</i>	4 <i>Data for 2010</i>	5 <i>Data for 2010</i>	6 <i>Data for 2010</i>	7 <i>Data for 2010</i>	8 <i>Data for 2010</i>	9 <i>Data for 2010</i>	10 <i>Data for 2010</i>	
Number of live births	2,023	346	672	499	688	376	3,507	1,318	3,851	3,665	16,945
Number of infants classed as abandoned	3	1	2	2	2		11	3	7	5	36
Number of infants who died within 7 days	1	0	0	0	0	1	29	0	4		35
Number of infants who died within 28 days		0		0	0		8	0	0	0	8
Number of maternal deaths	0	0	0	0	0		0	0	0		0
Number of infants born with a disability		0	50	24	0	9		8	168	48	307
Number of infants born premature	91	4	20	7	23	1	602	44	446	88	1,326
Number of infants born with a low birth weight	69	8	13	6	15	3		31	401	63	609
Number of	0	0	0		0		1				1

mothers who did not provide identity											
Number of mothers who left without their infant, without doctor's consent, and without saying when they will be back	0	0	0	0	0		0		2	1	3
Number of mothers who left without their infant, but were reunited	0	0	0		0		0		0		0
Number of mothers who agreed to sign adoption papers before leaving hospital	0	1	3		0		0		3 33% male infants 67% female infants		7

None of the 10 maternity units felt that there was an overrepresentation of any particular ethnic minority group among the children who had been abandoned there. In addition, of the 10 maternity units, six were classified as being 'baby friendly' (according to UNICEF guidelines).

Table 4: Possible causes of children being abandoned at maternity units

	Maternity Unit										%
	1 <i>Data for 2010</i>	2 <i>Data for 2010</i>	3 <i>Data for 2010</i>	4 <i>Data for 2010</i>	5 <i>Data for 2010</i>	6 <i>Data for 2010</i>	7 <i>Data for 2010</i>	8 <i>Data for 2010</i>	9 <i>Data for 2010</i>	10 <i>Data for 2010</i>	
Poverty/financial hardship	X		X	X			X	X	X	X	70
Poor housing or homelessness	X		X	X			X	X	X		60
Parents with learning difficulties		X					X				20
Parents with mental health difficulties		X		X			X		X		40
Parents with alcohol or drug problems	X	X	X	X			X		X	X	70
Parents' lack of sexual education and family planning	X		X				X				30
Teenage parent without support							X				10
Single mother with father absent	X		X	X			X	X	X	X	70
Poor preparation for birth / no contact with health services											0
No community home visits to pregnant mothers				X							10
Traditional maternity services (no baby friendly											0

services available)											
No community home visits to families with newborns				X							10
Other reasons											

Table 5: Community and social work within the maternity units

	Maternity Unit										%
	1 <i>Data for 2010</i>	2 <i>Data for 2010</i>	3 <i>Data for 2010</i>	4 <i>Data for 2010</i>	5 <i>Data for 2010</i>	6 <i>Data for 2010</i>	7 <i>Data for 2010</i>	8 <i>Data for 2010</i>	9 <i>Data for 2010</i>	10 <i>Data for 2010</i>	
High risk mothers are identified before giving birth	NO	NO	YES	YES	NO	YES		NO	YES		40
Community health professionals visit expecting mothers prenatally	NO	NO	NO	NO		YES	NO	NO			10
Visits are made to all mothers (universal service)	NO	NO	NO	NO		YES	NO	NO			10
Visits are only made to high risk mothers (targeted service)	NO	YES	YES	NO		NO	NO				20
There is a hospital social worker	YES	NO	90								
When a mother is identified as at risk	YES	YES	YES	YES		YES	YES		YES	NO	70

of abandoning her child in a hospital or maternity unit she receives counselling											
These mothers are encouraged to keep their children	YES	NO	YES	YES		YES	YES	YES	YES	NO	70
These mothers are counselled to help them make their own decisions	YES	YES	YES	YES		YES	YES	YES	YES	YES	90
These mothers are encouraged to sign adoption papers	NO	NO	NO	NO			YES		NO	NO	10
Information about child birth and the maternity unit is provided in more than one language	NO	NO	NO	YES	NO	NO	YES	NO	NO	NO	20

Table 6: Prevention strategies for child abandonment within maternity units

	Maternity Unit										%
	1	2	3	4	5	6	7	8	9	10	
	<i>Data for 2010</i>										
Home visits to pregnant mothers by health professionals	NO	NO	NO	NO		YES	NO	NO			10
Screening pregnant	YES	YES	YES	NO	YES	YES		NO			50

mothers around 20 weeks											
Social care and counselling in maternity units	YES	NO	YES		80						
Mother's identity confirmed in hospital	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	90
Child given identity before leaving hospital	YES	NO	YES	NO	YES	YES	NO		NO	NO	40
Baby friendly maternity unit/hospital (newborn in room with mother, breastfeeding/cuddling on demand, no set visiting times for father, siblings and grandparents)	YES	100									
Referrals to mother and baby units, shelter to high risk mothers with their children	NO	YES	YES	NO		YES	YES	NO	YES		50
Support for parents with special needs children	NO	YES	YES	NO		YES	YES		NO		40
Referrals to day care provision for children with special needs (e.g., children with physical/intellectual disabilities)	NO	YES	YES	NO		YES	YES		NO		40
Parent education and	YES	YES		YES		YES	YES				50

family planning											
Family planning services	YES	YES		NO		YES	YES				40
Referrals to housing and social services	NO	YES		NO		YES	YES		YES		40

## **5. Preventing Child Abandonment in Lithuania**

### **5.1 Working towards good practice in Lithuania**

The main child abandonment prevention practice in Lithuania is an increasing number and scope of services for the families from high-risk groups, including families with low income and low social skills, and those with issues of alcohol and drug abuse, child abuse and domestic violence. The services are organised according to the Social Services Law (2006). Other laws, regulating the actions of the main institutions were presented in the above chapter. The main role in organising and assuring effective services for the families goes to child rights protection department specialists and municipality social workers. Nowadays, there is a tendency that most services are provided for families with long-term disturbances, and often families in crisis or experiencing early troubles are unrecognised in time. The main recommendation for Lithuania's system would be to organise more services, concentrating on early prevention.

### **5.2 Services that help to prevent child abandonment in Lithuania**

Continuous training for specialists working with children and families is initiated by the State and Non-Governmental Organisations, and is usually implemented by NGO specialists. In particular, there is an increasing number of training programmes available for: families during pregnancy or soon after birth; families with small children; and families facing social difficulties. Such programmes, mostly implemented by NGO's, prove to be effective ways of preventing child abuse and child abandonment.

During the current project, the Children Support Centre contacted around 25 institutions providing services for families in crisis or at social risk. Ten of these were recognised as the best practices in Lithuania. The ten organisations identified as part of the study are listed and briefly outlined below. All of these provide several types of service. The last of these is presented very briefly as the project had only recently begun at the time of research. The presented summaries provide information regarding: the purpose of the service; who it is funded by; whether they have a direct or indirect focus on preventing child abandonment; the groups at whom the service is targeted; the types of intervention offered by the service; whether the service attempts to reintegrate abandoned children into their biological family, or into a foster family; whether the service follows up on the families/children they work with; the impact the service has had on preventing child abandonment (if known); and a case study of a family/child helped by the service (if known).

The services identified are a mix of community-based outreach services and residential support services. Although not all of them have a direct focus on preventing child abandonment, all of them work to address risk factors and help families in difficulty. Some of these families may refer themselves to these services, whilst others are referred there by Child Welfare Departments. The way in which help and support is offered to families in need differs between services. Common themes of support include: the provision of day care for the children; temporary residential care for children living in families with many difficulties, in order to allow them the time and space to resolve their problems; residential units to take in the whole family where difficulties and risk have been identified; and outreach support to families in the community, including continuous training for the families and specialists working with the families.

All of the services work with families who have many areas of risk and who appear to be struggling in providing adequate care for themselves and their children. In addition, many services identify drug and alcohol addiction as a specific area of need that they work with, along with poverty and child protection issues (e.g. neglect). The type of help offered to these families commonly includes counselling, parenting skills training and advice, provision of information, help in finding jobs and completing education, and providing therapeutic support and advice to children. In addition, many of the services identified also provide direct material and financial support to families where poverty is an issue.

### **5.3 Vilniaus Arkivyskupijos Carito Motinos ir vaiko globos namai**

*Overview of the service:*

- Care home provides support for pregnant women – or mothers with children under the age of 18 months – who:
  - are homeless
  - are unable to support themselves financially
  - or who may have experienced sexual, physical or psychological abuse
- Encourages women to be active and take control of their life decisions
- Helps them reintegrate into society and take care of their children to the best of their ability

*Funding from:*

- Grants
- State

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Mothers from 7<sup>th</sup> month of pregnancy until the child is 18 months old
- Mothers with little or no income
- Mothers living in dangerous environment (violence, alcohol/drug abuse)
- Mothers without family support

*Services offered:*

- Temporary accommodation
- Integrated social help
- Social and psychological counselling
- Leisure activities
- Profession and work counselling
- Behaviour correction
- Social and parenting skills education
- Legal consultation
- Food

- Material support
- Parenting skills training
- Community-based social and psychological consultation is offered to mothers in crisis but who are not living the shelter

*Follow-up on families helped by the service?*

- Yes, based on individual need

#### **5.4 SOS Vaikų kaimų draugija Lietuvoje: Vilniaus šeimų stiprinimo programa**

*Overview of the service:*

- Day-care centre provides preventive programmes which work with families to reduce the risk of them abandoning their children
- Main purpose of this organisation is to prevent children from growing up in poverty and to increase support for families in need
- Provides complex help to families and encourages parents to take personal responsibility for their children

*Funding from:*

- Grants
- State

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Social risk families including those with:
  - psychological problems
  - low income
  - drug/alcohol abuse issues
  - a lack of social skills
- Dysfunctional families
- Focus is being shifted to earlier preventive work and families with a lack of social skills are being targeted before they become social risk families

*Services offered:*

- Individual counselling – at least once per month
- Visitation at home – at least once per three months
- Individual and group psychological counselling
- Contacting and cooperation with other organisations/institutions
- Seminars and training for parents and children: social skills training, positive parenting, internet safety
- Festivals for children and families

- Day camps for children
- Summer camps for families
- Quality day centre for children
- Material help – clothes, food, medical, transport expenses
- If needed, temporary care can be arranged for the children in SOS Children's Village

*Follow-up on families helped by the service?*

- No, unless family refers itself for help again

*Case study:*

Both parents of a family with two children were abusing drugs and alcohol. The children were placed with their grandparents. The mother went to the Minnesota Programme and successfully participated and gained a profession. Both children went to the SOS pre-school; the older one now goes to school. It is planned that the mother and her children will start to live in a social flat in two years' time. She is currently solving her financial problems.

## **5.5 Kauno arkivyskupijos šeimos centras**

*Overview of the service:*

- Purpose of organisation is to develop and maintain the family according to catholic principles
- Centre organises programmes for young couples to prepare them for marriage, provide critical support during pregnancy, and help maintain family relationships
- Initiates training for families and encourages family support groups

*Funding from:*

- Grants

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Families in crisis
- Families affected by alcoholism
- Families with a lack of parenting skills
- Children suffering from neglect
- Dysfunctional families
- Children's Rights Protection department or Social Care Centre usually sends families to this centre if they have problems

*Services offered:*

- Courses for engaged couples in preparation for marriage
- Critical pregnancy programme
- Children day-care centre
- Individual psychologist and social worker consultations
- Parenting consultation

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- No

*Case study:*

A child's father left soon after the child was born and the mother suffered from postnatal depression. She left the baby in hospital. The social workers from this organisation found the mother and worked with her for three months. After this time, she recovered and got her child back.

## **5.6 Utenos specialiojo ugdymo ir užimtumo centras**

*Overview of the service:*

- Centre provides social custody for children for a duration of 24 hours
- Provides help for families in crisis and offers temporary accommodation to these families
- Helps specialists that are working with families in need in order to increase their qualifications

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Families in crisis
- Single mothers, usually addicted to alcohol and unemployed
- Families with financial problems
- Mothers who are victims of domestic violence

*Services offered:*

- Information
- Psychological and social counselling
- Mediation
- Material support (clothes, footwear)
- Social cultural services
- Social skills development and maintenance
- Temporary accommodation for three nights
- Support in overcoming crisis
- Short-term social custody
- Counselling
- Education
- Art and work therapy
- Medical care
- Leisure activities

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, until the family is no longer deemed to be 'at risk'

*Case study:*

A young mother, who previously lived in the centre, got pregnant at 18 and moved into the family crisis centre, but was unable to care for the child and abandoned her. The child was placed with a new family. The mother returned after two years stating that she had turned her life around and wanted her daughter back. She got her child back but after a while she returned to the centre stating that her husband was violent towards her. When her husband discovered that she had another lover, he went to the lover's home and killed several people. The mother ran away from home and had no stable living arrangements or job, and the husband is now in prison. The Children were taken from her and placed in the centre.

## **5.7 Vaiko Gerovės Centras 'Pastogė'**

*Overview of the service:*

- Organisation seeks to provide temporary accommodation with a foster family for children who have been abused or neglected
- Aims to work with the biological family of the child to try to help them resolve their problems in order to return the child
- If reintegration fails, centre looks for a new family for the child to prevent them from staying in an orphanage
- Centre carries out five services: family support service; custodian (foster) families service; adoption service; child care service; telephone helpline for children

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Children brought to centre by police if found on the street at night and if parents are not able to take care of them
- Children referred by Child Rights Protection Department
- These children are often suffering neglect and often have parents with an alcohol/drug addiction or an undiagnosed psychiatric condition

*Services offered:*

- Social workers take care of families that are in crisis while their children live in the centre
- Make sure the child goes to school every day
- Temporary accommodation for children
- Medical care for the children
- Social workers also work with parents, help them to find a job, overcome their addictions
- Parenting skills development group
- “Lino” group (special programme for children of parents who are addicted to alcohol)
- Art therapy
- Day-care centres for children

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, depending on the individual case

*Case study:*

A 16-year-old boy, who came to the centre by himself, said that his step-father was violent towards him. His mother said that the boy was aggressive and that she wanted to abandon him. He was taken in by the centre to be cared for.

## **5.8 Vilniaus raj. Šeimos ir Vaiko Krizių centras**

*Overview of the service:*

- Centre’s objectives are to:

- provide children with temporary accommodation, education, and social services
- re-establish the connection between the child and his/her family
- provide conditions for families to develop problem-solving skills and maintain a connection with society
- help families overcome social isolation
- There are three services within this organisation:
  - group residential home for children: provides temporary accommodation for children
  - crisis centre: provides intensive help for overcoming crisis, psychological help for families at risk, temporary custody for children who have been separated from their parents or who are at risk
  - family support centre: community-based centre providing social services

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Families in crisis
- Children suffering from neglect
- Families in which the child's life is endangered
- Families in insufficient living conditions
- Families affected by alcoholism, unemployment or a refusal to work
- Families in a poor financial situation

*Services offered:*

- Communication, individual consultation
- Psychological help, psychological consultations
- Information (for children and their families about organisations from whom they can receive psychological, social, medical and legal help)
- Counselling (specialists try to help families solve problems)
- Mediation and representation (providing support for family to solve psychological, social, health and other issues)
- Everyday life skills development and maintenance (hygiene skills, appropriate behaviour and other skills)
- Working skills (knitting, sewing, weaving, painting, ceramics, house and environment cleaning)
- Cooperating with children and families to provide necessary psychological and social help
- Monitor children's health and development of positive microclimate
- Individual help programmes for children and families
- Involve families in preventive programmes

- Work with families whose child is in foster care to work towards rehabilitation back into family
- Protecting and representing child rights for law enforcement institutions
- Cooperating with Child Rights Protection department, local authorities, police stations, courts, correction institutions, schools
- Parenting classes

*Follow-up on families helped by the service?*

- Yes, for six months

*Case study:*

An underage mother with her newborn baby came to the crisis centre straight from the hospital. Both of the young mother's parents signed papers in their local authority stating that they wanted to abandon their daughter. The mother did not have anywhere to stay; the baby's father was out of the country. She has been given a place in the crisis centre until she reaches 18 years old and has finished school.

## **5.9 Vilniaus Motinos ir Vaiko Pensionas**

*Overview of the service:*

- This pension is the Vilnius city municipality budget institution
- Purpose is to organise and provide temporary shelter and short-term social care services for mothers and their children who are not able to live in their home because of domestic violence

*Funding from:*

- State
- Grants

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Families in abuse and violence situations
- Victims of human trafficking
- Social risk families
- Victims of natural disasters
- Orphan girls leaving care institutions

*Services offered:*

- "I want to live in the family" project including:
  - temporary accommodation

- social care
- general social services: evaluation, counselling, information
- Child day-care centre
- Evaluation of children’s care
- Individual and group work

*Follow-up on families helped by the service?*

- Yes, depending on client’s needs

*Case study:*

A mother with her 3-year-old girl was found in a forest, living in a hand-made shed. The police and Child Rights Protection specialists brought them to the shelter to protect them from being separated. Evaluation is currently being carried out and services are planned for the mother and the girl.

## **5.10 Kauno kartų namai**

*Overview of the service:*

- Founded in 1996, under the Caritas Lietuva initiative
- Now part of the Kaunas municipality administration (Social affairs department, Social affairs unit)
- Institution provides various social services including:
  - long-term social care for disabled adults and elderly people
  - mobile social services for Kaunas city elderly people
  - social services for high-risk families who are in crisis situation
  - temporary accommodation for women and their children
  - development of social work initiatives, infrastructure and distribution of experience
- Goal is to organise institution activities effectively, improve the quality of services and adapt to the requirements of the European Union

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Pregnant women and mothers from social risk families

*Services offered:*

- Accommodation for girls up to 18 years of age
- Assistance in finding accommodation for those over the age of 18
- Referral to other services
- Counselling
- Evaluation of parenting

- Parenting training
- Helping parents manage finances

*Follow-up on families helped by the service?*

- Yes. If the family lives in one of the flats, they are followed up for two years
- All clients can come back themselves to seek further help

*Case study:*

A young girl, who was living in a foster care institution herself with her baby, was referred to the Generations home. Specialists helped her to find a dormitory-style flat for her and her baby, and helped to renovate and furnish it. She was supported in her parenting skills, and the relationship between her and her baby developed well. She was living in the Generations home for one year and now she comes for consultations and to share her experiences with specialists. She is supervised in financial matters, parenting and living skills. She and her baby are still together.

### **5.11 Paramos vaikams centras**

*Overview of the service:*

- Centre aims to ensure the psychological well-being of children by providing comprehensive professional assistance for children and families
- Concerning child abandonment prevention, the Children Support Centre is implementing a 'Positive Parenting' programme, which consists of two main parts:
  - SAFE secure attachment formation education programme: educational workshops for parents and single mothers during pregnancy and after child's birth. The methodology is adapted from Prof. K. H. Brisch (Germany)
  - positive parenting training: educational workshops on effective positive parenting skills for parents raising small children
- These two types of training are implemented in Children Support Centre for Vilnius city citizens
- Training is provided for general and for social risk families
- There are also 32 specialists (psychologists, social and children rights protection workers) from six other Lithuanian regions who are being trained and will implement the training in their municipalities: Zarasai, Utena, Moletai, Sirvintos, Alytus and Vilnius districts. In these districts training is provided for social risk families

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

SAFE programme:

- Parents and single mothers during pregnancy
- Families from social risk group

Positive parenting programme:

- Parents raising small children
- Families from social risk group

*Services offered:*

SAFE programme:

- Workshops concerning attachment, sensitivity for the baby, parenting, parent relationships, birth, and emotional development
- Workshops delivered through:
  - Videos
  - Informational material
  - Role-plays
  - Relaxations
  - Exercises
  - Discussions

Positive parenting programme:

- Workshops concerning attachment, resistance, parenting, positive disciplining, emotional development
- Workshops delivered through:
  - Videos
  - informational material
  - role-plays
  - group work
  - discussions
- Psychological counselling

*Follow-up on families helped by the service?*

- Yes, according to individual need

*Case study:*

A 40-year-old woman now participates in the SAFE programme and is raising twins. She lives together with her younger partner, who is also participating in the SAFE programme. Previously, the woman was living with a violent husband who was abusing her and their seven children. The family was added to the social risk families list and received social help. All seven children settled in the institution 3–4 years ago. Two years ago, the woman changed her life: she stopped drinking alcohol, found a new partner and started to live with him, and improved her social skills and living conditions. The new partner had a job but the woman had difficulties finding employment. They now have twins, are improving their parenting skills, and are evaluated as being caring, collaborative and improving parents. Her previous seven children live separately. Three of them are now young adults; four of them live in the institution. If the situation of the new family doesn't get worse, social services will discuss returning the four children to the mother. The oldest daughter (now 19 years old) has two babies herself, and is also participating in the SAFE programme.

## 5.12 Gelbėkit vaikus Lietuva

### *Overview of the service:*

- Save the Children's mission is to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives.
- Save the Children Lithuania started a pilot project in September 2011 entitled 'Effective alternatives for child institutional care'. Together with the NGO 'Pokyčių kelias' ('The way of changes'), the project will be implemented in Sirvintos and Alytus municipalities.
- Goals and foreseen outcomes of the project include:
  - evaluation of high-risk families' needs and preparation of services plan for child care (prepared methodology)
  - evaluation of professionals who work with high-risk families, their needs and training (prepared methodology)
  - prepare and implement preventive methodologies for hospitals and maternity units in Sirvintos and Alytus municipalities
  - reduction and cessation of intake of babies into institutions in Sirvintos and Alytus municipalities
  - founding and improvement of specialists' committees, which make decisions about children's needs and care
  - strengthened alternatives for child institutional care (foster parents and families)
  - development of other new services

### *Target groups:*

- High-risk families
- Pregnant women and their babies
- Children in social risk families and institutions
- Foster families

### *Services offered:*

- Situation analysis on municipality and hospital level
- Development of new services
- Creation of support committee
- Preparation of tools
- Monitoring and evaluation
- Group of advisers

# Child Abandonment and its Prevention in Poland

by Maria Keller-Hamela, Joanna Włodarczyk & Olga Trocha

## 1. The Extent of Child Abandonment in Poland

In Poland, knowledge of abandoned children is limited. One of the sources of information about the extent of secret abandonment and infanticide is police statistics (see Table 1). These statistics show that while the number of infanticide cases is decreasing, the number of secret abandonment cases is increasing (Policja.pl, 2010).

Additionally, data from the Centre for Health Information Systems (Ministry of Health) show that the estimated number of infants left in maternity units was 713 in 2007, 775 in 2008, 726 in 2009 and 798 in 2010. There is no more specific information regarding the reasons for being left, or whether they were reunited with their parents.

In terms of open abandonment, in 2009, there were 1,545 children (aged 0–3) relinquished for adoption. This means that 3.7 children per 1,000 live births were openly abandoned.

*Table 1: Number of infanticide and abandonment cases in Poland*

Year	Infanticide	Secret abandonment	Abandonment with deadly effect
2008	13	46	0
2007	13	78	1
2006	10	94	1
2005	12	70	2
2004	19	58	1
2003	25	86	0
2002	28	63	3
2001	26	76	0
2000	47	71	0
1999	31	46	1
1998	38	63	4
1997	43	77	3
1996	44	54	2
1995	42	55	4
1994	52	53	3
1993	56	38	0
1992	59	28	0
1991	53	36	1
1990	50	20	2

## **2. Legislation relating to Child Abandonment**

### **2.1 Definition of child abandonment**

There is no legal definition of child abandonment in Polish legislation. However, the term is used in Article 210 of the Polish Penal Code (1997), which penalises the abandonment of a minor under the age of 15 (or a person who is unable to live independently due to his or her mental or physical condition), despite the obligation to take care of the child. Based on this regulation, a juridical definition of child abandonment has since been established. In 2001, the Polish Supreme Court asserted that child abandonment was an act that involved leaving a child behind and ceasing to care for him or her, without ensuring that the child is taken care of by another person. Thus, the essence of child abandonment involves the caregiver leaving their child all alone, in a situation where he or she cannot be offered immediate support.

Criminal law doctrine emphasises that abandonment involves leaving a child under the age of 15 ‘all alone’, without care or assistance from other individuals or institutions. Although this is in line with the criminal act defined in Article 210 of the Polish Penal Code (1997), it does not include other actions that are commonly understood as child abandonment (e.g., leaving an infant in a baby hatch or hospital). Indeed, according to the Supreme Court in 1966, sending a five-month-old infant to hospital for treatment and failing to bring him or her back home after the treatment is complete, does not constitute the offence defined by Article 210, as under such circumstances the child may be provided with immediate help, support and care.

### **2.2 Current laws associated with child abandonment**

The Penal Code (1997) penalises the abandonment of a minor under the age of 15. However, the Family and Guardianship Code (1964) regulates both parental authority and adoption. It is used whenever a parent leaves their child behind and gives up their care responsibilities. Additionally, the Social Services Act (2004) considers the abandoned child’s future in terms of regulations regarding foster families who provide temporary care for the child.

### **2.3 Legal consequences for abandoned children and their parents**

Child abandonment has legal consequences for both the child and his or her parents. According to the law, parents have parental authority over their child from his or her birth. Neglecting responsibilities that are associated with this authority (e.g., providing daily care for their children, raising them, satisfying their needs, and providing for them financially) may lead to limiting – or, in extreme cases, removing – parental authority. According to the Family and Guardianship Code (1964), if parental authority cannot be exercised due to a permanent obstacle, or if the parents abuse their power or severely neglect their parental obligations, the court may deprive them of their parental responsibility. Thus, when parents abandon their children, the court may (and should) intervene in terms of their parental authority. When parents do not show an interest in their children, depriving them of their parental authority may be in the best interests of the child. However, the proceedings regarding deprivation of parental authority are usually time-consuming which means that the child’s situation remains unregulated for a prolonged period of time.

Parents who choose to leave their child may agree for the child to be adopted, with or without identifying the adoptive parents (i.e., designated or undesignated adoption). However, according to the Family and Guardianship Code (1964), parents cannot agree to adoption before the baby is six weeks old. This means that, during this period, parents can change their minds about the adoption without having any negative legal consequences.

The above regulations, as well as lengthy court proceedings, mean that it is almost impossible to regulate an abandoned child's legal situation within the child's first six months. During this period, the child is usually placed in a residential care institution (e.g., a children's home or a pre-adoption centre). The length of a child's stay in such an institution depends on when and if appropriate candidates for adoptive parents appear, as well as the amount of time consumed by the court proceedings, as there are no statutory deadlines.

If the court deprives parents of their parental authority, or if the parents have formally agreed to put the child forward for adoption, it is then possible to begin the adoption proceedings. In exceptional cases, where parents have not been deprived of their parental authority but there are insurmountable obstacles to communication (e.g., the parents' accommodation is unknown or a severe illness makes any contact impossible), the court may decide on adoption without the parents' consent. When the court makes an adoption order, parental authority is removed from the birth parents (unless they have already been deprived of it), and the legal relationship between the child and the adoptive parents becomes the same as that of a biological family.

In cases of child abandonment (as described by the Penal Code, 1997), the parents may incur criminal liability for the offence. A person who commits this offence may be imprisoned for up to three years, whilst the minimum term is one month. However, other types of punishment are also allowed (e.g., a fine or a restriction of liberty). It is important to note that when abandonment has led to the child's death, the offender may receive a prison sentence of between six months and eight years. If the parents' behaviour does not show all the features of the abandonment offence, the parents, in principle, will not incur criminal liability for their actions.

Unless the parents agree to adoption, the court's interference in terms of parental authority must be well-grounded. The main reason for depriving parents of their parental authority is gross neglect of their obligations towards the child. Gross neglect may be any culpable negligence or a failure to take appropriate action that puts the child's well-being at substantial risk. Deprivation of parental authority results in removing the rights and obligations associated with parental authority.

#### **2.4 Legislation that helps to prevent child abandonment**

Polish legislation lacks binding regulations that directly address the prevention of child abandonment. Additionally, there is no single legal act that regulates child protection issues. Stipulations that relate to this area can be found in various legal documents (e.g., acts and ordinances). Nevertheless, legislators' intentions regarding preventing child abandonment can be inferred from a number of existing legal solutions, such as those ensuring health care, social assistance, family support, financial and housing aid, employee privileges associated with parenting, and support for caring for young children.

#### *2.4.1. Health care during pregnancy, child birth and the postpartum period*

During pregnancy, delivery and the postpartum period (42 days), women are entitled to free medical services (Article 2 of the Healthcare Benefits Act, 2004). They are not required to present proof of insurance (i.e., proof of employment) in order to gain access to medical benefits such as hospital treatment, health programmes, medication and diagnostic tests, and practical and theoretical preparation for labour, puerperium and parenting. Midwives provide pregnant women with support, and practically and theoretically prepare mothers-to-be for labour, the postpartum period, breastfeeding and parenthood. In addition, from Week 21 to Week 31 of gestation, midwives are obligated to perform weekly home visits. Further, from Week 32 to delivery, these home visits take place at least twice a week.

An important characteristic of the Polish health care system is that individuals receiving benefits have the right to select a physician, nurse or midwife of their choice (Article 28 of the Healthcare Benefits Act, 2004). A woman can thus indicate which medical professionals she would like to have taking care of her. This is likely to enhance her emotional comfort. The same principle applies when selecting a hospital facility where the baby will be born (Article 30 of the Healthcare Benefits Act, 2004). A pregnant woman can choose a hospital where she both feels comfortable and has access to high quality services during childbirth. A hospital database compiled by the Childbirth with Dignity Foundation (*Rodzić po Ludzku*) can assist in facilitating this choice.

A novelty in terms of legislation regulating this area is an Ordinance from 8 April 2011, which relates to the standards of management and medical procedures offered during childbirth and the postpartum period. It stipulates that individuals providing care to the parturient (including midwives) are, amongst others, expected to: (a) evaluate the condition of the parturient, the foetus and the newborn, (b) detect and eliminate risk factors, (c) manage delivery, and (d) provide support to the parturient and her close ones (e.g., her spouse, life partner or relative) during labour. During childbirth, the right of the parturient to informed participation in decision-making regarding delivery must be respected, as well as her right to choose medical professionals in charge of her care. Provisions of the Ordinance additionally obligate medical personnel to treat the parturient with respect and take her opinion into account when making decisions regarding labour. The Ordinance goes as far as specifying in detail the manner in which medical professionals are to address the parturient and how to establish good contact with her (e.g., greet her personally, introduce oneself, approach her with a calm and confident attitude, and respect her privacy and intimacy). In addition, it is recommended that immediately after birth the newborn should be placed on the mother's stomach ('skin on skin' contact). This is thought to facilitate the formation of a mother-baby bond.

One of the medical benefits in the postnatal period includes four to six home visits by a midwife. According to existing standards of management, the care of a woman in the postpartum period is to be delivered in her place of residence and is to include: (a) an evaluation of the relationship between the family and the newborn, (b) identification of familial risk factors, and (c) an assessment of the mental and emotional state of the mother, family relationships and care efficiency of the family. Importantly, in the case of obstetric complications, mothers should be provided with psychological counselling. The duties of a midwife also include offering counselling and advice regarding newborn care, as well as support in difficult situations.

Dedicated programmes envisaged under Warsaw's local regulations are an example of good practice in the area of pregnant women's medical care. An example of one of these programmes is Health, Mommy and Me (Zdrowie, Mama i Ja). It was introduced in 2010 and focuses on facilitating access to healthcare services, as well as improving the health status of pregnant women and their children. The programme consists of free medical visits and tests, such as CTG or ultrasound. It is operated in association with an initiative regarding antenatal education, 'Lamaze classes' ('Szkola rodzenia'), which are available from 2010–2013, and are aimed at preparing pregnant women for natural delivery and their new role as a parent. Services under both programmes are financed from municipal funds.

#### 2.4.2. Financial and housing aid for pregnant women and mothers

For a woman expecting a baby, or a mother of a small child, social assistance in the form of material aid (e.g., allowances, aid in kind) and non-material assistance (e.g., support, counselling) often proves to be the most important form of help. Under Article 102 of the Social Assistance Act (2004), such help is principally offered to those who apply for it. However, in some cases, it can be granted *ex officio*. One of the non-financial benefits available is social services. If a mother or pregnant woman requires assistance in everyday functioning, she is entitled to such assistance (Article 45). Article 46 of the Act additionally refers to specialised counselling (e.g., legal, psychological or family-related). Faced with hardship, a mother-to-be or mother of a small child is entitled to:

- Legal counselling in the area of family and guardianship law, social security, and protection of tenants' rights.
- Psychological support in the form of diagnosis, prevention and therapy.
- Counselling in the area of family functioning (including parenting problems), as well as family therapy.

Another non-financial benefit available is that of combining various multi-agency activities addressed at individuals and families in crisis (Article 47 of the Social Assistance Act, 2004). Such crisis may be associated with a future mother considering child abandonment. Under crisis intervention, immediate specialised psychological support is offered. In addition, should the need arise, social and legal counselling, as well as shelter (when justified) for a period of up to three months, can also be provided. According to Article 47 of the Social Assistance Act (2004), mothers with underage children (or fathers or other legal guardians of minors) and pregnant women in crisis can find shelter in homes specifically provided for them. Such homes provide round-the-clock accommodation, offer support in overcoming difficulties, and help mothers prepare for responsible parenting. Women are ensured decent living conditions (i.e., separate bedrooms, bathroom, and kitchen) and can also receive help with regards to everyday functioning (e.g., childcare when the caregiver falls ill, or assistance in settling private affairs). This form of support is given to those who apply for it.

Article 50 states that new mothers, and in particular single mothers, have free access to care services (e.g., help with providing for daily needs, hygienic care, and nursing care). Specialised care services are offered in the event of illness or disability (e.g., assistance with coping with crisis situations, establishing positive relationships with loved ones, nursing care, and support with rehabilitation). All of the above non-financial benefits are given irrespective of the beneficiary's income. However, benefits in the form of care services may require payment.

A new Act on Supporting Families and on the System of Foster Care entered into force on 1 January 2012. This Act envisages significant reform in the care offered to families. Under Article 3 of the new Act, the obligation to support families experiencing difficulties in carrying out their guardianship and education responsibilities lies with the units of local government and agencies of central government, in co-operation with the courts, the police, educational institutions, healthcare facilities and social organisations. Such aid is to take the form of assistance from supportive families, who will assist with childcare and domestic duties. There is also family support available in the form of counselling, therapy, legal aid or support group meetings. In addition, family assistants have been introduced (i.e., a person assigned to a family in trouble, who teaches family members how to run their household, and helps them to solve any social or psychological problems they may be facing). This form of assistance is thought to be of use in overcoming parental helplessness and other challenges of child-rearing. Assistants are obligated to review periodically the circumstances of families in their care (no less than once every six months). Thus, the family's problems are constantly monitored. However, it should be noted that family support is only executed if the family consents to it and declares active participation.

Other than the support measures highlighted above, new mothers can also apply for material help, as stipulated in the Family Benefits Act (2003). Under Article 4, individuals with a low enough income are entitled to a family allowance meant to cover some of the expenses associated with supporting a child. This allowance can be supplemented with additional amounts in specific situations (e.g., a child is born, taking care of a child during parental leave, being a single parent, raising a child in a family of three or more children). Another important support measure for new parents is a once-off newborn child allowance. This was introduced in 2006 under Article 15b of the Family Benefits Act (2003). The allowance is granted once and is not associated with parental income (it amounts to 1,000 PLN per child). The precondition for receiving this allowance is to remain under medical supervision starting no later than at 10 weeks of pregnancy and continuing until childbirth. Such medical supervision needs to be corroborated with a physician's affidavit. Under Article 16 of the Healthcare Benefits Act (2004), a woman after childbirth should receive such an affidavit free of charge. In addition, in compliance with Article 22a of the Family Benefits Act (2003), the council of a local commune is entitled to pass a decision establishing further once-off allowances for commune citizens with the lowest income.

#### *2.4.3. Employee rights*

Employee rights are important in providing a pregnant woman with a sense of security and stability. The Labour Code (1974) serves to safeguard the health of a pregnant woman and her employment status. The former is obtained by banning women from being tasked with jobs that are particularly exhausting or detrimental to their health (Article 176). Additionally, under Article 178, pregnant employees are not allowed to work overtime or at night. The same restriction applies to employees taking care of a child under the age of four. However, in this case, overtime or night-time work is admissible, as long as the employee in question consents to it.

If there are any health-related contraindications prohibiting a pregnant or breastfeeding employee from discharging her previous duties, the employer is obligated to adjust working conditions or shorten working hours, so as to eliminate such threats. Should this prove impossible, the employee in question should be transferred to another line of work or, if no such line of work exists, be released from work duties altogether (Article 179 of the Labour

Code, 1974). In order to benefit from this stipulation, the employee is merely required to present her employer with a doctor's affidavit stating that her work duties are detrimental to her health.

Protecting the employment status of pregnant women takes the form of the following stipulations:

- The employer is not allowed to dissolve or terminate the employment contract throughout the duration of the pregnancy, or during the maternal leave of the employee (with exceptions). The same ban prohibits any modification to existing working conditions and pay, thus making it impossible to reduce existing remuneration (Article 177 of the Labour Code, 1974).
- Fixed-term contracts, contracts for specific work, or apprenticeship contracts for at least one month, which would otherwise be dissolved after the third month of pregnancy, are extended by law to the day of delivery (Article 177 of the Labour Code, 1974). These contracts are terminated on the day of delivery, but the employee retains her right to a maternity allowance (Article 30 of the Financial Benefits from Social Insurance Act, 1999).

The most important right of an employee who has given birth is her right to maternity leave (Article 180 of the Labour Code, 1974) for the duration of 20 weeks. The aim of this right is for the mother to regain her strength after labour, take care of the newborn, and have a chance to establish a mother-baby bond. Should the mother decide to renounce her right to raise her child, choose to relinquish her baby for adoption, or leave the baby in institutional care, she waives her right to maternity leave as soon as she has surrendered the baby (Article 182 of the Labour Code, 1974). However, maternity leave cannot be shorter than eight weeks. In 2008, the Labour Code was amended to include the right of an employee to additional maternity leave, commencing directly after the first maternity leave taken. This extra time amounts to six weeks. It is noteworthy that this additional leave can be combined with performing certain tasks for the employer, as long as the work does not exceed part-time work. As a result, mothers can be professionally active, while at the same time focusing on child-rearing. A mother is entitled to a maternity allowance for both maternity leaves, thus ensuring her financial security after childbirth. At the same time, having completed her maternity leave, she has the right to return to work at her previous position (or a position similar in rank or suited to her qualifications) with the same pay she used to receive (Article 183 of the Labour Code, 1974). On returning to work, a breastfeeding mother is entitled to two half-hour breaks that count as work time (Article 187 of the Labour Code, 1974).

An employee who has worked for her employer for six months or more is also entitled to child-care leave of up to three years. This is in order to provide direct and personal care for the child (Article 186 of the Labour Code, 1974). Child-care leave is not associated with an allowance. However, individuals in financial hardship may apply for the so-called supplement to family allowance. This is for a period of no more than 24 months (Article 10 of the Family Benefits Act, 2003). Mothers on child-care leave are subject to protective rules that regulate their employment (Article 186 of the Labour Code, 1974). For instance, after a mother completes her leave, she has the right to return to her previous position (or a position similar in rank or suited to her qualifications) with the same pay she used to receive.

The Labour Code (1974) also envisages special employee rights for fathers who are taking care of their children. As such, parents can take turns in caring for their children. If a mother

has used at least 14 weeks of maternity leave since giving birth to her child, and she wishes to waive the remaining portion of her leave, this amount of time is then offered to the father (Article 180 of the Labour Code, 1974). Fathers who are employed have the same legal protection regulating their employment as that which is granted to mothers who are employed (Article 177 of the Labour Code, 1974). In addition to this, fathers have a right to paternity leave (Article 182 of the Labour Code, 1974). Paternity leave lasts for two weeks and can be used any time until the child is one year of age. During both of these periods of leave, fathers are entitled to an allowance (Article 29 of the Family Benefits Act, 2003).

#### *2.4.4. Child care support*

The Care of Children under 3 Act (2011) has recently been introduced in Poland. This Act aims to facilitate the development of various forms of care for young children, support parents in their child-rearing efforts, and enable parents to remain professionally active. The Act establishes new forms of care for young children (e.g., children's club, daytime carer) and introduces changes to the rules of operating nurseries (i.e., it extends the possibilities of creating them) and working as a nanny.

According to new regulations, when a child is 20 weeks old, the parents are entitled to use nursery care, nanny services, or a daytime carer. When a child reaches one year of age, the parents can consider care in a children's club (Article 2 of the Care of Children under 3 Act, 2011). In order to ensure the safety of children left in the care of such organisations, their operations are to be monitored by the head of the local commune, town mayor, or city president. In addition, the qualifications of individuals taking care of the children will be under close scrutiny.

## **2.5 Legislation that defines the legal obligations of child protection organisations**

Poland does not have a dedicated child protection service. Responsibilities and duties associated with safeguarding children's well-being are distributed among multiple services (i.e., healthcare, social workers, the police, and family courts). Under Article 572 of the Civil Procedure Code (1964), each and every person is under a social obligation to report to the family court any threats to a child's well-being (including, for instance, the threat of being abandoned). Particular legal obligations lie with civil registries, courts, public prosecutors, public notaries, court execution officers, agencies of local and central government, the police, educational institutions, social workers, and organisations and entities providing childcare. According to Article 304 of the Criminal Procedure Code (1997), if a crime is committed to the detriment of a minor (including the crime of abandonment specified under Article 210 of the Penal Code, 1997), each and every person is under a social obligation to report such a crime to a law enforcement officer (e.g., a police officer or public prosecutor) whilst units of local and central government are legally obligated to do so.

### *2.5.1. Legal obligations of medical services*

The Profession of a Medical Doctor Act (1996) fails to indicate clearly the duties of physicians in the area of protecting children against abuse (including abandonment). However, such responsibilities are specified in the Regulating Professional Activities of a Nurse and Midwife Act (2009), as well as in legislation subordinate to this Act. Representatives of these professions are expected to support women in the perinatal period and supervise the care they provide to their children. Being a midwife involves, amongst

others, providing medical services to women during pregnancy, childbirth, and the postpartum period, as well as to the newborn (Article 5 of the Regulating Professional Activities of a Nurse and Midwife Act, 2009). Provision of such services may take the form of health-oriented education in preparation for family life, taking care of the mother and monitoring her throughout the postpartum period, and examining and tending to the newborn. An Ordinance offering more detail on the type of medical benefits offered by midwives (Section 6 of the Ordinance of the Minister of Health on the Type and Scope of Preventive, Diagnostic, Therapeutic and Rehabilitation Services provided Independently by Nurses and Midwives without Indication by a Physician, 2007) indicates that a midwife may provide independent counselling to pregnant women, and single-handedly conduct patronage visits to women in the postpartum period and their newborn infants. Should a midwife notice any signs of domestic violence or other irregularities, she is obliged to intervene. Since the Ordinance fails to specify the kind of intervention that is expected, one can only assume that the midwife is to execute her usual reporting duties – namely, to notify a law enforcement officer of a suspected crime, to report to the family court a threat to the child’s well-being, and to inform social services (if necessary) of a family in need of assistance.

Nurses are obligated to investigate health-related conditions and needs, nursing problems, and difficulties with nursing care. Section 1 of the aforementioned Ordinance (2007) states that, in addition to providing purely medical services, community nurses or health visitors are entitled to notify social services and request support for a given patient. This stipulation establishes a legal basis for co-operation between nurses and social workers, thus contributing to the early detection of families in trouble (e.g., at risk of abandonment) and providing them with the appropriate support.

### 2.5.2. *Legal obligations of social services*

Social workers can provide similar services to those mentioned above, such as counselling and crisis intervention. Section 2 of the Family and Guardianship Code (1964) stipulates that whenever parents require support in providing care for their child, the court or another public authority entity is to notify social services (or, as of January 2012, a family support unit) of the need to extend proper assistance to the family. The significance of this obligation lies in the fact that both social assistance and, in the future, support for the family, may be allocated *ex officio* following a notification pointing towards relevant needs. As of January 2012, family assistants are also under an obligation to initiate intervention or remedial measures whenever the safety of a child and/or the family is at risk. Such measures may include: (a) reporting to a guardianship court, (b) reporting to the police or a public prosecutor, and (c) applying for a specific form of social assistance for the family.

Additionally, social workers have the right to remove a child from the family. This power was granted under an amendment of the Counteracting Domestic Violence Act (2005). According to Article 12a of the same Act, should domestic violence pose a direct threat to the child’s life or health, a social worker is entitled to remove the child from the family and place him or her with a relative living in a separate household, with a foster family, or in a round-the-clock care institution (Counteracting Domestic Violence Act, 2005). The decision to remove a child from his or her home is not made by one person, but requires consultation with a police officer and a healthcare professional (e.g., a physician, paramedic or nurse). However, it is worth noting that this power is limited to cases of domestic violence. In all other circumstances, the decision to remove a child from his or her family environment must

be made by a family court (or the police in an emergency situation, although this also requires judicial approval).

### *2.5.3. Legal obligations of the police*

The Police Act (1990) lacks provisions that explicitly specify activities to be undertaken for the protection of minors (in particular, to counteract child abandonment). Nevertheless, protecting the life and health of individuals against unlawful action is one of the statutory tasks executed by the police (Article 1 of the Police Act, 1990). If a child is at risk due to domestic violence, a police officer (together with a social worker and healthcare professional) can remove the child and place him or her with relatives or in foster care.

In addition, the police usually get involved when a child's well-being is threatened in some other way. The police can remove a child from the family and temporarily place him or her in foster care (Article 74 of the Social Assistance Act, 2004). A child escorted by the police may be admitted to foster care without parental consent if his or her life is in danger, or if the child has been abandoned. The foster family is obligated to notify the guardianship court and local centre for family support within 24 hours, so as to inform them that a child has been admitted to foster care.

### *2.5.4. Legal obligations of the family courts*

In Poland, family courts enjoy special rights in the area of child protection. A guardianship court is entitled to initiate proceedings *ex officio* (Article 570 of the Criminal Procedure Code, 1997), meaning that if information indicates that an intervention in parental rights or childcare is justified, proceedings are likely to be opened.

Under Article 100 of the Family and Guardianship Code (1964), the court, along with other agencies of public authority, is obligated to support parents if it helps them to appropriately execute parental authority. Additionally, if the child's well-being is at risk, the court is under an obligation to issue relevant orders (Article 109 of the Family and Guardianship Code, 1964). These may include: (a) forcing parents to work with a family assistant (since January 2012), (b) referring the family to an institution or professional offering family therapy, counselling or other forms of family support, or (c) placing the child in foster care or an institution. Decisions to place a child outside of his or her family home must be communicated to the appropriate organisational unit of social services (i.e., a local centre for family support or, as of January 2012, a family support unit), which will offer assistance to the family and periodically report to the court on the family's circumstances.

### *2.5.5. Legal obligations of employees of preschools and nurseries*

Individuals employed by preschools and nurseries are vital to the protection of young children. Teachers are bound by Article 4 of the System of Education Act (1991), which states that when teachers discharge their educational and care duties, they should always act for the benefit of the children and with the children's health in mind. However, when faced with the risk of child abandonment or abuse, no specific obligations for these professionals are given. Additionally, these issues are not regulated in the case of professionals caring for young children (e.g., employees of nurseries and children's clubs, daytime caregivers, and nannies). Relevant stipulations are also not included in the Act directly regulating such

professions (e.g., the Care of Children under 3 Act, 2011). As a result, these professionals are only bound by general reporting duties.

## **2.6 Conclusions on whether the legislation is effective**

The existing legislation envisages an efficient system for counteracting child abuse. However, the shortcomings of this system come to light when executing the relevant provisions. One of the weaknesses of the system is the lack of centralisation in terms of the efforts made by the different child protection services. The efficacy of actions undertaken (including preventive measures) depends largely on effective communication between different agencies (e.g., social services, the police and the courts). However, this communication remains insufficient.

In addition, to a large extent, the burden of working with high risk families has been placed on social workers. However, social services struggle with understaffing and shortages of specialised social workers (e.g., professionals offering legal counselling or psychological support). It is probably for these reasons, as well as insufficient co-operation with other agencies, that in some cases help is too late in reaching those families in need of support following judicial intervention (e.g., after the child has been removed from the family home).

It should be noted that current regulations mainly focus on reacting to existing threats to the well-being and safety of a child, whilst the system of preventing child abuse (including abandonment) is lacking. This *status quo* is undeniably evolving: new regulations (discussed above) pertaining to perinatal care, family support, employee rights and care of young children are a testament to that. Nonetheless, most of these legal solutions are new, and not until they have been in practical use for several years, will we be able to assess their real impact on the situation of children and their families.

## **3. An Overview of issues relating to Child Abandonment in Poland**

### **3.1 Social or personal causes of child abandonment**

There are a limited number of studies that consider the causes of child abandonment in Poland. In terms of open abandonment, an analysis of 30 adoption cases showed that the parents who relinquished their children for adoption had (a) dysfunctional interpersonal and family relationships, (b) financial problems, or (c) mental disabilities. Additionally, some decisions to relinquish children for adoption were related to cases of domestic violence or cases where the child was a result of accidental sexual contact (Wóicik, 1999).

It is difficult to establish the social or personal causes of secret abandonment. This is because, in the majority of cases, the parents are unknown. In terms of the social causes of secret abandonment, there are four possible factors to consider. First, Poland has a restrictive abortion law. In Poland, abortion is banned, with the following exceptions:

- If the women's life or health is endangered by continuing with the pregnancy.
- If the pregnancy is the result of a criminal act.
- If the foetus has serious malformations.

However, even if one of these exceptions is identified, social consent for abortion is limited. Second, sex education in Poland is insufficient and young people do not have enough knowledge about fertility and contraception. Third, there is large social stigma against single mothers, particularly in small towns and villages. Fourth, there is a lack of support available to women who are struggling with their pregnancy or motherhood.

Personal causes of secret abandonment are likely to relate to:

- Financial problems
- Single parenthood
- Young motherhood
- A disabled or terminally ill child
- Disabled or ill parents
- Lack of acceptance of the child by his or her mother, family or community
- Family problems

### **3.2 Social consequences for abandoned children**

As a secretly abandoned child does not have an identity, this significantly extends the adoption procedure by several months. A period of time must be dedicated to attempting to find the parents of the child. If the mother is found, or if the mother changes her mind about abandoning her child, she can take the child back as long as she can prove that the child is hers. However, once the adoption has gone through the family court, the decision is irreversible. As such, if the child has been abandoned without the knowledge of his or her father (or the mother in extreme cases), once the adoption has gone through, the parent has no chance of being reunited with the child.

In Poland, individuals must have an identity number before they can access any health services. For the first three months of a baby's life, he or she accesses the health services through his or her mother's identity number. However, when a child has been secretly abandoned, the child is deprived of his or her mother's identity number. Therefore, until the child has formally been given a new identity number (which can take months), the child is not in theory able to use the health services. This can have serious implications for the child. The responsibility for providing the child with an identity number rests with social security.

### **3.3 Poor practice in Poland**

In Poland, the available support and prevention programmes are often chaotic, and the organisations responsible for these programmes fail to co-operate with each other or exchange information. Additionally, there are not enough holistic prevention services available, with many focusing on just one aspect of abandonment (e.g., financial difficulties).

The issue of child abandonment has not been adequately explored by the government or by social institutions. As a result, simplistic and insufficient 'solutions' (e.g., baby hatches) have been implemented. There are currently 45 baby hatches in Poland and too often these are seen by prevention services as a way of preventing child abandonment, despite the fact that there is no evidence to support this. Finally, there is no system of identifying families at risk of abandoning their children, nor is there a system complex enough to support these families.

#### **4. Data Collected from Maternity Units in Poland**

In 2009, there were 417,589 live births in Poland, and the infant mortality rate was 8.1 deaths per 1,000 live births. There are currently 425 maternity units/hospitals in Poland, 86 of which are ‘baby friendly’ according to UNICEF regulations. As part of the current EU Daphne-funded project, 10 maternity units in Poland were contacted for information relating to the infants born in their hospital. This data is presented in the tables below, and provides some insight into the extent of child abandonment in each maternity unit, possible causes of abandonment, community and social work within the maternity units, and strategies in place that assist in preventing abandonment.

Table 1: General statistics from 10 maternity units in Poland

	Maternity Unit										Total
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2010</i>	4 <i>Data for 2009</i>	5 <i>Data for 2010</i>	6 <i>Data for 2009</i>	7 <i>Data for 2010</i>	8 <i>Data for 2010</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Number of live births	4,832	4,140	3,348	1,532	1,803	1,863	1,884	2,758	1,146	1,257	24,563
Number of infants classed as abandoned	2	19	6	2	6	15	0	5	4	20	79
Number of infants who died within 7 days	8	5	21	4	13	10	22	12		0	95
Number of infants who died within 28 days	2	1	3		2	7	7	0		N/A	22
Number of maternal deaths	0	0	0	1	1		0	0		0	2
Number of infants born with a disability			2	1	52		12	40		0	107
Number of infants born premature	670	220	436	168	223	398	265	446	20	52	2,898
Number of infants born with a low birth weight	216	188	436	1,213	163	302	259	182	23	39	3,021

Number of mothers who did not provide identity		0	0	0	0		0	0		0	0
Number of mothers who left without their infant, without doctor's consent, and without saying when they will be back		0		0	0		0	0		0	0
Number of mothers who left without their infant, but were reunited		0		0	1		0	0		0	1
Number of mothers who agreed to sign adoption papers before leaving hospital		10 (60% male infants, 40% female infants)	6	21		15	3	8	4 (100% male infants)	N/A	67

Note: N/A refers to data not being available.

None of the maternity units interviewed felt that there was an overrepresentation of any particular ethnic group amongst the children who had been abandoned there. Of the maternity units interviewed, 40% stated that they are classified as 'baby friendly' (according to UNICEF guidelines).

Table 2: Possible causes of children being abandoned at maternity units

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2010</i>	4 <i>Data for 2009</i>	5 <i>Data for 2010</i>	6 <i>Data for 2009</i>	7 <i>Data for 2010</i>	8 <i>Data for 2010</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Poverty/financial hardship		X	X	X	X	X	X	X	X	X	90
Poor housing or homelessness		X	X	X	X	X	X	X	X	X	90
Parents with learning difficulties			X			X				X	30
Parents with mental health difficulties			X			X				X	30
Parents with alcohol or drug problems		X			X	X			X	X	50
Parents' lack of sexual education and family planning		X			X	X	X			X	50
Teenage parent without support			X		X	X		X	X	X	60
Single mother with father absent		X	X	X	X	X		X	X		70
Poor preparation for birth / no contact with health services		X	X			X	X	N/A		X	50
No community home visits to pregnant mothers		N/A				X	X	N/A		N/A	20
Traditional maternity services (no baby friendly)					X			N/A		N/A	10

services available)											
No community home visits to families with newborns		N/A					N/A	N/A			0
Other reasons								Rape			

Note: N/A refers to data not being available.

Table 3: Community and social work within the maternity units

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2010</i>	4 <i>Data for 2009</i>	5 <i>Data for 2010</i>	6 <i>Data for 2009</i>	7 <i>Data for 2010</i>	8 <i>Data for 2010</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
High risk mothers are identified before giving birth		YES		YES	NO	YES	NO	YES	YES	YES	60
Community health professionals visit expecting mothers prenatally		NO		NO		YES	NO	NO		YES	20
Visits are made to all mothers (universal service)						YES	NO			NO	10
Visits are only made to high risk mothers						NO	NO			YES	10

(targeted service)											
There is a hospital social worker		YES (Community health nurse, not social worker)	YES	YES	YES	YES	YES	YES		YES	80
When a mother is identified as at risk of abandoning her child in a hospital or maternity unit she receives counselling		YES		YES	YES	YES	YES	YES	YES	YES	80
These mothers are encouraged to keep their children		YES		YES	YES	YES	YES	YES		NO	60
These mothers are counselled to help them make their own decisions		YES		YES	NO	YES	YES	YES	YES	NO	60
These mothers are encouraged to sign adoption papers		NO		NO		NO	NO	NO		NO	0
Information about child birth and the		NO		YES (English and		YES (English)	YES (English and	NO	NO	YES (English, Russian	40

maternity unit is provided in more than one language				Russian)			Russian)			and Ukrainian)	
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Table 4: Prevention strategies for child abandonment within maternity units

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2010</i>	4 <i>Data for 2009</i>	5 <i>Data for 2010</i>	6 <i>Data for 2009</i>	7 <i>Data for 2010</i>	8 <i>Data for 2010</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Home visits to pregnant mothers by health professionals		NO		NO	NO	YES	NO	NO		NO	10
Screening pregnant mothers around 20 weeks		NO		YES	YES	YES	NO	YES		NO	40
Social care and counselling in maternity units		YES		YES	80						
Mother's identity confirmed in hospital		YES		YES	80						
Child given identity before leaving hospital		YES	NO	YES	YES	YES	YES	YES		YES	70
Baby friendly maternity unit/hospital (newborn in room with mother, breastfeeding/cuddling on demand, no set visiting times for		YES		YES	80						

father, siblings and grandparents)											
Referrals to mother and baby units, shelter to high risk mothers with their children		YES		YES	YES	YES	YES	NO		N/A	50
Support for parents with special needs children		YES		YES		YES	YES	NO		N/A	40
Referrals to day care provision for children with special needs (e.g., children with physical/intellectual disabilities)		N/A		YES		YES	YES	NO		N/A	30
Parent education and family planning		YES		YES	YES	YES	YES	YES			60
Family planning services		YES		YES	YES	YES	NO	YES			50
Referrals to housing and social services		YES		YES	YES	YES	YES	YES		YES	70

Note: N/A refers to data not being available.

## **5. Preventing Child Abandonment in Poland**

Literature that focuses on preventing child abandonment in Poland is scarce, and no papers have been found that directly refer to addressing this problem. Despite this, publications that focus on subjects such as single parenting, caring for children with disabilities, supporting families in need, and preventing domestic violence, all tend to indirectly discuss preventing child abandonment.

In recent times, attempts have been made to address the issue of child abandonment in Poland. For instance, social security helps families with financial problems, and is responsible for monitoring the family situation in its district. As financial hardship is thought to be one of the causes of child abandonment, the assistance from social security may help prevent child abandonment. Additionally, non-governmental organisations have developed programmes for parents and young mothers to help support them through any difficulties they may be experiencing. Such programmes may also assist in preventing child abandonment.

### **5.1 Working towards good practice in Poland**

The most effective way to prevent child abandonment in Poland would be through providing support programmes for parents at risk, which aim to provide parents with the necessary skills for taking care of their children. Such programmes should include providing support for teenage mothers, providing homes for single mothers, and developing Mother and Baby Units in prisons.

#### *5.1.1 Recommendations for good practice in Poland*

- Develop more holistic services to address the bigger picture in relation to child abandonment, as opposed to focusing on just one aspect (e.g., financial problems).
- Move away from the idea that baby hatches are a preventive measure for child abandonment.
- Provide support and empathy (and less blame) for women who do choose to give their children away. Many women do not want to do this, but feel that they can't cope with their current situation.
- Provide more funding for prevention services.

### **5.2 Services that help to prevent child abandonment in Poland**

Ten services that help to prevent child abandonment in Poland were interviewed for the purpose of the current EU Daphne-funded project. Each of these services is briefly described below. The descriptions provide information regarding the purpose of the service, who funds it, whether they have a direct or indirect focus on preventing child abandonment, the target group or clients, the types of intervention offered, whether they attempt to integrate children who have been abandoned back to their biological family or to a foster family, whether the service follows up on the families and/or children they work with, the impact the service has had on preventing child abandonment (if known), and finally, a case study of a family or child helped by the service.

The 10 services work with a range of client groups. These include: parents who wish to give up their children, parents who have considered abandonment but have decided to keep their children, children who have been abandoned, children identified as victims of abuse and/or neglect, children with disabilities and their families, families in need and who are experiencing difficulties, and prospective foster and adoptive carers. The way in which support is offered to these client groups is varied, and includes: residential support for families in need or in danger, institutional care for children who have been abandoned, community-based support for families in need, telephone-based support services, informational and educational services, therapeutic services, and the provision of material support.

### **5.3 Centre for adoption**

*Overview of the service:*

- The Centre trains prospective adoptive parents and foster parents.
- It matches prospective parents with children.
- It supports people who adopt children.
- It supports parents who decide to keep their children, instead of abandoning them.
- The principle of support is to provide freedom and to wait, so as to encourage mature decisions and build self-esteem.

*Funding from:*

- State
- Catholic Church
- Private donations

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Parents wishing to relinquish their children for adoption.
- Prospective foster and adoptive parents.

*Services offered:*

- Training prospective adoptive and foster parents.
- Matching children and foster/adoptive parents.
- Parenting skills workshops.
- Support for foster/adoptive parents.
- Support for parents who choose to keep their child instead of abandoning him or her.
- Helpline for mothers, e-mails, meetings, conversation.

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, depending on each individual case.

*Known impact of the service:*

- Most mothers take their children back.
- 60% of mothers who come with the intention of abandoning their child eventually choose to keep their child (2000–2008 data).

*Case study:*

A woman was raped by her employer. When she became pregnant, her employer offered her money for an abortion. When she rejected it, he dismissed her. The woman already had another child, a teenage boy, and lived with her mother and her son. Initially she wanted to give the child away, as she felt the situation was hopeless. However, she eventually decided to keep the child.

#### **5.4 Shelter for victims of domestic violence**

*Overview of the service:*

- Residential shelter for battered women and children.
- Staff consists of a psychologist, lawyer and social worker.
- Aim is to provide short-term intervention to help the women improve their situation.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Women with children who are fleeing domestic violence

*Services offered:*

- Therapeutic intervention
- Self-defence classes
- Self-help groups

*Case studies:*

A woman with three children approached the service after suffering domestic violence by her husband. As a result of police intervention, the husband was arrested. However,

after receiving police supervision he returned home. As a result, the woman approached the service where she stayed for three months and six days.

A pregnant woman approached the service, stating that she wanted to give away the child. The child was separated from the mother in the hospital and a contact was arranged with the adoption centre. Her older children had been in institutional care for 14 months. Domestic violence was obvious and the woman felt helpless in life and with living in different facilities.

## **5.5 Intervention centre**

### *Overview of the service:*

- Provides a specialised child care programme that aims to place children (aged 0–12 months) into new, adoptive families as soon as possible.
- Aims to provide comprehensive support for newborn babies and infants who are found suddenly temporarily or permanently deprived of parental care.
- Aims to keep the child's stay at the institution as short as possible to minimise any harm caused as a result of institutional care.
- Children receive 24-hour care and medical assistance.
- Children are reintegrated with their family or placed with new, adoptive families.

### *Funding from:*

- Grants and private donations
- 1% of tax system

### *Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

### *Target groups:*

- Children up to the age of 12 months who have been abandoned in a baby hatch or hospital.
- Children up to the age of 12 months who have been removed from the care of their parents by social services.

### *Services offered:*

- Care and stimulation for the children.
- Working with biological and adoptive parents.
- Teaching childcare skills to parents and adoptive/foster parents.
- Diagnosis and treatment of children by physicians.
- Psychologist works to stimulate the development of children, and work with their families.

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, with adoption centres.

*Case study:*

Children were healthy twins. Their mother was brought up in an institution, and then lived in a Children's Village and with a foster family. She was aggressive in the hospital when she gave birth to the twins and, as a result, the court referred the children to the institution. Initially the mother wanted to take the children back, visiting them daily but with visits becoming less frequent. Her partner acknowledged paternity but visited the family rarely. The mother did not sign the social contract (required by the facility for further work with the mother). An adoptive family is currently being looked for to take care of the children.

## **5.6 Group for teenage mothers (Institution for small children in Warsaw)**

*Overview of the service:*

- Residential care programme for young pregnant girls (aged 13–16), or those with small children, who do not have a stable or healthy home environment including:
  - Victims of domestic violence
  - Those in extreme poverty
  - Those rejected by their family
  - Those already placed in an institution
- Girls are placed into this institution as a result of judicial or administrative procedures.
- Each girl has her own room for herself and her child.
- Each mother is required to attend school, while a babysitter cares for the child.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Pregnant girls (aged 13–16)
- Young mothers (aged 13–16) with small children

*Services offered:*

- Mothers attend school as normal.

- Babysitters take care of children while mothers are at school.
- Psychological support for mothers.
- After leaving the institution, girls can live in a protected flat to help with the transition from institutional care to independent living.

*Follow-up on families helped by the service?*

- Yes, for three years.

## **5.7 Centre for day care support (Institution for small children in Warsaw)**

*Overview of the service:*

- Day care centre for young children with disabilities.
- Supports parents with children with disabilities so as to allow them to continue working.
- The goal of the service is that, when mothers (or families) receive support (through day care, psychological support, workshops), they will not abandon their child.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target group:*

- Parents with young children with disabilities

*Services offered:*

- Programme to support parents, work with families, and also work with parents who have given up their children or had their children taken away from them.
- Psychological support (for parents and children).
- Rehabilitation for children.
- Speech therapy.
- Day care for children.

*Follow-up on families helped by the service?*

- No

*Known impact of the service:*

- Within a few months of opening, it became apparent that there is a big need for such support, and many families would like to receive it.

## 5.8 Psychological and pedagogical clinic

### *Overview of the service:*

- Clinic that provides psychological support for young mothers.
- After first working in Polish secondary schools, the psychologist working here identified the problem of young pregnancies and the need to help pregnant girls. As a result, she began to offer therapy and psychological support.
- Girl's parents, future fathers (if the mother agrees) and other family members are invited for interviews and therapy.

### *Funding from:*

- State

### *Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

### *Target groups:*

- Students from 15 years old (from secondary schools)

### *Services offered:*

- Girl's parents, future fathers (if the mother is willing), and other family members are invited for interviews and therapy.
- Individual and family psychotherapy.
- Assistance offered until the birth of the child and also later, when needed, until graduation from school.
- Allows further study on a daily basis – co-operation with schools to provide girls with individual learning programmes after the birth.
- Material assistance, such as toys and clothes, is available.
- Very good co-operation with other institutions/departments.

### *Follow-up on families helped by the service?*

- No

### *Case study:*

A high-achieving girl attending high school fell pregnant, but did not accept it. She broke up with her boyfriend earlier, so she did not have any support from him. When she was around two thirds of the way into her pregnancy, she decided she wanted to relinquish the child for adoption. A meeting in the adoption centre was arranged, but was eventually cancelled because the girl was not ready. The psychologist did not discuss the decision regarding adoption, but just tried to encourage her to reach her own decision. The girl's mother was terrified by her daughter's pregnancy and liked the idea of giving the baby away for adoption. The girl stayed in the hospital for three

days after giving birth. She then left the hospital and her child, as he or she was due to be given away (this is the procedure). Each day the girl returned to sit with the child, together with her younger sister. Eventually she asked her mother if she could keep the child and the child was taken home. After some time there was another meeting, where the girl and her mother said they were happy with the situation. The mother admitted that she had exerted serious psychological pressure on the girl's decision. They are currently bringing up the child together. A new boyfriend has also appeared who is very involved in raising the infant and wants to formally adopt the child.

## **5.9 Home for single mothers**

### *Overview of the service:*

- Support home offering shelter for homeless single mothers.
- Women can go to the service before the baby is born, if they do not want people to know they are pregnant.
- Women are often directed to the service by the adoption centre until they give birth, if they do not want people to know they are pregnant.

### *Funding from:*

- Agency funding
- City of Warsaw

### *Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

### *Target group:*

- Homeless women who are pregnant or have small children

### *Services offered:*

- Psychological support
- Support from a social worker

### *Follow-up on families helped by the service?*

- No

### *Case study:*

A young, pregnant woman came to the home because her family did not want her to have her child. She had no contact with the father of the child. In the beginning she wanted to abandon the child (there was contact with the adoption centre), but during her stay she changed her mind. It became apparent that the decision to abandon the child was due to pressure from her father. The stay in the home allowed her to think about her options without any pressure.

## 5.10 Nobody's Children Foundation, Warsaw, 'Good Parent – Good Start' programme

### *Overview of the service:*

- The programme aims to protect young children (aged 0–3) from abuse, by promoting good parenting and supporting parents/caregivers to parent without violence.
- Main activities of the programme include:
  - Direct support for parents with young children
  - Work with professionals
  - Promoting interdisciplinary work
- The programme focuses on strengthening the attachment between the mother and baby, and also the fathers of the children.
- The service is offered to parents free of charge.
- The programme also focuses on co-operating with professionals who are in contact with parents of young children.
- Together with welfare centres, health centres, day nurseries, police, probation officers and other organisations, a Local System for the Prevention of Young Children from Abuse is being built.

### *Funding from:*

- Grants

### *Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

### *Target groups:*

- Families identified as being at risk or in need and who have children less than four years of age.
- Children identified as being at risk or in need.

### *Services offered:*

- Individual and couple consultations with a psychologist, lawyer or psychiatrist
- Therapy
- Consultation with a dietician
- Parenting skills workshops
- Educational meetings
- Internet consultancy point
- Legal consultation
- Play groups
- Active Monday: parent play time with their child
- A volunteer in the family – support for parents from other parents in their homes
- Educational materials
- Website, online counselling, base support facility

*Follow-up on families helped by the service?*

- No

*Case study:*

A woman (about 40 years of age) in an unstable relationship became pregnant unexpectedly. Her partner left her, but she did not want to abandon the child because she feared being called a 'bad mother'. She considered leaving her child in a baby hatch, but changed her mind. She suffered from depression, had no family support (her family lived in a different region of the country), and did not have her own home. However, she had support from her friends, financial support from her family, and had stable work. She received therapy from a psychologist, as well as treatment from a psychiatrist. In total, she received individual contact for nine months. Afterwards, she decided to take care of her child, bought a flat, and is assisted by a nanny so that she could return to work. Despite her initial difficulties, the woman managed to establish a relationship with the child, and now participates in parenting skills workshops.

### **5.11 Helpline for women**

*Overview of the service:*

- The service provides a free telephone helpline for pregnant women and mothers who are living in difficulty.
- The helpline provides friendly and anonymous contact for women who are experiencing difficulties because of their pregnancy, childbirth or family problems.
- The service runs Monday–Friday from 7 pm till 7 am.
- The service also provides educational workshops for secondary school children.

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Pregnant women
- Mothers who are living in difficulty

*Services offered:*

- Telephone-based psychological support for women in difficulty.
- Women can be directed to other services if appropriate.

*Follow-up on families helped by the service?*

- No

*Known impact of the service:*

- In 2010, there were 699 calls. These included:
  - unwanted juvenile pregnancies (21 calls)
  - unwanted adult pregnancies (31 calls)
  - adoption (64 calls)
  - abandonment (24 calls)
  - medical problems with a pregnancy (6 calls)
- In 2010, 950 students participated in sex education workshops.

## **5.12 Pre-adoption ward**

*Overview of the service:*

- Pre-adoption ward where children who are relinquished for adoption are placed for six weeks before they can be adopted.

*Funding from:*

- City

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Children abandoned in a baby hatch or hospital
- Children awaiting adoption

*Services offered:*

- Together with adoption centres, the service works with biological families to give them time to change their mind about abandoning the child.
- Works with adoptive families to prepare them for their new life situation.
- During the six weeks when the child is in the ward, the mother has psychological support and can visit her child anytime she wants.

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- No



# Child Abandonment and its Prevention in Romania

by Diana Tascu, Mariela Neagu & Ramona Popa

## 1. The Extent of Child Abandonment in Romania

In 2010, there were 212,199 live births in Romania and the infant mortality rate was 9.8 deaths per 1,000 live births. There were 162 children (aged 0–3) relinquished for adoption meaning that 0.8 children per 1,000 live births were openly abandoned in 2010. There were 1,315 children abandoned in hospitals, of whom 762 were abandoned in maternity units, 419 were abandoned in paediatric units, and 134 were left in other hospital wards. In the first half of 2011 (January to June), 748 children were abandoned in hospitals. Of these children, 496 were abandoned in maternity units, 204 were abandoned in paediatric units, and 48 were left in other hospital wards. As of 30 September 2011, there were 715 children (aged 0–3) in institutions. As of 31 December 2010, there were 2,757 children (aged 0–3) in foster care. As of 20 November 2011, there were 785 children (aged 0–3) in adopted families. There are 208 public maternity units/hospitals in Romania, of which 31 are ‘baby friendly’ according to UNICEF regulations.

Data on child abandonment is centralised by the General Direction for Child Protection (GDSACP) within the Ministry of Labour, Family and Social Protection (until 2010, the National Authority for the Protection of Family and Children’s Rights (ANFPDC)). The statistics collected between 2000 and 2009 indicate a continuous decrease in the number of children abandoned in maternity wards. According to the statistics collected by the ANFPDC<sup>18</sup>, from 2004 to 2009 the number of children abandoned in paediatric hospitals and wards decreased from approximately 5,000 to approximately 1,158. At present, around 70% of these children end up benefiting from child protection measures. In 2009, 545 of these children were placed into foster care, 80 into residential care, 36 with the extended family or a substitutive family, and 43 were placed into another situation.

According to the statistics issued by ANFPDC, there were a total of 69,246 children in the special care system in 2009. Of these children, approximately 20,635 were placed in foster care and 23,696 were placed in residential care. The average time spent by a child in foster care is five years and seven months. In residential care it is six years and two months.

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<sup>18</sup> [www.copii.ro](http://www.copii.ro)

## **2. Legislation relating to Child Abandonment**

### **2.1 Definition of child abandonment**

According to the current Romanian legislation, there is no period of time in which a child can be declared 'abandoned'. The Law 272/2004 on the protection and promotion of the rights of the child (enforced in January 2005) refers to the concept of a 'deserted child', 'foundling' or 'abandoned child' all from the same perspective, yet provides no attempt to define these terms. Abandonment can be interpreted as a relinquishment of parental rights and the parent's responsibilities for caring for, and meeting the fundamental development needs of the child.

According to Article 49 of the republished Constitution of Romania (2003), children are given special protection and assistance in ensuring the respect of their rights. Law 272/2004 on the Protection and Promotion of the Rights of the Child was adopted in order to describe these constitutional provisions. It has been in force since January 2005. Despite abandonment being referred to in Law 272/2004, it does not provide a clear legal definition of child abandonment. Instead, it refers to 'children left' by their mother or parents and 'children separated' from their parents. The previous Abandonment Law (Law 47/1993) was abolished when Law 272/2004 was adopted. Indeed, Law 47/1993 led to numerous abuses, such as not registering parents' visits to their children, in order to allow them to declare the children abandoned and eligible for adoption.

Law 272/2004 does define neglect. In Article 89 it refers to child neglect as the voluntary or involuntary omission of a person who is responsible for the upbringing, caring and educating of a child, thus endangering the physical, mental, spiritual, moral and social development of the child. It also stipulates that a child who is deprived, either temporarily or definitively, of the protection of his or her parents is entitled to special protection. This special protection consists of all possible assistance and services that are aimed at the child's care and development.

### **2.2 Current laws associated with child abandonment**

In addition to Law 272/2004 referring to child abandonment, the Family Code (2011) states that parents have a duty to care for their child. Parents are obligated to raise their child and take care of his or her health, physical development, education, and professional training. This maintenance obligation exists regardless of whether the child was born inside or outside of marriage.

Child abandonment also features in the Romanian Criminal Code (2011). This states that if an individual has a legal obligation for maintenance, and deserts, sends away, leaves helpless, or subjects to physical or moral suffering the person entitled to the maintenance, they can be punished by imprisonment for one to three years, or fined. Further, the act of seriously jeopardising the child's physical, intellectual or moral development can be punished by imprisonment for 3–15 years, and can have certain rights taken away.

It is worth noting that Law 272/2004 also considers removing parental rights in order to protect the child. According to this Law, if a child's physical, mental, spiritual, moral or social development is endangered by his or her parents, the court can partially or completely remove the parental rights of one or both of the parents. Removing parental rights is a court

order that severs the legal parent-child relationship in order to serve the best interests and welfare of the child.

Laws relating to adoption have recently undergone modification in Romania. Under the new law, a child is considered adoptable if the parents sign a declaration stating that they do not wish to care for him or her. If this declaration is not withdrawn within two months, the child will be declared adoptable. Alternatively, adoption can take place if a child is in care for one year, and the parents or relatives cannot be found or refuse to cooperate. When a child's parents are unknown, the child can be declared adoptable after 30 days.

Law 272/2004 is also currently undergoing modification. New initiatives (e.g., obligatory fees or community work for parents who have children in the care system) are being introduced.

### **2.3 Legislation that helps to prevent child abandonment**

Romania does everything possible in order to reduce the number of children deprived of their parents' care. The national strategy for protecting children's rights, and the corresponding plan of action for 2008–2013, has been approved by the government. This strategy views children's rights as those defined by the UN Convention and other international documents that have been ratified by Romania. One of the areas highlighted by the national strategy relates to preventing children from being separated from their parents. It also offers special protection to children who have been separated from their parents.

Law 272/2004 stipulates that the public social security service will undertake all necessary measures for the early identification of high risk situations that may result in the separation of a child from his or her parents. As a result, and in accordance with this Law, specialised institutions of the central public administration, the local public administration authorities, and any other public or private healthcare institution must undertake all necessary measures to:

- Ensure and develop primary and community healthcare services.
- Ensure healthcare services for the mother during the pre- and post-natal periods, regardless of whether she is registered in the social health insurance system.

Additionally, periodic visits by healthcare staff to the mother and child's residence are mandatory until the child reaches the age of one. This is so as to protect the health of both the mother and child, and to prevent abandonment.

According to Law 272/2004, city or town-level public social security services, as well as social security services within communal local councils, have the following responsibilities in the field of child protection:

- Monitor and analyse the situation of children located in their administrative or territorial range, as well as enforce the rights of children by providing and centralising the relevant data.
- Prevent the separation of a child from his or her family.
- Identify and evaluate situations that call for services and/or financial assistance in order to prevent the child's separation from his or her family.

- Draft the necessary documentation for providing such services and/or financial assistance, and grant such services or assistance in accordance with the law.
- Offer counselling and information on the rights and duties of parents, the rights of a child, and the services available at local level, to families who provide maintenance for children.
- Enforce and monitor any prevention and eradication measures against alcohol and drug abuse, domestic violence and delinquent behaviour.
- Pay regular visits to the homes of families and children who benefit from services and financial assistance.
- Forward proposals to the mayor in case it is necessary to implement a special protection measure in accordance with the law.
- Where a child has benefitted from a special child protection measure and has been re-integrated with his or her family, monitor the child's development and the way his or her parents are exercising their rights and fulfilling their duties.
- Cooperate with the general department for social security and child protection, and provide the department with any and all requested information. In the Bucharest sectors, these responsibilities are carried out by the general department for social security and child protection.

According to Ordinance 68/2003, most local public authorities have departments, offices, or specialised services to develop concrete plans for child abandonment prevention (e.g., establish the identity of children, and identify all possible opportunities to keep the child with his or her biological family).

#### **2.4 Legislation that defines the legal obligations of child protection organisations**

The Ministerial Order 756/2005 regarding the coordination of activities to prevent child abandonment in hospitals and clinics (including newborn and paediatric units) stipulates that the General Department for Social Assistance and Child Protection (GDSACP) are obligated to appoint social workers to ensure a permanent connection with the units. They carry out all the measures aimed at eliminating the risk of child abandonment in hospitals. According to the Order, hospitals are obligated to notify the social worker within 24 hours regarding any situation that appears to have a child at risk of being abandoned.

Social workers are obligated to counsel mothers before and after their children's birth certificates are issued. This is so as to inform them of their rights and obligations as parents, as well as the abandonment prevention services that are available. One of the most worrying consequences of child abandonment in maternity units is that it is difficult to establish the child's identity. In such cases, the child will be discharged from the hospital without any identity papers and will be referred to the child protection services.

According to Law 272/2004, if a child is left by his or her mother in a maternity unit, the healthcare institution must report this to the GDSACP and the police within 24 hours of realising that the mother has disappeared. Within five days of this, a record acknowledging the child's abandonment must be drafted and signed by representatives of the GDSACP, the police and the hospital. When the child is ready to be discharged from the hospital, the GDSACP will decide where the child should go based on this record.

The local public administration must involve the local community in the process of identifying the needs of the community, and solving at a local level the social issues involving children. Consultative community structures can be created for this purpose, which

may include, but which are not limited to, priests, teachers, doctors, local counsellors, police officers and local businessmen. The role of these structures is to solve specific cases and to meet the general needs of the community. The consultative community structures will benefit from social work and child protection programmes in order to fulfil the role for which they were created.

## **2.5 Legislation relating to family support measures that may reduce the risk of abandonment**

In order to prevent separating a child from his or her parents, the following types of care services are in operation: day care services, family-type services, and residential services. Residential services consist of placement centres, emergency child call-in centres, and mother-baby units. Local councils of cities, towns, communes and Bucharest sectors must organise day care services, either individually or in collaboration, according to the needs identified in the respective community. Private institutions that are legally established and accredited may organise and develop services aimed at preventing the separation of children from their families, after obtaining an operational licence for this service.

Preventing the separation of children from their families is funded by the following sources:

- Local budgets of communes, towns and cities.
- Local budgets of the counties or of the Bucharest sectors.
- The state budget.
- Donations, sponsorship and other forms of financial contribution that are allowed by the law.

Romanian legislation provides a range of family support measures that may contribute to reducing the risk of child abandonment. These include:

- An allowance for newborn children and a minimum guaranteed income (Law 416/2001).
- A family allowance and support allowance for single parent families (Law 41/2004).
- A state allowance (Law 61/1993).
- A family support allowance in order to raise children and children with disabilities (Law 448/2006).
- Distribution of powdered milk for newborns (Law 123/2001).
- Exceptional financial assistance (Law 272/2004).

Law 215/2001 on local public administration also stipulates the obligation of local councils to ensure social services for children and their families.

## **2.6 Conclusions on whether the legislation is effective**

Romania has been through many legislative changes since 1990 regarding the concept of abandonment. Not all of these changes have proved to be in the best interests of the child. Consistent efforts must be made to ensure appropriate, ethical counselling in maternity hospitals for mothers at risk, and to facilitate birth registration as close as possible to the hospital unit. In order to ensure better care for her children, Romania must prioritise children in the political agenda and, despite the economic crisis, must continue funding for families and other forms of care (e.g., foster care).

### **3. An Overview of issues relating to Child Abandonment in Romania**

#### **3.1 Social or personal causes of child abandonment**

Child abandonment is a complex phenomenon caused by a number of overlapping educational, cultural, traditional, social and economic factors. The Government of Romania and UNICEF have conducted their own reports looking at child abandonment from 1996 to 2005 (published as Mindroiu et al, 2006). The main causes of child abandonment by the family were identified in these reports as:

- Serious economic problems
- Mothers' lack of formal education
- Lack of specialised services at the local community level
- Lack of sex education
- Lack of housing
- Teen parenting

A high rate of child abandonment is registered among young mothers (14–18 and 18–24 years old). The most important reason for this is the refusal of the family to accept the situation and support the mother. This is due to the stigma towards young, unmarried mothers still encountered in Romania.

Another social factor is the health situation of the child. The number of abandoned children born with a low birth weight is three times higher than the number of abandoned children born with a normal birth weight. The mother's rejection of the child, along with precarious living conditions, can lead to delayed intrauterine growth. A high rate of abandonment is also registered among children with disabilities and special needs.

The effects of poverty, coupled with a lack of employment opportunities to overcome this problem lead to chronic underdevelopment of the area. This situation is generally specific to rural communities, small towns and small border communities. The result is the limited access of the population to infrastructure and services.

An article by Bilson and Markova (2007) also outlines the findings of some of the research carried out with the Roma community by 'Save the Children' (Dachev et al, 2002), and by Bilson, Markov and Petrova (2003). By speaking with Roma families, these projects highlighted financial problems, poor living conditions and large families as the most influential factors for parents to place their children into institutions. They make the point that this is in contrast to the popular view that it is young, single, first-time mothers that face the highest risk of abandoning their children. In addition, they add that the majority of the families they encountered that had placed their children into institutional care did so as a temporary measure while they attempted to address their difficulties, and did not want to relinquish permanently their parental responsibilities. However, many of these families did not have the means to travel to the institutions to visit their children, and were not supported by the institutional staff to do so. Therefore, the majority of these families were unable to get their children back.

### **3.2 Social consequences for abandoned children**

In most cases, abandonment affects the child throughout their life, and the lack of identity with which the child is left cannot be entirely addressed by social services, irrespective of their quality. Studies show that, without a family, the child develops a distorted perception of themselves and what a family is<sup>19</sup>. The trauma of abandonment, missing their mothers, the delay in the system for providing an adequate protection measure, the long duration for which they stay in medical or residential care, and a lack of adequate stimulation all affect the psychological development of the child. As a result, a large amount of institutionalised children in Romania develop behaviour and attachment disorders.

A solution, in order to protect the best interest of the child, is to reintegrate the child into their birth family or an adoptive family as soon as possible. In Romania, most adopted children are younger than three years old and there are only around 1,000 adoptions per year. This is due, in part, to the fact that a child can be freed for adoption by the court only after all measures of reintegration with their biological family have failed. Previously, this could be a long process as there was no time limit stipulated in the legislation, which means that it is unlikely that a child under one year old can be adopted. However, recent legislative changes have reduced the time required for a child to be declared adoptable, which may significantly impact on the above figure. According to statistics issued by the Romanian Office for Adoption, the average age of the child when they are freed for adoption is 4.4 years old.

### **3.3 Poor practice in Romania**

There is a lack of socio-medical services available in Romania, which impacts on the number of children with disabilities and special needs being abandoned. According to the ANFPDC, in 2010 there were only 101 public and private day rehabilitation facilities available on a national level. Therefore, only a limited number of families have access to community support services due to the scarcity of such facilities. However, the Ministry of Labour is currently conducting a project which aims to strengthen the ministry's capacity, including the development of a methodology to assess and prepare a social needs map. There is poor coverage of basic social services and an insufficient number of support services provided at community level, such as day care centres, counselling, and maternity centres. In addition to the severe social problems faced by Romania following the collapse of the communist regime, in the 1990's Romania implemented various inter-country adoption policies, which in most cases led to corrupt and abusive practices. These practices, amongst others, determined an increase in the number of abandoned children.

## **4. Data collected from Maternity Units in Romania**

In 2010, there were 212,199 live births in Romania, and the infant mortality rate was 9.8 deaths per 1,000 live births. There are currently 208 maternity units/hospitals in Romania, 31 of which are 'baby friendly'. As part of the current EU Daphne-funded project, 11 maternity units in Romania were contacted for information relating to the infants born in their hospital. This data is presented in the tables below, and provides some insight into the extent of child abandonment in each maternity unit, possible causes of abandonment, community and social work within the maternity units, and strategies in place that assist in preventing abandonment.

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<sup>19</sup> This refers to two UNICEF studies: (1) The situation of child abandonment in Romania, and (2) Children on the brink: A focused situation analysis of vulnerable, excluded and discriminated children in Romania.

Table 1: General statistics from 11 maternity units in Romania

	Maternity Unit											Total
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	11 <i>Data for 2011</i>	
Number of live births	87	4,725	3	2	242	1,477	1,393	2,537	4,380	3,015	1,700	19,561
Number of infants classed as abandoned	37	174	2	7	1	2	2	12	16	2	12	267
Number of infants who died within 7 days	0	31	0	0	0	24	0	8	16	3		82
Number of infants who died within 28 days	0	11	0	0	0	2	0	2	15	7		37
Number of maternal deaths	0	0	0	0	0	0	0	0	0	0		0
Number of infants born with a disability	1	0	0	0	1	100	0	170	12	50		334
Number of infants born premature	20	618	0	0	22	153	40	294	419	250		1,816
Number of infants born	20	618	0	0	22	153	70		415	255		1,553

with a low birth weight												
Number of mothers who did not provide identity	4 50% male infants 50% female infants	1	0	0	0	0	0	0	0	0	12	17
Number of mothers who left without their infant, without doctor's consent, and without saying when they will be back	37 50% male infants 50% female infants	50	2 50% male infants 50% female infants	2 100% male infants	6 20% male infants 80% female infants	10 60% male infants 40% female infants	0	1 100% female infants	7 20% male infants 80% female infants	0	12	127
Number of mothers who left without their infant, but were reunited	12 42% male infants 58% female infants	50	1 100% male infant	0	6 20% male infants 80% female infants	10 60% male infants 40% female infants	0	2 50% male infants 50% female infants	0	0	1	82
Number of mothers who agreed to sign adoption papers before	0	0		0	0	0		0	0		4	4

leaving hospital												
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Thirty-six per cent of the 11 maternity units felt that there was an overrepresentation of a particular ethnic minority group among the children who had been abandoned there. Of these, 100% identified Roma children as being overrepresented. In addition, of the 11 maternity units, only two were classified as being ‘baby friendly (according to UNICEF guidelines).

Table 2: Possible causes of children being abandoned at maternity units

	Maternity Unit											%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	11 <i>Data for 2011</i>	
Poverty/financial hardship	X	X	X	X	X	X	X	X	X	X	X	100
Poor housing or homelessness	X	X	X	X		X	X	X	X	X	X	91
Parents with learning difficulties	X		X	X			X		X	X		55
Parents with mental health difficulties	X		X	X			X		X	X		55
Parents with alcohol or drug problems	X		X	X			X	X	X	X	X	73
Parents’ lack of sexual education and family planning	X	X	X	X			X	X	X	X		73

Teenage parent without support	X	X	X	X		X		X	X		X	73
Single mother with father absent	X	X	X	X		X	X	X	X	X	X	91
Poor preparation for birth / no contact with health services	X	X	X	X			X		X	X		64
No community home visits to pregnant mothers	X	X	X	X			X			X		55
Traditional maternity services (no baby friendly services available)	X	X	X	X							X	45
No community home visits to families with newborns	X	X	X	X								36
Other reasons		Young parents who are not accepted in their family with their newborn									Family rejection	18

Table 3: Community and social work within the maternity units

	Maternity Unit											%	
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	11 <i>Data for 2011</i>		
High risk mothers are identified before giving birth	NO	YES	NO	NO	YES	YES	YES	YES	YES	YES	YES	NO	64
Community health professionals visit expecting mothers prenatally	NO	NO	NO	NO	YES	YES	NO	YES	NO	YES	NO	NO	36
Visits are made to all mothers (universal service)	NO	NO	NO	NO	YES	YES	NO	NO	NO	NO	NO		18
Visits are only made to high risk mothers (targeted service)	NO	YES	YES	YES			27						
There is a hospital social worker	YES	YES	YES	100									
When a mother is identified as at risk of abandoning her child in a hospital	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	91

or maternity unit she receives counselling												
These mothers are encouraged to keep their children	YES	100										
These mothers are counselled to help them make their own decisions	YES	100										
These mothers are encouraged to sign adoption papers	YES	NO	YES	YES	NO	27						
Information about child birth and the maternity unit is provided in more than one language	NO	YES	NO	NO	NO	NO	YES	NO	YES	NO	NO	27

Table 4: Prevention strategies for child abandonment within maternity units

	Maternity Unit											%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	11 <i>Data for 2011</i>	
Home visits to pregnant mothers by health professionals	NO	NO	NO	NO	YES	YES	NO	YES	NO	NO	NO	27
Screening pregnant mothers around 20 weeks	NO	YES	NO	NO	NO	NO	YES	NO	NO	YES	NO	27
Social care and counselling in maternity units	YES	YES	100									
Mother's identity confirmed in hospital	NO	YES	NO	NO	YES	YES	YES	YES	YES	YES	YES	73
Child given identity before leaving hospital	NO	YES	NO	NO	YES	YES	YES	NO	YES	YES	YES	64
Baby friendly maternity unit/hospital (newborn in room with mother, breastfeeding/cuddling on demand, no set visiting times for father, siblings and	YES	YES	YES	YES	NO	NO	NO	YES	NO	NO	YES	55

grandparents)												
Referrals to mother and baby units, shelter to high risk mothers with their children	YES	YES	YES	YES	NO	NO	YES	YES	YES	YES	YES	82
Support for parents with special needs children	YES	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO	73
Referrals to day care provision for children with special needs (e.g., children with physical/intellectual disabilities)	YES	YES	YES	YES	NO	NO	NO	YES	NO	YES	NO	64
Parent education and family planning	YES	NO	91									
Family planning services	YES	100										
Referrals to housing and social services	YES	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO	73

## **5. Preventing Child Abandonment in Romania**

### **5.1 Working towards good practice in Romania**

Article 5 of Law No.272/2004, on the protection and promotion of the rights of the child, emphasises that parents have the main responsibility to ensure the proper development of their child. The local public administration authorities have the duty to support the parents in fulfilling their duties towards the child by developing and providing high-quality services to respond to the child's needs. In undertaking reform of the child protection system, Romania has taken a number of steps to support vulnerable mothers. Following the new Children's Act adopted in 2004 (Law 272/2004, on the protection and promotion of children rights), which focuses on the prevention of separating children from their families, the government in 2005 (OM 756/2005) adopted a strategy to coordinate activities aimed at preventing child abandonment in maternity and paediatric hospitals. The aim of this was to regulate the relationship between hospitals and child protection services at a local level, and to ensure that every hospital has a designated social worker responsible for children who are not visited by their parents. In such instances, social workers are required to refer cases to the local child protection services. However, the cooperation between hospitals and child protection services remains difficult in several counties.

In addition to this, over the last decade a number of children and family allowances were introduced or increased. This includes 'child allowance' at 50 EUR/month up to two years of age for healthy children and three years of age for children with special needs, and an allowance for families, with children (including single parents), with a lower income than the minimum threshold (up to 50 EUR/month depending on the income). To an extent, this helps to alleviate some of the financial strain faced by many Romanian families. The provision of different types of financial support, particularly the increase in the allowance for children up to two years old, has been successful in decreasing the number of children abandoned in maternity wards (Law 416/2001).

Primary services aimed at preventing child abandonment (public services for social assistance, day-care facilities, planning and family counselling services) have been developed at the community level. At country level, under the General Department for Social Assistance and Child Protection (DGASPC), there is now a social worker placed in every maternity unit in an attempt to reduce the rates of abandonment. In addition to this, there are rehabilitation facilities for disabled children, designed to provide therapy and support to facilitate their development as much as possible. Family counselling offices have also been developed and put in place. In addition, there are some good quality services provided by non-governmental organisations, such as family planning, counselling, mother and baby units, and day-care centres. There are also public and private 'maternal centres' in rural areas where mothers at risk are supported to raise their children, and can receive counselling and support in identifying a solution to enable them to raise their children. It must be noted, however, that family planning in Romania is not free of charge and day-care facilities are insufficient, in both rural and urban areas. In particular, there is an increased deficit in services aimed at children aged 0–3 years old. County child protection services are also confronted with increasing demand, while human and financial resources have decreased. This is due to the current economic crisis in Romania.

In conclusion, effective measures to prevent children from being separated from their family should be focused on the provision of a range of support services to assist the family and child. For families at risk it is very important to identify and activate a support network at the family and community level. Providing the adequate type of services could constitute a key prevention factor. In order to avoid the abandonment of children, the community has to respond to the needs of the families at risk in order to strengthen their capabilities.

The development of services such as counselling, maternal centres and day-care centres have proven to be successful in the majority of cases when dealing with families who were unable to raise their babies. Counselling, when associated with other services, may lead to a 100% success rate provided that it is not subject to dogma or conflict of interest (e.g. when counselling is given by an adoption agency).

## **5.2 Services that help to prevent child abandonment in Romania**

The 10 services identified as part of the study are listed and briefly outlined below. These summaries provide information regarding: the purpose of the service; who it is funded by; whether they have a direct or indirect focus on preventing child abandonment; the groups at whom the service is targeted; the types of intervention offered by the service; whether the service attempts to reintegrate abandoned children into their biological family, or into a foster family; whether the service follows up on the families/children they work with; the impact the service has had on preventing child abandonment (if known); and a case study of a family/child helped by the service (if known).

The prevention services identified as part of this project are all community-based projects (with one community-based service also offering a residential facility), the vast majority of which have a direct focus on preventing and reducing child abandonment in Romania. As can be seen in the service overviews below, a number of the services are foundations and projects that have a mission to reduce the number of children abandoned, and also to improve the quality of care and outcome for those children who are abandoned by their parents. This represents a change in Romania towards the recognition that more needs to be done to stop children from being abandoned, and to move away from the institutionalisation of babies and children.

The services identified tackle a range of issues relating to and impacting on child abandonment. These include: direct work with families wishing to abandon their children; work with children who have been abandoned; work to support and help families who are in difficulty, who are identified as being 'at risk', or who are in need due to factors such as parent mental health problems; work with the families of disabled children and children who have specific needs; support, training and help for prospective foster and adoptive parents; support for professionals working in child protection; and work with children who have been the victims of abuse and/or neglect.

Work with the above clients is carried out in many ways, including: the provision of counselling and therapeutic support to the parents and/or their children; parenting training; support and guidance for foster carers and adoptive parents; and the provision of information and education for the parents involved. In addition, nine of the 10 services interviewed for this project indicated that they provide direct material and/or financial support to the families with whom they work. This is a clear indication of recognition by these child abandonment prevention services that poverty and financial hardship play a big role in the decision for

parents to abandon their children. This therefore reinforces the need to address poverty in order to prevent children from being abandoned.

### **5.3 Hope and Homes for Children Foundation, Baia Mare**

*Overview of the service:*

- Founded in 1998
- Service focused on closing down the old types of institutions for children and preventing the separation of children from their families
- Use a large range of interventions including counselling and material support
- Act as a catalyst in the reform of the childcare system in Romania in partnership with the Government, the Ministry of Labour and Social Solidarity and Family and NGO's

*Funding from:*

- Agencies

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Children who have been abandoned
- Parents in need or who are experiencing difficulty
- Parents struggling with the care of their children
- Children who have been abused or neglected

*Services offered:*

- Informal counselling
- Financial/material support
- Facilitating access to community services
- Assistance in gaining employment
- Assistance for professionals working in the community
- Development of services such as day-care centres, mother and baby units etc.
- Parenting sessions with birth parents or foster carers

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, followed up on for 1–3 months

*Case study:*

A family, consisting of a mother with five children (one of whom has special needs), living in poverty and in a lot of debt, was at risk of losing their home which would mean that they may be separated. The service was notified about the family's situation by their neighbour and, after discussion with the local authority, it was agreed that 75% of their debt would be paid off so that the family would not be evicted and the threat of separation was reduced. An intervention plan was developed to look at ways of increasing the family's income.

#### **5.4 Social Services Bethany Foundation, Iași Town**

*Overview of the service:*

- Set up in 1999
- Foundation holds values which are non-discriminatory, based on solidarity, and are transparent and professional
- Develops programmes to prevent child abandonment and develop the skills of foster carers
- Run a special project called 'Let's Keep Children and Parents Together' in partnership with General Directorates for Social Assistance and Child Protection Timis and Iași Counties, Community Assistance Division Iași, Children's Hospital "Saint Mary" Iași, Bega Maternity Timis, Children's Hospital "Louis Turcanu" Timis and the Department of Public Health in Iași and Timis Counties

*Funding from:*

- EU
- EEA grants (through Norwegian Embassy)
- Civil Society Development Foundation
- Local authorities (County Council Timis)
- Ministry of Labour
- Corporate sector
- Donations

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Families at risk of abandoning their children

*Services offered:*

- Identification and evaluation of the needs of the children and family
- Consultation with other organisations
- Organisation of special events for children
- Informational and educational activities for parents

- Individual counselling
- Group counselling
- Material aid (clothes, food, medicine, toys etc.)

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, for one year

*Case study:*

A father of three is able to work only part-time since he has hepatitis C, which makes him very ill. The oldest child has a severe disability so the mother must care for him. The family lives in poor conditions. The family was offered material aid, counselling, parent education sessions and involvement in special events for the children by the service.

## **5.5 Vasiliada Association**

*Overview of the service:*

- A Christian, social, democratic, non-profit and apolitical organisation
- Founded in 2001 in Craiova town, Dolj County
- Mission is to provide social services to individuals, families, social groups and communities in difficult situations, based on love for one another
- One of their most important projects is to prevent child abandonment and stop children from being separated from their families

*Funding from:*

- Grants

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Families experiencing difficulty which may lead to abandonment

*Services offered:*

- Social and psychological counselling
- Parenting advice
- Careers guidance

*Follow-up on families helped by the service?*

- Yes, for a minimum of four months

*Case study:*

A 4-year-old girl was abandoned by her mother at birth and has been brought up by her maternal grandmother. The grandmother is now old and asked for help from the service. The service looked to try either to keep the child in the extended family and place her with her aunt, or to place her into a specialised centre within the child protection department. It was agreed that she would go to live with the aunt, and the case is currently being monitored by the service.

## **5.6 Agapedia Romania Foundation, Brasov**

*Overview of the service:*

- Established in 1995
- Foundation has a mission to improve the quality of life for children and families in difficulty, to help develop the child protection system and to create effective health and social services
- More than 15 years' experience in developing social and prevention services for children who have been separated from their families
- Offers special protection for children temporarily deprived of parental care and socio-medical assistance services for socially excluded people

*Funding from:*

- Grants

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Pregnant mothers who are thinking of abandoning their child
- Families in need and who are experiencing difficulty

*Services offered:*

- Advice for pregnant mothers who are thinking of abandoning their child
- Advice and support for families who are at risk of abandoning their children
- Helps families overcome difficult situations
- Provides family counselling to address child development, attachment, family dynamics and other areas of need
- Material aid (e.g. clothes, food, medicine)
- Financial aid
- Parenting courses to improve parenting ability and planning of family resources

- Support groups
- Co-ordinates with other services if needed

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, duration and level of follow-up depends on the individual case

*Case study:*

A family with five children, three of whom have a slight disability, does not work and experiences financial difficulty. The service got involved and helped the family by: providing financial and material support; helping in gaining medical certificates for the children's disability; registration of pre-school children into nursery; support for father's employment. The service also set in place a plan to continue to provide support for the family.

## **5.7 Social Alternatives Foundation, Iași**

*Overview of the service:*

- Set up in 1997
- Vision is a world in which human rights are respected
- Domains of work are:
  - human trafficking
  - child victims of abuse/neglect
  - prevention of child abandonment
  - working with elderly people
  - domestic violence
  - labour exploitation
  - negative effects of migration
  - education and training
  - community development
  - studies and research
  - lobbying and advocacy
  - juvenile delinquency
  - the organisational strengthening of institutions that act to protect and promote human rights

*Funding from:*

- Grants

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Families in need and experiencing difficulty
- Children who have been abused or neglected
- Children in need / with difficulties

*Services offered:*

- Psycho-social intervention
- Family counselling
- Mediation between child, family, school and community
- Material support

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, for a period of three months

*Case study:*

The father of a family with three children works in Italy so that the mother is left to care for the children. The older boy receives preferential treatment from his father. The boy started to use drugs, joined a delinquent gang and was at risk of dropping out of school. The mother had no authority over him and began to feel depressed and isolated. There was poor communication between mother and father. The service helped by providing the oldest boy with counselling and he now goes to school and has a better relationship with his mother. Counselling was also given to improve the relationship between the mother and father, and the father is thinking of returning home to Romania.

## **5.8 “Kiwi House of Joy” Foundation**

*Overview of the service:*

- Created through collaboration with the international charity organisations Orphans Aid International and Nehemiah Trust in Targu Mures, Mures County
- Main activity of the foundation is social work for abandoned children aged 0–18 years, by offering lodging services, food, judicial assistance, development of skills towards an independent life and training children for integration into the community

*Funding from:*

- Agencies

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Single-parent families in a crisis situation
- Disadvantaged families in difficult situations
- Cases in which children are gravely ill

*Services offered:*

- Material aid (food, clothing, medicine etc.)
- Financial aid
- Counselling
- Outreaching to other services as appropriate

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, duration and level of intervention depends on the individual case

*Case study:*

A mother asked for help for her three children as she could not afford to raise them. The family is not accessing all the benefits to which they are entitled as there are some missing papers. The service helped the family by providing material aid and holding talks with the extended family, and also established that the father is violent towards the mother and eldest daughter when he returns home from working abroad. They prepared a risk assessment to send to the social services department, outlining concerns due to the father's alcoholism. The mother and her children were separated as she is still at home with her husband. The children are looking to be placed into foster care or an institution.

## **5.9 Salvați Copiii Iași en (Save the Children)**

*Overview of the service:*

- Provides services and counselling in order to promote child rights and child protection
- Psycho-social support, socio-medical and socio-educational rehabilitation and support for children
- Counselling and psycho-social rehabilitation for abused and trafficked children, and support for families to keep their children
- The service works to help a variety of children and families who are experiencing difficulty coping with the emotional and behavioural needs of their children

*Funding from:*

- Grants

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Parents in need of support for the child's healthy development
- Parents whose children have behavioural, social and emotional difficulties
- Parents with emotional difficulties (stress, anxiety, depression)
- Families in crisis (divorce, death, parents with chronic diseases)
- Abused children
- Children staying at home by themselves (who have at least one parent who has gone to work abroad)
- Street children
- Economically exploited children
- Children who do not go to school or are at risk of dropping out
- Children meeting major financial difficulties
- Juvenile delinquents

*Services offered:*

- Evaluation and therapy services for children
- Individualised intervention services for children
- Consultation services for other professionals to help them monitor the cases that have been identified
- Parenting skills workshops for parents and future parents – Triple P Parenting programme
- Individual and/or group interventions for families in crisis
- Life skills workshops for children.
- Information activities for parents and children
- Social evaluation
- Registration of the children with a general practitioner
- Integrations/re-integrations in school
- Mediating/facilitating access to other institutions
- Psycho-educational evaluation
- Vocational counselling
- School recovery activities
- Social activities
- Medical investigation
- Material support (school supplies, clothes, food, hygienic/sanitary products, medical prescriptions)
- Life skills programmes to help young people integrate back into society following detention
- Life skills programmes for Roma children and Roma families who are in difficulty

- Legal counselling for children and families whose rights are infringed

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, level and intensity of follow-up depends on the individual needs of the child. Usually 6–24 months

*Case study:*

A nine-year-old boy lives with his grandmother following his mother's death; his father is not interested in him. The child shows adjustment difficulties, aggressive behaviour towards classmates and numerous anxieties. He has also suffered sexual abuse at the hands of an older child. The service has worked with the boy and his grandmother to provide counselling, education for the grandmother on issues surrounding sexual abuse, psychotherapy to help the boy overcome his issues, and educational therapy.

## **5.10 Alianța Pentru Copii Arad en**

*Overview of the service:*

- This service supports children and families in need and who are at risk of abandoning their children

*Funding from:*

- Grants

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Families referred by social services
- Families who need support in caring for their children
- Large families
- Broken families
- Families in financial difficulties
- Disabled children
- Families in difficulty

*Services offered:*

- Financial support (depending on the case) for various necessary medical interventions

- Material aid (food, clothing, medicines for children or people with disabilities, school supplies) depending on the possibilities of the association
- Group and individual counselling for overcoming crisis situations
- Courses for parents regarding the correct financial family planning of resources or overcoming extreme situations – namely, support in finding a job, assistance in obtaining identity papers, etc.

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, there is a reintegration process lasting 90 days
- In case of adoption, follow-up takes place during the adoption custody and per semester for two years post-adoption
- Periodical follow-up during AMP placement for those in foster care

*Case study:*

The mother and father of three children (two of which have a mental disability) have separated and the father had no job or income. The service worked with the family to provide material and financial support, supported the family to register the children in a special school and to get a diagnosis, supported the father in getting a job, and provided counselling for the parents. A plan is in place to provide continued support to the family, who have remained together.

## **5.11 Fundatia Raza de Soare Arad en**

*Overview of the service:*

- This service is involved in educational projects as well as providing social support for poor families

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Families in need/difficulty
- Families referred through local care, health and welfare institutions
- Families requesting help

*Services offered:*

- Material aid (food, clothing, medicines for children or people with disabilities, school supplies) depending on the resources of the association
- Counselling for overcoming crisis situations
- Courses for parents
- Counselling
- Assistance in obtaining identity papers
- Meetings to provide parenting advice to biological or foster carers
- Residential facility

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, for up to one year

*Case study:*

A father with two children lives with the mother of the youngest child; the mother of oldest child is dead. The father works as a day labourer and is not receiving the guaranteed minimum income. The oldest girl is ill-treated and often forced out of the house. The service worked with the family to provide material and financial support, counsel the father to build his relationship with the oldest child, support the father in finding a job, and provide shelter and care for the oldest girl. Plans are in place for on-going support for the family to try to integrate the oldest child back into the family and to carry out a social investigation regarding the treatment of the oldest child. After an investigation, the DGASPC removed the child from the family permanently and placed her foster care to await adoption.

## **5.12 Chestionar Holt Romania Constanta en**

*Overview of the service:*

- The Foundation for Consultancy and Social Services for Children and Families is a charity founded by Holt International Children's Services
- Has over 16 years' experience in the field of child protection and family in Romania
- Their motto is: "Every child has the right to his own family"
- Their objectives are:
  - supporting children and their families to reduce risk factors for abuse/neglect/institutionalisation/abandonment
  - promoting the child's right to have his/her own family
  - developing and implementing programmes aimed at preserving the family, domestic adoption and parental education
  - developing training and technical assistance, seminars, conferences and other activities to strengthen local authorities, NGO's and local communities to provide

professional social services in child protection and to develop efficient partnerships

*Funding from:*

- Grants

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Precarious material/financial situation
- Lack of a stable job
- Lack of education / school drop-out
- One-parent family
- Violence in family
- Lack of identification
- Cases needing institutionalisation
- Underage mother
- Abandonment cases
- Alcohol/drug addiction
- Large family
- Cases where there are disabilities or chronic disease
- Bad living conditions

*Services offered:*

- Social and psychological consultation
- Information (legislation, family planning, health, child upbringing and care)
- Moral support
- Material support
- Alternative solutions for overcoming crisis situation
- Alternative solutions concerning the future of the child
- Identification and access to community resources
- Parent education and training

*Follow-up on families helped by the service?*

- Yes, for 2–10 months

*Case study:*

A family with five children contacted the service asking for advice on registering the birth of their youngest child. A risk assessment was carried out on the family and found that they were homeless and living with friends. The father has health issues and cannot work, and the family had numerous social, economic and legal problems. The family were registered into the programme and given support.



# Child Abandonment and its Prevention in Slovakia

by Vladislav Matej

## 1. The Extent of Child Abandonment in Slovakia

In 2010, there were 60,410 live births and the infant mortality rate was 5.7 deaths per 1,000 live births. There were 295 children (aged 0–3) relinquished for adoption (open abandonment). This means that 4.9 children per 1,000 live births were openly abandoned. Additionally, 45 of these children were internationally adopted. In 2010, there were seven infants (aged 0–1) left in baby hatches and 198 children (aged 0–3) left at maternity units (3.3 per 1,000 live births).

Abortions were legalised in Slovakia in 1958. In 2009, there were 9,970 induced abortions registered, which is 899 fewer than in 2008. In 2007, there were 142 housing institutions, which were providing services for 6,516 children (under the Ministry of Labour, Social Affairs and Family). For every 10,000 young people aged 0–25 in Slovakia, 2.72 were in an institution. When looking at only 0–3 year olds, three in every 10,000 children were living in one of these institutions. These figures make the rate of children living in an institution in Slovakia the eight highest in the whole of Europe.

Tables 1–4 outline child abandonment statistics for 2009.

*Table 1. Number of children's homes*

Number / Year	2008	2009
State children homes	77	77
Children homes run by NGOs	18	19
Total	95	96

Source: Ministry of Labour, Social Affairs and Family

*Table 2. Average length of the child's stay in a children's home*

Length / year	2007	2008	2009
Average length of the child's stay	4.5	4.52	4.36

Source: Ministry of Labour, Social Affairs and Family

*Table 3. Average common expenses for a child placed in a children home (in EURO)*

Sum / Year	2007	2008	2009
Average common expenses for a child in a children home	9,078	9,608	10,214

Source: Ministry of Labour, Social Affairs and Family

Table 4. Causes of child abandonment in 2009

Decisions of the court about placing the child into an institution in the form of	Number of children	Reason for the court's decision								
		neglect	drug addiction of the parents	drug addiction of the children	criminal activity of the parents	criminal or punishable activity of the child	suspicion of torture or abuse of the children	truancy	abandonment of the child	other
provisional remedy	1,056	541	12	26	48	41	29	72	161	126
educational remedy	154	19	2	19	7	18	0	64	0	25
institutional care	385	178	2	8	3	36	10	59	18	68
protective education	30					30				

Source: Ministry of Labour, Social Affairs and Families

## 2. Legislation relating to Child Abandonment

### 2.1 Current laws associated with child abandonment

There are two core Acts that focus on child protection in Slovakia: namely, the Family Act (2005) and the Social and Legal Protection of Children and Social Curatorship Act (2005). According to Section 44 of the Family Act (2005), there are three main forms of out-of-home placement for children. These are: a substitute personal carer of the child (this is mainly used in the broader family network), foster care, and institutional care. Every attempt should be made to place the child in a family form of care, rather than in an institution (Section 54 of the Family Act, 2005). Indeed, it is mandatory for the court to check if there is any family form of placement available. It is only in cases where the child's upbringing is severely endangered, and where other measures have failed, that the child is assigned to institutional care. Inadequate housing and economic conditions are not considered as severely endangering the child, and should not be used when considering institutional placement. Despite the content of Section 54, in reality, inadequate housing is very often taken into account when considering the institutional placement of a child. Cases where families do not have adequate support, and consequently lose their homes, often result in the court ordering the institutional placement of the child. There is a big gap in terms of intervening and assisting the family before they lose their home (mainly at the local or municipal level). When the court decides to place a child in institutional care, it must also order the family to improve their current situation (within a specific deadline; Section 55 of the Family Act, 2005). When the family improves their situation, the child can then be taken out of institutional care. However, if the family's situation does not improve, the court must then initiate a search for a family form of placement.

When a child is in institutional care, the local office of Labour, Social Affairs and Family (in cooperation with the municipal office, home for children, and a registered NGO) is obliged to develop an individual social plan for the family and the child in order to reunite the whole

family, or to find a family form of placement for the child (Section 32 of the Social and Legal Protection of Children and Social Curatorship Act, 2005). In practice, there is a tendency for these individual social plans to be more of a formality than to be realistic. Generally speaking, the local authorities do not participate in the interceptive programmes for the families, leaving the families without adequate support and often causing the plans to fail.

The procedures for matching a child to a substitute family are outlined in Section 33 of the Social and Legal Protection of Children and Social Curatorship Act (2005). These procedures are based on every out-of-home child needing a family. The philosophy of these procedures is child-friendly and has partially changed the management of substitute family care. On the other hand, the procedures are seldom implemented.

Section 49 of the same Act emphasises that placing a child in a home for children must be temporary. Indeed, according to Section 52, there is a priority for children in institutional care to be placed in professional family care. In terms of the law, an institutionalised child must be placed in a professional family for up to three years (soon to be raised to six years). There are currently 800 children living in professional families.

Adoption is defined in Section 97 of the Social and Legal Protection of Children and Social Curatorship Act (2005). The Act allows the adoption of a child (to definite adoptive parents) when the parents or mother agree to the adoption. The Act also allows adoption when the agreement of the biological parents is substituted by the court's decision. A child is defined as adoptable when the parents or mother do not show a real interest in the child. Real interest is defined as personal contact with the child, fulfilment of parental responsibilities, and accomplishing the steps that lead to bringing the family out of their difficult situation.

Some general problems relating to this legislation are that the court procedures may take a long time, and often do not respect the deadlines as defined in the Acts. Additionally, there is a lack of people interested in foster care, particularly with regards to older children or children with special needs.

## **2.2 Legislation that helps to prevent child abandonment**

There are two Sections that deal with preventing child abandonment in the Social and Legal Protection of Children and Social Curatorship Act (2005). Section 10 considers measures that help to prevent a crisis situation in the family (e.g. organisation or procurement of programmes, training or other activities that focus on parental skills, reinforcement of inter-family relations, and conflict resolution). Section 11 relates to measures that focus on limiting or eliminating negative factors that endanger the psychological, physical or social development of the child.

## **2.3 Legislation that defines the legal obligations of child protection organisations**

### *2.3.1. Social services*

The Social Services Act (2008) focuses on services for people in crisis situations. In Section 2 of the Act, social services are defined as a tool that:

- Prevents or resolves unfavourable social situations of individuals, families or communities

- Resolves crisis social situations of individuals or families
- Prevents social exclusion of individuals or families

Social services that focus directly on supporting families with children are defined in Section 12b of the Act as:

- Providing assistance with the personal care of the child, and providing support for the harmonisation of the family and the professional lives of the parents
- Providing social services in centres for the temporary care of children
- Providing social services in day care centres for children and families

### 2.3.2. *Medical services*

In the medical services, there is no specific legislation that focuses on preventing child abandonment. However, there are some national programmes that focus on prevention. For example, a national programme is currently being implemented to support the health of the segregated Roma settlements in Slovakia. This programme is based on positive small pilot projects of in-home nursery care of small children in Roma settlements, and the activities of paediatric assistants in Roma communities. Another programme, the ‘Children’s Environment and Health Action Plan for Europe of the WHO Europe (CEHAPE)’ is focused on primary prevention, equality and elimination of poverty.

## **2.4 Legislation relating to family support measures that may reduce the risk of abandonment**

A part of the social security system in Slovakia is State Social Support, which includes various financial tools to support citizens in poverty. Slovakia’s legislation defines poverty as material need – that is, when a citizen has a lower income than the minimum income considered to be required for living (currently set at 185 EUR/person/month). Citizens in this situation are entitled to claim state benefits for material need (60.50–212.30 EUR). The system of state benefits is one basic financial tool that helps to prevent the separation of children from their parents due to financial or material reasons.

State Social Support has additional benefits that are tied in with benefits for material need:

- Activation benefit – for people who are actively involved in training programmes that are increasing their skills or competencies for the labour market, or for people involved in public works (63.07 EUR/month)
- Housing benefit (55.80–89.20 EUR/month)
- Benefit for health care (2 EUR/person/month)
- Protective benefit – for people who cannot be involved in jobs, such as parents in rehabilitation treatment for drug or alcohol dependence (63.07 EUR/month)

In addition, there are state social benefits available to all citizens of Slovakia. These include:

- Child benefit – for every child aged 0–18 (22.01 EUR/month)
- Additional allowance to the child benefit (10.32 EUR/month)
- Parental benefit – for parents who are taking care of a child (aged 3–6) on a permanent basis (190.10 EUR/month)

- Benefit of child delivery – once-off benefit for every child born live, to cover the costs connected with the child’s needs (151.37 EUR)
- Additional allowance to the benefit of child delivery – in cases where twins (or more) are born (678.49 EUR)

There are also additional, more specific, allowances and benefits.

## **2.5 Conclusions on whether the legislation is effective**

In the last decade, it is evident that important legislative norms were accepted that are more child-friendly and are promoting family care instead of institutional placement. Unfortunately, similar legislation targeted at prevention is not as clear. The legislation that does exist on prevention is formulated in more general terms, with no direct consequences and with responsibilities divided between stakeholders (mainly the state office of child protection, municipalities and NGO’s).

This situation has caused a continuous flow of new individuals into the child protection system. The current system of prevention has no valid tools to identify problems of families in the initial or early stages. Thus, families entering the child protection system are in a deeper phase of crisis and the chances to help them are more limited. There is room for greater cooperation between the state, NGO’s and municipal stakeholders. There is an intense need to develop a new system of field social work, mainly in rural areas and in small villages with fewer than 1,000 inhabitants (of which there are more than 1,600 in Slovakia).

Legislation is quite new and progressive in Slovakia. However, there is a need to find effective methods of implementing the legislation in practice.

## **3. Data collected from Maternity Units in Slovakia**

In 2010, there were 60,410 live births in Slovakia, and the infant mortality rate was 5.7 deaths per 1,000 live births. There are currently 59 maternity units/hospitals in Slovakia, 27 of which are ‘baby friendly’ according to UNICEF regulations. As part of the current EU Daphne-funded project, 10 maternity units in Slovakia were contacted for information relating to the infants born in their hospital. This data is presented in the tables below, and provides some insight into the extent of child abandonment in each maternity unit, possible causes of abandonment, community and social work within the maternity units, and strategies in place that assist in preventing abandonment.

Table 5: General statistics from 10 maternity units in Slovakia

	Maternity Unit										Total
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Number of live births	1,214	397	1,521	2,705	1,699	949	1,666	1,118	2311	1,198	14,778
Number of infants classed as abandoned	8	11 (2 died)	7	11	7	8	8 (+4 anonymously)	75	22	49	187
Number of infants who died within 7 days	2	0	3	9	0	0	3	2	13	4	36
Number of infants who died within 28 days	1	1	0	3	1	1	2	0	N/A	1	10
Number of maternal deaths	2	4 (2 were at a home birth)	2	12	1	0	5	1	3	3	29
Number of infants born with a disability	16	4	2	0	5	0	10	8	8	23	76
Number of infants born premature	101		112	271	120	84	180	87	217	78	1,250
Number of infants born	95		33	325	134	1	104	129	8	94	923

with a low birth weight											
Number of mothers who did not provide identity	0	0	0	3 100% male infants	0	0	4 25% male infants	0	2 100% female infants	0	9
Number of mothers who left without their infant, without doctor's consent, and without saying when they will be back	1	11	0	11	9 100% female infants	0	12 50% male infants 50% female infants	75	6 50% male infants 50% female infants	49 63.3% male infants 36.7% female infants	174
Number of mothers who left without their infant, but were reunited	28	10	0	1 100% female infants	9 100% female infants	0	5 40% male infants 60% female infants	68	9 33.3% male infants 66.7% female infants	48 62.5% male infants 37.5% female infants	178
Number of mothers who agreed to sign adoption papers before leaving hospital	8	1 100% female infants	5 100% male infants	5	6 66.7% male infants 33.3% female infants	1 100% male infants	0	7	14 28.6% male infants 71.4% female infants		47

Note: N/A refers to data not being available.

Eighty per cent of the 10 maternity units felt that there was an overrepresentation of certain ethnic minority groups among the children who had been abandoned there. Indeed, 60% of the maternity units reported Roma children as being frequently abandoned. In addition, of the 10 maternity units, nine were classified as being ‘baby friendly (according to UNICEF guidelines).

*Table 6: Possible causes of children being abandoned at maternity units*

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Poverty/financial hardship	X		X	X	X	X	X	X	X	X	90
Poor housing or homelessness	X	X	X	X	X	X	X	X	X	X	100
Parents with learning difficulties	X			X	N/A	N/A				X	30
Parents with mental health difficulties	X		X	X	X						40
Parents with alcohol or drug problems		X	X	X	X		X	X	X		70
Parents’ lack of sexual education and family planning	X	X		X	X				N/A	X	50
Teenage parent without support		X	X	X					X		40
Single mother with father absent	X		X	X			X	X	X	X	70
Poor preparation for birth / no contact with health services	X	X		X					X	X	50
No community home visits to	X	X	N/A	X	X			X	X		60

pregnant mothers											
Traditional maternity services (no baby friendly services available)								X	X		20
No community home visits to families with newborns				X					X		20
Other reasons					- Fear of hospital - Family has too many children						10

Note: N/A refers to data not being available.

*Table 7: Community and social work within the maternity units*

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
High risk mothers are identified before giving birth	YES	YES	YES	YES	YES	NO	YES	YES	NO	NO	70
Community health professionals visit expecting mothers	NO	0									

prenatally											
Visits are made to all mothers (universal service)	NO	0									
Visits are only made to high risk mothers (targeted service)	NO	0									
There is a hospital social worker	YES	NO	YES	YES	YES	YES	YES	NO	YES	YES	80
When a mother is identified as at risk of abandoning her child in a hospital or maternity unit she receives counselling	YES	100									
These mothers are encouraged to keep their children	YES	100									
These mothers are counselled to help them make their own decisions	YES	NO		YES	YES	YES	YES	YES	NO	NO	70
These mothers are encouraged to sign adoption papers	YES	NO	YES	YES	YES	YES	YES	YES	NO	YES	80
Information about child birth and the maternity unit is provided in more than one language	NO	NO	NO	NO	NO	YES	NO	YES	NO	NO	20

Table 8: Prevention strategies for child abandonment within maternity units

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Home visits to pregnant mothers by health professionals	NO	0									
Screening pregnant mothers around 20 weeks	YES	YES	NO	YES	YES	NO	YES	YES	NO	YES	70
Social care and counselling in maternity units	YES	NO	YES	YES	YES	YES	YES	NO	NO	NO	60
Mother's identity confirmed in hospital	YES	100									
Child given identity before leaving hospital	YES	100									
Baby friendly maternity unit/hospital (newborn in room with mother, breastfeeding/cuddling on demand, no set visiting times for father, siblings and grandparents)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	80
Referrals to mother and baby units, shelter to high risk mothers with their children	YES	NO	YES	NO	80						

Support for parents with special needs children	YES	NO	YES	90							
Referrals to day care provision for children with special needs (e.g., children with physical/intellectual disabilities)	YES	NO	YES	YES	NO	YES	YES	YES	NO	YES	70
Parent education and family planning	YES	NO	YES	YES	NO	NO	NO	YES	NO	YES	50
Family planning services	YES	NO	YES	YES	NO	NO	NO	YES	NO	YES	50
Referrals to housing and social services	YES	NO	YES	YES	YES	NO	YES	NO	NO	NO	50

## 4. Preventing Child Abandonment in Slovakia

### 4.1 Working towards good practice in Slovakia

#### 4.1.1 Activity of Non-Governmental Organisations

There have been recent positive changes in the care provided to children outside of their own families, which were influenced by the activities of non-governmental organisations (NGO's). From the start, NGO's have been involved in international projects and have been bringing examples of good practice and modern trends to Slovakia from abroad.

#### 4.1.2 Coordination of Child protection and running of the institutions

The Ministry of Labour, Social Affairs and Family has gradually taken over management of most of the educational institutions. Firstly, the children's homes were passed over to them (from the Ministry of Education), and at a later date, the infant homes were also passed over (from the Ministry of Health Care). The Ministry of Education has therefore kept only the specialised institutions such as re-education homes and diagnostic centres for children and youth, under their control.

#### 4.1.3 Legislative changes

A remarkable shift in the direction of working with a family in crisis rather than placing children outside the original family was brought about by the Law 305/2005. Institutional care is defined by the Law as a radical solution and a last resort when all other solutions have failed. The amendment to Law 446/2008 goes further as to state explicitly that, as of 1<sup>st</sup> January 2009, every children's home has the obligation to find a professional family for a child under the age of 3, following the initial diagnostic stay (maximum three months). A professional family is a form of institutional care and is an organisational unit of a children's home. However, a professional parent provides only temporary care for a child taken outside of its original family environment. The child then moves from this professional family into a permanent form of care. This could be in the form of: returning home to its biological family, being adopted, placed into a foster family, or moved into a specialised children's home.

Table 9. Development of professional family care

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Number of professional families	57	60	71	81	126	116	162	208	333	438
Number of placed children	116	119	145	157	181	222	317	399	598	815

Source: Central Office of Labour, Social Affairs and Family

#### 4.1.4 Accredited subjects

Specialised NGO services which are defined by Law 305/2005 must abide by the rules set out by the Law regarding the activities that they can undertake. This is based on the expert criteria set out by the Ministry of Labour, Social Affairs and Family. Based on need, the

employment agencies in the individual regions can order services from accredited NGO's, which work to help a child in crisis and prepare applicants for adoption, foster care and professional family care.

#### *4.1.5 Shift of competences in the area of prevention to the municipalities*

The law has shifted the competences in the area of prevention to individual municipalities. One of the main duties imposed on the town or city where the child lives is for the town/city to save money after the child has been taken out of its biological family. This should be to the sum of around one twelfth of the cost of placing a child into a children's home. The requirement comes into effect after the child has been placed into a children's home for one year, and therefore the municipality is forced to look for an alternative to institutional care within one year of the child being placed there. This could be in the form of returning the child to its parents, or placing it into another family based placement. Here the municipalities can employ the services of accredited organisations.

#### *4.1.6 'Law Regarding family'*

Another important legal intervention that has defined family relationships is the 'Law Regarding Family', No. 36/2005, which replaced the original Law from 1963. This Law established several important mechanisms. After or before the birth of the child, the (future) mother can provide 'general consent' that will enable the court to make a decision about the possibility of adoption for the child. After this decision has been made by the court, a proposition for the adoption of the child can be submitted and would be decided by the appropriate court. These two processes (the decision about adoptive possibility and the proposition for the adoption) can be combined into one trial. At the same time, the law defines 'anonymous deliveries' in which the court gives the child a name and the child is automatically scheduled for adoption. In recent years, 'rescue nests' have been established in hospitals in Slovakia where mothers can anonymously leave their children. There are 16 incubators like this in Slovakia and from 2004–2011, 34 children were abandoned in this way ([www.sancaoz.sk](http://www.sancaoz.sk)). All of the incubators were founded by an NGO called 'Chance for Unwanted' and they are all located in hospitals.

Slovakia ratified the Haag Agreement regarding International Adoptions in 2001, legitimising international adoption in Slovakia. From 2003 to 15<sup>th</sup> April 2006, 170 children were adopted from Slovakia into nine different countries. Notably, those children with darker skin, which are suggested to be of Roma origin, were more likely to have been adopted abroad.

#### *4.1.7 Recommendations for good practice in Slovakia*

- Improvement of preventive services aimed at supporting families in crisis. This should include all professionals involved in protecting children (mostly from health care and the education sector) into preventive programmes for families in need.
- Improvement of targeted specialised programmes for families and children in need (such as Pride and Family Conferences, Process of Networking and Attachment Programmes etc.).
- Improvement of programmes for special target groups such as segregated Roma communities and pregnant drug-addicted mothers.
- Elimination of bureaucracy and administrative obstacles for NGO's active in the area of child protection (such as the length of tenders etc.).

- Reduction in the number and capacity of children's homes and further improvements in professional foster care, including those for children with special needs.

## **4.2 Services that help to prevent child abandonment in Slovakia**

A brief description of each of the 10 child abandonment prevention services identified for the purpose of this research project is outlined below. These summaries provide information regarding; the purpose of the service, who it is funded by, whether they have a direct or indirect focus on preventing child abandonment, the target group of clients the service is aimed at, the types of intervention offered by the service, whether they attempt to integrate children who have been abandoned back into their biological family or into a foster family, whether the service follows-up on the families/children they work with, the impact the service has had on preventing child abandonment (if known), and finally, a case study of a family/child helped by the service.

The majority of the services identified and outlined below do not focus directly on preventing child abandonment. Instead, they adopt an indirect approach, tackling issues that may lead to a family becoming separated (homelessness, domestic violence, poverty etc.) and ultimately to abandonment. However, amongst other work provided by the service, three of the 10 services identified work with women and families with unwanted pregnancies. They therefore take a direct approach to working towards preventing these families from abandoning their unwanted babies when they are born.

All of the services interviewed aim to address the needs of families and parents who are in difficulty or at risk, or who have general needs that are impacting on their ability to provide for and care for their children. In doing so, they address many of the areas relating to child abandonment, and highlight the importance of a range of support services to effectively prevent children from being abandoned. In particular, eight of the 10 services focus specifically on helping young or teen parents who do not have the support of their families, and nine out of 10 focus on addressing and helping families with housing issues. The vast majority of these services provide residential support to the families identified as being in need, and therefore have the ability to provide intensive support and training to the families accessing the service. In addition to the residential support offered, other work provided by these services includes: therapeutic support and counselling; parenting training; mother and baby units; respite child care; financial management advice; and in some cases, direct material and financial support.

## **4.3 Crisis Centre in Košice, Catholic Charity**

*Overview of the service:*

- A large NGO residential centre for families in crisis
- Located in second largest city in Slovakia
- All activities of this centre are focused on families in crisis, with the main goal to help parents learn better parental skills and thus keep family members together

*Funding from:*

- Grants
- State

- Agencies

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Families at risk of becoming homeless
- Families at risk and in need
- Young mothers without family support
- Mothers/families with unwanted pregnancies

*Services offered:*

- Individual Development Plan
- Occupational therapy
- Development of parenting skills
- Programme of financial management skills (family budget)
- Financial saving programme (20 EUR/month and doubled in matching programme with one corporate partner)
- Psychological counselling
- Psychiatric intervention
- Respite care for children in nursery

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, 1–3 months

*Case study:*

A pregnant woman with no family support had been thrown out of her partner's flat. She has little education and needed urgent crisis intervention. The centre has arranged transport for her to get to the hospital to deliver her baby and a plan is in place to work with her when the baby has been born. A place has been offered at the service for the father to join the mother and the child there at the re-integration unit if he agrees.

#### **4.4 Home for Children 'Nádej' Bernolákovo**

*Overview of the service:*

- A residential public home for children which uses a new legal measure of child abandonment prevention

- Opened a Mothers' Unit in 2009 which provides an independent home for young pregnant women and young mothers
- This form of social care is focused on mothers from socially weak backgrounds (such as homeless women) with the main goal of keeping the mother and her children together

*Funding from:*

- Grants
- Agencies

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Recommended clients from municipal offices or from Child department offices
- Young mothers or pregnant girls in crisis (no support from the family) with problems such as:
  - little or no income
  - housing problems
  - lack of orientation in social network
  - poor social skills

*Services offered:*

- Individual social work with young mothers
- Counselling
- Individual development plan including training of parenting skills
- Individual psychological counselling

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, depending on the individual case

*Case study:*

A pregnant mother, aged 20, with no income was living with grandmother but did not get on well with her. She applied to stay in the mother-and-baby unit. She stayed there for one year and was very co-operative and developed a good relationship with her child. She is now settled and doing well, although she does not have her own accommodation.

#### 4.5 Project 'KUKULÍK', Banská Bystrica

##### *Overview of the service:*

- Project consisting of a network of existing services and professionals in Banská Bystrica (Central Slovakia), all of whom are trained on child rights and adopting a child-focused approach
- All members of this network are coordinated by one expert
- Coordinates service for pregnant mothers at risk
- Service provides a very effective and low-cost approach

##### *Funding from:*

- Grants
- State
- Agencies

##### *Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

##### *Target groups:*

- Mothers who:
  - have a bad attitude towards their pregnancy (secrecy, denial)
  - display worrying behaviour (depression, fear, aggression, refusing help)
  - are teenage girls, or young women
  - have no income
  - are at risk from their partner (aggressive, unemployed, addicted)
  - have no or inappropriate housing
  - have a history of previous institutional placement or a difficult childhood
  - have a missing, weak or unstable family environment

##### *Services offered:*

- Assistance in preparing mother for delivery
- Material assistance
- Assistance in developing a network of social contacts
- Assistance in developing parenting skills
- Social therapy and assistance for pregnant women or women with new born babies
- Counselling for anger and grief
- Counselling for women with disabled children
- Counselling for Roma women/mothers
- Material support
- Educational counselling

##### *Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, if the mother wishes

*Known impact of the service:*

- All 15 women who went through the network of support for pregnant girls/women at risk kept their own children. None of the children were given up for adoption

*Case study:*

A young woman who was four-months pregnant had previously lived with an aggressive partner but had moved to a crisis shelter to escape him. She was raised in institutional care, had no income, had low intelligence and is of Roma origin. After contacting the service, she received specialised counselling (to build positive self-esteem, to prepare for the birth and to develop parenting skills). She delivered her child in February 2011 and has been placed in a special assisted apartment. She is continuing to receive help with her parenting, receives material help from the local community and is looking for independent accommodation.

#### **4.6 Association 'RITA', Prešov**

*Overview of the service:*

- An NGO residential service in the city of Prešov
- Provides support and assistance for mothers and pregnant women in crisis
- Provisionally opened during 2011 and will open officially in 2012

*Funding from:*

- Grants
- State
- Agencies

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Mothers in difficult situations (no housing, violent partner or partner placing family in difficulty)
- Young pregnant women with no social support

*Services offered:*

- Material support
- Financial support
- Outreach to other services

- Psychological support
- Legal support
- Building parenting skills

*Follow-up on families helped by the service?*

- The service has only recently opened and therefore there has been no opportunity to follow up on the families worked with

*Case study:*

- A mother of five children has a partner who is addicted to gambling, thereby placing the family in difficulty. The service managed the rent on a new apartment for her and the children. They also provided material help and support for the family and helped develop her social network.

#### **4.7 House of Sv. Hildegardy z Bingenu, Catholic Charity, Rabča**

*Overview of the service:*

- Home for mothers and children
- Provided by the biggest NGO provider of services in Slovakia
- Registered and licensed (by Ministry) charity
- Within its own network of crisis centres, the charity provides a complex residential service, primarily for teenage pregnant girls or young mothers in a crisis situation (e.g., domestic violence, homeless)

*Funding from:*

- Grants
- State
- Agencies

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Young pregnant women/mothers with no housing
- Single mothers with no family support
- Mothers with a history of drug or alcohol abuse

*Services offered:*

- Individual counselling
- Individual Development Plan
- Smoking cessation programme
- Financial management programme

- Spiritual counselling
- Training in practical housekeeping skills
- Parenting skills training
- Building of a positive attitude towards motherhood

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, for one year

*Case study:*

A mother with three children, two of whom were placed in special school due to learning difficulties, has a violent partner with substance misuse issues. During her stay at the service, the mother co-operated well and worked on separating from her husband. However, he has since persuaded her to move back in with him.

#### **4.8 Home for Children ‘RATOLESŤ’, Trnava**

*Overview of the service:*

- A residential public home for children which uses a new legal measure of child abandonment prevention
- Opened a Mothers’ Unit in 2009 which provides an independent home for young pregnant women and young mothers
- This form of social care is focused on mothers from socially weak backgrounds (such as homeless women) with the main goal of keeping the mother and her children together

*Funding from:*

- Grants
- State
- Agencies

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Recommended clients from municipal offices or from Child department offices
- Young mothers or pregnant girls in crisis (no support from the family) with problems such as:
  - little or no income
  - housing problems

- lack of orientation in social network
- poor social skills

*Services offered:*

- Individual social work with young mothers
- Counselling
- Individual development plan including training of parenting skills
- Individual psychological counselling

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, individually based but usually contact once a week

*Case study:*

A young girl with a history of drug misuse and whose mother rejected the father of her child left home and moved into the unit, where her child was born. The mother did not finish school while in the unit. She now lives in a new apartment with her partner, who has a stable job and is willing to care for the mother and her child. The girl and her mother have improved their relationship.

#### **4.9 House of Maria Magdalene, Žakovce**

*Overview of the service:*

- An NGO home/facility for mothers and children
- Located in Eastern Slovakia among another large-scale centre for ex-prisoners and homeless clients in Žakovce
- Within the centre, there are mothers to provide training for clients in parenting skills and to work towards family re-union
- Service is focused mainly on very deprived clients living in long-term poverty

*Funding from:*

- Grants
- State
- Agencies

*Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

*Target groups:*

- Single mothers/pregnant women in crisis situations
- Mothers with social needs
- Women with unwanted pregnancy
- Mothers in difficulty and with a level of risk (e.g., addiction, criminal history)
- Victims of domestic violence (around 40% of all clients)

*Services offered:*

- Individual counselling (psychological, social, legal)
- Crisis intervention and temporary housing
- Respite care – for example, for mother attending special daytime programmes
- Occupational therapy for mothers
- Spiritual counselling

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- No

*Case study:*

A mother with four children, one of whom has a disability, had a violent alcoholic partner. She left her husband and applied to stay in the centre, where they stayed for seven years while the centre managed to arrange treatment for her disabled child. Her partner visited regularly and the mother eventually moved back in with him. Both parents were abusing alcohol and neglecting the children, and the children are now homeless.

#### **4.10 NGO Áno pre život, Rajec**

*Overview of the service:*

- The oldest NGO focused on providing complex residential support for mothers in crisis situations
- During their stay in the Centre, mothers (or pregnant women) have a chance to
  - develop useful parenting skills
  - work on improving their own education
  - become part of new social networks for when they leave the centre

*Funding from:*

- Grants
- State
- Agencies

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Single mother/pregnant women in crisis situations
- Mothers with social needs
- Women with unwanted pregnancy
- Mothers in difficulty and with a level of risk (e.g., addiction, criminal history)
- Victims of domestic violence (around 40% of all clients)

*Services offered:*

- Individual counselling (psychological, social, legal)
- Crisis intervention and temporary housing
- Filial therapy for children
- Respite care – for example, for mother attending special daytime programmes
- Occupational therapy for mothers
- Self-help group sessions

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, individually based

*Case study:*

A widow with four children started drinking after her partner's death and ended up in a lot of debt. The centre was contacted by the child protection department as the mother was at risk of going to prison and lost her accommodation. She has ended her alcohol addiction and has a stable income and somewhere to live. She is still with her children and is accessing the support services offered by the centre (legal and psychological).

#### **4.11 House of Sv. Klára, Catholic Charity, Liptovský Mikuláš**

*Overview of the service:*

- Crisis centre and shelter provided by the biggest NGO provider of services in Slovakia
- Registered and licensed (by Ministry) charity
- Within its own network of crisis centres, the charity provides a complex residential service, primarily for teenage pregnant girls or young mothers in a crisis situation (e.g., domestic violence, homeless)

*Funding from:*

- Grants
- State
- Agencies

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Young girls, mothers or pregnant girls (13–25 years) in difficult life circumstances (abused, neglected, girls with behavioural problems, unwanted pregnancies)

*Services offered:*

- Group therapy
- Individual psychological intervention
- Occupational therapy
- Individual Development Plan
- Cooperation with Child Protection Office on types of interventions regarding parents or partners
- Preparation for jobs, re-training, assistance in completing education
- Encouraging a sense of community amongst the girls
- Girls have to work four hours a day if they are not already in employment
- Training in practical housekeeping skills
- Voluntary gynaecology practical training
- Building positive attitude towards motherhood

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- Yes, on a voluntary basis

*Case study:*

A 19-year-old girl with a history of institutional placements called a child helpline and through it was directed to the Crisis Centre. The girl lived in poor conditions with five men, and was in a bad psychological state. She feared she was pregnant. The centre helped her with documentation (health insurance, social insurance and state benefits), finishing school, and confirmed that she was pregnant. The centre arranged for her to be placed into a centre for pregnant girls before the delivery of her baby, due to the presence of mother role models.

#### **4.12 Centrum výchovy k rodičovským zručnostiam pri UNICEF, Bratislava**

##### *Overview of the service:*

- An effective and professional initiative in the capital of Slovakia
- Residential centre focused on the development of parenting skills and competences
- Aims to prevent the child from becoming separated from their parents
- Also helps to reunite families

##### *Funding from:*

- Grants
- State
- Agencies

##### *Direct or indirect focus on preventing abandonment?*

- Direct focus on preventing abandonment

##### *Target groups:*

- Families with social problems (little or no income, unemployment, housing problems, lack of orientation in social network)
- Families with legal problems (paternity test, child subsistence)
- Families with psychological problems (depressive mood, anxiety, stress disorders, acute crisis)

##### *Services offered:*

- Individual and group sessions / counselling
- Individual counselling and assistance
- Special pedagogical programmes
- Psychological intervention
- Psychotherapy
- Finance management
- Group support including:
  - parenting group
  - group for young mothers
  - educational group
  - child integration club

##### *Attempt to integrate abandoned children back into the family?*

- Yes

##### *Follow-up on families helped by the service?*

- Yes, for one year

*Case study:*

A 35-year-old mother, with psychiatric problems, previous alcohol addiction and an invalid pension, has a three-year-old child with ADHD and autistic symptoms. The service helped the mother to find a new job, set up a debt payment plan, and rent a social apartment, and helped the child get the medication she needed. The service continues to offer the family substitution holidays. The mother is still accessing the psychological counselling offered by the centre.



# **Child Abandonment and its Prevention in the United Kingdom**

by Kevin Browne, Kate Whitfield, Vicki Jackson, Shihning Chou,  
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## **1. The Extent of Child Abandonment in the United Kingdom**

In 2009, there were 671,058 live births in England and the infant mortality rate was 4.5 (deaths per 1,000 live births under one year of age). There were 34,937 live births in Wales and the infant mortality rate was 4.7. There were 24,910 live births in Northern Ireland and the infant mortality rate was 5.1. In 2010, there were 59,046 live births in Scotland and the infant mortality rate was 4.0. In Scotland, 63 children (aged 0–3) were adopted in 2009. Very few of these children would have been voluntarily ‘given up’; the majority would have been subject to compulsory measures of care before being placed for adoption. In 2010 in Northern Ireland, there were 519 children (aged 0–4) in care and 30 children (aged 0–4) adopted from care. In 2010 in England and Wales, there were 30 children (aged 0–18) freed for adoption, 2,950 children placed into care with a placement order and care order, 180 children voluntarily agreed to be adopted, and 1,940 children placed into care due to absent parenting (not necessarily ‘abandonment’). In 2010 in Northern Ireland, there was one recorded crime for abandoning a child under two years of age. There was one child placed on the Abandoned Children’s Register in 2009 in England and Wales, and one child in 2010.

Information regarding the placement of children in care in the UK is muddled as each country records these data differently. As of 31 March 2010 in England, there were 10 children (aged 0–3) in homes and hostels, 9,800 children (aged 0–18) in foster care, and 1,300 children (aged 0–18) in adoption families. As of 31 March 2010 in Wales, there were 228 children (aged 0–18) in secure units, homes and hostels, 4,049 children (aged 0–18) in foster care, and 205 children (aged 0–18) in adoption families. As of 31 July 2010 in Scotland, there were 946 children (aged 0–3) in foster care (excluding kinship care), and 153 children (aged 0–3) placed with prospective adopters. As of 31 March 2010 in Northern Ireland, 1,687 children (aged 0–18) were in foster care, and 483 children (aged 0–18) were placed with adoptive families.

There are 459 maternity units and primary care trusts in the UK, of which 73 are fully accredited as ‘baby friendly’ according to UNICEF regulations. The majority of the units that do not have full accreditation have received some level of accreditation or have registered their intent to become accredited (UNICEF). In England, there are 383 maternity units/hospitals, 41 of which are ‘baby friendly’. In Scotland, there are 37 maternity units/hospitals and 17 are ‘baby friendly’. In Wales, there are 25 maternity units/hospitals and nine are ‘baby friendly’. In Northern Ireland, there are 10 maternity units/hospitals and six are ‘baby friendly’.

## **1.1 Background and extent of secret abandonment**

There is no legislation in the UK that specifically outlines what constitutes child abandonment according to UK law; abandonment often comes under the general category of neglect (*DCSF, 2010*). In addition to this, there are no central databases to record cases of child abandonment. As such, estimating the extent of abandonment is difficult. A previous attempt to collate information on child abandonment in the UK was carried out by Sherr, Mueller and Fox in 2009. For them to gain a level of understanding as to the extent of child abandonment in the UK, Sherr and colleagues had to access the Home Office recorded crime statistics, the Abandoned Baby Register and various media reports. However, the Home Office statistics included charges for: 1) abandonment of a child under two years old, 2) concealment of birth and 3) homicide, without making any distinction between the three. In addition, the Abandoned Baby Register only covers newborns whose parents are never found or charged. Therefore, the findings could only be seen as an estimate.

Overall, Sherr et al. (2009) identified 124 cases of infant abandonment in the UK between 1998 and 2005. Of these, 77% were newborns and 23% were aged between one week and two years. On average, 16 children were said to have been abandoned per year (Sherr et al., 2009), representing 0.02 per 1,000 live births. As UK laws/regulations do not allow parents to abandon babies in baby hatches or give birth anonymously, all of these infants babies were likely to have been left in secrecy. Of these 124 infants, 75% were abandoned outdoors, 28% were left in a non-findable location, and 33% died. The newborns were significantly more likely to be abandoned outdoors and in a non-findable location than other children. Perhaps with the intention to avoid detection and prosecution, only 9.7% of those children were left with a memento (e.g., a letter, teddy bear or necklace).

As can be seen from the above figures, the rates of child abandonment in the UK are extremely small compared to other countries within the EU. Because they are so rare, cases where children are abandoned in secret often make news headlines and cause a lot of media attention. It is a crime to abandon a baby or child secretly in the UK. Therefore, if a child was found to have been abandoned, the case would be taken up by the police and, in most circumstances, an attempt would be made to track down the parents of the child. Often, an appeal for the parents of the infant would be made using the media to try to get them to come forward. However, UK legislation is in favour of rehabilitating the child back into their parents' care. It is unlikely that criminal proceedings would take place unless the child was said to have suffered harm or had been left in a manner which could have caused serious harm to the child. Upon discovery, the abandoned infant would be taken to hospital to ensure that they are healthy. They would then be placed into foster care to await rehabilitation with their birth parents, or to be adopted. This care process would be dealt with by the local social services in the place where the child was found. There are no institutions in the UK that take in babies and small children.

## **1.2 Open abandonment (adoption)**

If a mother were openly to express a desire to abandon her child, her local authority has a duty to counsel and advise her, and provide her with information on the adoption process. A number of meetings would be held with the birth mother (and father if applicable) to: discuss the process; ensure they understand what will happen, and what adoption will mean; discuss alternatives; outline the legal process and legal implications; explore options of discussing it with the father (if they are unaware of the pregnancy/decision); and discuss options of placing

the child with family members where possible. If the mother still wishes to proceed with adoption, the child would be placed into local authority care upon discharge from the hospital (*Personal communication with representative from BAAF, 2011*). The mother can change her mind about giving up her child up until the moment the child is legally freed for adoption. However, the Adoption and Children's Act (2002) states that parents cannot legally relinquish their child and hand him or her over to be adopted until the child reaches six weeks old.

If it is a clear-cut case, it would be recommended that the child be placed into a prospective adoptive family immediately whilst court proceedings go through to legally free the child for adoption. However, if there appears to be an element of doubt in the decision, or if there are other complications, the child will go into foster care until a formal decision regarding the adoption of the child has been made. In all cases, the decision made will be based on what is in the best interests of the child. This level of support and intervention offered to women expressing a desire to give up their baby highlights the focus within the UK on keeping the mother and baby together. Only once all possible options and alternatives have been explored can the baby be legally 'abandoned' by the mother.

## **2. Legislation relating to Child Abandonment**

### **2.1 Definition of child abandonment**

There is no legal definition of child abandonment in the UK, although it is classed as a form of neglect in *Working Together to Safeguard Children* (2010):

“Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development... Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger” (p. 39).

### **2.2 Current laws associated with child abandonment**

According to the National Society for the Prevention of Cruelty to Children's (NSPCC) *An Introduction to Child Protection Legislation in the UK* (2011), “there is no single piece of legislation that covers child protection in the UK, but rather a myriad of laws and guidance that are continually being amended, updated and revoked” (p. 1). In particular, there is no national policy or legislation that specifically describes child abandonment and how to address it. Indeed, in the Home Office's (2005) comprehensive list which details with offences against children, child abandonment is only specifically mentioned once – when the child is under two years of age. In this case it references the Offences Against the Person Act (1861), which states that anyone who illegally abandons a child under the age of two, such that the child's life may be in danger, is guilty of a criminal offence.

Child abandonment is also briefly mentioned in the Children and Young Persons Act (1933), amongst a long line of other offences against children. The Act states that if anyone over the

age of 16 wilfully assaults, ill-treats, neglects, abandons, or exposes a child under the age of 16, they will be guilty of a criminal offence.

Section 20 of the Children Act (1989) states that “every local authority shall provide accommodation for any child in need within their area who appears to them to require accommodation as a result of (a) there being no person who has parental responsibility for him, (b) his being lost or having been abandoned, or (c) the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care.” Similar regulations can be found in The Children Order Northern Ireland (1995) and The Scottish Children’s Act (1995).

According to the Association of Chief Police Officers (ACPO) guidance on investigating child abuse and safeguarding children (2009), when a child is abandoned, the police investigation will focus on finding the child’s parents or carer. As such, when a child is abandoned, in most cases the police will be called. If the child was abandoned in a hospital, then he or she will be kept there for a few days for observation, after which the police will give the child to social services, who will place him or her in foster care. Similarly, if a child is abandoned elsewhere (i.e., not in a hospital), then the police will give the child to social services who will place him or her in foster care. The Children Act (1989) does not specify how long the child must be in foster care before the adoption proceedings can begin. According to the Children Act (1989), the police have a duty to investigate, and will make every effort to find the child’s parents.

Although the UN Convention on the Rights of the Child (1989) was ratified by the UK in 1991, it has not become a part of UK law. This is despite referring to the Convention in child protection guidance. However, the Convention has been incorporated into Welsh law. The National Assembly for Wales passed the Rights of Children and Young Persons (Wales) Measure on 18 January 2011. This imposes a legal duty on Welsh ministers to have due regard to the rights and obligations set out in the Convention in exercising any of their functions. Additionally, the Human Rights Act (1998) incorporates the European Convention on Human Rights into UK law. Whilst this does not specifically mention children’s rights, children are covered by this legislation as they are persons in the eyes of the law.

Under Section 19 of the Adoption and Children Act (2002), a child’s birth parent/s or guardian can consent to the placement of their child for adoption. They must give consent by signing a special form witnessed by a CAFCASS (Children and Family Court Advisory and Support Service) officer or a Welsh Family Proceedings Officer. The CAFCASS officer will ensure that the parents are fully able to understand their decision. Under Section 20 of the same Act, a child’s birth parents or guardians may also at the same time, or at a later date, give ‘advance consent’ to the making of a future adoption order. The parent or guardian can say at this point, or a later date, that they do not want to be notified of the final adoption hearing. The child’s parents can also withdraw this consent under the Act, before an adoption order is granted. The withdrawal of consent by the child’s parents is ineffective if it is given after an application for an adoption order is made. According to the Adoption and Children’s Act (2002), parents cannot legally relinquish their child and hand him or her over to be adopted until the child reaches six weeks old.

An adoption order has the effect of permanently severing the legal ties between the child and the birth parents. Any orders which existed before the making of an adoption order will be extinguished and the birth parents will become former parents. The birth parent is an

automatic party to adoption proceedings unless he or she has given notice that they do not wish to be informed of the proceedings. They will not receive notification of the application but will be given notice of the final hearing. Adoption proceedings may continue beyond the young person's 18th birthday since an adoption order can be made at any time up to the 19th birthday. An adoption order grants complete parental responsibility (i.e., the legal right to make decisions about the child and their future) to the child's adoptive parents, and removes responsibility from all others, including the child's birth parents and the local authority.

An adoption order cannot be applied for until a child has lived with his or her adoptive parents, continuously, for at least 10 weeks in England and Wales, and cannot be made by the court for 13 weeks in Northern Ireland and Scotland – though, in reality, most families have the order granted around nine to 12 months after the child moves in. These time limits are for children placed for adoption by agencies, rather than, for example, long-term foster carers who later decide to apply to adopt the child they are fostering.

### **2.3 Legal consequences for abandoned children and their parents**

Under UK law, it is illegal for the birth parents of an adopted child to try to make contact with the child until he or she turns 18 years of age. The right to contact the child is forfeited along with parental responsibility when the child is relinquished for adoption. Sections 3 and 4 of the Children Act (1989) define parental responsibility as all the rights, duties, powers, responsibilities and authority which, by law, a parent of a child has in relation to the child and his or her property. The birth mother of a child will always have parental responsibility, unless it is extinguished by the making of an adoption order to another person.

If a child has been placed for adoption by his or her parents, he or she will become a 'looked after child' under the care of the state until new adoptive parents are found. It is the duty of a local authority to maintain a child they are looking after in other respects, apart from the provision of accommodation (Children and Young Person's Act, 2008). When an official adoption order is made, the corresponding entry on the Adopted Children's Register supersedes any previous birth record entry. Therefore, for the purposes of obtaining official documents such as a passport or driving licence, an adopted person will need to obtain a copy of their entry in the Adopted Children's Register (Ireland). The adopted child obtains a new birth certificate showing the adopters as the parents, and acquires rights of support and rights of inheritance from the adopting parents.

In cases of secret abandonment where the police are unable to trace the parents, the child will be registered on the Abandoned Children Register. Since there is no adoption order in cases of secret abandonment, the parent still has parental responsibility. As such, the local authorities will investigate, and attempt to find and contact the parent of the child. If and when the court is satisfied that the parent or guardian cannot be found, the Adoption and Children's Act (2002) states that the parent no longer has the opportunity to consent to the child's adoption, and no longer has any parental rights. At this point, the child will be legally freed for adoption.

### **2.4 Legislation that helps to prevent child abandonment**

All UK legislation (e.g., Children and Young Persons Act, 1933; Children Act, 1989; Children (Northern Ireland) Order, 1995; Children (Scotland) Act, 1995; Human Rights Act, 1998; Rights of Children and Young Persons (Wales) Measure, 2011) relating to child

protection can in some way be linked to preventing child abandonment. This is through the emphasis on safeguarding the child, and identifying any indications of risk that may place the child in danger. As part of the legislation surrounding placing a child for adoption, the parents must be counselled about the implications of relinquishing their child. Consent must be given by signing a prescribed form witnessed by a CAFCASS officer, who must be satisfied that consent is given unconditionally and with full understanding of the consequences. Where the parents are seeking to have an expected child adopted, the counselling should start before the baby's birth. In addition, the social worker must cover practical tasks such as the arrangements for the birth, the parents' own contact with the child after the birth, the intended length of the mother's hospital stay, and their wishes regarding the timing of the child's adoptive placement. After the child's birth, the counselling and support must continue. The social worker should then confirm with the parents that they still wish to pursue adoption for the child. This is an attempt, in part, to prevent the parents from giving up the child and making sure they are fully aware of the consequences if they do so.

## **2.5 Legislation that defines the legal obligations of child protection organisations**

Under the Children Act (1989), where a local authority is informed that a child who lives in their area, or who is found in their area, is either the subject of an emergency protection order or is in police protection, or if the authority has reasonable cause to suspect that a child is suffering or is likely to suffer significant harm, the authority should make enquiries to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

According to the Framework for the Assessment of Children in Need and their Families (2000), a local authority has a duty to respond to children in need in their area in the following ways: (a) by providing services to children in need, (b) by providing appropriate day care for children in need, (c) by providing accommodation and maintenance for any child in need, (d) by advising, assisting and befriending a child whilst he or she is being looked after, and when he or she ceases to be looked after by the authority, (e) by providing services to minimise the effect of any disabilities, (f) by taking steps to prevent neglect or ill-treatment, (g) by taking steps to encourage children not to commit criminal offences, and (h) by providing family centres.

While local authorities have a mandatory duty to investigate if they are informed that a child may be at risk, there are no specific mandatory child abuse reporting laws in the UK that require professionals to report their suspicions to the authorities. However, in Northern Ireland, it is an offence not to report an arrestable crime to the police, which by definition includes most crimes against children (including child abandonment). This comes under Section 5 of the Criminal Law Act (1967). Most professional bodies (e.g. Royal College of Nursing) issue guidance to their members which sets out what they should do if they are concerned about the welfare of a child with whom they come into contact.

Others who are bound by a duty to protect the interests of children include healthcare professionals and the UK Border Agency. The Nursing and Midwifery Council (NMC) Code of Conduct (2002) states that all nurses have a duty and personal responsibility to act in the best interests of a child or young person, and to inform and alert appropriate personnel if they suspect a child is at risk or has been abused. The UK Border Agency Code of Practice for Keeping Children Safe from Harm (2009) states that the UK Border Agency must refer children to relevant agencies in the following circumstances:

- When the child is at risk of harm
- When a child appears to have no adult to care for them and the local authority has not been notified
- When a private fostering arrangement has been identified
- When a child is a potential victim of trafficking
- When a child is identified as having gone missing

Referrals must be clear, with the specific concerns recorded. This includes any risks to the child, the information given, and the action taken.

Section 10 of the Children Act (2004) contains additional legislation regarding cooperation between children's services. This includes:

- Each children's services authority in England must make arrangements to promote cooperation between (a) the authority, (b) each of the authority's relevant partners, and (c) any other appropriate individuals or groups.
- The arrangements must be made with a view to improving the well-being of children in the authority's area. This is in terms of: (a) physical health, mental health, and emotional well-being, (b) protection from harm and neglect, (c) education, training and recreation, (d) the contribution made by them to society, and (e) social and economic well-being.
- When making arrangements under this Section, a children's services authority in England must keep in mind the importance of parents (and other individuals caring for the children) when working towards improving the children's well-being.
- The relevant partners of a children's services authority in England must cooperate with the authority when making arrangements under this Section.

## **2.6 Legislation relating to family support measures that may reduce the risk of abandonment**

*Working Together to Safeguard Children* (2010) defines the actions that agencies should take to protect children, including measures to reduce the risk of neglect. It states that providing services to children and their families should not depend on the children being abused or neglected. Instead, it should be aimed at *preventing* problems from escalating to a point where the child may be put at risk.

Local authorities have a duty to reduce the risk of abandonment under the Children Act (1989). This Act states that every local authority should promote children being raised in their family by providing an appropriate level of support. Services that may be provided under the Children Act (1989) include accommodation, giving assistance in kind or, in some cases, giving financial assistance.

The Framework for the Assessment of Children in Need and their Families (2000) is non-statutory guidance that provides professionals with a systematic way of identifying children in need and ascertaining the best way of helping those children and their families. The provision of services has a very broad meaning. The aim may be to prevent the deterioration of a situation, as well as improve the child's health and development. Decisions about which services to provide should be based on an assessment of the child and family's circumstances. It should be stressed that services, such as direct work with children and families, may be offered at the same time as family proceedings are in progress. Further, services may be provided to any members of the family in order to assist a child in need (Section 17 of the

Children Act, 1989). The needs of parents are an integral part of an assessment. Providing services that meet the needs of parents is often the most effective means of promoting the welfare of their children.

### **3. An Overview of issues relating to Child Abandonment in the United Kingdom**

#### **3.1 Social or personal causes of child abandonment**

There is a scarcity of research looking into the reasons why some women place their children for adoption. In the 1970's, it was said that babies were often placed for adoption by unmarried women who felt unable to cope with a child for reasons relating to poverty, stigma and social pressure (Lacher, Nichols & May, 2005). However, it is felt that these reasons have changed in more recent years. Some suggest that certain sections of society, such as Asian communities, which still hold many traditional beliefs and values, may be more vulnerable to concealing their pregnancies and abandoning their children, both openly and in secret (*Personal communication with representatives from BAAF and Children's Social Services, 2011*). These babies have been termed 'honour babies' due to the fact that they are put up for adoption, or taken in by other family members, to prevent shame being brought on the family. A recent study of 120 ethnic minority children placed into care in three areas of England suggested that 53% of Asian babies placed there were 'honour babies', compared to 17% of babies of black origin and only 4% from white families (Selwyn & Wijedesa, 2011).

Other research has looked at a small group of children who were voluntarily 'relinquished' for adoption by their parents in the UK and who were adopted under four years old between 1996 and 1997 (Neil, 2000). Within this group of children, 30% came from an ethnic minority background, 44% had teen parents, and 87.5% were the first child of the family.

These findings give some indication as to reasons why babies and infants may be given up for adoption in the UK. However, a lot more research is needed to explore this area in more detail, to allow us to learn more about why babies are placed for adoption and, therefore, to be able to work towards preventing this from happening. Given that the reasons for placing the child for adoption have to be stated on the adoption form signed by the child's parents, this research should be fairly straight-forward to carry out.

#### **3.2 Social consequences for abandoned children**

The Adoption and Children's Act (2002) states that, once the court has been satisfied that 'the parent or guardian cannot be found', the chance for the parent to give consent for the child to be put up for adoption, along with their parental rights, will be disposed of and the child will be legally freed for adoption. However, there is no mention of what the time-frame should be before parental rights can be terminated. Therefore, the child may have to wait a long time before they can be formally freed for adoption. It has been suggested that too many cases of adoption in the UK take around one year to be processed and the average age for a child to be adopted in cases where parents voluntarily relinquish parental responsibility is said to be one year old (*Personal communication with representative from BAAF, 2011*). In addition to this, child care proceedings may take a long time and the child may experience several different

placements before they are settled into long-term foster care or become adopted. This instability in placements may have an impact on the child's ability to develop attachments and meet developmental milestones.

If the child has been secretly abandoned and the parents are not found, they will be placed on to the Abandoned Children's Register and their birth will be registered through this. Once the child has been formally adopted, they will be placed on to the Adopted Children's Register, which will then be referred to when obtaining all official documents such as passports and driving licence.

### **3.3 Poor practice in the United Kingdom**

The UK has one of the highest rates of teenage pregnancy in Western Europe (Avery & Lazdane, 2008) at a rate of 28 pregnancies per 1,000 women between the ages of 15 and 19 (figures for the years 2000–2005, collected from the United Nations Statistics Division, 2005). Around 40–60% of these teen pregnancies end in abortion (FPA, 2010). The UK government states that sex and relationship education must be provided in all UK secondary schools, as should education on human growth and reproduction. However, schools are free to decide their own policy on the education they provide in relation to this. In addition, parents are free to withdraw their children from receiving sex education, but not the biological aspect of human growth and reproduction as this is part of the national curriculum (Department for Education, 2010). Therefore, school pupils receive a level of education on sex and reproductive health, but there is a lot of room for improvement in terms of the consistency and quality of the lessons taught. Additionally, more work is needed to engage parents with schools on this subject to ensure that young people are properly educated in this area (OFSTED, 2002). With better sex education for young people in the UK at an earlier age, this may work towards reducing the teen pregnancy rate.

In terms of dealing with cases where children are abandoned, one of the few studies carried out on this topic in the UK found that, out of 170 National Health Service (NHS) organisations, only three had any form of policy or guidelines in place for health care professionals regarding cases of child abandonment (Mueller and Sherr, 2009). This means that, if children are abandoned within these health care institutions, there is nothing in place to help professionals handle these cases. A way forward would be the development of national guidelines to guide professionals through this process to ensure that all abandoned children are properly cared for. In addition to this, it is vital that a centralised, national database is developed to record cases of child abandonment across the UK. Only then can we understand the true scope of the problem and develop effective means to prevent it.

## **4. Data collected from Maternity Units in the United Kingdom**

In 2009, there were 789,951 live births in the UK, and the infant mortality rate was 4.5 deaths per 1,000 live births. There are currently 459 maternity units/hospitals in the UK, 73 of which are 'baby friendly' according to UNICEF regulations. As part of the current EU Daphne-funded project, 10 maternity units in the UK were contacted for information relating to the infants born in their hospital. This data is presented in the tables below, and provides some insight into the extent of child abandonment in each maternity unit, possible causes of abandonment, community and social work within the maternity units, and strategies in place that assist in preventing abandonment.

Table 1: General statistics from 10 maternity units in the UK

	Maternity Unit										Total
	1 <i>Data for 2010</i>	2 <i>Data for 2009/10</i>	3 <i>Data for 2009/10</i>	4 <i>Data for 2009</i>	5 <i>Data for 2010</i>	6 <i>Data for 2009/10</i>	7 <i>Data for 2010</i>	8 <i>Data for 2009</i>	9 <i>Data for 2010</i>	10 <i>Data for 2010/11</i>	
Number of live births	10,220	2,934	6,360	8,083	6,145	5,606	6,089	9,577	5,862	6,006	66,882
Number of infants classed as abandoned	0	0	0	0	1	7	39–54 (some under section 20)		2	0	10
Number of infants who died within 7 days	21	6	8	14			44	11	37	16	157
Number of infants who died within 28 days	7	4		6			11		3	4	35
Number of maternal deaths	0	0	1	0	0	0	3	0	0	0	4
Number of infants born with a disability		21				46	9	107	4		187
Number of infants born premature		187		827	473	448		689	531		3,155
Number of infants born with a low birth		236		827		550	559	1,024	521		3,717

weight											
Number of mothers who did not provide identity	0	0	0	23 43% male infants 575 female infants	10 (estimate )	0	0		1	0	24
Number of mothers who left without their infant, without doctor's consent, and without saying when they will be back		0	0		0	0	0		1	0	1
Number of mothers who left without their infant, but were reunited	0	0	0		0	0	0		0		0

Ten per cent of the 10 maternity units felt that there was an overrepresentation of a particular ethnic minority group among the children who had been abandoned there. This group was identified as Asian mothers abandoning their child after a concealed pregnancy. In addition, of the 10 maternity units, seven were classified as being 'baby friendly (according to UNICEF guidelines).

Table 2: Possible causes of children being abandoned at maternity units

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Poverty/financial hardship	X					X					20
Poor housing or homelessness	X					X					20
Parents with learning difficulties	X										10
Parents with mental health difficulties	X					X	X				30
Parents with alcohol or drug problems	X					X					20
Parents' lack of sexual education and family planning											0
Teenage parent without support											0
Single mother with father absent											0
Poor preparation for birth / no contact with health services	X					X					20
No community home visits to pregnant mothers											0
Traditional maternity services (no baby friendly											0



Visits are only made to high risk mothers (targeted service)	NO		NO	NO	YES	NO	NO	NO	NO		10
There is a hospital social worker	NO	NO	NO	NO	NO	YES	YES	NO	YES	NO	30
When a mother is identified as at risk of abandoning her child in a hospital or maternity unit she receives counselling	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	90
These mothers are encouraged to keep their children		YES		NO		Depends on circumstances	Depends on case		NO	Depends on individual case	40
These mothers are counselled to help them make their own decisions	YES	YES		YES		YES	YES		YES	YES	70
These mothers are encouraged to sign adoption papers		NO		NO		NO			NO	NO	0
Information about child birth and the maternity	YES	NO	YES (Interpreter)	YES	YES	YES (Most language)	YES (Various)	YES (10 different language)	YES (Various)	YES	90

unit is provided in more than one language			service available )			s)		s)			
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Table 4: Prevention strategies for child abandonment within maternity units

	Maternity Unit										%
	1 <i>Data for 2009</i>	2 <i>Data for 2009</i>	3 <i>Data for 2009</i>	4 <i>Data for 2009</i>	5 <i>Data for 2009</i>	6 <i>Data for 2009</i>	7 <i>Data for 2009</i>	8 <i>Data for 2009</i>	9 <i>Data for 2009</i>	10 <i>Data for 2009</i>	
Home visits to pregnant mothers by health professionals	YES		YES	90							
Screening pregnant mothers around 20 weeks	YES	100									
Social care and counselling in maternity units	YES	NO	YES	YES	NO	YES	NO	YES	YES	YES	70
Mother's identity confirmed in hospital	YES	YES		NO	YES	YES	YES	YES	NO	YES	70
Child given identity before leaving hospital	YES			NO	NO	NO	YES	YES	YES	YES	50
Baby friendly maternity unit/hospital (newborn in room with mother, breastfeeding/cuddling on demand, no set visiting times for	YES	YES	YES	YES			YES	YES	YES	YES	80

father, siblings and grandparents)											
Referrals to mother and baby units, shelter to high risk mothers with their children	YES	NO		YES	NO	YES	YES	YES	YES	YES	70
Support for parents with special needs children	YES	YES	YES	YES	100						
Referrals to day care provision for children with special needs (e.g., children with physical/intellectual disabilities)	NO	YES	YES	YES	YES	NO	NO	YES	NO	YES	60
Parent education and family planning	YES	YES	YES	YES	100						
Family planning services	YES	YES	YES	YES	YES	YES	On a needs basis	YES	NO	YES	90
Referrals to housing and social services	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	90

## **5. Preventing Child Abandonment in the United Kingdom**

The National Society for the Prevention of Cruelty to Children (NSPCC) has recently published a document entitled 'All babies count: Prevention and protection for vulnerable babies' (Cuthbert, Rayns, & Stanley, 2011). Within this document, guidelines for the prevention of cruelty, neglect and infanticide are outlined. The recommendations made in this report in regards to intervention at this early stage of the child's life include:

- Primary prevention services, such as universal health visiting and child centres which can help parents make the transition to motherhood. There is evidence these can play a significant role in positive parenting.
- Secondary prevention to target families at risk using interventions such as the 'Nurse Family Partnership'. Evidence suggests these programmes are effective when working with vulnerable families during the first two years of the child's life.
- Tertiary intervention to work with families once harm has occurred towards the child. This includes therapeutic intervention to try to rehabilitate and repair the parent-child bond.

Four new programmes are outlined in this report that will be carried out by the NSPCC and the relevant partner organisations to: engage parents at this early stage of the baby's life; tackle parent risk factors; and to promote the parent and infant bond and educate the parent on effective parenting techniques. Many of these programmes aim to engage parents from pregnancy until the child reaches two years old.

The recommendations made in this chapter highlight the ways in which work needs to be done with parents and families in order to prevent harm to babies in the UK. All of the suggestions made are based on empirical evidence as to effective preventive techniques. In order for the recommendations to be effectively implemented, it is vital that these interventions are backed by the government, are carried out by well-trained and motivated professionals, and that there is effective collaboration and information-sharing amongst all the relevant services and professional organisations.

### **5.1 Working towards good practice in the United Kingdom**

Access to family planning advice is free in the UK and there are family planning centres in most UK cities. In addition to this, specific sexual health centres and clinics have been designed for young people under the age of 25 (e.g. Brook Centre). Contraceptive devices are offered free to women in the UK under the NHS. This includes oral contraception (i.e. the contraceptive pill) and Long Acting Reversible Contraception (LARC) such as the contraceptive injection. These forms of contraception can be picked up from/fitted in all doctors' surgeries and family planning centres. In addition, condoms can also be picked up free of charge from many doctors' surgeries and family planning centres, and specific schemes, such as the 'C- card' scheme, have been developed to allow young people (aged 13–24) access to free condoms from a number of local registered institutions (e.g. GP surgeries, clinics, youth centres, pharmacies). Emergency contraception can also be prescribed to all women free of charge. This can be done by visiting a doctor's surgery or sexual health clinic and gaining a prescription for one of two types of pills, or having an

intrauterine contraceptive device (IUCD) fitted. In addition, women over the age of 16 may also buy the emergency pill over the counter for 25 GBP.

Abortion is legal in the UK up until 24 weeks of pregnancy. Within this time-frame, all pregnant women are able to access abortion in order to terminate a pregnancy. If there is a substantial risk to the mother's health or if there are foetal abnormalities, then there is no time limit imposed (Marie Stopes International, 2012). Abortions can be carried out under the NHS and are therefore free of charge for all UK citizens. Private abortions can also be carried out at a cost. All women wishing to have an abortion will have a consultation with a health care professional in the first instance to discuss this and ensure it is the right decision. In addition, a number of counselling and information leaflets and services have been developed to support women considering having an abortion (see MarieStopesInternational.org.uk). Any young person can have an abortion without their parents knowing as long as the doctor believes they have enough understanding as to the decision and what it would mean. However, they would usually be encouraged to talk to a trusted adult about the decision (Marie Stopes International, 2012).

Of the 459 maternity units or primary care trusts in the UK, the vast majority of them are registered at some level of the 'Baby Friendly Initiative' accreditation or have at least submitted their intent to become registered with the initiative (UNICEF, 2012). Unless there are complications for the mother or child following birth, it is normal practice for the baby to be placed in the room/ward with the mother until they leave hospital. Advice on breastfeeding is commonly given to all women by the midwife following the birth of the baby.

The benefit system in the UK is one of the best and most comprehensive in the world. If someone is on a low income, has dependent children, is pregnant, or has recently adopted or had a baby, they will be entitled to some form of social benefit (DirectGov, 2012a). In addition to this, a great deal of financial support is offered to families with little or no income to help them pay their rent and council tax, to support their income, and to help them find work. Finally, foster carers in the UK receive a minimum allowance to cover the costs of them caring for a child in their home. The weekly rate paid to a foster parent ranges from 112–168 GBP (tax-free) per week per child (DirectGov 2012b). All of these benefits help work towards preventing families from experiencing extreme poverty to the extent that it may lead them to a decision to abandon their children. In addition, the financial support offered to foster and adoptive carers means that the provision of home-based care and support for children who may have become separated from their biological family is more readily available.

## **5.2 Services that help to prevent child abandonment in the United Kingdom**

No services were identified in the UK whose main focus was on the prevention of child abandonment, be it secret abandonment or open abandonment. Instead, the vast majority of services interviewed described a focus on keeping mother and baby together, but taking a child protection view rather than a child abandonment view. Indeed, midwives, health professionals and other professionals working with children and families report looking for risk when meeting families, children and parents, but this is in general terms and is not specific to identifying risk of abandonment. The distinct lack of services focusing primarily on child abandonment is likely to be a result of the very low incidence rates of both secret and open abandonment in the UK. Adding to this, there is an excellent benefit system in the

UK which, in theory, prevents families getting into such desperate financial and social states that they need to abandon their children.

It was noted in interviews with child protection agencies and the British Association for Adoption and Fostering (BAAF) that there are services and professionals that work within most local authorities and local health care services to help counsel mothers and parents, should they express a desire to place their child/baby for adoption. Aside from this, however, no direct services or organisations were identified that work specifically with parents who choose to give up their child(ren).

When speaking to the services interviewed for this project, it was the general viewpoint that there are now so many different support services for mothers and families in the UK that people do not need to abandon their children. This compares to around 40 years ago when social stigma towards babies being born out of wedlock, and poorer living conditions meant that more babies were put up for adoption (*personal communication with representative from BAAF, 2011*). The present support for families is available in the form of the benefit system that is in place to support low-income families and those parents who have to work, and the wide range of services provided to help families address any difficulties they may be going through. These services also aim to work with and address any risk factors, identified by safeguarding professionals, that threaten to separate the children from their parents. Indeed, it appears that the vast majority of services identified in the UK have more of a focus on keeping the child safe within the family and allowing them to develop within a healthy, loving environment, rather than trying to keep them with families who have expressed a desire to, or may be at risk of, abandoning them. This view is reinforced by the general picture, described by the services interviewed, that a child would have more chance of being taken from the vulnerable families with which they work for child protection reasons, as opposed to the families willingly relinquishing their parental responsibilities and abandoning the child.

In all, 10 services were identified and interviewed for the second part of this project which work in some way to keep mothers/parents and their children together. Eight of these services have direct client involvement in regards to helping vulnerable families and/or children 'at risk'. These services offer help to families in a number of different ways: some offer residential facilities to help parents cope with acute mental illness or to provide accommodation for young, homeless parents; some offer community-based outreach to parents facing a number of difficulties including addiction and parenting issues; some help young unaccompanied asylum seeking children or young people who have been trafficked into the UK; and others provide a service that oversees child protection issues and works with children living in the UK care system. The remaining two services identified were: the UK police force who deal with the legal aspect of child abandonment; and the 'British Association for Adoption and Fostering' which develops policy and practice guidelines for professionals dealing with cases of adoption and fostering, be it as a result of child protection issues or voluntary relinquishment by parents.

A brief description of each of the 10 child abandonment prevention services identified for the purpose of this research project is outlined below. These summaries provide information regarding: the purpose of the service; who funds the service; whether the service has a direct or indirect focus on preventing child abandonment; the target group of clients at whom the service is aimed; the types of intervention offered by the service; whether the service attempts to reintegrate abandoned children into their biological family, or place them into a foster

family; whether the service follows up on the families/children with whom they work; the impact the service has had on preventing child abandonment (if known); and finally, a case study of a family/child helped by the service.

### **5.3 British Association for Adoption and Fostering (BAAF)**

#### *Overview of the service:*

- A membership organisation for local authority, voluntary and independent adoption and fostering services
- Interdisciplinary in focus including social work, health, the law and research, and this is reflected in its membership
- Individual membership also available
- Aims to support, advise and campaign for better outcomes for children in care
- Work with everyone involved with adoption and fostering across the UK and provide services to meet the needs of some of the UK's most vulnerable children and young people
- Receives a small core grant from all four U.K. countries
- Sells family placement, training and consultancy services and publications, and also receives research and development funding for specific projects

#### *Funding from:*

- State
- Grants
- Membership fees

#### *Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

#### *Target groups:*

- Local authorities
- Adoption agencies
- BAAF do not usually work directly with children and young people although it provides a specific and limited adoption service regulated by OFSTED

#### *Services offered:*

- Development and provision of training manuals and policy documents for addressing issues relating to work with children in local authority care and adoption
- Areas of interest include:
  - guidelines on working with women and men who choose to give their baby up for adoption
  - working with young parents within the care system
  - working with children who have been placed for adoption
  - consultancy on caring for babies who have been found to be abandoned (if needed)
  - caring for 'looked after' children in general

- Training conferences and individual training sessions for social workers
- Advice for central and local government on policy and good practice
- Adoption and fostering information and advice line

#### **5.4 Child and Adolescent Mental Health Service (CAMHS), Sexual health programme**

##### *Overview of the service:*

- Service for children and young people who are experiencing emotional, behavioural and mental health problems
- Sexual health programme works with children and young people who are:
  - sexually active at a young age
  - identified as having been victims of sexual abuse, and also may be going through court proceedings relating to this
  - suffering from emotional difficulties or attachment difficulties
  - pregnant/have children, or have gone through terminations or miscarriage
  - displaying inappropriate sexual behaviour
  - questioning their sexuality
  - being 'groomed'
- Also speak to social workers and other professions over the phone to provide advice and consultation

##### *Funding from:*

- State
- NHS
- Local Council

##### *Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

##### *Target groups:*

Children and young people who are:

- suffering from emotional difficulties or attachment difficulties
- are pregnant/have children or have gone through terminations or miscarriage
- sexually active at a young age
- identified as having been victims of sexual abuse and also may be going through court proceedings relating to this
- displaying inappropriate sexual behaviour
- questioning their sexuality
- being 'groomed'

##### *Services offered:*

- Therapeutic support to young people
- One-to-one work and group sessions based on common themes

- Signposting young people to other, more appropriate and intense services should they need it
- Assessing the child's environment to try and help address some of the problems there that may be impacting on their behaviour or emotional well-being
- Conducting specific programmes to address certain issues – e.g. 'Baby: Think it Over' programme, which works with young people who are trying to get pregnant

*Follow-up on families helped by the service?*

- No

## **5.5 Children's Centres (Sure Start)**

*Overview of the service:*

- Children's centres provide a variety of advice and support for parents and carers
- Services are available from pregnancy until the child reaches five years old
- Centres offer universal services (available to all families) and targeted services available to 'Focused families' who are classed as families 'in need' (poverty, young parents)
- Aim to involve the whole family where possible

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- All families with children under five years of age (universal service)
- Families 'in need' (targeted service)

*Services offered:*

- Child and family health services, ranging from health visitors to breastfeeding support
- High-quality childcare and early learning, or advice on local childcare options
- Advice on parenting
- Access to specialist services for families including:
  - speech therapy
  - healthy eating advice
  - help with managing money
- Help for parents to find work or training opportunities, using links to local 'Job Centre Plus' offices and training providers
- Parenting classes
- Group work and individual sessions to address certain issues (e.g. domestic violence)
- Further centre-specific services tailored to local community

*Follow-up on families helped by the service?*

- Yes, for the parenting course there is a reunion after three months from the end of the course. For individual work there is follow-up at six months

## **5.6 Prevention Service 4 (Anonymous)**

*Overview of the service:*

- Provides support and accommodation to 16–25-year-old parents and helps them move on to independent living
- Service includes supporting families with:
  - training and education
  - living skills
  - parenting skills
  - personal responsibilities
  - social networks
  - mental & physical health
  - accommodation
  - independence

*Funding from:*

- State
- Donations from the Church Housing trust
- Tenants

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- 16–25 year old parents with accommodation and specific support needs

*Services offered:*

- Accommodation for parents and their children
- Training and education
- Play for children in a child-friendly environment
- One-to-one key work support sessions
- Agreed individual support plan
- Close ties with the local council, social services, midwives, health visitors and the mental health team to provide clients with the services needed
- Life skills programme
- Access to all training programmes available for free for young parents and their children

*Follow-up on families helped by the service?*

- Yes, clients work with a resettlement worker for the three-month period following their stay, which can be extended if needed.

*Case study:*

A mother staying at the centre said she couldn't cope with her child any longer and walked, leaving her child with staff in the centre. However, the mother returned after an hour. In this case, it was because she couldn't cope and had very limited family support. Therefore, the service asked social services to provide respite for the young woman as it was felt that she would give up the child if she did not receive it. It was provided and mother and baby are still together. Follow-up is not standard past the point of resettlement work and, as the mother and child have left the service, it is unclear about their circumstances.

## **5.7 Police Service**

*Overview of the service:*

- The police will actively investigate with statutory partners the circumstances surrounding abandonment in accordance with the principals established in 'Every Child Matters' and in accordance with Child Protection
- Work to locate the parents of an abandoned baby is part of the work carried out by the general police service and is not a special section set up to deal specifically with abandonment cases

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Services offered:*

- In the event of the discovery of an abandoned baby/child:
  - Initial planning meeting held between statutory partners such as police, social services, child protection
  - Investigation launched to try to locate the parents of the child
  - The amount of time invested into the investigation to trace the baby's parents would depend on the circumstances surrounding the infant's abandonment

*Attempt to integrate abandoned children back into the family?*

- Yes, an attempt would be made to locate the baby's parents

*Follow-up on families helped by the service?*

- No

*Case study:*

The body of a baby was found abandoned in the UK in 2006, deemed to have suffered traumatic head injury after birth. The father of the baby was tracked down using DNA which led to the identification of the mother of the baby. As it was not possible to determine cause of death, the baby's mother was charged with concealment of birth.

## **5.8 Prison Service, Mother and Baby Unit**

*Overview of the service:*

- Service for mothers who give birth whilst in prison or have children under 18 months old before they go into prison
- Mothers can live with their children whilst they serve their sentence in a secure setting
- A prisoner may be allowed to live with her baby on a Mother and Baby Unit if it is judged that this is in the interests of her child and other children on the unit

*Funding from:*

- State
- Charities: 'Action for Children', 'Barnardos'

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Mothers who are detained within the prison service and have babies under the age of 18 months (or three years if in an open prison)

*Services offered:*

- Women living in the Mother and Baby unit can expect the same service as is offered in the general prison environment
- Nursery nurses working within the Unit primarily to care for the babies when their mothers are undergoing work or education outside of the Unit
- All Prisoners (including those not living in mother and baby units) are entitled to all NHS services (such as a midwife). However, prisoners are not normally able to attend ante-natal classes
- Babies are taken out by nursery nurses or voluntary-sector volunteers so that they can experience life in the outside world, such as traffic
- If the baby is to be placed within the 'looked after' system, they will be taken out to meet with foster parents and/or foster parents will visit the mother and baby within the prison

- Mothers retain parental responsibility for their child while living in the Unit. Nursery nurse and other staff members provide supportive care and will give advice if they feel it necessary and will take action if any child protection issues arise

*Follow-up on families helped by the service?*

- No

## **5.9 Refugee Council**

*Overview of the service:*

- Works to improve the lives of separated children in the UK
- Children's Panel works directly with separated children, as well as giving advice to those involved in their support
- Employs a specialist Young Women's Adviser who works with particularly vulnerable girls and young women (the Vulnerable Women's project is separate from this project)
- Project aims to address the needs of refugee and asylum-seeking girls and young women who have been subjected to sexual violence, including rape, as a result of trafficking

*Funding from:*

- Grants
- Donations

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Young women under the age of 18 who are identified as 'separated children' living in the UK (with no parents or family member) and victims of trafficking

*Services offered:*

- Support through on-going trafficking and immigration cases
- Ensures care received by young women is appropriate
- Support in court cases and litigation
- Advocate for the young person to make sure they receive the best possible care
- Weekly 'Girl Groups' to allow girls who have been trafficked to get together and carry out social activities including:
  - going out on trips
  - art work
  - discussing and addressing issues around trafficking
- Ensures that the clients receive good-quality legal advice and welfare advice

- In case of pregnancy, support to ensure an informed decision about whether to continue with the pregnancy.
- In case of unwanted pregnancy, support during the adoption process

*Attempt to integrate abandoned children back into the family?*

- Yes, if the young person wishes

*Follow-up on families helped by the service?*

- Will work with the young person until their immigration status is resolved and they are safely supported through local authority care or leaving care. However, do not formally follow up on cases once they have been closed

## **5.10 Ward A45, acute psychiatric mother and baby unit**

*Overview of the service:*

- Provides a specialist service for women whose pregnancy or postnatal period is complicated by serious mental illness, such as postpartum psychosis
- Provides both community and inpatient care, along with a maternity liaison service
- Aim is to maintain the mother-baby relationship throughout illness
- Majority of units are based within hospitals; Inpatient unit is based within a General hospital

*Funding from:*

- State
- NHS

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Mothers with serious mental illness

*Services offered:*

- Tailored care plan
- For patients admitted during the final trimester of pregnancy, the plan is gradually to reduce medication with a view to taking them off medication in the final four weeks of pregnancy
- Care for acute illness as far as possible without medication
- When patients are first admitted to the ward following the birth of their baby, they are always under constant observation with their babies for the first 24 hours.
- Non-directive counselling

- Patients can expect access to the same level of primary care as would be expected were they in the community
- Each baby has its own care plan which will be met by the staff on the ward until the mother is well enough to take over
- Nursery nurses help look after the baby while the mother is in the acute stage of her illness, and work to gradually get the mother involved in the care of her baby
- The service also provides community outreach support to women with mental illness who are living in the community

*Follow-up on families helped by the service?*

- Yes, community and outpatient teams follow the patient closely for up to one year postpartum

*Case study:*

A mother with schizophrenia was admitted to the ward during pregnancy because her symptoms were acute. This was a controversial case as staff on the psychiatric ward on which she was previously based felt strongly that she should be given the chance to care for her baby when it was born. The mother herself also wanted to be given a chance to see how she coped. In contrast to this, health-care staff felt it would not be fair for the baby to remain with the mother. She was therefore admitted soon after giving birth in order to assess her parenting ability and the well-being of both mother and baby. It became clear that the mother was not able to care adequately for herself and the baby. There was therefore a court case and the baby was placed into care with the mother's reluctant consent.

## **5.11 Children's Social Care**

*Overview of the service:*

- Consists of teams of social workers and family support workers who promote the well-being of children in need and those who are looked after by the local authority

*Funding from:*

- State

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Children and young people in need and looked after by the local authority. This includes cases in which:
  - the pregnancy has been concealed and concern has been raised
  - mothers wish to give their baby up for adoption
  - babies have been secretly abandoned

- children are waiting to be adopted
- young mothers are themselves in local authority care
- young people have been trafficked into the country or are Unaccompanied Asylum Seeking Children

*Attempt to integrate abandoned children back into the family?*

- Yes, if appropriate

*Follow-up on families helped by the service?*

- Yes, length and level of follow-up will depend on the case

## **5.12 Addiction, Pregnancy and Early Years' Service**

*Overview of the service:*

- Provides direct, community-based support to pregnant women and mothers with young children and who have addiction issues

*Funding from:*

- State
- Local authority

*Direct or indirect focus on preventing abandonment?*

- Indirect focus on preventing abandonment

*Target groups:*

- Pregnant women / mothers with children under one year of age, who have drug- and/or alcohol-addiction problems

*Services offered:*

- Pregnancy support service offering advice on parenting during and after pregnancy
- One-to-one service offered primarily at the home
- Support for alleviation of addiction problems
- Observation and advice on parenting skills
- Basic counselling
- Support to address other problems and difficulties in the mother's life

*Attempt to integrate abandoned children back into the family?*

- Yes

*Follow-up on families helped by the service?*

- No

*Case study:*

A young mother had a history of being in care herself, and was involved in prostitution and drug and alcohol misuse. She did not engage with the service initially, but later agreed to work with them and engaged well. The mother had recently settled down with a supportive partner and given birth to a healthy baby. However, as a pre-birth plan had decided the baby should be accommodated into local authority care, the baby was removed from the mother. A care plan was set in place to reintegrate the baby into the care of her birth parents.

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# Appendices

## Appendix 1: EU-Wide Survey



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 University of Nottingham, United Kingdom  
 E-mail: Kate.Whitfield@nottingham.ac.uk

# EU STUDY: PREVENTING CHILD ABANDONMENT

Please provide answers to the questions below, using your country's most recent statistics. Once you have completed the questions, please return this document to Dr Kate Whitfield at the above address. Your assistance with this questionnaire is much appreciated.

**Name of country:** .....

### Section A

	Number
1. How many live births were there in 2010?	
2. What was the infant mortality rate in 2010 (deaths per 1000 live births under 1 year of age)?	
3. How many children were born with the HIV infection in 2010?	
4. How many children were born with disabilities in 2010?	
5. How many children (aged 0–3) died as a result of violence, abuse or neglect in 2010?	
6. How many children (aged 0–3) were given up for adoption in 2010?	
7. How many infants (aged 0–1) were left in a baby hatch in 2010?	
8. How many infants (aged 0–1) were left behind in a maternity unit in 2010 (and the mother did not return)?	
9. How many children (aged 1–3) were left behind in a hospital in 2010 (and the mother did not return)?	
10. In 2010, how many children (aged 0–3) had parents who left them, but the parents' identity is known?	
11. In 2010, how many children (aged 0–3) had parents who left them, and the parents' identity is unknown?	

## Section B

	Number	Date data was collected (day/month/year)
1. What is the total population of children (aged 0-18) in your country?		
2. What is the total population of children (aged 0-3) in your country?		
3. How many children (aged 0-3) are currently in institutions?		
4. How many children (aged 0-3) are currently in foster care?		
5. How many children (aged 0-3) are currently in adoption families?		
6. How many maternity units/maternity hospitals are there in your country?		
7. How many hospitals are 'baby friendly' (according to UNICEF regulations)?		

**Thank you for your time**

## Appendix 2: Maternity Unit Questionnaire

### Child Abandonment and its Prevention in Europe

#### Questionnaire to staff in a maternity unit

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University of Nottingham UK 2010  
(World Health Organisation Collaborating Centre)

Country \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Contact details \_\_\_\_\_

**Do you have information/statistics on child abandonment for your hospital? YES / NO (Please mark)**

**If yes**, please read instructions below and complete this questionnaire

**If no**, please return this questionnaire uncompleted providing details (**including address**) of the relevant hospital/agency or local authority and contact person (in the space below)

\_\_\_\_\_  
\_\_\_\_\_

**If you have any problems completing this questionnaire please contact Dr Kate Whitfield by e-mail:  
Kate.Whitfield@nottingham.ac.uk**

## EU/WHO Daphne 2010

### Child Abandonment and its Prevention in Europe

#### Instructions

Please use the most up to date annual statistics where possible (e.g. 2008 or 2009). However, use other methods if annual information is not available. For each question, please indicate in the right hand column which date(s) or periods of time the statistics are from. This information is essential for comparing information.

IF YOU USE PERCENTAGES, PLEASE INDICATE THIS CLEARLY USING % AFTER THE NUMBER

If accurate information/statistics are NOT available, please give best estimate and state 'ESTIMATE' in the right-hand column.

If estimates of information/statistics are NOT available, please write 'N/A' (Not Available) in the right-hand column, please do not leave any question blank.

#### Definitions

<sup>1</sup> **Open abandonment** occurs when a child has been knowingly left behind by their parent (who can be identified) whose intention is not to return but to willingly give up or unwillingly relinquish parental responsibilities and where no other family members are able or willing to take on the responsibilities to parent and care for the child.

<sup>2</sup> **Secret abandonment** occurs when a child has been secretly left behind by their parent (who cannot be identified) whose intention is not to return but to willingly give up or unwillingly relinquish parental responsibilities anonymously.

#### **SECTION A: ABANDONED CHILDREN IN HOSTAPIL/MATERNITY UNIT (for 2009 or an earlier year)**

Questions to hospital/maternity unit	Answer	Type and dates of information/statistics
1. Total number of infants (live births) were born in the maternity unit of the hospital?		Estimate/Register (please mark)
2. How many infants were classed as abandoned and without parental care?		Estimate/Register (please mark)
3. How many newborns died within 7 days (early infant mortality)?		Estimate/Register (please mark)
4. How many newborns died within 28 days (late infant mortality)?		Estimate/Register (please mark)
5. How many maternal deaths were associated with the above births in the hospital?		Estimate/Register (please mark)

6. How many newborns were born with or developed a diagnosed disability?		Estimate/Register (please mark)
a) percentage of disabled infants abandoned	%	Estimate/Register (please mark)
7. How many infants were born premature?		Estimate/Register (please mark)
a) percentage of premature infants abandoned	%	Estimate/Register (please mark)
8. How many infants were born low birth weight? (an infant born weighing less than 5.5 pounds (2500 grams) regardless of gestational age)		Estimate/Register (please mark)
a) Percentage of low birth weight infants abandoned	%	Estimate/Register (please mark)
9. Total number of infants (0-1 year) anonymously left in an outside 'public' incubator (or baby hatch)	Total No. _____ % males _____ % females _____	
10. How many 'secret births' took place (i.e. mother refused to give her name or gave a false ID)?	Total No. of infants born this way _____ % males _____ % females _____ _____	
11. How many mothers left the unit without their infant without the consent from the doctor, without giving a reason and without telling when they will be back?	Total No. of mothers _____ % male infants left this way _____ % female infants left this way _____ _____	
12. How many mothers who left without their infant were reunited with their child?	Total No. of mothers _____ % male infants reunited _____ % female infants reunited _____	

13. How many mothers agreed to sign adoption papers before leaving hospital (general agreement)?	Total No. of mothers _____ % male infants given up this way _____ % female infants given up this way _____	
14. Is there an overrepresentation of any ethnic minority group among abandoned children?	YES / NO (please mark)	Most common ethnic minority group among the abandoned: _____
15. Is your hospital/maternity unit classified as 'baby friendly' by UNICEF standards?	YES / NO (please mark)	

### SECTION B: Characteristics of Abandoned Children

16. Children abandoned for the following reasons in the hospital/maternity unit	Answer (please mark)	Evidence (please give reference)
a) Poverty/financial hardship	YES / NO	
b) Poor housing or homelessness	YES / NO	
c) Parents with learning difficulties	YES / NO	
d) Parents with mental health difficulties	YES / NO	
e) Parents with alcohol or drug problems	YES / NO	
f) Parents' lack of sexual education and family planning	YES / NO	
g) Teenage parent without support	YES / NO	
h) Single mother with father absent	YES / NO	
i) Poor preparation for birth / no contact with health services	YES / NO	
j) No community home visits to pregnant mothers	YES / NO	
k) Traditional maternity services (no baby friendly services available)	YES / NO	
l) No community home visits to families with newborns	YES / NO	

m) Other reasons	
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**SECTION C. COMMUNITY AND SOCIAL WORK RELATED TO MOTHERS WITH NEWBORNS IN MATERNITY UNITS**

Questions	Answer	Who carried out the task?
17. Are mothers who are at risk of leaving their child identified before giving birth?	YES / NO (please mark)	Nurse <input type="checkbox"/> Social worker <input type="checkbox"/>
a) % identified before coming to the maternity unit	%	Nurse <input type="checkbox"/> Social worker <input type="checkbox"/>
b) % identified after coming to the maternity unit	%	Nurse <input type="checkbox"/> Social worker <input type="checkbox"/>
18. Are there community health professionals visiting expecting mothers prenatally?	YES / NO (please mark)	Nurse <input type="checkbox"/> Social worker <input type="checkbox"/>
a) Visits are made to all mothers (universal service)	YES / NO (please mark)	Nurse <input type="checkbox"/> Social worker <input type="checkbox"/>
b) Visits are only made to at risk mothers (targeted service)	YES / NO (please mark)	Nurse <input type="checkbox"/> Social worker <input type="checkbox"/>
19. Is there a hospital social worker?	YES / NO (please mark)	<i>If yes, is he/she for maternity unit only <input type="checkbox"/> for whole hospital <input type="checkbox"/></i>
20. When a mother is identified as at risk of abandoning her child in hospital/maternity, does she receive counselling?	YES / NO (please mark)	Nurse <input type="checkbox"/> Social worker <input type="checkbox"/>
a) Is she encouraged to keep the child?	YES / NO (please mark)	Nurse <input type="checkbox"/> Social worker <input type="checkbox"/>
b) Is she counselled to help her make her own decisions?	YES / NO (please mark)	Nurse <input type="checkbox"/> Social worker <input type="checkbox"/>
c) Is she encouraged to sign the adoption papers?	YES / NO (please mark)	Nurse <input type="checkbox"/> Social worker <input type="checkbox"/>
21. Do you have information about child birth and the maternity unit in more than one language? <i>If yes, please list languages:</i>	YES / NO (please mark)	

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**SECTION D. Existing strategies for the Prevention of Child Abandonment by the hospital**

\* Please indicate whether the strategy you mark as ‘yes’ for your hospital is part of (or under) a national strategy/provision or limited to one region (or several regions) only.

<b>Questions</b>	<b>Answer (please mark)</b>	<b>Distribution of existing strategy (please mark)</b>	<b>Evidence (please give reference)</b>
a) Home visits to pregnant mothers by health professionals	YES / NO	National Regional only	
b) Screening pregnant mothers around 20 weeks	YES / NO	National Regional only	
c) Social care and counselling in maternity units	YES / NO	National Regional only	
d) Mother’s identity confirmed in hospital	YES / NO	National Regional only	
e) Child given identity before leaving hospital	YES / NO	National Regional only	
f) Baby friendly maternity unit/hospital (newborn in room with mother, breastfeeding/cuddling on demand, no set visiting times for father, siblings and grandparents)	YES / NO	National Regional only	
g) Referrals to mother and baby units, shelter to high risk mothers with their children	YES / NO	National Regional only	
h) Support for parents with special needs children	YES / NO	National Regional only	
i) Referrals to day care provision for children with special needs (e.g. children with physical/intellectual disabilities)	YES / NO	National Regional only	
j) Parent education and family planning	YES / NO	National Regional only	

k) Family planning services	YES / NO	National Regional only	
l) Referrals to housing and social services	YES / NO	National Regional only	

**SECTION E. Consequences for abandoned children (percentage of):**

Questions	Answer	Type and dates of data
a) % died (e.g., due to medical problems, cot death, etc)	%	
b) % moved to another residential institution / children's home	%	
i) % to small institution (less than 25 children)	%	
ii) % to large institution (25 children or more)	%	
iii) % to other social care facility (e.g. small 'homes' with 10 or less children)	%	
c) % returned to biological family	%	
Of these, how many were returned to:		
i) % to their own parent	%	
ii) % to relative	%	
d) % foster care/professional family	%	
i) Private / NGO (arranged without State/Local Authority)	%	
ii) State funded (arranged with local authority)	%	
e) % adopted nationally	%	
f) % adopted internationally	%	

**Please also ensure you have provided details in the right hand column and that you have used a % sign to indicate where percentages have been given. Thank you for your time and effort. END**

## Appendix 3: Prevention Services Questionnaire

### CHILD ABANDONMENT AND ITS PREVENTION

The purpose of this template is to provide you with guidance when interviewing representatives from the 10 organisations that you have selected that are involved with preventing child abandonment in your country.

Please note that not every question in this template may apply to the organisations you have selected. If this is the case, then please record "N/A" (i.e., not applicable) in the space provided.

#### A. Input measures

1. Number of full time staff directly involved in the service	
2. Number of staff directly involved with clients (i.e., parents and/or children)	
3. Number of cases per year	
4. Number of beds per building	
5. Is the service funded by: grants <input type="checkbox"/> state funding <input type="checkbox"/> agency funding <input type="checkbox"/>	
6. Describe the staff members' roles	
7. What are the inclusion criteria for clients (i.e., parents and/or children)	
8. What are the exclusion criteria for clients (i.e., parents and/or children)	

## B. Process measures

1. What is the length of time that clients usually stay?	
2. Number of counselling sessions offered	
3. Is client satisfaction measured?	YES/NO
4. Does the service use standardised documentation?	YES/NO
5. How many people start using the service per year?	
6. How many people leave the service per year?	
7. How many staff are recruited to the service per year?	
8. How many staff leave the service per year?	
9. Describe the conditions or rules of stay for clients	
10. Describe the types of interventions or programmes offered	
11. Describe the assessment criteria that the service uses	
12. Describe the assessment criteria regarding client readiness to leave	
13. Describe the types of client problems that the service addresses	
14a. Does the service try to identify parents of abandoned children?	YES/NO
14b. Is rehabilitation with the child attempted?	YES/NO

14c. If rehabilitation is attempted, is it usually successful?	YES/NO
14d. If rehabilitation is not attempted, why is this so?	
15. If the parents are not identified, what is the procedure for placing the child?	
16. What is the length of time you have to wait until the adoption process can begin?	
17a. Are the reasons for abandonment identified?	YES/NO
17b. If so, how are they addressed?	

**C. Outcomes measures**

1a. Does the service follow up on clients?	YES/NO
1b. How long is the follow up period?	
1c. Are there standardised practices for follow up on clients?	YES/NO
1d. Describe the follow up process	
2. Describe the child protection criteria	

3a. Is there follow up on adopted children?	YES/NO
3b. If there is follow up on adopted children, please describe it	
4a. Is there follow up on fostered children?	YES/NO
4b. If there is follow up on fostered children, please describe it	
5. How are parenting skills taught by the service?	

#### D. Case study

Please ask the representative from the service to think of a case that he or she has recently worked on.

1. Briefly describe the case	
2a. Are the parent and child together?	YES/NO
2b. At what follow up period are they together?	
3a. Are the parent and child separated?	YES/NO
3b. At what follow up period are they separated?	
3c. Describe the reason for the separation	

4a. Has the child been placed elsewhere?	YES/NO
4b. What is the type of placement (e.g., institution fostered, adopted)?	
5. Describe the biological parent's current situation	
6. Describe any ongoing parental risk factors (e.g., substance misuse)	
7. Describe any ongoing child risk factors (e.g., disability)	
8. Describe any ongoing services offered to the parents and/or the child	
9. Describe any ongoing social risk factors (e.g., violent husband)	
10. Describe any ongoing environmental risk factors (e.g., poverty)	
11. Has the client been re-referred?	YES/NO
12. Any further information	







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