"A world fit for children is one in which all children get the best possible start in life."
United Nations (2002), A/RES/S-27/2

CHILDREN UNDER THE AGE OF THREE IN FORMAL CARE IN EASTERN EUROPE AND CENTRAL ASIA

A RIGHTS-BASED REGIONAL SITUATION ANALYSIS

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Design & layout: services-concept.ch

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FOREWORD

Every hour, approximately two young children, mainly babies, are separated from their parents and sent into institutional care in Central and Eastern Europe and Central Asia. That is more than fifteen thousand children every year.

Despite the remarkable social and economic changes and reforms that have swept through the CEECIS region, most countries still heavily rely on the policy and practice of institutionalization, disregarding the evidence that this is exactly the opposite of what is in the interests of the child and which leaves lifelong physical and cognitive scars.

What can we do to end unnecessary placement of children under the age of three in formal care?

We know that children are separated from their families for a reason – a mother and/or a father usually in a stressful situation and unable to cope, often because of poverty. This is particularly relevant today with the ongoing economic crisis. Therefore UNICEF believes the best way to address the issue of separation is to refocus attention on the family as the starting point.

A number of countries are now implementing such policies directed at families, recognizing that they are the best nurturing and protective environment for a child. Progress has been made defining the most suitable models of support, namely establishing parental leave entitlements, family benefits, and child-care support services complemented by other types of family welfare services.

However, this approach faces multiple challenges in order to reach the most vulnerable families – those most likely to be separated from their child. What research is showing is that families which most need support are those facing the biggest obstacles when seeking government aid – in many instances they are not even eligible for assistance.

There are many reasons for this. Some are unnecessary bureaucratic red tape, while others are more subtle, such as discrimination. To be unemployed or employed in the informal sector, to have migrated abroad and, therefore, lack a permanent address, can result not only in a low income but also in huge challenges to access government services intended to alleviate such social difficulties.

This report focuses on children under the age of three and argues for a more comprehensive set of integrated interventions aimed at preventing separation of young children from their parents. UNICEF believes that additional efforts are required for this group of children who cannot yet speak for themselves.

UNICEF also makes a special case for the development of policies directed at families who have children with disabilities. These families often face a lifelong struggle to access services that would enable each member of a family to live a decent life. The need for additional investments required to support these families is widely recognized, but the challenge is to get it right.

The strongest policies take root in evidence. This Situation Analysis shares new knowledge and critical perspectives on the many efforts to address baby abandonment and assist the nurturing of families for the good of all young children. Let's now move from words to action.

Marie-Pierre Poirier
Regional Director for CEECIS

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EXECUTIVE SUMMARY

Formal care refers to all children in institutional care or substitute family-based care (usually foster care and guardianship) and reflects a group of children deprived of parental care and in need of some kind of protection through an intervention of the state. Early childhood, the period from 0 to 3 years, is the most crucial developmental phase in life and placement in formal care – thus, the separation from their parents of children of this age group – can have a devastating and lasting impact.

In Central and Eastern Europe and the Commonwealth of Independent States (CEECIS), prior to the transition, the child protection system of most countries was characterized by centralized planning and reliance on residential institutions. In the 1990s, economic conditions deteriorated for many families, creating a larger group of families in need of state support. It became urgent to reform the child-care system in order to adapt it to the new political set-up and to cater for the needs of a growing number of children at risk. Unfortunately, the worrisome finding, when analysing statistical data from the TransMonEE Database, which contains government data from 21 countries in the CEECIS region, is that although major progress has been achieved in the reform of child-care systems, these have not yet been translated into the capacity of social protection systems to prevent family separation, as illustrated by the fact that the aggregated rate of children under the age of 18 in formal care has remained relatively stable since the year 2000. The absence of data on children under the age of three in family-based care precludes saying whether this general trend is also true for these children, but other findings must keep our attention.

First, overall, fewer children under the age of three have been placed in institutions during the past ten years. This decrease is uneven, however. Three countries (Bosnia and Herzegovina, Tajikistan and The former Yugoslav Republic of Macedonia[1]) are experiencing an alarming increase in the rates of institutionalization of young children; four countries have extremely high rates of institutionalization of children under the age of three (Belarus, Bosnia and Herzegovina, Bulgaria and Russian Federation); and one country (Russian Federation) is totalizing half of all children under the age of three in institutions in the whole region.

Second, foster care, which is the main alternative to institutionalization for young children who cannot live (either temporarily or permanently) with their parents or extended family, is barely used for children under the age of three. Indeed, in at least six CEECIS countries (Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan), no systems of family foster care for children under the age of three have been developed. In at least ten other countries (Albania, Belarus, Bosnia and Herzegovina, Bulgaria, Montenegro, Republic of Moldova, Russian Federation, TFYR of Macedonia, Ukraine, and Uzbekistan), such systems are only at the very early stages of their development.

Third, children under the age of three remain, until today, at much higher risk of losing parental care than older children (in some countries, up to three times higher), indicating a clear failure – or simply absence – of policies and programmes to prevent abandonment and relinquishment.

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[1] The Former Yugoslav Republic of Macedonia, hereinafter referred to as 'TFYR of Macedonia'.

The literature review of the respect of the rights of children under the age of three currently in institutions is, regrettably, not encouraging either. Many features of institutional care are a blatant abuse of children's rights and pose a serious threat to their normal developmental processes. Children in institutional care are more likely to suffer from attachment disorders, developmental delay and failure in brain development. According to research, for every three months spent within an institution the child's physical development is delayed by one month.

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In addition, children under the age of three are particularly at risk of abuse of their rights because they depend on others for the realization of these rights. Some young children placed in overcrowded, poorly resourced institutions are indeed denied basic human rights such as the right to food, to health or to a decent standard of living. Bureaucratic regimes within institutions frequently deny children their rights to play (and thus to learn), maintain contact with their family, express their views (taking into consideration their age and maturity) and see their personal history preserved. Children in institutions may face discrimination and stigma from the wider community as 'institutionalized children', but also within the institution as 'children from discriminated groups' (of Roma origin, with disabilities, of young/single/HIV+ or drug- or alcohol-addicted mothers, etc.). The prevalence of neglect and abuse, including physical and emotional abuse, of children under the age of three within institutions has been evidenced – even if under-reported – in all CEECIS countries. Children in institutions are often neglected, excluded from decision-making processes, and almost systematically deprived of effective care planning or review processes, such that their placement is not in their best interests.

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Statistics do not yet provide detailed data as to the immediate and root causes of the high rates of placement of children under the age of three in formal care in CEECIS countries. The absence of regional studies with comparable data precludes comparisons between countries and the identification of commonalities. This literature review attempts, therefore, to give an account of all risk factors without ranking them. The design of prevention and response initiatives makes it necessary to examine these risk factors, which are often interlinked and mutually reinforcing and operate over years, months and weeks prior to birth.

A commonality of all CEECIS countries is that only 2 to 5 per cent of children under the age of three in formal care are orphans. All other children deprived of parental care still have one or two parents alive but, in most cases, no support was provided to avoid family separation.

Among the main risk factors of placement of children under the age of three in formal care are the lack of support from the father/extended family of the mother, the ill health of parents/child, the poor/unequal provision of social services, belonging to vulnerable and discriminated groups, and the shortage of financial resources. However, according to several studies, poverty is neither necessary nor sufficient to lead to the placement of children under the age of three in formal care; it only sets the stage for conditions by which the other

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precited elements can motivate the placement of the child.

Risk factors are the direct consequence of deeply rooted historical, social and institutional realities of CEECIS countries:

Current systems are a legacy of the Soviet state policy that prioritized public interests over private ones and vested in the state the primary responsibility for raising children. The economic crisis that followed the 1990s independencies and the current economic

crisis – since 2008 – has weakened states' capacity to take care of children and maintain the entire network of public services and has exacerbated the poverty and vulnerability of many families unable to assume full responsibility for their children, being themselves in need of protection. In the region, there is also much stigma and discrimination attached to early pregnancies, single motherhood, Roma communities, persons with disabilities, drug and alcohol users, persons living with HIV/AIDS, sex workers and other groups – attitudes that are preventing vulnerable groups from accessing support when needed the most. Until today, there is still a belief amongst some civil servants, residential staff and even parents from vulnerable groups that children will have a better upbringing in an institution than with their family.

Primary health care and social services are poor and unequally distributed in CEECIS countries, *de facto* depriving certain populations (mostly rural) and groups (vulnerable and discriminated) of support and early identification of at-risk women. Maternity hospitals, which are the first point of infant abandonment, do not sufficiently promote practices likely to reduce abandonment and strengthen ties between mothers and children, such as breastfeeding or skin-to-skin contact. They only rarely include social workers who could provide counselling to mothers at risk of abandoning their child.

Gatekeeping, essential for reducing the numbers of children entering institutions, is not always as effective as it should be: infants abandoned in hospitals tend to be proposed for institutionalization in ministries of health facilities instead of being referred for review of their case to gatekeeping mechanisms.

Only few governments have adopted legal provisions prohibiting the placement of children under the age of three in institutions (Croatia, Romania, Serbia), and national plans of action for the development of family-based care are still in their infancy.

A political commitment is required to respond to the OHCHR/UNICEF call to action 'End placing children under three years in institutions'. Time for reform is now. It should start with legislative changes limiting to last resort, and setting strict conditions for, the placement into institutional care of children under the age of three; putting into place a protective environment that allows children to grow up in a family environment; and consolidating the gatekeeping mechanisms.

A continuum of services should be designed and established to address children and families' vulnerabilities through individual plans and strengthen families' capacities for providing quality care to their children. Such services can be family support services (such as mediation, psychosocial support, situation assessment, access to day care, respite care, better parenting initiatives) or family substitute services (such as temporary placement in extended families or foster care). Ultimately, the main functions of the continuum of services should be: to prevent unwarranted separation of children from their biological families; ensure early identification of families at risk of abandoning their child; assess each case to better understand the causes of problems; single out needs and types of assistance required and find possible solutions; arrange support measures, including cash allowances when required; refer to and purchase appropriate services from either public, NGO or private service providers; procure the services; monitor progress in achieving expected outcomes for the family and the child; and review individual cases until a permanent solution can be found.

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An adequate number of well trained social workers and case managers should be at the heart of this process. Capacity-building and standards of practice for maternity ward and paediatric hospital staff should be designed and implemented to assist parents of newborns with a disability and parents from most vulnerable groups in order to discourage baby abandonment and relinquishment.

Only systematic policy-driven changes – aiming at less dependence on formal care and increased reliance on services designed to keeping children within their families and communities – can lead to genuine care and protection of children under the age of three. Such prevention policies must be accurately planned (e.g., careful budgeting of the transition costs during the period of reform and costing of the new child-care services; sensitization to enjoy public support; organization of staff trainings adjusted to the new mandates and needs) in order to provide young children currently in institutions with alternative care options, including permanent ones.

Regional and international organizations, as well as bilateral donors, the media and civil society, have a role to play in promoting the social inclusion of families at risk, the prevention of infant abandonment and the placement of children under the age of three deprived of parental care in institutions. No efforts should be spared to achieve this goal.

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METHODOLOGY

This report aims at providing a child rights-based up-to-date review of the situation of children under the age of three in formal care in CEECIS countries.

1. ***"A child rights-based..."***

A child rights-based approach furthers the realization of the rights of all children as set out in the Convention on the Rights of the Child by developing the capacity of duty bearers (primarily the state and, to some extent, third parties) to meet their obligations to respect, protect and fulfil the rights (Article 4) and the capacity of right holders to claim their rights, guided at all times by the rights to non-discrimination (Article 2), consideration of the best interests of the child (Article 3, para. 1), life, survival and development (Article 6), and respect for the views of the child (Article 12). Children also have the right to be directed and guided in the exercise of their rights by caregivers, parents and community members, in line with their evolving capacities (Article 5). This child rights-based approach is holistic and supports the strengths and resources of both the children and the social systems of which they are a part: family, school, community, institutions, and religious and cultural systems.[2] This study attempts to put emphasis on the rights of children separated from their families and placed in formal care and on governments' responsibility to respect, protect and fulfil those rights.

2. ***"...up-to-date review..."***

This report relies on secondary sources only: literature and statistics.

Many articles and reports were found through online searches and by following references from relevant articles or links from websites rich in resources, such as **www.unicef.org** and The Better Care Network: **www.crin.org/bcn**. The remaining documents were received through direct communication with UNICEF Country Offices in the CEECIS region. Wherever possible, preference has been given to the more recent sources (after 2005) as in the past ten years the situation has been evolving rapidly in certain countries with respect to childcare.

The TransMonEE project is the main source of international statistics used for this study. The first chapter of the report summarizes the methodological caveats of cross-comparative analysis of data. Additional official statistics were also obtained from some countries. Emphasis should, however, be placed on the very scant availability (and simply existence) of data concerning children under the age of three, which has severely limited the statistical analysis in this report.

3. ***"...of the situation of children under the age of three..."***

Young children can be divided into groups – *babies:* usually defined as being between the ages of zero and one year; *toddlers:* usually defined as being between the ages of one and three years; *preschool:* usually defined as being between the ages of three and four years; *early primary school:* usually defined as being between the ages of

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[2] Committee on the Rights of the Child, General Comment No. 13 on 'The right of the child to freedom from all forms of violence', CRC/C/GC/13, 18 April 2011.

four and five years. The present report focuses on children under the age of three and refers to them indiscriminately as young children, infants and children under age three.

Choice has been made to target this specific group of children because early childhood, the period from 0 to 3 years, is the most critical developmental phase in life. Not surprisingly, the separation from the family and, most often, institutionalization can have a devastating and lasting impact on the health and development of young children.

Since children under the age of three represent a large proportion of all children who today grow up in formal care, investments to prevent this group of children from entering care can also significantly reduce the overall number of children in formal care in the future and release budgetary resources for investments in new, modern services.

4. *"…in formal care…"*

Formal care, also called 'family substitute care', comprises services for children without parental care, children separated from their parents and other children who temporarily cannot be reintegrated into their families.

Family substitute care can be divided into the following types of arrangements:

- Institutional care;
- Residential care (group homes and small-size, family-like institutions);
- Kinship care (relatives become guardians, live with the child and may receive a financial support from the state for child maintenance costs);
- Foster care (non-relatives – couples or individuals – are recruited, selected, trained and receive financial allowances for their work and the child's maintenance);
- Short-term protected shelter.

The report focuses on these children because they are particularly vulnerable and in the care of the state, which carries the primary responsibility to respect, protect and fulfil their rights, including their right to a family environment.

5. *"…in CEECIS countries"*

The report includes countries in the CEECIS region and, only where appropriate, have comparisons been made with other parts of the world. Countries of the CEECIS region include: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Romania, Serbia, and TFYR of Macedonia (which are part of the South-Eastern European subregion); Belarus, Republic of Moldova, Russian Federation and Ukraine (which form the Western Commonwealth of Independent States); Armenia, Azerbaijan and Georgia (Caucasus); and Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan (which form Central Asia). It should be noted that, throughout the report, data for Serbia do not include Kosovo under UNSCR 1244.[3]

Through the collation and analysis of existing information, the report aims to draw conclusions to inform future response. It forms part of a broader campaign for preventing baby abandonment, ending the placement of children under the age of three in institutions and nurturing families with young children.

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[3] Kosovo under United Nations Security Council Resolution 1244, hereinafter referred to as 'Kosovo'.

INTRODUCTION

Countries in the CEECIS region have traditionally relied heavily on formal care for children. For the most vulnerable families, placing a child in an institution is a choice guided both by necessity and love, and sometimes even encouraged by the authorities. Although child-care reforms, initiated in all countries of the region around the year 2000, have promoted the importance of growing up in a family environment, they have not managed to curb significantly historical and social traditions of placement, nor compensate for the additional burden put on poor families by the successive economic crises.

Today, in Eastern Europe and Central Asia, 1.3 million children still grow up separated from their family (i.e., 1.3 children in every 100, on average). These numbers are the highest in the world.

For children separated from their families, two main options exist: placement in an institution or in family-based alternative care. Although numerous studies emphasize that alternative family-based care is both better for children – allowing them to grow up in a supportive and protective family environment – and less expensive for the state, more than half of children separated from their family still grow up in institutional care. Among them, over 31,000 are under the age of three, even though it has long been proven that institutionalization is extremely detrimental to the development of young children.

Indeed, a growing number of regional and international standards and guidelines call on states to stop sending children under the age of three, including children with disabilities, into institutional care. By ratifying the Convention on the Rights of the Child, all CEECIS countries have an obligation to respect, protect, promote and fulfil the rights of children living in institutions, including their right to the highest attainable standard of living, to food, to health, to play, to privacy, to freedom from harm and to live in a family-like environment... all rights which are violated in the current system.

The rate of children under the age of three in institutional care in CEECIS countries has been slowly decreasing since the year 2000, but this decline has been uneven. In some countries, with growing rates of institutionalization of infants, family-based alternative care options, such as foster care or domestic adoption, are underused mainly because of administrative limitations or ineffective gatekeeping systems. Therefore, despite ongoing child-care system reforms, too many children under the age of three continue to be separated from their parents and placed in institutions each year. Children under the age of three with disabilities are of particular concern in this regard.

This report has been produced in support of a call to action 'End placing children under three years in institutions' that was launched by OHCHR and UNICEF in June 2011. Through a comprehensive statistical analysis and literature review, the report aims to provide a detailed picture of the situation of children under the age of three currently in formal care; to examine the immediate and root causes behind their separation from their families; and to describe the steps states and other actors should take in order to prevent family separation, enable family reunification, provide adequate care and protection and, ultimately, make the institutionalization of children under the age of three a thing of the past. As such, it invites to further dialogue with policy makers at regional and national levels on the most urgent priorities for the inclusion of a specific focus on children under the age of three in all ongoing reforms of child-care systems.

Because by facing the facts, we forge the future.

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CHILDREN UNDER THE AGE OF THREE IN FORMAL CARE IN EASTERN EUROPE AND CENTRAL ASIA
A RIGHTS-BASED REGIONAL SITUATION ANALYSIS

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CHAPTER 01
STOCKTAKE OF THE SITUATION OF CHILDREN UNDER THE AGE OF THREE PLACED IN FORMAL CARE IN CEECIS COUNTRIES

SECTION 1 – TOO MANY CHILDREN UNDER THE AGE OF THREE ARE IN FORMAL CARE

Formal care for children refers to all residential care settings as well as officially sanctioned family-based substitute care arrangements (usually foster care and guardianship). Therefore, the degree to which formal care is used largely reflects the level and nature of state intervention to protect children deprived of parental care.

Declining rates of formal care placements, combined with a higher proportion of the children concerned being placed in family-based settings, likely indicate that national child protection systems are being reformed, prioritizing the prevention of family breakdown and the development of family-based alternative care options. Rising rates of formal care placements, in contrast, may suggest that family vulnerability is increasing, leading to a higher number of children being separated from their families.

A geographical and statistical analysis is necessary, not only to have a clear picture of 'where we are' in terms of the progress of child-care reforms in most countries of the region during the last decade, but also to have a clear picture of 'where we are heading' in order to support or, where necessary, correct the trajectories of change.

1.1 GEOGRAPHICAL AND STATISTICAL ANALYSIS OF THE PLACEMENT OF CHILDREN UNDER THE AGE OF THREE IN FORMAL CARE

The two main indicators used by researchers to study the phenomenon of children under the age of three in formal care are the 'absolute number' and the 'rate' (usually per 100,000 children, or percentage) of children in public institutional care, foster care or under guardianship. The TransMonEE Database offers a unique source of such information. It contains government data from 21 countries in the region, collected through National Statistical Offices and compiled by UNICEF since 1989, and includes data on the number of 'infants in residential care', covering children under the age of three living in public 'infant homes,' and the number of children under the age of 18 in institutional care and placed under guardianship or in foster families. As of the date of this publication, data up to the year 2009 available through the TransMonEE Database were used. Although some disaggregated data relating specifically to children under the age of three are sometimes missing, it however provides a clearer vision of the general trends and subregional and country specificities.[4]

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STOCKTAKE OF THE SITUATION OF CHILDREN UNDER THE AGE OF THREE PLACED IN FORMAL CARE IN CEECIS COUNTRIES

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[4] The TransMonEE project: Since 1992, the UNICEF Innocenti Research Centre has been gathering and sharing data on the situation of children and women in countries of Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States. The TransMonEE database contains a wealth of statistical information covering the period 1989 to the present on social and economic issues relevant to the welfare of children, young people and women. It is published annually and is available electronically at http://www.transmonee.org/, accessed March 2012.

1.1.1 Overall, more children continue to be separated from their families

By the end of 2009, across CEECIS countries, there were approximately 1,295,000 children in formal care.[5] Taking a simple look at aggregated data from the region for the period 2000–2009, three main conclusions can be drawn:

- Placement in formal care of children under the age of three has been decreasing since the year 2000;

- Placement in formal care of children under the age of 18 has been decreasing since 2007; and

- The rate of children under the age of 18 in foster care has been increasing since the year 2000.

(The limited availability of data regarding the rate of children under the age of three in care of foster parents or under guardianship does not permit proper comparison.)

Children in residential care and in the care of foster parents or guardians in nine selected CEECIS countries[5,6]
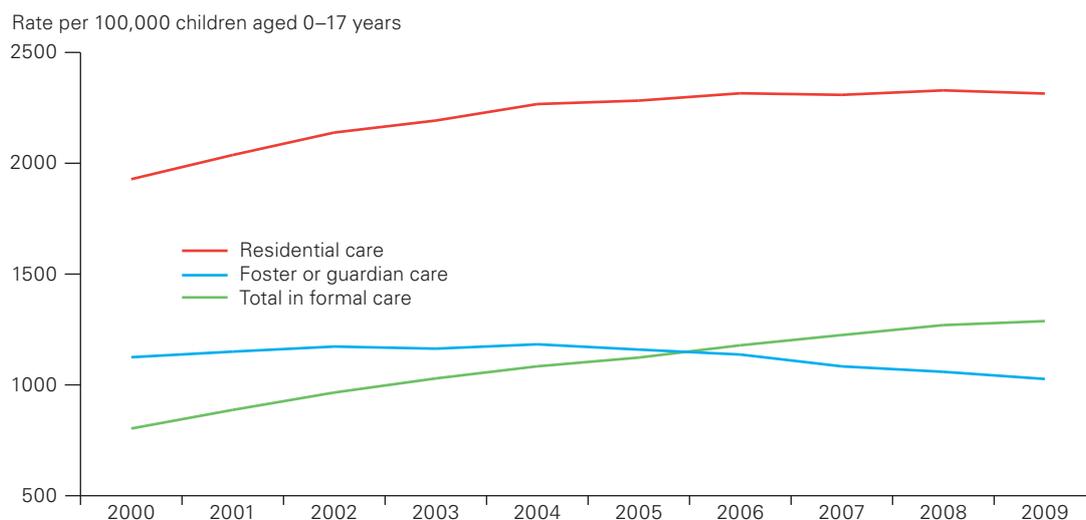
Rate per 100,000 children aged 0–17 years

Source: TransMONEE 2011 Database, UNICEF Regional Office for CEECIS, Geneva, May 2011.

    a. *Children in residential care include children in infant homes, in orphanages, in boarding homes and schools for children without parental care or poor children, children with disabilities in boarding schools and homes, family-type homes, SOS villages, etc. Children in punitive institutions are normally excluded. Definitions may differ among countries.*

    b. *Foster parents are obliged to take care of the child personally. Guardians have the same rights as foster parents, but they are obliged to take care of the child personally and to replace fully the care of parents.*

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[5] This number has been obtained through extrapolation of available data. UNICEF estimates the number of children in residential care at 600,000. According to TransMonEE data for 2009, children in institutions represent 46.35 per cent of all children in formal care. As a result, the remaining children (53.65 per cent) placed under guardianship or in foster families must represent approximately 695,000 children.

[6] The nine CEECIS countries with complete data on alternative care are: Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Romania, Republic of Moldova, Russian Federation, TFYR of Macedonia, and Ukraine. Residential care data are missing for Croatia (2003–2009), Georgia (2000–2009), Kazakhstan (2009), Montenegro (2003–2009), Serbia (2000–2009), Tajikistan (2000) and Uzbekistan (2007–2009). Family-based care data are missing for Albania (2000–2009), Bulgaria (2000), Croatia (2000–2009), Kazakhstan (2009), Kyrgyzstan (2005), Serbia (2000–2003), Tajikistan (2000–2003), Turkmenistan (2000–2009), and Uzbekistan (2000–2009). Infant institutionalization data are missing for Croatia (2000–2009), Kazakhstan (2009), Montenegro (2000–2009), Romania (2000), Serbia (2003–2009), and Uzbekistan (2009). The calculation of rates adjusts for missing data by excluding the appropriate population data.

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STOCKTAKE OF THE SITUATION OF CHILDREN UNDER THE AGE OF THREE PLACED IN FORMAL CARE IN CEECIS COUNTRIES

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STOCKTAKE OF
THE SITUATION
OF CHILDREN
UNDER THE AGE
OF THREE PLACED
IN FORMAL
CARE IN CEECIS
COUNTRIES

In 2007, a major milestone was reached. The regional average rate of all children placed in foster families or under guardianship overtook the rate of children in institutional care, showing that reforms in the child-care system are making a difference. There is a clear shift towards a stronger reliance on family-based care. While, in the year 2000, 61.4 per cent of children placed in formal care were in institutions and only 38.6 per cent in foster families or under guardianship, in 2009, this figure reverted with 46.35 per cent of children in institutions and 53.65 per cent in foster families or under guardianship.[7] This is positive news given the traditional heavy reliance on institutional care in the region.

However, an increase in the rate of children placed in foster families or under guardianship does not necessarily go hand in hand with a decrease in the rate of institutionalization. Both rates may increase simultaneously as witnessed between 2000 and 2005. One of the reasons is the so-called 'pull effect'. Since funding levels to institutions are most of the time based on *per capita* norms, it is not in the interests of facility managers to restrict the number of children entering the institution. In addition, increasing the number of places in institutional care in communities under severe economic stress leads to children being pushed out of poor households to fill those places. So when a child is removed from an institution to be placed in a family-based setting, the institutional system will have a tendency to fill that place to justify its own existence. For example, UNICEF staff has come across cases of infant homes 'recruiting' children into the facility when their numbers had dropped – as a 'support' measure for families in poverty – *de facto* bypassing the child protection mechanisms.

In addition, data can be misleading and give the impression that all children in formal care benefit from the shift towards family-based care. Flow data show that those who benefit most from it are the 'new entries' to the system, not those who are already in institutional care.

Therefore, while statistics show an encouraging trend towards an increased use of foster care and guardianship as an alternative for vulnerable children in the region, they also suggest that the aggregated rate of children in formal care is being stabilized at a high rate. Ultimately, this indicates that family support services are not effective.

1.1.2 Fewer children under the age of three are placed in institutions, but this decrease is uneven

The proportion of children in institutional care in CEECIS countries is far higher than in any other region of the world, indicating that it remains one of the main coping mechanisms for many families in poverty.

It is estimated that there are more than 600,000 children in institutional care in the region and that the rate of children in formal care today is higher than it was at the beginning of the transition from the Soviet period.[8]

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[7] TransMonEE data for 2000 and 2009 in the following countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia (only 2000), Georgia, Hungary, Kyrgyzstan, Montenegro (only 2000), Republic of Moldova, Romania, Russian Federation, Serbia, Tajikistan (only 2009), TFYR of Macedonia, Turkmenistan (only 2000), Ukraine and Uzbekistan (only 2000).

[8] United Nations Children's Fund, 'The Institutional Care of Children', Programme Division, UNICEF, New York, January 2008 (internal document).

Indeed, while the total number of children living in orphanages and other institutions is estimated to have declined,[9] the proportion of all children who are in institutions has grown. The reason is the dramatic fall in birth rates in some countries of the region while the proportion of children in orphanages has remained relatively stable.[10] Therefore, this analysis will focus more specifically on 'rates' (that account for changes in the child population) rather than on 'numbers' in order to give a more appropriate and realistic picture of the situation.

Number of children under age three in formal and family-based care as of 2012 in CEECIS countries[11]
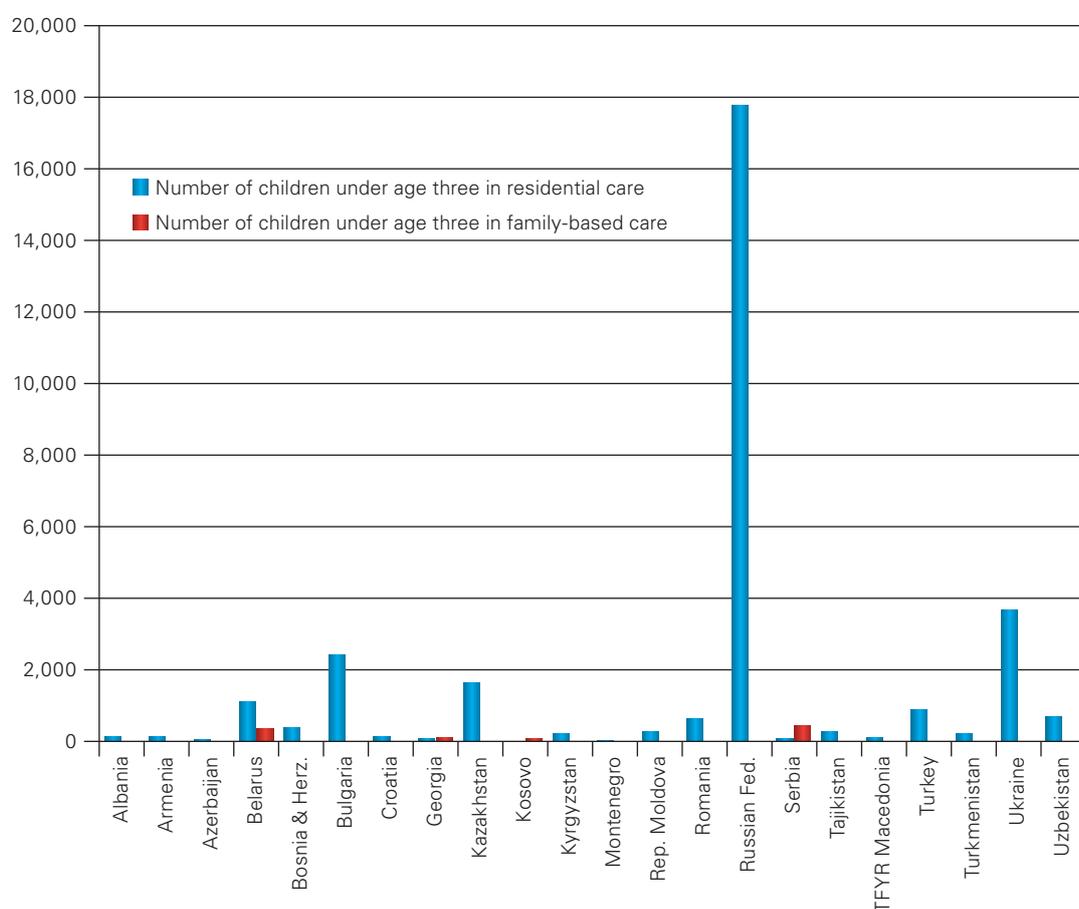
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STOCKTAKE OF THE SITUATION OF CHILDREN UNDER THE AGE OF THREE PLACED IN FORMAL CARE IN CEECIS COUNTRIES

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9 Carter, R., *Family Matters: A study of institutional childcare in Central and Eastern Europe and the former Soviet Union*, Everychild, London, 2005, p. 16.

10 United Nations Children's Fund, *Innocenti Social Monitor 2006: Understanding Child Poverty in South-Eastern Europe and the Commonwealth of Independent States*, UNICEF Innocenti Research Centre, Florence, 2006, p. 26.

11 *Albania, Bosnia and Herzegovina, Romania, TFYR of Macedonia*: TransMonEE 2009. *Armenia:* 28 December 2011; 102 children with disabilities. *Azerbaijan:* UNICEF estimate, 2012. *Belarus:* as of September 2011. *Bulgaria:* National Strategy for Deinstitutionalization, end 2010. *Croatia:* December 2011, does not include children's homes run by NGOs. *Georgia:* out of 120 children, 85 are in state-run infant homes (state information) and an estimated 35 in church-run infant homes (Regional Office estimates). *Kazakhstan:* data from the Committee for the Protection of Children's Rights, Ministry of Education, 1 January 2011; 1,733 children in adoption and kinship, and 452 in various types of alternative care. *Kosovo:* UNICEF estimate 2012. In 2010, some 50–60 children placed in alternative care. *Kyrgyzstan:* 2011 Ministry of Health data. *Montenegro:* Ministry of Labour and Social Welfare, 2012. *Republic of Moldova:* end 2011. *Serbia:* end 2011. Ministry of Labour, Employment and Social Policy: 70 in institutions and 445 in foster care. *Tajikistan:* official statistics of Ministry of Health, baby homes (0–4 years), end of third quarter of 2011. *Turkey:* as of 2 January 2012. *Turkmenistan, Ukraine:* end 2010. *Uzbekistan:* 2008, 13 Ministry of Health baby homes.

A country analysis. At the end of 2011, approximately 31,000[12] children under the age of three were in formal care in the CEECIS region.

It is indeed a striking fact that 50 per cent of the children under the age of three in formal care are to be found in the Russian Federation and 25 per cent in only four other countries of the region: Belarus, Bulgaria, Kazakhstan, and Ukraine. In Bulgaria alone, recent studies[13] consider that almost 100 babies born in hospitals are abandoned each month.[14]

However, these absolute numbers have to be compared with the actual population of children under the age of three in each country in order to obtain a clearer idea of the extent of the problem in each country.

Percentage of children under age three among all children placed in institutions in CEECIS countries
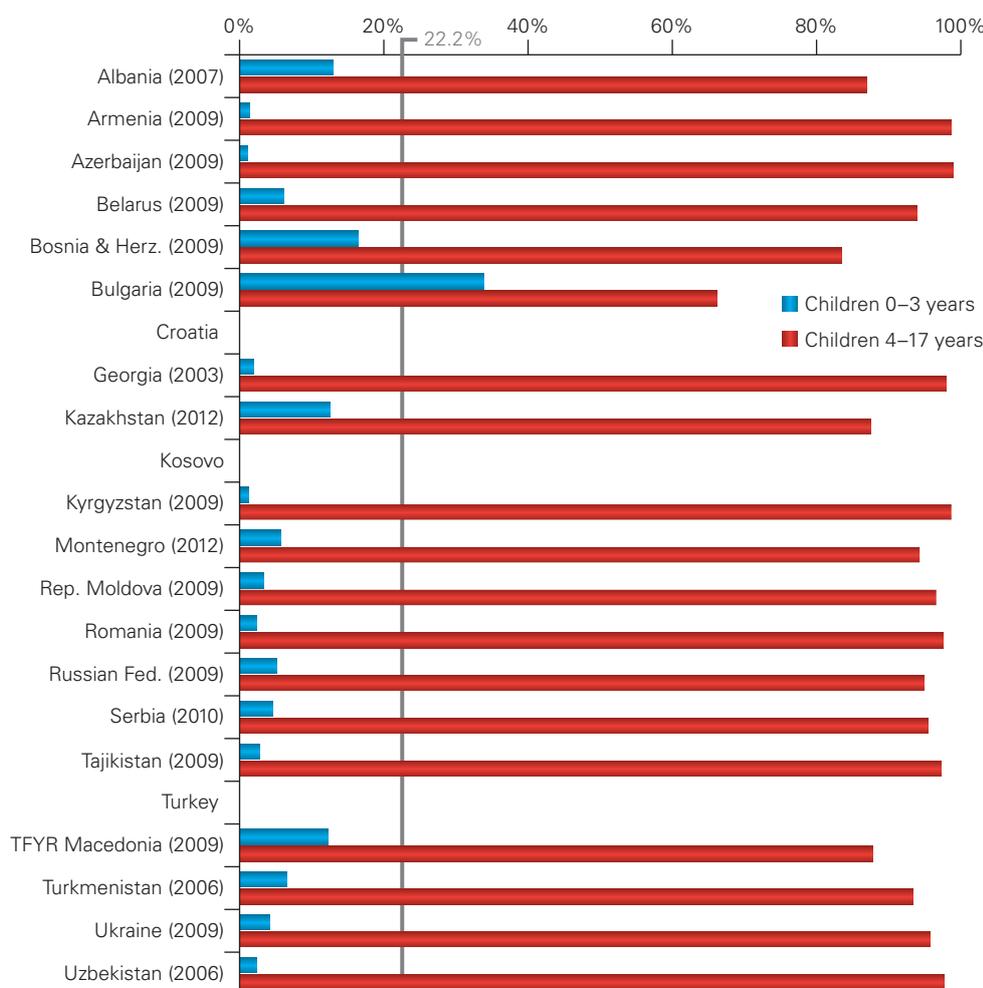
12 Source: TransMonEE 2011 Database, UNICEF Regional Office for CEECIS, Geneva, May 2011.

13 United Nations Children's Fund, Assessment of Baby-Friendly Hospital Initiative Status in Bulgaria – Report, 24 October–2 November 2010, UNICEF, 2010, p. 2.

14 According to data from the State Agency for Child Protection, 951 children were placed in infant homes directly from maternity wards in 2010.

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Children under the age of three represent approximately 22.2 per cent of all children under the age of 18 years.[15] By comparing this percentage to those of children in institutions in the CEECIS region, it is possible to highlight the countries where children under age three are over-represented. According to the data available in the TransMonEE Database 2011, only one country, Bulgaria, has way over 22.2 per cent of children under age three in its institutions, with 33.8 per cent of children under age three amongst all children in institutions. This proportion is extremely worrying. However, rapid progress is expected to take place in this country, as an ambitious plan launched two years ago aims to develop appropriate services and close 137 institutions within the next 15 years.

A significant proportion of children under the age of three are institutionalized in Albania (13 per cent), Bosnia and Herzegovina (16.5 per cent) and TFYR of Macedonia (12.2 per cent).

On the contrary, countries such as Armenia, Azerbaijan and Kyrgyzstan, with less than 2 per cent of children under the age of three amongst all children in institutions, can be qualified as 'positive examples'. However, this positive result must be balanced by the fact that neither Armenia nor Kyrgyzstan has developed any formal type of family-based care for children under the age of three.[16] This low percentage most certainly reflects the tradition of informal family support at the community level without any state intervention or support.

Of all countries and subregions, Bosnia and Herzegovina, Bulgaria[17] and Western CIS countries (Belarus, Republic of Moldova, Russian Federation, and Ukraine) had the highest rates of infants in institutional care in 2009 (188–780 per 100,000 children under the age of three).

According to TransMonEE data on infant institutionalization, the situation has somewhat improved since the year 2000. Of 13 countries for which data are available, only four have shown signs of an increasing trend in infant institutional care between 2000 and 2009: Bosnia and Herzegovina, Montenegro, Tajikistan, and TFYR of Macedonia. However, among these four countries, the increase is particularly worrying in Bosnia and Herzegovina (+65 per cent), TFYR of Macedonia (+59 per cent) and Tajikistan (+39 per cent), where rates have been growing steadily since the year 2000. In the case of Montenegro, the increase has reached 21 per cent since the year 2000 but, after a sharp growth in 2005, rates have since been diminishing regularly. Meanwhile, in Albania, where the rate of deterioration has abated since the year 2000, signs of improvement are not necessarily apparent (only –3 per cent).

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[15] Considering that all age groups represent the same proportion of children. In the absence of precise statistics on the proportion of children 0–3 years amongst the total 0–17 population for each country, this number is an approximation.

[16] Kazakhstan, Tajikistan and Turkmenistan face the same situation.

[17] According to UNICEF, every five hours, a child in Bulgaria is placed in an institution. Each year, an average of 2,000 Bulgarian children are abandoned and institutionalized.

Children under age three in institutional care in 2000, 2005, 2007, 2009[18] and 2011[19] at the end of the year in CEECIS countries

	Number of children under age three in institutions					Rate (per 100,000 children under age three)				
	2000	2005	2007	2009	2011	2000	2005	2007	2009	Evolution 2000– 2009
South-Eastern Europe										
Bulgaria[20]	3,375	2,960	2,715	2,334	2,421[21]	1.244	1.095	956	780	**- 37%**
Romania[22]	2,880	446	–	575	641	–	–	–	66	**N/A[23]**
Albania[24]	168	124	134	131	–	78	65	75	76	**- 3%[25]**
Bosnia and Herzegovina[26]	328	330	207	397	–	180	216	133	298	**+ 65%**
Croatia	–	–	–	–	140	–	–	–	–	**N/A[27]**
Montenegro[28]	19	34	28	23	28[29]	3.04	5.44	4.48	3.68	**+21%**
Serbia[30]	370	300	214	147[31]	70[32]	118.9	107.6	116.1	82.7[33]	**N/A[34]**
TFYR of Macedonia	70	99	106	98	–	68	108	118	108	**+ 59%**
Turkey	–	–	–	–	882[35]	–	–	–	–	

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[18] Source: TransMonEE 2011 Database.

[19] Source: UNICEF Country Offices.

[20] Children residing in homes for medical and social care, 0–3 years.

[21] Estimate of the National Strategy for Deinstitutionalization as of the end of 2010. Another estimate from the State Agency for Child Protection mentions 2,046 children placed in 32 infant homes at the end of 2010.

[22] Since 1998, infant homes are included in child homes. Data since 2000 refer to children aged 0–3 years in public institutional care. Data on the number of children under age three in institutions in 2001 and 2005 were provided by the National Institute for Statistics.

[23] Data from the National Institute for Statistics show a strong decline in the number of children under age three in public institutional care between 2001 and 2005 (from 2,880 to 446) but also a renewed gradual and steady increase from 446 infants in institutional care in 2005 to 641 in 2012. With a decreasing population, a rise in absolute numbers implies a corresponding growth in rates.

[24] Children under age three in orphanages.

[25] This average decrease must be put into perspective as, after a decrease in 2005, there is a new increase.

[26] Data refer to children under age three residing in public and non-public institutions.

[27] Statistics from 2006 on children aged 0–17 years show an increase in the rate of children in formal care from about 553 in 2000 to 729 in 2006 (amongst the highest rates in the subregion), suggesting that there has been a similar growth in the trend for children under age three.

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[28] Source: Ministry of Labour and Social Welfare, 2012.

[29] Estimates from UNICEF Montenegro on the basis of information collected from child-care institutions.

[30] Estimates from UNICEF Serbia.

[31] Estimate as of the beginning of 2009.

[32] Estimate as of 31 December 2010.

[33] Estimate from 2010.

[34] No data on the rate of children under age three in institutions are available for Serbia. However, only in 2010, the absolute number of children under age three in institutions decreased from 174 in January to 64 in December, which seems to indicate a decreasing trend.

[35] Estimate of 2 January 2012.

	Number of children under age three in institutions					Rate (per 100,000 children under age three)				
	2000	2005	2007	2009	2011	2000	2005	2007	2009	Evolution 2000– 2009
Western CIS										
Belarus	1,300	1,250	1,083	1,113	1,110	356	353	287	275	**- 23%**
Rep. Moldova[36]	355	361	361	288	279	223	247	241	188	**- 16%**
Russian Federation	19,345	20,621	18,480	17,767	–	383	358	309	273	**- 29%**
Ukraine	4,969	5,200	4,398	3,704	3,666[37]	308	318	249	191	**- 38%**
Caucasus										
Armenia[38]	80	74	80	67[39]	131	32	34	37	29	**- 9%**
Azerbaijan	197	156	105	122	51[40]	42	32	18	20	**- 52%**
Georgia	187	224	222[41]	120	85	96	121	119	56	**- 42%**
Central Asia										
Kazakhstan	2,476	2,095	2,134	1,692[42]	1,653[43]	286	207	184	169[44]	**- 41%**
Kyrgyzstan	254	258	238	269	206	63	63	53	55	**- 13%**
Tajikistan	192	174	169	299	278[45]	28	25	23	39	**+ 39%**
Turkmenistan	232	232	219	–	219[46]	49	52	48	–	**N/A**
Uzbekistan	766	706	752	–	–	35	34	35	–	**N/A**

Positive trend	**Transitional trend**	**Negative trend**

Source: TransMonEE 2011 Database, UNICEF Regional Office for CEECIS, Geneva, May 2011.

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[36] Data for the period do not include Transdniestr.

[37] Data as of the end of 2010.

[38] Data include children under the age of five.

[39] According to the Nork database, there were 153 children under the age of three in infant homes in 2009, and not 67 as mentioned in the TransMonEE Database. It is believed that the data provided by the Nork Information-Analytical Centre are more reliable as they get information directly from the orphanages.

[40] "Within the jurisdiction of the Ministry of Health, the number of baby homes and the number of children in them are diminishing and new modalities of rehabilitation services are being introduced. Currently there are 144 children in three Ministry of Health institutions, two of which for children under age three. Out of 144 children, 109 are staying in institutions overnight. The total number of children in baby homes is 51. Thirty-five children are using the daytime rehabilitation service in the Psycho-Neurological Institution for children. Also, there is an official data stating that 41 children were adopted and 16 reunited with their biological families in 2010. However, hospitalization of children in sanatoriums for chronic infectious diseases and psycho-neurological problems often means institutionalization because the treatment in hospitals and the resulting family separation is too long. The general problem of excessive hospitalization and its duration in Azerbaijan is also a matter of health policy concerns as described in the NGO Alternative Report to the Committee on the Rights of the Child (2011)." Source: Bosnjak, V. and Rajabov, T., Study for the mid-term review of the State Program on Deinstitutionalization and Alternative Care in Azerbaijan, Draft Final Report, November 2011, UNICEF, Baku, 2011, text from footnote, pp. 12 and 13.

[41] Data for 2007 refer to 2006.

[42] Data provided by the Committee for the Protection of Children's Rights of Kazakhstan (2011).

[43] Ibid.

[44] Ibid.

[45] Official statistics of Ministry of Health on baby homes (0–4 years) at the end of the third quarter.

[46] Data from end of 2010.

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Considering the dire situation of Bulgaria, Romania and the Russian Federation in relation to statistics for the 1990s, it is worth looking at these countries more closely. The extremely high rates of infant institutionalization in the Russian Federation are of special concern, as the number of children affected is so enormous. The Russian Federation appears to have seen a slow decline in institutionalization, most probably reflecting an improvement in family placement. In 2009, there were still 17,767 children in infant homes in the Russian Federation.[47]

The TransMonEE statistical tables do not contain data on Romania, but these are available through the National Institute of Statistics, showing a steady and strong reduction in the number of children under the age of three in public institutional care until 2005 (from 2,880 in 2001 to 446 in 2005),[48] followed by a renewed increase, with numbers raising progressively and constantly to 641 infants in institutional care in 2012.

Data for Bulgaria indicate a substantial drop in children under age three in institutions between 2000 and 2009 (–37 per cent). However, of all countries in the region for which data are available, Bulgaria had the highest rate of infants in institutional care in 2009 (780 per 100,000 children under the age of three).

It is also worth noting the sharp progress achieved by some countries in the region, with a drop in the rate of children under age three placed in institutions between 2000 and 2009 in Azerbaijan (52 per cent), Georgia (42 per cent), Kazakhstan (41 per cent), and Ukraine (38 per cent). Important progress must be noted as well in Serbia in recent years.

Infant institutional care by country: rate of children under age three in institutional care in 2000 and 2009 in CEECIS countries[49]
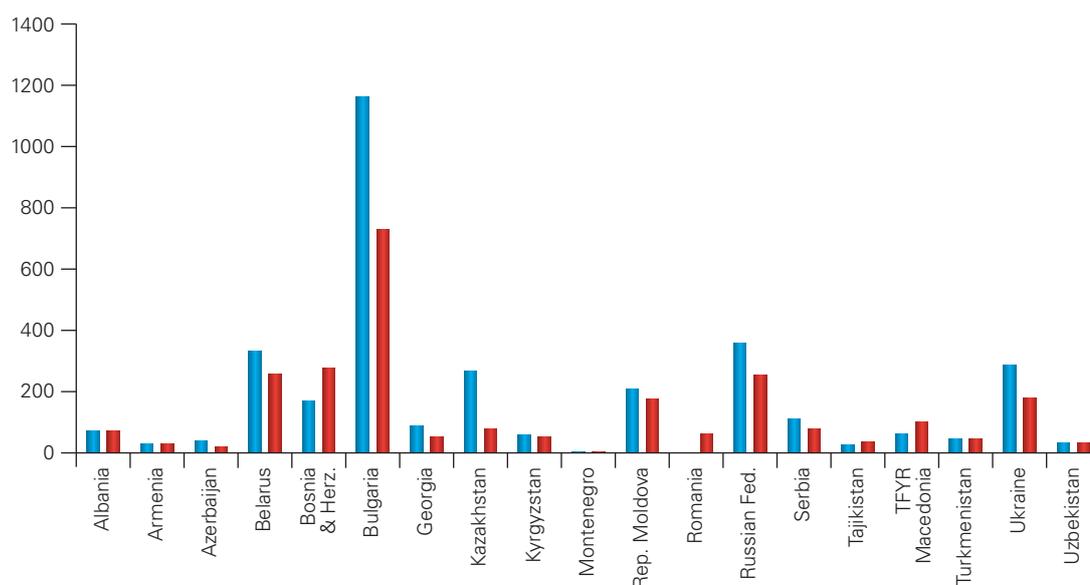
[47] TransMonEE 2011 Database (data for 2009).

[48] Data provided by the UNICEF Romania Country Office.

[49] No data are available for Croatia and Turkey. Data for Kazakhstan, Turkmenistan and Uzbekistan are from 2007. Data for Montenegro are from the Ministry of Labour and Social Welfare. Data for Serbia are from the Ministry of Labour, Employment and Social Policy, Republican Institute for Social Protection and UNICEF.

Data suggest that baby abandonment and relinquishment has declined in most countries over the last decade but placement in institutional care remains an issue. Of particular concern are Bosnia and Herzegovina, Tajikistan and TFYR of Macedonia where the rate of children under the age of three being placed in institutions has increased in high proportions, as well as Romania where, after a sharp decline until 2005, the placement in formal care of children under the age of three is on the rise again.

Infant institutional care by subregion: rate of children under age three in infant homes in 2000 and 2009[50]
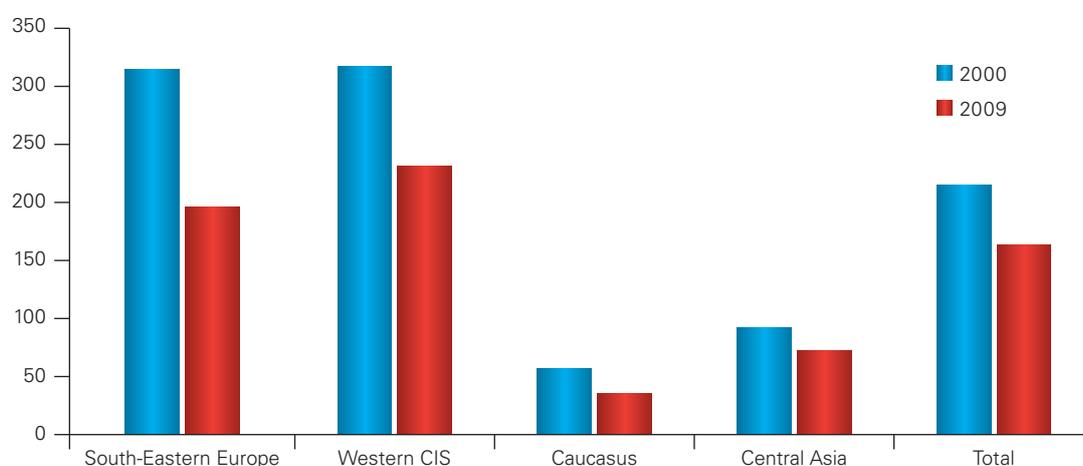
Source: TransMonEE 2011 Database, UNICEF Regional Office for CEECIS, Geneva, May 2011.

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*A subregional analysis.* It is also useful to draw tentative conclusions about the differences between subregions with respect to the placement of children under the age of three in institutions.

Data suggest that institutional care of children under the age of three is substantially more common in South-Eastern Europe[51] and Western CIS than in any other subregion. There is also growing unease about the situation in Central Asia, where fairly high rates of institutional care of children under the age of three have been rising fast in Tajikistan. The picture is more encouraging in the Caucasus,[52] where the rates of institutionalization of children under the age of three are the lowest of the entire CEECIS region and have decreased simultaneously between 2000 and 2009.

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[50] Data from Croatia, Romania and Turkey were missing. Data for 2007 were used for Kazakhstan, Turkmenistan and Uzbekistan. Data for Montenegro were provided by the Ministry of Labour and Social Welfare.

[51] A nuance must be made as to South-Eastern Europe. Data were available only from six countries of the subregion in 2000, namely for Albania, Bosnia and Herzegovina, Bulgaria, Montenegro, Serbia and TFYR of Macedonia; and for seven countries in 2009 (previous countries plus Romania). In addition, the very low rate of institutionalization of children under age three in Montenegro influences very positively the average rate of the subregion.

[52] This is also true of the North Caucasus in the Russian Federation (the southern republics of Russia – Chechnya, Ingushetia, Dagestan, Kabardino-Balkaria, etc.).

1.1.3 There is little use of foster care for infants

There are different types of foster care that are of particular relevance for children under the age of three:

- short-term foster care, which is used in many countries for children waiting for placement in adoption;
- specialized foster care, which prevents placement of infants with special needs into institutional care and ensures alternative placement for those already in institutions; and
- emergency foster care, which provides a safe and nurturing environment for child victims of abuse removed from their families and allows enough time (usually up to three months) to ensure reintegration, or preparation for specialized and regular foster care.

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In Western countries, it has been found that infants are one of the easiest groups to place in foster care. The lack of statistical data on family-based care for children under the age of three and the absence of differentiation between guardianship and foster care in the TransMonEE Database do not permit a thorough analysis of the use of foster care for infants in CEECIS countries. However, empirical data suggest that this practice is not widespread in the region.

In at least six CEECIS countries (Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, and Turkmenistan), no systems of foster care for children under the age of three have been developed. In at least ten other countries (Albania, Belarus, Bosnia and Herzegovina, Bulgaria, Montenegro, Republic of Moldova, Russian Federation, TFYR of Macedonia, Ukraine, and Uzbekistan), such systems are only at the very preliminary stages of their development.

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Percentage of CEECIS countries with foster care for children under age three

- Absence of foster care for children 0–3: Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan
- Early stages of foster care for children 0–3: Albania, Belarus, Bosnia and Herzegovina, Bulgaria, Montenegro, Republic of Moldova, Russian Federation, Serbia, TFYR of Macedonia, Ukraine, Uzbekistan
- Established foster care for children 0–3: Croatia, Georgia, Romania, Turkey
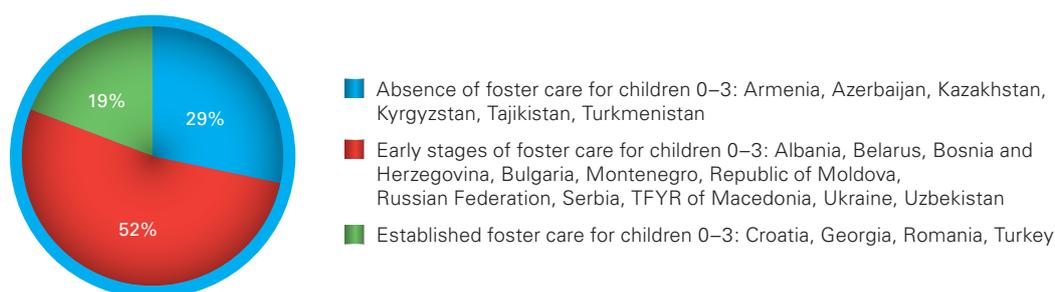
Two main reasons explain the limited use of foster care for children under the age of three.

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The first reason is the general underdevelopment of foster care in CEECIS countries. As previously mentioned, some countries simply do not have a foster care system. In other countries, foster care of children under the age of three is still at its very early stages. For example, in Bulgaria, foster care is developing. Although the number of foster parents reached 1,022 at the end of 2011 and 885 children were placed in foster care, specialized foster care of children under the age of three is yet to be developed. There are no national statistics on the number of children under three in foster care despite the government's priority to close infant homes and to prohibit placement of infants in any type of institutional care. Anecdotal

evidence showed that, in 2010, there were only a handful of children under the age of three in foster care and practically all placements of newborns were done in infant homes. In Kazakhstan, foster care has been available since 2004, but significant improvements to the service are still needed.

A 2011 study found that, in Bulgaria, "The only placement options practically available to disabled children up to three years of age are institutional care and international adoption; domestic adoption does not happen in practice."[53] The reasons were related to attitudes of professionals from the child protection and health systems, material conditions and lack of additional services made available to foster parents. In Romania, data provided by the General Directorate for Social Assistance and Child Protection indicate that the majority of children with disabilities are in institutional care; only a small number is in foster care.[54]

In the Russian Federation, there is a general perception among decision makers and practitioners that foster care and guardianship are permanent types of care – akin in some ways to adoption. Although legislation makes provision for temporary stays in both foster and guardianship care, they are seldom used. In Uzbekistan, legislation pertaining to foster care was updated in 2007 to facilitate funding and support, but this one remains as a pilot activity.

Progress has been achieved, however. In Albania, an NGO runs a pilot programme called 'Abandoned pregnant women at risk of abandoning their newborns'. While the team of the project, composed of social workers, psychologists and medical doctors, offers social, medical, educational and psychological services as well as life skills and parenting education to the mother, trained host families offer temporary warmth, care and nourishment to the child while maintaining contact between the mother and the child. When the mother meets the conditions to live and raise her child independently (e.g., when she finds a house, work, etc.), both are reunited. The first results are encouraging but stronger involvement of government services is required.

In Bulgaria, foster care for children under the age of three is now a priority of the national foster care project, which envisages a higher child allowance and specialized training. In Croatia, the adoption of the new Law on Foster Care in 2007 led to the establishment in 2008 of professional teams in charge of supporting foster families within social welfare centres. Efforts to support foster care in Croatia combined public campaigns aimed at changing common perceptions and attitudes towards the best forms of care for children with advocacy and policy recommendations within government striving to encourage and improve the quality of foster care. This increased the ratio of children placed in foster care as opposed to those in institutions; reduced the number of children under the age of three entering institutions; and promoted the adoption of new protocols and guidelines to assess families at risk and gain better knowledge about existing foster families. Similarly, Georgia adopted an amended law on foster care and adoption, which has improved the number and quality of placements in foster care. Since the adoption of the law, the number of emergency

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[53] European Roma Rights Centre, Bulgarian Helsinki Committee, Milan Šimečka Foundation, OsservAzione, *Life Sentence: Romani Children in Institutional Care,* Budapest, June 2011, p. 65.

[54] Data provided by representatives of the General Directorate for Social Assistance and Child Protection in Iasi County indicate that 1,122 of 1,615 children (69.5 per cent) placed in children's homes, compared to 281 of 1,240 children (22.7 per cent) in foster care, are disabled. See European Roma Rights Centre, et al., *Life Sentence: Romani Children in Institutional Care*, supra, p. 68.

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and specialized foster care families has increased dramatically, and continues to rise. As of 2012, the Social Services Agency of Georgia has registered 820 foster families and is funding 85 specialized and 25 emergency foster families.[55]

In Serbia, known for its century-long tradition in fostering, important system changes have contributed to the increased quality of care and improved the ratio of children under the age of three in institutional and foster care. Between 2005 and 2011, thanks to efforts in deinstitutionalization, capacity-building of new regional fostering centres as well as the development of community-based services for children with disabilities and their families, placement of children and youth in institutional care fell by 40 per cent and foster care increased by 83.5 per cent. When looking only at data for children aged 0–17 years, the number in institutions decreased by 50 per cent. In other words, the ratio institutions/foster care for all children aged 0–17 years declined from 0.8/1 (2005) to 0.2/1 (2011) and for children with disabilities from 4.8/1 (2005) to 1.4/1 (2011). If the data are analysed even back to 2000 and comparison is made between all age groups of children and youth in formal care, the best results are achieved for children aged 0–3 years: in 2011, the proportion of children aged 0–3 years in institutions has decreased by 81 per cent and there are 7.3 times more children in foster care.

In Montenegro, a radical shift occurred recently. A National Strategy on Fostering was adopted by the government in March 2012. It aims at accelerating the process of deinstitutionalization of children currently residing in child-care institutions by developing foster care, including specialized and emergency fostering, and promoting kinship care. In Ukraine, a pilot project of emergency foster care for babies is being piloted by EveryChild. In Uzbekistan, UNICEF is working with the government on emergency foster care legislation.

The second reason is linked to the limitation of access to foster care for children whose parents have not abandoned or been deprived of their parental rights. In many CEECIS countries, only children officially 'abandoned' may be placed in foster care. In fact, initially, many parents place their young child in institutional care for what they think will be a temporary period and, even if they never visit their child in the institution and have *de facto* abandoned him/her, the child cannot be placed in foster care without their consent. The only alternative is for the administration to suspend or stop parental rights. This procedure usually takes years.

1.1.4 *Children under the age of three are at much higher risk of family separation than older children*

The probability for children to be separated from their family changes with the age of the child. Considering the data available through the TransMonEE Database, it appears that children under the age of three are usually more at risk than older children. For example, in Serbia, the probability for children under the age of three to be deprived of parental care is 3.6 times as high as for older children; in Armenia and Azerbaijan, the probability is more than twice as high; in Kyrgyzstan, the probability is almost twice as high. A 2008 study conducted in Kazakhstan showed similar results: "For newly born babies, the probability of losing parental care before they reach 12 months is much higher than for children of other ages.

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[55] Information provided by the UNICEF Georgia Country Office.

In 2008, it was almost three times as high as for older children."[56] The Republic of Moldova seems to be an exception, with a probability of losing parental care higher for children under the age of 18 than children under the age of three. This is due to the fact that, in the Republic of Moldova, older children used to be placed in formal care in order to get access to education due to family poverty. Migration of parents leaving their children behind has reinforced this trend.

Probability of losing parental care for children 0–2 years and children 0–17 years in 2009 (number of cases per 100,000 children of relevant age)
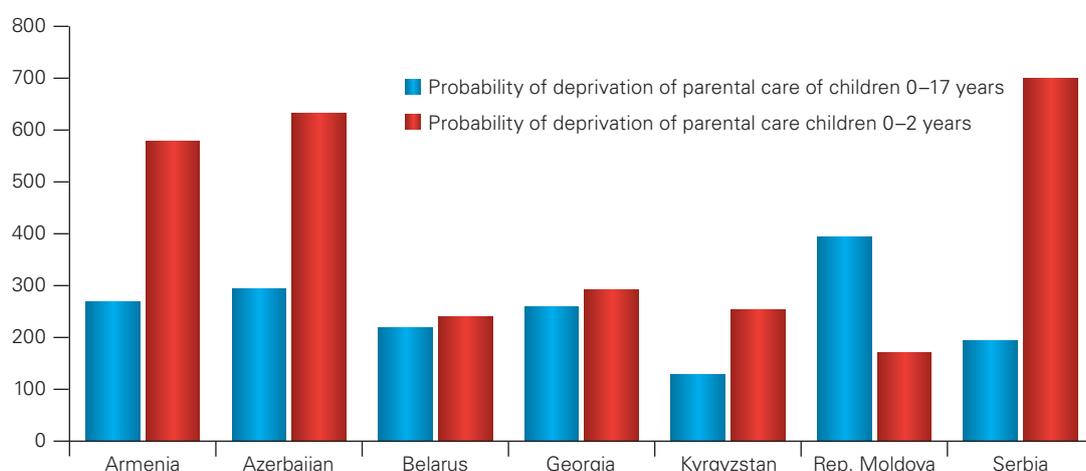
Source: TransMonEE 2011 Database, UNICEF Regional Office for CEECIS, Geneva, May 2011.[57]

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Data on the probability of losing parental care for children under the age of 2 and under the age of 17 are not included in the TransMonEE Database for the Russian Federation. However, several data sets are available across the main ministries with child protection responsibilities. It is, therefore, possible to build up a picture of recent trends and the current situation of children under the age of three. The conclusion that emerges from this analysis is that the probability of losing parental care for infants under the age of three is around four times that for older children."[58]

Given the lack of data for many CEECIS countries, it is difficult to draw conclusions at the regional or subregional levels. Available data seem to indicate that, on average, the probability for children under the age of three of losing parental care is much higher than for children of other ages.

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[56] See Andreeva, E., *Formal Care in Kazakhstan: The Budgetary Aspect*, Transitional and other costs for transformation of residential institutions and development of new services, UNICEF, Astana, April 2009, p. 19.

[57] The TransMonEE Database includes the number of children under age three left without parental care but only the total population aged 0–4 years (not the total population aged 0–2 years). In order to obtain comparable data, it has been considered that, on average, the total population aged 0–2 years represents three fifths of the population aged 0–4 years; therefore, the total population of children aged 0–4 years has been multiplied by three fifths to obtain an approximation of the total population aged 0–2 years.

[58] Partnership for Every Child, Russia, Briefing Note – Infants without parental care, 2012, pp. 1 and 5.

1.1.5 Wrapping up in a snapshot

Issue	Countries of concern	Subregions of concern
Absolute numbers of children under age three in formal care	Belarus Bulgaria Kazakhstan Russian Federation Ukraine	South-Eastern Europe Western CIS
Percentage of children under age three amongst all children in institutions	Bosnia and Herzegovina Bulgaria	South-Eastern Europe
Rate of children under age three in institutions	Belarus Bosnia and Herzegovina Bulgaria Republic of Moldova Romania Russian Federation Ukraine	South-Eastern Europe Western CIS
Evolution of the rate of children under three in institutions	Bosnia and Herzegovina Romania Tajikistan TFYR of Macedonia	Central Asia South-Eastern Europe
Evolution of the rate of children under three in formal care	Belarus Bosnia and Herzegovina Bulgaria Republic of Moldova Russian Federation Tajikistan TFYR of Macedonia Ukraine	Central Asia South-Eastern Europe Western CIS

1.2 THE LIMITS OF STATISTICS

1.2.1 Lack of reliable statistics

Quantitative. Whether or not these statistics are under- or over-estimates of the real number of infants in formal care is difficult to say. On the one hand, some will include children older than three years who nevertheless remain in 'baby homes' (e.g., in the Republic of Moldova, infant homes include children aged 0–6 years); on the other hand, statistics may exclude infants left in maternity wards, hospitals and sanatoriums[59] (i.e., children with tuberculosis or chronic illnesses). As an example, the sharp decrease of children under the age of three in institutions in Azerbaijan, from 32 in 2005 to 18 in 2007 (per 100,000), was the direct result of a census of all children in institutions carried out for the development of a National Master Plan for Transformation of Child Care Institutions, which was able to adjust statistics on children in institutions. It was found that many children who were counted in statistics as institutionalized

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[59] In the Republic of Moldova, UNICEF recently discovered that in a sanatorium for children who have been in contact with tuberculosis, 40 per cent of children are under age three. (These children are not included in the national statistics.)

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were simply benefiting from schooling in a residential care facility and were going home in the evenings or the weekends. The same situation was observed in the Republic of Moldova.

In addition, the rate of infants and young children left in institutions or in hospitals and sanatoriums each year (flow data), even for short periods, is not collected through TransMonEE, nor does the database collect information on the reasons children are placed in formal care, the age they are institutionalized for the first time, or how long they are left without parental care. To obtain this more detailed information, additional research is needed, as only few comprehensive studies are available. The 'within-system' movement of children should be examined closely.

In the Russian Federation, a recent analysis carried out by Partnership for Every Child sheds light on the importance of this widely unreported phenomenon: "The turnover of children in the infant home system appears to be growing with more children entering and leaving each year. This could be a result of increased use of the facilities for shorter stays with parental rights not being removed and children being returned to parents, as well as shorter stays prior to adoption, which is still the most common outcome for an infant entering one of these facilities. The numbers of children that leave each year added to the number in the homes at the end of the year gives the overall number of infants passing through these facilities: 31,871 children spent time in an infant home in 2010. This is significantly more than the number of infants who are recorded as remaining in the infant homes at the end of the year – 17,483 in 2010 – and this is the number that is most commonly used to monitor the infant home population in the Russian Federation, for example in TransMonEE."[60]

Another reason for the discrepancy in statistics provided through routine reporting is the financing system of the institutions, which is based on the reported number of children placed there. Such a financing system, in place in most CEECIS countries, can provide incentives to inflate the reported numbers. The phenomenon may even increase during a successful reform process that might depopulate the institutions.

Qualitative. "The estimated rates of institutionalization enable comparisons to be made across countries. However (…), it is not just the rate of institutionalization that needs to be reduced to protect young children from the harm that institutionalization can cause. For example, Turkey has one of the lowest rates of children under three in institutional care (2 per 10,000); however, the quality of care is very poor in some Turkish institutions. Therefore, a low rate of institutionalization does not necessarily mean there is no cause for concern."[61]

Problems of definitions. There are additional methodological caveats linked to divergent definitions. For example, the term 'orphan', which refers to children whose both parents are dead, is sometimes used in statistics for children whose one parent has died, meaning that children who still have one living parent may be categorized as 'orphans'. There are also differences between countries in conceptions of what qualifies as a 'placement' (both the kind of facility and the length of stay).

[60] Partnership for Every Child, Russia, Briefing Note – Infants without parental care, 2012, p. 2.

[61] Browne, K., Hamilton-Giachritsis, C., Johnson, R., Agathonos-Georgopoulou, H., Anaut, M., Herczog, M., Keller-Hamela, M., Klimáčková, A., Leth, I., Stan, V., Zeytinoğlu, S., *Mapping the number and characteristics of children under three in institutions across Europe at risk of harm,* (European Union Daphne Programme, Final Report, Project No. 2002/017/C), Centre for Forensic and Family Psychology, University of Birmingham, 2004, p. 26.

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In a 2004 report,[62] Save the Children explains how institutional figures in Bulgaria were falling from 22,000 in 2001 to 12,100 in 2004 as a result of the 'reclassification' of children from the Ministry of Education's special schools as not being in institutional care. This organization estimated that, in fact, approximately 31,000 children were placed in institutions in Bulgaria.

No gender or ethnicity perspective. The gender perspective looks at the impact of gender on people's opportunities, social roles and interactions. With regard to issues, such as the placement of children under the age of three in formal care or the abandonment and relinquishment of these children in CEECIS countries, a gender perspective could shed light on long-standing or emerging discrimination trends.

Indeed, in the Caucasus, recent census data indicate a disturbing increase in sex ratios at birth (i.e., the number of males divided by the number of females). The trends have been analysed in a recent paper[63] and the findings are worrisome. While, typically, this ratio is in the range of 1.03–1.06, in the Caucasus the sex ratio at birth now far exceeds this level. In Azerbaijan, the sex ratio reached 1.168 in 2008; the 2001 Armenian census reveals a sex ratio of 1.145; and the 2002 Georgian census shows a sex ratio of 1.104. These sex ratios are at a level similar to those of China and India, where the most recent sex ratios for children aged 0–4 years are 1.145 and 1.106, respectively. These ratios are even higher from the second child on with, for example, ratios increasing to 1.6 and 1.7 in the cases of the third and fourth child respectively in Armenia.[64] To date, there are few studies on this phenomenon.[65] A first study conducted with the support of the United Nations Population Fund (UNFPA) on 'Prevalence of and reasons for sex-selective abortions in Armenia' demonstrated that "a son preference can, for the most part, be accounted for by the necessity of ensuring the continuity of the family lineage, by a position of influence that men enjoy in families – sons are inheritors of property – as well as by boys' greater social mobility and more active roles in society."[66] The 2010 Caucasus Barometer (CB) indicates that gender preferences in the South Caucasus remain in favour of males with 54 per cent of Armenians, 27 per cent of Azerbaijanis and 46 per cent of Georgians preferring to have male children if given a choice. If selective induced abortion after foetal sex-determination at the beginning of a pregnancy is one of the ways people 'avoid' having girls,[67] one can also assume that, when abortion is not possible or planned,

[62] Save the Children, Bulgarian Helsinki Committee, Inter Ethnic Initiative for Human Rights, EveryChild Bulgaria, Centre for Independent Living, *NGO Alternative Report on Bulgaria's Progress towards EU Accession, 2004*, Sofia, October 2004, pp. 9 and 10.

[63] Géraldine Duthé, France Meslé, Jacques Vallin (Institut national d'études démographiques, Paris), Irina Badurashvili (Georgian Centre of Demographic Studies, Tbilisi), and Karine Kuyumjyan (National Statistical Service of the Republic of Armenia, Yerevan), High level of sex ratio at birth in the Caucasus. A persistent phenomenon? presented at the Annual Meeting of the Population Association of America, Washington, DC, 31 March–2 April 2011.

[64] United Nations Population Fund Armenia Country Office, Republic of Armenia Ministry of Health, Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology, Report – Prevalence of and reasons for sex-selective abortions in Armenia, UNFPA, Yerevan, 2012, p. 4.

[65] Brainerd, E., *Human Development in Eastern Europe and the CIS since 1990*, Human Development Research Paper 2010/16, United Nations Development Programme (UNDP), July 2010, p. 6.

[66] UNFPA, et al., Prevalence of and reasons for sex-selective abortions in Armenia, supra, p. 41.

[67] Selective abortion on the basis of sex is simplified in some Caucasian countries. For example, according to Georgian legislation, women can perform induced abortion freely only until 12 weeks of pregnancy. After 12 weeks of pregnancy, abortion may be performed upon a woman's request in case of medical complications and specific social environments. Among social conditions is, for example, the heavy economic situation of a couple that makes it impossible for them to ensure appropriate childcare. On the background of Georgia's recent economic and social situation, women are given a chance of avoiding restrictions on late-term abortions.

unwanted girls may, more easily than boys, end up abandoned or relinquished. In Armenia, in 2009, according to the database of the Nork Information-Analytical Centre, there were 153 children under the age of three in infant homes. Out of 153 children, 69 (45 per cent) were boys and 84 (or 55 per cent) were girls. But additional research and analysis would be needed to clearly link (or not) this higher number of girls under age three placed in formal care to the current 'son preference' phenomenon in the country. In Serbia, the situation is very different. According to preliminary findings of the Republican Institute for Social Protection for 2011, there are more boys (60.6 per cent) than girls in institutional care for children and youth, while in foster care there is no gender disproportion.

The TransMonEE Database considered for this study does not distinguish between girls and boys when it comes to statistics relating to placement in formal care of children under the age of three, making it uneasy to confirm whether this 'son preference' trend has an impact on the institutionalization of infant girls.

This trend, however, has not been reported in other CEECIS countries. According to Andy Bilson,[68] in Bulgaria, as of the end of 2008, the repartition between boys and girls under the age of three in institutional care was almost equal, with a marginal over-representation of boys (see below).

Age	Total	Male	Female
0–1 year	883	441	442
2– 3 years	978	528	450
Total	**1861**	**969 (52%)**	**892 (48%)**

Another study carried out in 2010 at the Tbilisi Infant House in Georgia showed that marginally more boys (54 per cent) than girls (46 per cent) were abandoned: "In the healthy children's group there are almost equal proportions of girls and boys. In the other group of children with disabilities, there are proportionally more boys than girls admitted. Possible reasons might be that girls are considered easier to bring up and manage, and may still be useful in the household, in comparison with boys who are expected to work outside."[69]

It shows that, in general, there is no particular misbalance between the institutionalization of boys and girls. However, the limited availability of comparative data from other countries impedes drawing a solid conclusion on this issue.

Similarly, national statistics usually do not take into consideration the ethnicity of infants in institutions or family-based care. However, anecdotal evidence based on specific studies suggests that the discrimination that can be observed in the wider society against specific ethnic groups, such as the Roma, is reflected in the over-representation of these children in institutions. The limitation to the collection of relevant ethnic origin statistics is mostly legal. In Bulgaria, for example, according to legislation, data on ethnic origin can be based only on

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[68] See Bilson, A., Children under three in residential care. Lessons from Research, University of Central Lancashire (UCLan) [undated powerpoint presentation].

[69] Nachkebia, J., and Rawls, J. M., Assessment of Child Admission and Outflow at the Tbilisi Infant House, unpublished report completed for Children of Georgia, UNICEF Country Office, Georgia, and Save the Children, Georgia, 2010, p. 7.

self-identification. The numbers in most of the studies are based on expert opinion and, for this reason, can be questioned.

The promotion of publically accessible statistical data disaggregated by sex and ethnic origin of infants in formal care would help document discrimination against specific groups.

1.2.2 Inconsistent data collection

Even when reported, data are rarely centrally collated and cross-checked with relevant ministries or disseminated in a coordinated and systematic manner, resulting in a lack of nationally representative statistics. Following a survey in 2010, on the Records of Children Without Parental Care in Bosnia and Herzegovina, the researchers noted, "It is believed that the actual number [of children deprived of parental care] is higher [than suggested by available data] as the data cannot be considered accurate for different reasons: the lack of an efficient system for maintaining adequate databases and the failure of institutions for children without parental care to submit data regarding these children."[70] In the same country, different ministries can use different age groups for their statistics, making comparisons uneasy. For example, in the Russian Federation, the Ministry of Education and Science uses the age group 0–2 years (up to age three) for child protection data collected under the RIK-103 monitoring system, while the Rosstat Statistical Handbook commonly uses the age group 0–4 years (up to age five) for demographic statistics.

The lack of regularly collected and analysed data on the numbers or circumstances of children being cared for outside of their original families makes it difficult for local child welfare authorities and national governments to monitor progress in preventing separation, promoting reunification and ensuring the provision of appropriate alternative care. The absence of such data impedes comparing the situation of children in formal care across countries and regions.

To support states in the collection of data related to formal care, UNICEF developed, in 2009, a list of 15 formal care indicators.[71] These indicators fall into two categories:

- The quantitative indicators (Indicators 1–12) require the collection of numerical information about children in formal care;
- The policy/implementation indicators (Indicators 13–15) provide descriptive information about laws, policies and practice relevant to children in formal care.

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[70] Hope and Homes for Children BiH, Ministry of Labour and Social Policy of the Federation of Bosnia and Herzegovina, UNICEF, *Situational Analysis of Children without Parental Care in the Federation of Bosnia and Herzegovina and Implementation of the Policy for the Protection of Children without Parental Care and Families at Risk of Separation in the Federation of Bosnia and Herzegovina 2006–2016*, Ministry of Labour and Social Policy of FBiH, December 2010, p. 18.

[71] Better Care Network and United Nations Children's Fund, *Manual for the Measurement of Indicators for Children in Formal Care*, UNICEF, New York, January 2009, pp. 5 and 6.

The 15 formal care indicators

Indicator		Description
Quantitative indicators		
1 Core	Children entering formal care	Number of children entering formal care during a 12-month period per 100,000 child population
2 Core	Children living in formal care	Number of children living in formal care on a given date per 100,000 child population
3 Core	Children leaving residential care for a family placement	Proportion of all children < 15 years leaving residential care for a family placement, including reunification, in a 12-month period
4 Core	Ratio of children in residential versus family-based care	Proportion of all children in formal care who are currently accommodated in non-family-based care settings
5	Number of child deaths in formal care	Number of child deaths in formal care during a 12-month period per 100,000 children in formal care
6	Contact with parents and family	Percentage of children in formal care who have been visited by or visited their parents, a guardian or an adult family member within the last three months
7	Existence of individual care plans	Percentage of children in formal care who have an individual care plan
8	Use of assessment on entry to formal care (gatekeeping)	Percentage of children placed in formal care through an established assessment system
9	Review of placement	Percentage of children in formal care whose placement has been reviewed within the last three months
10	Children in residential care attending local school	Percentage of children of school age in residential care who are attending school within the local community with other children who are not in residential care
11	Staff qualifications	Percentage of senior management and staff/carers working with children in formal care with minimum qualifications in childcare and development
12	Adoption rate	Rate of adoptions per 100,000 child population
Policy/implementation indicators		
13	Existence of legal and policy framework for formal care	The existence of a legal and policy framework for formal care that specifies: • Steps to prevent separation • Preference for placement of children in family-based care • The use of institutionalization as a last resort and temporary measure, especially for young children • Involvement of children, especially adolescents, in decisions about their placement
14	Existence of complaints mechanisms for children in formal care	Existence of mechanisms for formal complaints that allow children in formal care to safely report abuse and exploitation
15	Existence of system for registration and regulation	Existence of a system of registration and regulation for those providers of formal care for children

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The data generated for reporting on the quantitative indicators will be valuable for monitoring and management and programming decisions when further disaggregated by age, sex (gender) and other categories.

The disaggregation of data would allow monitoring over time any changes in formal care provision as a result of policy or practice implementation, especially when these are intended to have an impact on certain groups within the population in formal care.

SECTION 2 – CHILDREN UNDER THE AGE OF THREE PLACED IN INSTITUTIONS ARE DEPRIVED OF THEIR BASIC HUMAN RIGHTS

In 2009, the European Commission asked an Ad Hoc Expert Group to address institutional care reform in its complexity. In their final report, the experts denounce the overall poor conditions in institutions. "Material conditions of life in institutions tend to be worse than for most people in the wider society. Moreover, depersonalization, rigidity of routine, block treatment and social distance are often particularly pronounced where the material conditions are poor: if the management struggles to secure food, heating and other fundamentals, it leaves little room for therapy or meaningful activities. Extreme cases of material deprivation combined with neglect and/or abusive practices have recently been documented [...] There is a growing recognition – though perhaps falling short of a clear consensus – that no matter how much money is spent on institutions, the characteristics of institutional care are bound to make it extremely difficult to provide adequate quality of life for users, to ensure enjoyment of human rights and accomplish the goal of social inclusion."[72]

Despite states' obligation to ensure that standards of care and protection are in place, many governments in the region are failing to monitor the quality of care provided to children placed in institutions. It is the primary responsibility of states to establish policies, laws, services and standards for the protection and care of children, in accordance with the Convention on the Rights of the Child. The United Nations Guidelines for the Alternative Care of Children should set the base for the elaboration and adoption of national standards.

When introducing this section of the study, it should be noted that the violation of children's rights in institutions is rarely and hardly reflected in statistics. Most of the time, the only source is anecdotal evidence, which does not necessarily catch the complexity of an issue and cannot be made into generalities concerning a country or a region. Anecdotal evidence must be considered with caution and only as an example of specific situations, in concrete places and at a given time. The situation of children under the age of three can evolve very quickly when reforms are put into place and supported by political will. This section, based on an extensive literature review, might sometimes call attention to circumstances that have already changed since the publication of the referred material and might, therefore, not always reflect the current situation.

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[72] European Commission, *Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care*, Directorate-General for Employment, Social Affairs and Equal Opportunities, September 2009, p. 11.

The following section divides human rights into three main categories: survival and development rights, protection rights and participation rights. However, this subdivision should not be considered as a classification by relevance. All rights are equal and no right is superior to another. There are no 'small' rights. Human rights are indivisible and interrelated. They cannot be treated separately or in distinct categories because the enjoyment of one right usually depends on the fulfilment of other rights.

2.1   SURVIVAL AND DEVELOPMENT RIGHTS

2.1.1 *The right to develop to one's fullest potential*

The development potential during the early childhood years. Developmental and neuroscience research over the past decades have confirmed the critical importance of the early years of life. Adverse childhood experiences including deprivation, abuse, neglect and malnutrition can have a lifelong impact on development, mental and physical health, and productivity.[73] For optimal development, young children need a nurturing, warm and responsive caregiver and a safe and stimulating home environment.

Such conditions cannot be met by the best of institutional settings. Research methods, such as neuro-imaging (e.g., magnetic resonance imaging or MRI), have provided us insight into how the brain develops and how early experiences affect development. "From the first cell division, brain development is a delicate dance between genes and the environment. Such factors as adequate nutrition, good health, clean water and a safe environment free from violence, abuse, exploitation and discrimination all contribute to how the brain grows and develops."[74]

Quality of care is critical for child development. As studies have demonstrated, institutions with poor living conditions, unstimulating environments and group rather than individualized care have a higher number of children demonstrating stereotypical behaviours indicative of emotional disturbance (e.g., rocking, head banging). These behaviours are a clear sign that the child is not receiving enough stimulation. Research has shown that such 'institutional' behaviours can disappear if the child is removed at an early age, preferably before the age of six months, and placed in a family-based care.

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[73] Engle, P., 'Early child development: Why should we invest in the health and development of young children?' in *Early Child Development: What Parliamentarians Need to Know and Do,* UNICEF, 2011; Shonkoff, J., Boyce, W. T., and McEwen, B. S., 'Neuroscience, Molecular Biology, and the Childhood Roots of Disparities: Building a New Framework for Health Promotion and Disease Prevention. Summary of Essential Findings', in *JAMA,* 3 June 2009, Vol. 301, No. 21, pp. 2252–2259 (doi:10.1001/jama.2009.754).

[74] United Nations Children's Fund, *The State of the World's Children 2001*, UNICEF, New York, 2000, p. 14, Panel 1: Early brain development: A firestorm of creativity.

Brain development, some critical periods
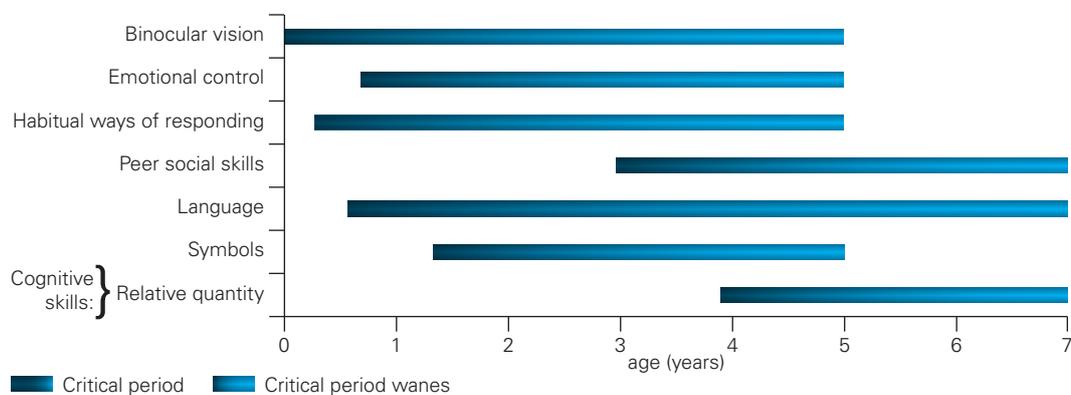
(Adapted from Doherty, 1997)

Source: McCain, M., and Mustard, F., *Reversing the real brain drain: Early years study*, Ontario, April 1999, p. 31.

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There are periods in life when the brain is particularly open to new experiences and especially able to take advantage of them. If these sensitive periods pass without the brain receiving the necessary stimulation, development in that particular area may be substantially reduced. Because the brain's capacity for change decreases with age, the individual may never be able to achieve the expected level of functioning even with remedial interventions.[75]

Adverse childhood experiences, such as institutional living, abuse and neglect, and malnutrition affect the developing brain, particularly during infancy and early childhood. "The brain's malleability also means that there are times when negative experiences or the absence of good or appropriate stimulation are more likely to have serious and sustained effects. When children do not get the care they need during developmental prime times, or if they experience starvation, abuse or neglect, their brain development may be compromised. Only a few synapses fire, while the rest of the brain shuts down. At these young ages, a shutdown stalls the motor of development."[76]

In 2009, the Bucharest Early Intervention Programme demonstrated the negative impact institutionalization has on the development of children. It compared the developmental capacities of Romanian children raised in large-scale institutions with non-institutionalized and fostered children,[77] following their physical growth, and cognitive, brain emotional and behavioural development over several years. Compared with children raised at home or in foster families, institutionalized children were far more physically stunted. For every 2.6 months spent in a Romanian orphanage, a child fell behind one month of normal growth. These children had significantly lower IQs and levels of brain activity and were far more likely to have social and behavioural abnormalities such as disturbances and delays in social

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[75] Center on the Developing Child, Harvard InBrief Series: The Science of Child Development, Harvard University. Available at http://www.developingchild.net, accessed March 2012.

[76] Gunston, G. D., Burkimsheer, D., Malan, H., Sive, A. A., 'Reversible cerebral shrinkage in kwashiorkor: an MRI study', *Archives of Disease in Childhood,* vol. 67, issue 8, August 1992, pp. 1030–1032, with permission from BMJ Publishing Group, quoted in United Nations Children's Fund, *The State of the World's Children 2001*, UNICEF, New York, 2000, p. 14, Panel 1: Early brain development: A firestorm of creativity.

[77] The Bucharest Early Intervention Project, *Caring for Orphaned, Abandoned and Maltreated Children*, 2009.

and emotional development, aggressive behaviour towards self and others, inattention and hyperactivity, and autistic-like behaviours.[78]

The lack of opportunity to form a secure attachment with a nurturing caregiver during infancy may mean that some of these children will always have difficulties forming meaningful relationships with others. But the studies also found that timing was an important factor – "children who were adopted as young infants, before their sixth month, have shown better recovery than children who were adopted as toddlers."[79]

It is important to underline that "even well-run care institutions can have negative developmental effects on children. For example, the distress caused by being separated from parents and siblings can leave children with lasting psychological and behavioural problems. A lack of positive adult interaction from consistent carers can also limit children's ability to develop personal confidence and key social skills, including those necessary for positive parenting."[80]

2.1.2 The right to health

Institutional living does not safeguard the health of the young child: *(1)* newborns enter institutions because of poor health (e.g., low birthweight, prematurity, serious medical conditions and/or disabilities); *(2)* health care for existing medical conditions is often inadequate; *(3)* young children are more likely to be exposed to infectious diseases; and *(4)* institutional living contributes to increased physical and mental health risks even in the adult years.

Newborns and young children are often relinquished and abandoned because of their poor health at birth by the caregiver, often at the advice of health professionals at the maternity. A survey on institutions in Romania confirmed that. "The highest morbidity rate can be found in placement centres for children aged 0–3, where 65 per cent are affected by health problems upon admission."[81]

Existing health conditions are often exacerbated by lack of medical care. Statistics from the Ministry of Health and Social Development of the Russian Federation for 2007 suggested that the mortality rate of children under the age of four in institutional care was ten times higher than that of the general population.[82] For many countries in the region, mortality rates and causes of mortality of children under the age of three in institutions remain unknown or are poorly documented. According to a 2010 World Health Organization report, "Another problem is lack of access to health care when an institutionalized child has an episode of serious or acute illness requiring hospitalization for diagnosis and treatment. This lack of access may be due to physical distance from referral health institutions and hospitals, problems providing transport or resistance by the health services to admit a child from a

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[78] See Csáky, C., *Keeping Children Out of Harmful Institutions – Why we should be investing in family-based care*, Save the Children, London, 2009, p. 6.

[79] Child Welfare Information Gateway, Understanding the Effects of Maltreatment on Brain Development, 2009. Available at http://www.childwelfare.gov/pubs/issue_briefs/brain_development/, accessed March 2012.

[80] Csáky, C., *Keeping Children Out of Harmful Institutions – Why we should be investing in family-based care*, supra, p. 7.

[81] Stativă, E., Coordinator, Survey on Child Abuse in Residential Care Institutions in Romania, 2000, p. 11.

[82] Mentioned in Delap, E., *Every child deserves a family. EveryChild's approach to children without parental care*, EveryChild, London, November 2009, p. 24.

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social care institution for hospital treatment, particularly one with severe intellectual disability. This is why many institutionalized children have huge, untreated hydrocephalus, untreated congenital heart disorders, cleft palates and other major health problems."[83]

Poor living conditions, overcrowding, poor hygiene and restricted staff levels contribute to high rates of infectious diseases. For example, particularly during the summer months, epidemics of hepatitis and diarrhoeal diseases are common. "In Bulgaria, in 2001, there were more than 15,000 cases of disease registered in institutions, an average of five cases per child. Half were among children under one and respiratory diseases were most common. One in five children, more than 600 altogether, was sent to hospitals; 101 died (88 from congenital anomalies). Data from the Republic of Moldova revealed that almost three quarters of children in institutions surveyed had chronic illnesses, and a vast majority had two or more conditions at the same time. (…) Preventive medical examinations were held in as few as half of the institutions."[84]

Children growing up in institutions also often experience mental health problems due to lack of care by a warm, nurturing and responsive caregiver and have reportedly higher levels of anxiety and depression than children growing up in a family environment while institutionalized and significantly higher levels of mental illness and psychosocial difficulties in adulthood.[85]

2.1.3 *The right to adequate food*

Both the Universal Declaration of Human Rights and the United Nations Convention on the Rights of the Child assure the right to adequate nutrition. Paragraph 82 of the United Nations Guidelines for the Alternative Care of Children recommends, "Carers should ensure that children receive adequate amounts of wholesome and nutritious food in accordance with local dietary habits and relevant dietary standards, as well as with the child's religious beliefs. Appropriate nutritional supplementation should also be provided when necessary."

Institutional living contributes to poor nutritional status due to inadequate food availability and lack of responsive feeding. It is well known that general malnutrition and micronutrient deficiencies during the first three years of life affect the development of the brain and physical growth, and the lack of key micronutrients, specifically iodine and iron, or an adjusted diet to prevent conditions such as phenylketonuria (PKU) can contribute to mental retardation or developmental delays.[86] In addition, in the home environment, responsive feeding contributes not only to more adequate food intake, but also enhances the child's social and cognitive development.[87]

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[83] World Health Organization, Regional Office for Europe, Better health, better lives: children and young people with intellectual disabilities and their families. Bucharest, Romania, 26-27 November 2010. The case for change. Background paper for the Conference, EUR/51/51298/17/5, WHO, Copenhagen, 6 September 2010, p. 11.

[84] United Nations Children's Fund, *Innocenti Insight. Children and Disability in Transition in CEE/CIS and Baltic States*, UNICEF Innocenti Research Centre, Florence, 2005, p. 18.

[85] North American Council on Adoptable Children and Better Care Network, Research on Institutional Care of Vulnerable Children. See http://www.crin.org/docs/US%20Instititional%20Care%20Research%20Studies%20NACAC.pdf, accessed March 2012.

[86] Victora, C. G., Adair, L., Fall, C., Hallal, P. C., Martorell, R., Richter, L., Sachdev, H. S., for the Maternal and Child Undernutrition Study Group, 'Maternal and child undernutrition: consequences for adult health and human capital', in *Lancet,* Vol. 371, Issue 9609, 26 January 2008, pp. 340–357.

[87] Engle, P. L., and Pelto, G. H., 'Responsive Feeding: Implications for Policy and Program Implementation', in *The Journal of Nutrition,* vol. 141, no. 3, March 2011, pp. 508–511 (doi:10.3945/jn.110.130039). See http://jn.nutrition.org/content/141/3/508.full.pdf+html, accessed March 2012.

In institutions, there is rarely time for responsive feeding. Children who cannot feed themselves or are more difficult to feed, such as infants or children with disabilities, often do not receive sufficient food. An investigation of feeding conditions in institutions in Turkey reported 'bedridden children', unable to feed themselves due to their disability, left inadequately fed and without assistance by staff. Investigators observed children emaciated from starvation and children dying from starvation and dehydration. "Many of the children could not feed themselves. Some were struggling to hold onto or reach the bottles and much of the contents spilled out onto beds or wasn't eaten – MDRI investigator."[88]

However, it must also be noted that, in some CEECIS countries, children may be placed into formal care because they receive better food and shelter than in their impoverished homes, which constitutes an incentive to parents who are unaware of the devastating effects of institutionalization on their young children.

2.1.4 Moving towards the right to grow up in a family environment

The Preamble of the Convention on the Rights of the Child refers to the family as "the fundamental group of society and the natural environment for the growth and well-being of all its members and, particularly, children." The Committee on the Rights of the Child uses the concept of 'family' as "a variety of arrangements that can provide for young children's care, nurturance and development, including the nuclear family, the extended family, and other traditional and modern community-based arrangements, provided these are consistent with children's rights and best interests."[89] Article 10.1 of the International Covenant on Economic, Social and Cultural Rights also provides, "The widest possible protection and assistance should be accorded to the family, which is the natural and fundamental group unit of society, particularly for its establishment and while it is responsible for the care and education of dependent children."[90]

With respect to children placed in formal care, their right to care and protection in a family environment can be understood in three ways: their right not to be arbitrarily separated from their family; their right to maintain a relationship with their family despite placement in formal care; their right to be placed in a family-like environment rather than institutional care. This last right should be considered only as a last resort, and only when in the best interests of the child.

Article 9.1 of the Convention on the Rights of the Child provides, "States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine... that such separation is necessary for the best interests of the child." Article 18.1 reaffirms that parents or legal guardians have the primary responsibility for the upbringing and development of the child and that the best interests of the child will be their basic concern (see also Article 27.2). The Committee on the Rights of the Child reinforces this position by stating, "Young children

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[88] Mental Disability Rights International, *Behind Closed Doors: Human Rights Abuses in the Psychiatric Facilities, Orphanages and Rehabilitation Centers of Turkey*, MDRI, Istanbul, 28 September 2005, pp. iv–v.

[89] Committee on the Rights of the Child, General Comment No. 7 on 'Implementing child rights in early childhood', CRC/C/GC/7/Rev.1, 20 September 2006, para. 15.

[90] Article 23.1 of the International Covenant on Civil and Political Rights includes a similar provision. Analogous provisions also exist in treaties of the Council of Europe. For example, Article 16 of the revised European Social Charter (the right of the family to appropriate social, legal and economic protection) seeks "to ensure its full development."

are especially vulnerable to adverse consequences of separations because of their physical dependence on and emotional attachment to their parents/primary caregivers."[91]

Finally, paragraph 15 of the United Nations Guidelines for the Alternative Care of Children stresses, "Poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from parental care, for receiving a child into alternative care, or for preventing his/her reintegration, but should be seen as a signal for the need to provide appropriate support to the family."

The European Court of Human Rights has already recognized the responsibility of states to respect children's right not to be arbitrarily removed from their family in the *Kutzner v. Germany* case. "The Court questioned whether the public authorities had given adequate consideration to providing the parents with additional measures of support, rather than taking 'by far the most extreme measure' of separating the children from their parents. The Court concluded that although the authorities' reasons for removing the children were relevant (they had legitimate concerns about the late development of the children), they were insufficient to justify such a serious interference in the applicants' family life... the interference was therefore not proportionate to the legitimate aims pursued."[92]

But, sometimes, children have to be removed from their families to escape violent, abusive or neglectful family relationships. In most cases, their best interests entail that they be placed in a family-like environment providing an atmosphere of 'happiness, love and understanding' required for their normal development.

The European Convention on Human Rights – and subsequent international opinion – does not limit the concept of family life to the nuclear family of parents and child but extends it to family members (e.g., grandparents, siblings) and other key figures in a child's upbringing. The United Nations Guidelines for the Alternative Care of Children clearly states that children should be encouraged and helped to remain in contact with their families, as well as with other persons close to them, such as friends, neighbours and previous carers, in keeping with the child's protection and best interests, and they should have access to information on the situation of their family members in the absence of contact with them, and siblings have the right, wherever possible, to stay together or maintain contact with them (para. 81). However, in several CEECIS countries, the prevailing institutional model divides children according to 'age', 'problem' and 'ministry'. This sometimes results in the separation of siblings, furthering the rupture of family bonds.

In practice, once they are placed in an institution in CEECIS countries, many children are never visited. According to a European Union study,[93] in 2004, 50 per cent of children under age three placed in institutions in Turkey had never been visited. This percentage was 46 in Romania. A survey in residential centres of the country demonstrated that the least visited

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[91] General Comment No. 7, CRC/C/GC/7/Rev.1, supra, para. 18.

[92] Case of Kutzner v. Germany (Application No. 46544/99), Judgment, Strasbourg, 26 February 2002, para. 81; Council of Europe, Recommendation of the Committee of Ministers to member States concerning the protection of the human rights and dignity of persons with mental disorder, Rec(2004)10, Article 8 – Principle of least restriction, quoted in Regional Office for Europe of the United Nations High Commissioner for Human Rights, *Forgotten Europeans – Forgotten Rights. The Human Rights of Persons Placed in Institutions*, OHCHR, 2010, p. 10.

[93] Browne, K., et al., *Mapping the number and characteristics of children under three in institutions across Europe at risk of harm*, (European Union Daphne Programme), supra, p. 26.

children in institutions are children under the age of three.[94] The age of the children when they were first institutionalized influences the frequency of visits by the parents: the younger the children at their first institutionalization, the lower their chances to be visited as no or very limited bonding will exist between the parents and the child before its institutionalization.

In the Republic of Moldova, 91.8 per cent of institutions do not have a 'visiting room' that ensures privacy when parents visit their child.[95] According to a 2005 report by EveryChild,[96] "In many institutions, in Bulgaria, there is an arbitrary rule that children should not be allowed to see their parents in the first month of their stay because they might get 'upset' by this contact. Even after this initial month, there are only occasional non-planned visits and intermittent contact." Still, in Bulgaria, it has been reported, "Parents' visiting times are limited and they often have to get medical certificates before they can visit."[97] Indeed, a 2007 UNICEF report found, "It is a common practice for the directors not to respect the requirement to have a private room for meetings with relatives. In the instances where such rooms were available, we found that they are hastily arranged for this purpose, kept locked, full of equipment and obviously not used according to their purpose."[98] In Russian infant homes, the parents also need medical certificates to visit their children, and visiting times tend to be very limited, inflexible and usually during working hours. In addition, most CEECIS institutions are centralized, and impoverished parents living at some distance would be hard pushed to visit or even telephone.

2.1.5 The right to leisure and recreation

Article 31 of the Convention on the Rights of the Child guarantees "the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts." As expressed by the child educator Maria Montessori, play is the child's work. Play is essential for the healthy brain development. It helps the child to construct reality and a sense of self, develop new competencies, and interact with and master the environment.

Play in a family setting is not confined to limited hours or restricted settings. Playful interactions take place between the caregiver and infant during feeding, diapering, bathing, or when greeting the child after an absence. In addition, as children develop secure attachments with their caregivers, they gain the confidence to leave their secure base and explore their immediate surroundings.

Play in institutional settings is usually more restricted in time, space, and without individualized attention of a nurturing caregiver. UNICEF reports have noted that children often do not have toys or other belongings of their very own, or special space to play inside and outside the institution.[99]

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[94] Stativă, E., Survey on Child Abuse in Residential Care Institutions in Romania, supra, p. 11.

[95] Government of the Republic of Moldova and United Nations Children's Fund, *Child abandonment in the Republic of Moldova*, UNICEF, Chisinau, 2006, p. 19.

[96] Carter, R., *Family Matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union*, supra, p. 19.

[97] Bilson, A., *The Development of Gate-Keeping functions in Central and Eastern Europe and the CIS. Lessons from Bulgaria, Kazakhstan and Ukraine*, University of Central Lancashire and UNICEF, 2010, p. 10.

[98] United Nations Children's Fund, *Decentralization of the residential care homes for children deprived of parental care – Challenges and opportunities*, UNICEF, May 2007, p. 9.

[99] Public Fund 'My Family' and United Nations Children's Fund, Analysis of the situation of children's residential institutions in the Kyrgyz Republic, UNICEF, Bishkek, 2012, p. 37.

A UNICEF study in the Republic of Moldova found that 73.7 per cent of institutions were without specifically designed play rooms."[100]

In addition, in most CEECIS infant institutions, "Much emphasis is placed on infection control, and the children experience the outside world only on rare occasions under strict supervision and limited play. The everyday contact with dirt, which helps develop a child's immune system, is mostly restricted." Furthermore, "Children may be isolated from staff and other children when they are sick and at a time when they most need comforting and sensitive care."[101]

2.2 PROTECTION RIGHTS

2.2.1 *Freedom from discrimination*

Protection against discrimination is a fundamental right that is included in all major international and European treaties. Article 2 of the Convention on the Rights of the Child ensures rights for every child, without discrimination of any kind.

Research has shown that the vast majority of children below three in institutions are institutionalized because of discrimination they or their parents face due to disability, ethnic group, HIV and AIDS or other condition.

Infants with disabilities. Both the United Nations and the Council of Europe have stressed the need for governments to address the institutionalization of children with disabilities. In its General Comment No. 7 on 'Implementing child rights in early childhood', the Committee on the Rights of the Child states, "Young children should never be institutionalized on the grounds of disability." The Council of Europe Committee on the Rehabilitation and Integration of People with Disabilities considers that "institutional care is incompatible with the exercise of children's rights and should be phased out."[102]

Most CEECIS countries have ratified the Convention on the Rights of Persons with Disabilities.[103] The development of the Convention reflects the shift that has taken place in the way disability and persons with disabilities, including children, are seen. Historically, the status of 'being disabled' has been viewed as the natural cause for some children being unable to remain with their family, to attend a regular school or to participate in social life. When disability is perceived in this way, society's responses consider that children with disabilities can be 'fixed' through medicine or rehabilitation (medical approach – e.g., the defectology tradition). The medical model "perceives disability an illness and the person with disabilities as a patient who needs a cure so that he/she can fit into 'normal' society; since a

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[100] Government of the Republic of Moldova and UNICEF, *Child abandonment in the Republic of Moldova*, supra, p. 19.

[101] Browne, K., *The Risk of Harm to Young Children in Institutional Care*, Better Care Network, Save the Children UK, London, 2009, pp. 9 and 10.

[102] Recommendations and Guidelines to promote community living for children with disabilities and deinstitutionalization, as well as to help families to take care of their disabled child at home, adopted by the Council of Europe Committee on the Rehabilitation and Integration of People with Disabilities (Partial Agreement) (CD-P-RR) on 31 December 2007.

[103] The entry into force of the Convention on the Rights of Persons with Disabilities and its Optional Protocol in May 2008 marked the beginning of a new era in the efforts "to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity" (Article 1). Although persons with disabilities have always been entitled to the same rights as everyone else, it is the first time that their rights are set out comprehensively in a binding international instrument.

cure is rarely considered possible, the 'patient' is banished from that society."[104] According to this so-called 'medical model', the lives of children with disabilities are handed over to professionals who control such fundamental decisions as what support they will receive and where they will live.

CEECIS countries typically lack national definitions of disability. Instead, different definitions exist in relation to various public services such as education, social security and employment. For example, "Hungary has at least seven definitions of disability in various articles of legislation and regulation. (…) In Croatia, a child with severe diabetes, haemophilia or similar chronic disease is considered a child with disability from the medical point of view, but not from the educational point of view."[105] In some countries in the region, medical conditions such as epilepsy, cleft palate and scoliosis are sometimes considered sufficient reason for the unnecessary placement of children in a long-term residential facility.[106] As data are largely drawn from administrative sources (e.g., enrolment in special schools or claims for disability pensions), they are neither comprehensive nor comparable and lack a qualitative dimension. "Children with disabilities living in residential homes, boarding schools, hospitals and other institutions are typically not included in disability registers or social security records because they receive inclusive care from the institutions. Even data from institutions for the disabled have limitations: children with disabilities are often housed in institutions for adults, and some portion of children in institutions for the disabled is, in fact, not disabled."[107]

In the CEECIS region, "a child with a disability is almost 17 times as likely to be institutionalized as one who is not disabled."[108] Low birthweight, health problems or physical or mental disabilities in newborns are common causes of relinquishment. Yet, the causes of the relinquishment of children with disabilities are multiple, including the lack of specialized and community-based services, misdiagnosis, and discriminatory attitudes by the general public and medical staff (see below Chapter 02).

In Bulgaria, a research study found that almost two thirds of children transferred from hospitals to institutions enter for medical rather than social reasons, as infant institutions are the only ones providing intensive care for newborns.[109] In the Tbilisi Infant House, in Georgia, in 2010, 42 per cent of infants had a disability.[110] In Kazakhstan, as of 2012, children with disabilities represented 20 per cent of children in baby homes.[111] Another research study found that at least one third of children from the maternity hospital who eventually stayed in an institution first entered the institution for medical treatment in the intensive care unit.[112] "According to 2009 data, almost 50 per cent of children in residential forms of care in the Russian Federation are children with disabilities and over 30 per cent of children with disabilities in Russia are in

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[104] Sammon, E., *Defying Prejudice, Advancing Equality. 2. Children and Disability in the Context of Family Breakdown in Central and South Eastern Europe and the Former Soviet Union*, EveryChild, London, October 2001, p. 6.

[105] UNICEF, *Innocenti Insight. Children and Disability in Transition*, supra, p. 3.

[106] United Nations Children's Fund, *Innocenti Digest No. 13. Promoting the Rights of Children with Disabilities*, UNICEF Innocenti Research Centre, Florence, 2007, p. 18.

[107] UNICEF, *Innocenti Insight. Children and Disability in Transition*, supra, p. 4.

[108] See Children with disabilities and learning difficulties at http://www.unicef.org/ceecis/education_13373.html, accessed March 2012.

[109] Bilson, A., *The Development of Gate-Keeping functions in Central and Eastern Europe and the CIS,* supra, 2010, p. 9.

[110] Nachkebia, J., and Rawls, J. M., Assessment of Child Admission and Outflow at the Tbilisi Infant House, supra, p. 5.

[111] Data provided by the Ministry of Health of Kazakhstan (March 2012).

[112] Bilson, A., *The Development of Gate-Keeping functions in Central and Eastern Europe and the CIS,* supra, p. 9.

residential care of one kind or another. Children with disabilities represent around 5 per cent of the child population; this reflects a massive over-representation of children living in residential settings."[113] It is estimated that, in Uzbekistan, 82 per cent of children living in institutions are disabled.[114]

Children with disabilities are not only more likely to be institutionalized; they are also more likely to stay institutionalized for long periods. A 2010 study conducted in Georgia found that while "many of the 'healthy' children (68 per cent) are leaving the institution within 12 months of their initial admission; (…) it is evident that children with disabilities and/or health problems can remain in the institution longer than healthy children and almost 41 per cent of them stay for more than two years. (…) Children with disabilities are more likely to remain in the institution the older they get."[115] Data from Serbia also show that deinstitutionalization of children with disabilities does not follow the same pace as for other children. Although in the period 2000–2011, there has been a decline in the number of children aged 0–17 years with disabilities in institutional care, the decline is of slower pace (47 per cent) in comparison to the decline in the same period for other children (68 per cent).

Children under the age of three with disabilities in institutions are also less likely to be adopted, because prospective adoptive parents prefer children without a disability and because, in some CEECIS countries, children with disabilities are simply not considered for both national and international adoption.

In the CEECIS region in general, more than one third of all children in institutional care are classified as having a 'disability' according to TransMonEE data for 2009, and this proportion has remained remarkably stable over the last 20 years. "In the CEECIS countries, children with disabilities were traditionally placed in residential institutions (…), having little contact with society or the outside world. Because of the legacy of shame associated with disability, children may still be hidden from society, preventing full participation in their communities, as well as personal relationships between those with and without disabilities. The language used to describe disability also perpetuates negative stereotypes: 'defect' and 'handicap' are commonly used throughout the region when referring to disability."[116]

A 2006 scientific investigation on the effects of institutional care on social behaviours of children found that, on average, one in ten children who spent their early lives in poor conditions, often deprived of interactions with others, was found to show 'quasi-autistic' behaviours (such as face guarding) and/or stereotypical 'self-stimulation/comfort' behaviours (such as body rocking or head banging),[117] which means that these children develop a type of disability because of the institutionalization, increasing the number of children with disabilities in institutions. These types of developmental delays are qualified as 'institutional diseases'.

[113] Partnership for Every Child, Russia, Briefing Note – The evolution of state policy in the Russian Federation in relation to children with disabilities and their families, 2012, p. 1.

[114] United Nations Children's Fund, The Institutional Care of Children, UNICEF, New York, January 2008 (internal document). (Formal care refers to any type of substitute care arrangement, namely institutional care and alternative family-based care, including foster care and guardianship care.)

[115] Nachkebia, J., and Rawls, J. M., Assessment of Child Admission and Outflow at the Tbilisi Infant House, supra, p. 8.

[116] United Nations Educational, Scientific and Cultural Organization, *Early Childhood Care and Education Regional Report, Europe and North America*, WCECCE/Ref.4, UNESCO, 27 August 2010, p. 74.

[117] Johnson, R., Browne, K., and Hamilton-Giachritsis, C., 'Young Children in Institutional Care at Risk of Harm', *Trauma, Violence and Abuse*, vol. 7, no. 1, January 2006, pp. 34–60.

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Over the past few decades, there has been a gradual shift in the way disability is understood by CEECIS governments. It is recognized that disability is the consequence of the interaction of the individual with an environment that does not accommodate that individual's differences and limits or impedes the individual's participation in society. This approach is referred to as the 'social model of disability'.[118] The Convention on the Rights of Persons with Disabilities endorses this model and takes it forward by explicitly recognizing disability as a human rights issue.[119]

From this perspective, the social, legal, economic, political and environmental conditions that act as barriers to the full exercise of rights by children with disabilities need to be identified and overcome. Protecting and promoting the rights of children with disabilities is, therefore, not only about providing disability-related services, it is about adopting measures to change attitudes and behaviours that stigmatize and marginalize children with disabilities.

Following the 'social model of disability' approach, some recent initiatives in CEECIS countries are worth mentioning: more generous subsidies are made available to parents of children with disabilities in some countries (Georgia, Kazakhstan, Romania, TFYR of Macedonia, and Ukraine), such as carer's home allowance or extended maternal leave. In St Petersburg City, a 'salary' payment to parents who are full-time carers for their child or children with multiple disabilities is paid by the state since January 2012. The adoption of a similar legislation is being considered in three other regions and might be envisaged also at the Federal level for the whole country.[120] In Serbia, in addition to other measures, the new Social Welfare Law adopted in 2011 introduces provision of a social pension for parents who were the full-time carers for their disabled child at least during 15 years. In Belarus, a radical reform of the disability system has been initiated with a strong move towards deinstitutionalizing children. In the Russian Federation, early intervention has become a commonly understood concept and, since 2008, nearly all regions of the country are developing community-based early intervention services of one sort or another for infants with disabilities and their parents. These services are supported by government funding through the Foundation for Children in Difficult Life Circumstances.

Infants from minority groups – Roma children. The Roma population constitutes Europe's largest and most vulnerable minority, estimated at 7–9 million people. With no historical homeland, roughly 70 per cent of Roma live in Central and Eastern Europe and in former Soviet Union countries. Nearly 80 per cent live in countries that joined the European Union or are in the process of negotiating EU membership.

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[118] For more details, see Office of the High Commissioner for Human Rights, *Monitoring the Convention on the Rights of Persons with Disabilities – Guidance for Human Rights Monitors, Professional training series No. 17*, OHCHR, New York and Geneva, 2010, p. 8.

[119] Article 7 of the Convention on the Rights of Persons with Disabilities specifically addresses the responsibility of States towards children with disabilities: "1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children. 2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration. 3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right."

[120] Partnership for Every Child, Briefing Note – The evolution of state policy in the Russian Federation in relation to children with disabilities and their families, 2012, p. 2.

Size of the Roma population in selected CEECIS countries: official data and reasonable alternative estimates

	Official data			Alternative estimates		
	Total Roma population (thousands)	Percentage total country population	Roma children aged 0–17 (thousands)	Total Roma population (thousands)	Percentage total country population	Roma children aged 0–17 (thousands)
Bulgaria	371	4.8	152.8	700-800	9.7	309
Montenegro	2.6	0.4	1.3	20	3.3	10
Republic of Moldova	12.9	0.4	...	100-200	4.2	...
Romania	535.1	2.5	230.9	1,800–2,500	9.9	926
Serbia	108.2	1.4	44.4	350	4.7	144
TFYR of Macedonia	53.9	2.7	22.4	80–130	5.2	44

Source: UNICEF Innocenti Research Centre, *Innocenti Social Monitor 2009. Child Well-Being at a Crossroads: Evolving challenges in Central and Eastern Europe and the Commonwealth of Independent States*, UNICEF Innocenti Research Centre, Florence, 2009, p. 89.

Exclusion in all its dimensions – social, political, economic or geographic – has affected Roma for centuries and has taken the form of overt ethnic discrimination. Faced with prejudices and fears that they are an inferior and dangerous people, Roma tend to live in ghettos, segregated from the rest of society. Roma are also among the most impoverished cultural groups in Central and Eastern Europe. Research shows that nearly 84 per cent of Roma in Bulgaria and 88 per cent of Roma in Romania live below the national poverty line.[121]

According to UNICEF 2007 estimates, children aged 0–4 years represent the largest cohort in the Roma population, while they represent the smallest cohort in the non-Roma population. Children account for slightly more than 40 per cent of the Roma population in Bulgaria, Hungary and Romania, whereas the share of children in the overall population is less than 20 per cent. Although the Roma population is currently growing at slower rates than in the past, it is still increasing faster than the majority population. In Bulgaria, in 2001, non-Roma households had, on average, 2.8 members, while the average household size for Roma was 4.8 and 5.6 for households with children; only 24 per cent of Roma households did not have children, compared to 66 per cent of non-Roma households. Often lacking the appropriate identity documents and birth certificates necessary for health insurance enrolment, Roma communities and their children have very limited access to health-care services and are heavily dependent on state welfare and other transfer payments. In Romania, for example, Roma men and women are less likely to have health insurance and to be enrolled in a family physician's practice than their Romanian counterparts.[122]

[121] United Nations Development Programme, *Roma in Central and Eastern Europe – Avoiding the Dependency Trap*. A Regional Human Development Report, UNDP, Bratislava, 2002, Table 8: Roma poverty rates for different poverty thresholds, p. 47.

[122] United Nations Children's Fund, *The State of the World's Children 2006: Excluded and Invisible*, UNICEF, New York, 2005, p. 24.

The Committee on the Rights of the Child has raised concerns about "the considerable over-representation of Roma children in institutions" in some parts of Central and Eastern Europe.[123] A 2011 study by the European Roma Rights Centre estimates that, in Bulgaria, Romani children represent 63 per cent of children in institutional care (while the share of Roma in the total population is approximately 10 per cent); in Romania, they represent 28 per cent of the children in residential care (while the share of Roma in the total population is approximately 9 per cent).[124] In Bosnia and Herzegovina, a 2008 UNICEF report noted that Roma children are paradoxically not over-represented in institutions, because most Centres for Social Work simply do not even address this population group.[125]

This over-representation of Roma children in institutions seems to be even more important for children under the age of three. According to a 2002 EU survey,[126] 67 per cent of children under the age of three in institutions in Romania are Roma children. A 2007 UNICEF survey in the two infant institutions in the regions of Vidin and Pernik, in Bulgaria, showed that at least 60 per cent of the children were of Roma origin. Similar figures were found in a national survey of children in infant institutions carried out by the State Agency for Child Protection.[127] In Bulgaria, requests by Roma families to place children in institutional care filed under 'inability to take care' are one of the most common reasons for child institutionalization. Roma parents who have grown up in institutions themselves easily place their children there, believing that residential care is good for their children's upbringing.[128]

Roma children under the age of three are not only more likely to be institutionalized than non-Roma children under age three or older Roma children; they also tend to be institutionalized for longer periods. "The rate of family reintegration for institutionalized children is low in all countries, in part due to the ineffective support provided by child protection workers for the families to resolve the problems leading to child placement in state care. For many children who enter state care, adoption is the only avenue for getting out of an institutional setting. For Romani children, however, the chance of adoption is significantly diminished as a result of anti-Roma racism and discrimination both inside and outside the child protection system. In all countries, adoption authorities reported that many prospective adoptive parents are not willing to adopt Romani children. There are also reported cases of social workers preventing the adoption of Romani children. Research revealed that the chances for placing a disabled child into adoption are very low. As Romani children are more likely than non-Romani children to be labelled as mentally disabled, they are at a double disadvantage regarding the identification of suitable adoptive families in relevant age categories. If they are not adopted by potential adoptive parents from Western countries, Romani children with a disability (or classified as such) have almost zero chance of exiting the system."[129]

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[123] Committee on the Rights of the Child, Consideration of reports submitted by States parties under Article 44 of the Convention on the Rights of the Child, Concluding observations: Hungary, CRC/C/HUN/CO/2, March 2006, para. 30.

[124] European Roma Rights Centre, et al., *Life Sentence: Romani Children in Institutional Care,* supra, pp. 7 and 33.

[125] United Nations Children's Fund, Child Care System Reform in South East Europe. Taking Stock and Accelerating Action. Consultation Report, Sofia, Bulgaria, 3–6 July 2007, UNICEF Regional Office for CEE/CIS, Geneva, 2008, p. 23.

[126] Browne, K., et al., *Mapping the number and characteristics of children under three in institutions across Europe at risk of harm,* (European Union Daphne Programme), supra, p. 20.

[127] Petrova-Dimitrova, N., 'Children Without Parental Care – National Survey Bulgaria' in *Eurochild,* National Surveys on Children Without Parental Care, Brussels, June 2009, p. 13.

[128] Mihova, Z., Marinova, A., and Mateeva, A., 'Bulgarian country report', in Barbarotto, M., (Ed.), *2008 Report. Child Abandonment: an Emergency*. Studies on the child protection systems in Bulgaria, France, Italy, Latvia and Romania, Franco Angeli, Amici dei Bambini, Milano, 2008, pp. 101–156.

[129] European Roma Rights Centre, et al., *Life Sentence: Romani Children in Institutional Care,* supra, p. 9.

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Infants infected with or affected by HIV/AIDS and/or chronic diseases. The face of the epidemic in Eastern Europe and Central Asia is changing along with the numbers. According to a 2010 UNAIDS report, "Eastern Europe and Central Asia is the only region where HIV incidence clearly remains on the rise."[130] Statistics show that HIV prevalence in the region has doubled since the year 2000 and that the number of people living with HIV/AIDS has tripled, with up to sevenfold increases in certain countries and regions. Around 90 per cent of those living with HIV/AIDS in the region are in the Russian Federation and Ukraine.

The epidemic is driven by an explosive mix of unprotected sex and injecting drug use.[131] But sexual transmission is on the rise, affecting socially excluded and stigmatized populations and, increasingly, women, the same population at risk of abandoning their children.

The number of HIV-positive pregnancies has doubled since 2005. Almost 100,000 HIV-positive mothers have given birth in CEECIS since the beginning of the HIV epidemic, most within the past five years.[132] An estimated 18,000 children in the region were living with HIV in 2009, up from 4,000 in 2001.[133]

For children infected or affected by HIV, the likelihood of being abandoned is higher than for other children. Although HIV *per se* may not be the main reason for abandonment, HIV tends to be a marker for a number of other factors of exclusion and vulnerability.

One of the challenges of addressing the HIV epidemic in the region lies with political legacy. "Rigid social controls have often led to denunciation and blame of those who fail to conform, or who are caught up in systemic failures. In these circumstances, the stigma and discrimination related to fear and ignorance about HIV find reinforcement in official attitudes of intolerance, and in existing public prejudice against those whose behaviour is seen as 'antisocial' or 'immoral'. Children born to HIV-positive mothers suffer the consequences of these prejudices (including the false assumption that they are themselves infected), experiencing a much higher likelihood than other children of being abandoned at a hospital, or being left to live in isolation at a specialized care institution."[134] Infant abandonment soon after delivery may also be precipitated by the woman's need to leave the hospital to seek drugs. Unintended pregnancy, poor access to family planning and existing abortion services and frequent alienation from family members also contribute to high rates of abandonment among this group. Widespread negative attitudes of medical professionals towards HIV-infected pregnant women and mothers, as well as the stigmatizing and discriminatory treatment of drug-using women, further increase the likelihood of abandonment.

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[130] UNAIDS, Press release: Eastern European countries show increasing new HIV infections while some harm reduction programmes are decreasing, Vienna, 16 July 2010. Available at http://www.unaids.org/en/Resources/PressCentre/Pressreleaseandstatementarchive/2010/July/20100716PREE/, accessed March 2012. See also World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Global HIV/AIDS Response: Epidemic update and health sector progress towards Universal Access – Progress Report 2011,* WHO/UNAIDS/UNICEF, Geneva, November 2011; Joint United Nations Progamme on HIV/AIDS, *UNAIDS Report on the global AIDS epidemic 2010*, UNAIDS, Geneva, 2010.

[131] For more details see United Nations Children's Fund, *Leave no child out – Building equity for children across CEECIS,* UNICEF Regional Office for CEECIS, Geneva, 2011.

[132] World Health Organization, United Nations Children's Fund, *Towards the elimination of mother-to-child transmission of HIV in low-prevalence and concentrated epidemic settings in Eastern Europe and Central Asia*, WHO/UNICEF, Geneva, January 2011, p. 7.

[133] UNAIDS, *UNAIDS Report on the global AIDS epidemic 2010*, supra, Table 2.5, p. 36.

[134] United Nations Children's Fund, *Blame and Banishment – The underground HIV epidemic affecting children in Eastern Europe and Central Asia*, UNICEF Regional Office for CEE/CIS, Geneva, 2010, p. 4.

HIV also makes children more vulnerable to a loss of parental care due to parental death. In Ukraine, "42,000 orphans will have lost both parents to AIDS by 2014, with another 105,000–169,000 having lost one parent, depending on the scenario."[135]

"Although the national percentage of children in Ukraine living without parental care is currently 1.26 per cent, national data suggest that 9 per cent of children registered in HIV and AIDS centres are outside of parental care. The research sites found even higher percentages of HIV-affected children out of parental care, with around 21 per cent of children registered in centres in Kyiv outside of parental care and over one third of the children registered in Bila Tserkva HIV centre outside of parental care. (…) the research suggests that HIV-positive children tend to be concentrated in particular residential care facilities, often specialized homes that largely care for children with disabilities. (…) In Ukraine, adoption and foster care services do exist, but these are options rarely open to HIV-positive children. It is extremely rare for HIV-positive children to be adopted and there are only five foster families caring for 12 HIV-positive children in the whole of Ukraine."[136]

In the Russian Federation, according to the data presented in a recent publication,[137] 12.5 per cent of children born to HIV-positive women, in 2004, in St Petersburg, were abandoned, with little opportunity for foster care, adoption or family reunification.[138] In 2008, this same abandonment rate was 6.0 per cent, which is a clear positive trend.

This emphasis on HIV and the lack of documentation on the impact of other types of diseases on the abandonment or relinquishment of children and their placement in formal care must not hide the fact that these other types of chronic diseases such as diabetes or epilepsy may be, as much as HIV, a reason for categorization and placement in care.

Infants of alcohol- or drug-addicted parents. There is relatively little available literature about the impact of 'lifestyle' practices on children in CEECIS countries. It is known, however, that alcohol and tobacco use – both implicated in foetal development, premature birth and various congenital anomalies – were widespread before the transition. And there is evidence that, since transition, younger people have taken up these habits at even greater rate than did their parents.[139] Other lifestyle risks have also emerged, particularly the use of illicit drugs, including intravenous drug use, (…) especially in Western CIS.[140]

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[135] The World Bank and International HIV/AIDS Alliance 2006, mentioned in Long, S., *Positively Caring: Ensuring that positive choices can be made about the care of children affected by HIV*, EveryChild, London, November 2010, p. 16.

[136] It should be noted that these figures do not represent the complete picture as they cover only children registered in HIV and AIDS centres and, as stated above, these centres are too small in number to provide support to all infected children in Ukraine. It may also be the case that children in state care are more likely to be systematically registered in these centres than children who are in parental care. See EveryChild, *Positively Caring,* supra, pp. 15 and 19.

[137] Kissin, D. M., Mandel, M. G., Akatova, N., et al., 'Five-year trends in epidemiology and prevention of mother-to-child HIV transmission, St Petersburg, Russia: results from perinatal HIV surveillance', in *BMC Infectious Diseases*, vol. 11, no. 292, 2011.

[138] Shinkareva, I., 'Statistics of child abandonment/relinquishment in maternities in Russian Federation', *TB/HIV bulletin #8*, Tver, Russian Federation, 2009; Shapoval, A., Socioeconomic profile of HIV+ mothers including those who abandon their infants in Ukraine. Abstract. XVII International AIDS Conference, August 2008, Mexico City.

[139] United Nations Children's Fund, *Young People in Changing Societies, The MONEE Project CEECIS/Baltics, Regional Monitoring Report No. 7*, UNICEF Innocenti Research Centre, Florence, 2000, chapter 2; UNICEF, *Innocenti Insight. Children and Disability in Transition in CEECIS and Baltic States*, supra, p. 12.

[140] UNICEF, *Innocenti Insight. Children and Disability in Transition in CEECIS and Baltic States*, supra, p. 13.

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"Drugs, alcohol, and chemicals are known to interfere with typical neurodevelopmental processes in foetuses. There are a large number of studies that illustrate that foetal exposure damages brain architecture and chemistry, with long-lasting effects on cognition and mental and physical health."[141] However, of all substances, including heroin, cocaine, and nicotine, alcohol use during foetal development causes the most serious neurodevelopmental effects.[142] The Foetal Alcohol Syndrome (FAS) is a well-known outcome of large consumption of alcohol by pregnant women, resulting in severe to moderate disturbances in brain architecture, plasticity and chemistry, leading to long-lasting intellectual disabilities of their baby. Children with FAS can have problems with learning, memory, attention span, problem-solving, speech and hearing as well as social behaviour.

However, there is a clear lack of consciousness of such risks among CEECIS populations. A 2009 research in Montenegro showed, for example, that half of the respondents (48 per cent) admitted that they obtained information on healthy lifestyles during pregnancy from other family members rather than professionals.[143]

A study on the causes of abandonment and institutionalization of children in the Republic of Moldova showed that alcoholism of the parents was one of the main causes of institutionalization in over 10 per cent of the cases.[144] The professional attitudes to these families are stigmatizing, based on belief that the alcoholics cannot be helped and that the easiest and most effective way to support their children is to separate them from families for good.

Infants, victims of multiple discriminations. Very often, institutionalized children suffer from several risk factors at the same time. One discrimination often leads or is linked to the other. For example, children born from an HIV-positive mother are more likely to also be children born from poor households and, therefore, to be born with low weight and poor health. Such low weight can in turn lead to some kind of disability. It is also frequent to see children from ethnic minority groups mislabelled as 'developmentally delayed', often due to prejudices, and linguistic and cultural misconceptions. It has been shown that Roma children have more chances to be placed in a remedial institution. One could say that a cycle of discrimination is at work here as it is the placement, especially at a very young age, which causes the developmental delays and leads to the disability diagnosis, even if the child was in good health at the moment of his/her placement.

2.2.2 Protection from violence, abuse and neglect

The Convention on the Rights of the Child states that children have a right to be protected from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment (…), including sexual abuse" (Article 19). Young children are even more at risk of neglect, maltreatment and abuse, including physical and mental violence, as

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[141] National Scientific Council on the Developing Child, Science Briefs: Fetal Alcohol Exposure Reduces Adult Brain Plasticity, Harvard University, Cambridge, MA, 2007, p. 1. Available at http://developingchild.harvard.edu/resources/briefs/science_briefs/, accessed March 2012.

[142] Stratton, K., Howe, C., Battaglia, F. C., editors, *Fetal Alcohol Syndrome: Diagnosis, Epidemiology, Prevention and Treatment*, Institute of Medicine, National Academy Press, Washington, DC, 1996.

[143] International Step by Step Association, *Handbook of ECD Experiences, Innovations, and Lessons from CEE/CIS 2009*, ISSA, p. 104.

[144] Government of the Republic of Moldova and UNICEF, *Child abandonment in the Republic of Moldova*, supra, p. 39.

they are "least able to avoid or resist, least able to comprehend what is happening and least able to seek the protection of others. There is compelling evidence that trauma as a result of neglect and abuse has negative impacts on development, including, for the very youngest children, measurable effects on processes of brain maturation."[145]

The United Nations World Report on Violence against Children has found broad and disturbing evidence of violence against children in institutional care.[146] There are three key reasons[147] institutions present a high risk of violence towards children:

- *First*, institutions are often isolated (hidden and/or remote) from the community and have little interaction with 'the outside world'. As a result, poor practice or cases of abuse and neglect of children within institutions can go unnoticed for very long periods. It is even more so true in the case of institutions welcoming children below the age of three who are less able to report violence or abuses they might suffer from.

- *Second*, institutionalized children are often children suffering from discrimination. A majority of children in institutions come from poor, marginalized families, from minority groups, suffer from a disability, are born to HIV-positive of alcohol/drug-user mothers, are born out of wedlock, or are the result of early pregnancies. They are, therefore, considered 'less important' by the society as a whole, including those supposed to take care of them.

- *Third*, in an institution, the child does not benefit from the special one-to-one relationship a child normally has with his/her parents and/or caretaker. Institutional care implies an organized, routine and impersonal structure and a professional (sometimes only medical) relationship between the caregivers and the child (sometimes perceived more as a patient). In an institution, a child is often reduced to the status of a number and rarely has a staff willing to strive to meet his/her individual needs.

It is also important to note that, in general, cases of physical or mental abuse on children are poorly documented and systematically minimized and underestimated by institutions and administrations responsible for children's care.

Neglect. As the psychiatric literature reveals, "it is not just physical deprivation that can lead to loss of life. Emotional abandonment – resulting in 'failure to thrive' – causes both emotional and physical damage to children at a critical time in their development. Even children who receive adequate food in clean institutions become disabled; some children are so emotionally neglected they will not eat – they may become malnourished and die."[148]

Poor staff/child ratios in CEECIS institutions often result in neglect. The European Network on Childcare (1996) made the following recommendations regarding staff/child ratios: one adult per six places for children under 12 months; one adult per six places for children aged 12 to 23 months; and one adult per eight places for children aged 24 to 35 months. However, according to a research conducted by the Organization for Security and

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145 General Comment No. 7, CRC/C/GC/7/Rev.1, supra, para. 36(a).

146 Pinheiro, P., *World Report on Violence against Children*, United Nations, New York, 2006.

147 Mulheir, G., and Browne, K., *De-institutionalising and Transforming Children's Services: A guide to good practice*, (European Union Daphne Programme), University of Birmingham Press, 2007, pp. 34 and 35.

148 Mental Disability Rights International, *Hidden Suffering: Romania's Segregation and Abuse of Infants and Children with Disabilities*, MDRI, 2006, p. iv.

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Co-operation in Europe (OSCE), the official ratio in Romania is one adult per seventeen places for children under the age of six and, *de facto*, probably higher.[149] In the Republic of Moldova, "although the number of employees in the institutions is, as a rule, rather high, the number of people directly involved in childcare in relation to the number of children represents an average of one person per 14.2 children, which indicates the lack of institutional capacity to provide an individual approach to caring for children."[150] In Georgia, a 2010 report on the Tbilisi Infant House (TIH) reported that "there are eight groups of children in the TIH who live in separate rooms. The average number of children in each group is now 17. Each group currently is staffed with one senior caregiver and two junior caregivers, but functionally a maximum of two are present and sometimes nobody is present. Anyone who has children would quickly realize that with these adult/child ratios it is impossible to feed, change, manage, socialize or simply care for this number of infants and children at any one time."[151]

According to the United Nations World Report on Violence against Children, "Unqualified and poorly remunerated staff are widely recognized as a key factor linked to violence within institutions. Low pay and status frequently result in poorly motivated employees and rapid staff turnover, and under-staffing is a serious problem. (…) Relatively few staff in care institutions receive any special training in child development or rights, or information about issues of violence. In institutions for children with disabilities, inadequately trained staff can be quick to lash out at the children. Overwhelmed staff may resort to violent measures to maintain discipline, particularly when supervision is lacking. Staff 'burnout' results in increasingly negative attitudes towards children and in patterns of physical and impulsive responses to confrontation."[152]

The presence and quality of staff are indeed crucial aspects of the care provided to infants in institutions. The United Nations Guidelines for the Alternative Care of Children states, "Carers should understand the importance of their role in developing positive, safe and nurturing relationships with children, and should be able to do so" (para. 89).

The dominant form of residential care, large institutions with up to several hundred children where children are numbers is also an underlying cause of neglect. The average number of children in infant homes is 120 in the Republic of Moldova[153] and 76 in Bulgaria.[154]

[149] SEEPRO (systems of early education/care and professionalization) project quoted in Oberhuemer, P., Schreyer, I., Neuman, M. J., *Professionals in early childhood education and care systems. European profiles and perspectives*, Barbara Budrich Publishers, May 2010, p. 502.

[150] Government of the Republic of Moldova and UNICEF, *Child abandonment in the Republic of Moldova*, supra, p. 19.

[151] Nachkebia, J., and Rawls, J. M., Assessment of Child Admission and Outflow at the Tbilisi Infant House, supra, p. 3.

[152] Pinheiro, P., *World Report on Violence against Children*, supra, p. 181.

[153] See TransMonEE 2008 Database.

[154] According to national statistics, there were 2,421 children under age three in 32 infant institutions at the end of 2010.

The size of institutions

There is no officially recognized United Nations or Council of Europe definition of small/ large institutions. However, experts have put forward suggestions as to the different sizes of institutions: "A large institution is characterized by having 25 or more children living together in one building. A small institution or children's home refers to a building housing 11 to 24 children. Alternatively 'family-like' homes accommodate 10 children or less, usually separated with 2 to 3 in each bedroom."

Source: Gudbransson (2004), referred to in Mulheir, G., and Browne, K., *De-institutionalising and Transforming Children's Services: A guide to good practice*, (European Union Daphne Programme), University of Birmingham Press, 2007, p. 14).

Neglected infants tend to develop acts of self-harm such as head banging. Most of the time, carers do not know how to deal with these behaviours. In the Russian Federation, Mental Disability Rights International (MDRI) uncovered thousands of neglected infants and babies in the 'lying down rooms', where row after row babies with disabilities both live and die in their cribs. In almost all institutions with children, they found infants "rocking back and forth, chewing their fingers or hands or gouging at their eyes or hitting themselves – all attempts to feel something rather than nothing and a reaction to total sensory deprivation and a lack of human love or contact."[155] In Turkey, the same organization observed children tied to cribs and beds, some of them permanently restrained. Four-point restraint, i.e., legs and arms tied to the four corners of the crib or bed, is also used. Children who scratch or hurt themselves – a reaction to the mind-numbing boredom they are forced to endure – were found with plastic bottles[156] permanently duct taped over their hands.[157]

The United Nations Guidelines for the Alternative Care of Children recommends that all care staff should receive "training in dealing appropriately with challenging behaviour, including […] means to prevent acts of harm or self-harm" (para. 116). "Use of force and restraints of whatever nature should not be authorized unless strictly necessary for safeguarding the child's or others' physical or psychological integrity, in conformity with the law and in a reasonable and proportionate manner and with respect for the fundamental rights of the child" (para. 97).

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[155] Mental Disability Rights International, The Worldwide Campaign to End the Institutionalization of Children. Available at http://www.disabilityrightsintl.org/learn-about-the-worldwide-campaign-to-end-the-institutionalization-of-children/, accessed March 2012.

[156] Bottles are left permanently on these children's hands to prevent them from self-abusing or self-stimulating. Experts in the field of disability agree that hitting, scratching or biting oneself is often a reaction to mind numbing boredom and lack of age-appropriate stimulation. Preventing children from ever being able to touch themselves causes further developmental and cognitive delays. Children raised without learning to use their hands never gain control of the nerve pathways to their hands and may never be able to develop motor control – even if the bottles are eventually taken off.

[157] MDRI, *Behind Closed Doors*, supra, p. v.

Studies of children in infant homes in St Petersburg[158] showed that simple changes to shift patterns of staff and the composition of the groups in the institution can lead to improved development outcomes for some infants. This has led to a movement in the Russian Federation among children's homes to change shift patterns and the make-up of groups.

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The use of social isolation for curbing 'aggressive' behaviour in a Serbian institution

Sasha, a 14-month-old boy, would start by lying on the floor and then sitting up and slamming his head down on the floor, over and over again (head banging). The explanation given by the staff for his social isolation from others was that he was 'aggressive' to himself, the other children and staff members. However, when picked up by a visiting professional he immediately calmed down and cuddled, but Sasha's sad and frowning face remained. He was then presented with a teddy bear, one typically high out of his reach (just an ornament on a shelf). He appreciated the teddy bear and cuddled it with a firm grip, afraid that it would be taken away again. He was passed to the nurse who was requested to change his nappy that smelt like it had not been changed for some time. His aggressive behaviour can be explained by the fact that he receives attention from staff only when he 'hits out' and at other times he is ignored (the staff should be doing the opposite). By only attending to his aggressive behaviour, staff are in fact reinforcing it and making sure it occurs more frequently. It was refreshing to see a child that had not given up on his social environment where others just lay motionless and stare into space without any emotion or vocalization. Nevertheless, this resilience is rarely seen in institutionalized young children after three months in care. The drastic effects inadequate social stimulation and emotional deprivation have on the impressionable and dynamic mind of a young infant ensure they become inactive, quiet and compliant within a very short time.

Source: Mulheir, G., and Browne, K., *De-institutionalising and Transforming Children's Services: A guide to good practice,* (European Union Daphne Programme), supra, p. 32.

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Corporal punishment. In its General Comment No. 8 on 'The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment',[159] the Committee on the Rights of the Child defines 'corporal' or 'physical' punishment as "any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting ('smacking', 'slapping', 'spanking') children, with the hand or with an implement – a whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching,

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[158] Muhamedrahimov, R. J., 'New attitude: infant care facilities in Saint-Petersburg (Russia)', in *WAIMH Handbook of Infant Mental Health*, Vol. One: Perspectives on infant mental health, edited by Osofsky, J. D. and Fitzgerald, H. E., John Wiley & Sons, New York, 1999, pp. 245–294; Groark, C. J., Muhamedrahimov, R. J., Palmov, O. I., Nikiforova, N. V., and McCall, R. B., 'Improvements in early care in Russian orphanages and their relationship to observed behaviors' in *The Infant Mental Health Journal,* vol. V, no. 2, 2005, pp. 96–109; The St Petersburg–USA Orphanage Research Team, (The team of authors listed in alphabetical order by country and individual) Muhamedrahimov, R. J., Nikiforova, N. V., Palmov, O. I., Groark, C. J., and McCall, R. B., 'Characteristics of children, caregivers, and orphanages for young children in St Petersburg, Russian Federation', in *Applied Developmental Psychology*, No. 26, 2005, pp. 477–506; The St Petersburg–USA Orphanage Research Team, (The team of authors listed in alphabetical order by country and individual) Muhamedrahimov, R. J., Nikiforova, N. V., Palmov, O. I., Groark, C. J. and McCall, R. B., 'The Effects of Early Social-Emotional and Relationship Experience on the Development of Young Orphanage Children' in *Monographs of the Society for Research in Child Development*, Serial No. 291, Vol. 73, No. 3, Wiley-Blackwell, Boston, MA, 2008, 297 p.

[159] Committee on the Rights of the Child, General Comment No. 8 on 'The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment (arts. 19; 28, para. 2; and 37, *inter alia*', CRC/C/GC/8, 2 March 2007, para. 11.

biting, pulling hair or boxing ears, caning, forcing children to stay in uncomfortable positions, burning, scalding, or forced ingestion... In the view of the Committee, corporal punishment is invariably degrading." Available research suggests that babies and young children are the targets of most corporal punishments – hitting, shaking and beating – both light and severe.[160] In the vast majority of cases, physical maltreatment of children is delivered in a punitive context: it is corporal or physical punishment.

Shaken baby syndrome

Internationally, shaken baby syndrome is the medical term used to describe the injuries resulting from shaking an infant or young child. Shaken baby syndrome occurs when a child is shaken violently as part of an adult/caregiver's pattern of abuse or because an adult/caregiver momentarily succumbs to the frustration of having to respond to a crying baby or young child. Violent shaking is especially dangerous to infants and young children because their neck muscles are not fully developed and their brain tissue is exceptionally fragile. Their small size further adds to their risk of injury.[161] According to the World Health Organization, about one third of severely shaken infants die and the majority of children that survive shaking suffer long-term health problems, such as mental retardation, cerebral palsy, or blindness.[162]

Source: Haarr, R. N., *Violence Against Children in State-Run Residential Institutions in Kazakhstan: An Assessment*, National Commissioner for Human Rights of the Republic of Kazakhstan and UNICEF, March 2011, p. 36.

UNICEF data for 12 CEECIS countries indicate that 40 per cent of children aged 2–14 years experienced physical punishment, although only 13 per cent of mothers or caregivers considered such discipline to be necessary. Children are most likely to face corporal punishment in Tajikistan (55 per cent) and least likely in Bosnia and Herzegovina (22 per cent).[163]

In 2011, UNICEF commissioned an assessment on violence against children in state-run residential institutions in Kazakhstan.[164] Surveys were distributed to 284 staff working in six different infant homes in three regions of Kazakhstan (Almaty/Almatinskaya, Karagandinskaya, and East Kazakhstan Oblast). The survey revealed that 21.8 per cent of staff reported witnessing staff using violence to discipline children in infant homes. More specifically, 9.9 per cent of staff witnessed harsh verbal abuse (i.e., swear at or curse children or call them names, such as idiot, stupid, bastard; say mean things to children to hurt their feelings or scare them); 9.9 per cent of staff witnessed psychological abuse (i.e., staff act in a way that makes children afraid that they might be physically hurt/injured; they give children physical tasks/labour around the institution, such as clean the toilets, garbage, or institution; they lock children in a room or small place for a long time; they prevent children from using the toilets). The survey further revealed that 18.3 per cent of staff reported witnessing staff

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[160] For a summary of prevalence research, see: http://www.endcorporalpunishment.org/, accessed March 2012.

[161] Information obtained from the website Shaken Baby Syndrome at http://www.ninds.nih.gov/disorders/shakenbaby/shakenbaby.htm, accessed March 2012.

[162] World Health Organization, *World report on violence and health*, edited by Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., and Lozano, R., WHO, Geneva, 2002, p. 61.

[163] United Nations Children's Fund, *Progress for children, A Report Card on Child Protection*, No. 8, UNICEF, New York, September 2009, p. 35.

[164] Haarr, R. N., *Violence Against Children in State-Run Residential Institutions in Kazakhstan: An Assessment*, Commissioner for Human Rights in the Republic of Kazakhstan and UNICEF, May 2011.

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using physical violence to discipline children. In particular, 17.6 per cent of staff witnessed staff using severe physical violence (i.e., slap children on the buttocks, back, leg, or arm; shake children; slap children in the face or on the head; hit children so hard that they had marks or were injured; hit children with a hard object or weapon, such as stick, belt, whip, ruler, other thing that hurts; grab, push or knock children down), and 6 per cent witnessed staff using moderate physical violence (i.e., pinch children, twist children's ears and arms). Statistics reveal that staff most often reported witnessing staff use severe forms of physical violence, including slapping children on the buttocks, back, leg or arms (13.4 per cent), and shaking children (10.2 per cent). Staff were also asked a series of questions designed to measure their support to corporal punishment. It appeared that 25.8 per cent of staff (1 out of 4) held attitudes supportive of the use of corporal punishment in infant homes. Some of the more common attitudes shouldering corporal punishment include the following: children do not have the right to say 'no' to staff who want to use corporal punishment (25.3 per cent), discipline problems should not be solved with children (10.6 per cent), and corporal punishment teaches children to fear staff (9.5 per cent).

Among the 22 CEECIS States where UNICEF operates, only five (Croatia in 1999, Bulgaria in 2000, Romania and Ukraine in 2004, and the Republic of Moldova in 2008) have answered the World Global Initiative to End All Corporal Punishment of Children by adopting a law specifically prohibiting all corporal punishment.

Physical and psychological abuse. Surveys in different institutions of CEECIS countries have revealed the existence of physical and psychological abuse of children under the age of three.

The 2011 UNICEF assessment[165] in infant homes in Kazakhstan showed that only 27.5 per cent of staff interviewed reported that there is an official written document regulating staff conduct in the institution. Surprisingly, nearly 62 per cent of staff reported they do not know if there is an official written document that regulates staff conduct in the institution. Furthermore, only 50.7 per cent of staff reported there are regulations for disciplining staff that uses violence against children in the institution and nearly 42 per cent of staff reported they do not know if there are regulations for disciplining staff that uses violence against children in the institution. These data provide clear evidence that there is a lack of guidelines and rules that regulate staff conduct and responses to violence against children; at least none that staff are aware of.

In 2010, the Parliamentary Assembly of the Council of Europe issued Recommendation 1934 on 'child abuse in institutions: ensuring full protection of the victims'. In this Recommendation, the Assembly reminds member States of Recommendation Rec(2005)5 on 'the rights of children living in residential institutions', which recognizes the right "to respect for the child's human dignity and physical integrity; in particular, the right to conditions of human and non-degrading treatment and a non-violent upbringing, including the protection against corporal punishment and all forms of abuse." The Recommendation calls on member States to develop and monitor "internal guidelines for the prevention of child abuse,

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[165] Ibid., p. 39.

which are to be applied by and to all institutions without exception" as well as "rules and modalities for the external supervision of various institutions." (Paras. 4.2.2 and 4.2.3.)[166]

The abusive conditions and lack of care constitute *per se* 'inhuman and degrading treatment' under Article 3 of the European Convention on Human Rights as well as Article 5 of the Universal Declaration of Human Rights, Article 7 of the International Covenant on Civil and Political Rights and Article 16 of the Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment, all of which provide that no one may be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

"Psychological abuse is defined as those adult practices that block the children's possibility to become autonomous. (…) Children are exposed to psychological abuse when the environment where they live fails to provide them with adequate conditions for structuring their socially supported and required acquisitions, practices, and behaviour. A survey in Romania has revealed that children's experience of the physical and social environment outside the institutions is very limited. Children are not involved in everyday activities at the institution. Many children do not know their personal history; they do not know how long they have been in the institution, the reason they have been institutionalized, and the duration of their stay. Psychological abuse is also manifested in institutions through inadequate offensive language used in communicating with children, behaviour by the staff concerning the differentiated conduct they should adopt according to the gender of the children. With institutionalized children, loss of gender is a visible development, materialized in the impossibility of telling boys from girls. This happens because the requirements for the shaping of femininity and masculinity in children are ignored."[167] There are reasons to believe that these psychological abuses can be found in other countries of the region.

2.2.3 Protection from sale, trafficking and abduction

The Committee on the Rights of the Child has frequently expressed concern about evidence of the sale and trafficking of abandoned and separated children for various purposes. "As far as the youngest age groups are concerned, these purposes can include adoption, particularly (though not solely) by foreigners."[168]

While it is especially difficult to obtain statistical data on the exploitation and trafficking of children, testimonies suggest that it is a growing concern in CEECIS countries. Trafficking may target intercountry adoption as well. In the Russian Federation, the UNICEF Country Office has come across practices that should raise concerns about newborns and very young infants being rushed into adoption without full exploration of options for remaining with their birth mother, father and extended family.

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[166] Council of Europe, *Recommendation 1934* on 'child abuse in institutions: ensuring full protection of the victims', adopted by the Parliamentary Assembly on 5 October 2010, paras. 3, 4.22 and 4.2.3. The Recommendation also refers to the Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (CETS No. 201, Lanzarote Convention), which came into force on 1 July 2010.

[167] Stativă, E., Survey on Child Abuse in Residential Care Institutions in Romania, supra, pp. 12–13.

[168] General Comment No. 7, CRC/C/GC/7/Rev.1, supra, para. 36(h).

Indeed, there is some evidence of international adoption contributing to the placement of children in institutions,[169,] along with illegal forms of adoption, for example in Georgia,[170] Kyrgyzstan and Ukraine, where the International Social Service (ISS) has reported information about 'direct adoptions' occurring from maternity homes. It appears that, frequently, information that a child is left in a maternity ward is communicated to prospective adoptive parents instead of the Guardianship Authority, in complete contradiction with the relevant legal provisions. This practice does not only prevent any proper matching being carried out by professionals, it is also almost certainly a source of improper gains for the intermediaries involved.[171] This practice is likely to be common in other countries.

2.3 PARTICIPATION RIGHTS

2.3.1 *The respect for the views and feelings of the young child*

Respect for the young child's agency – as a participant in family, community and society – is frequently overlooked, or rejected as inappropriate on the grounds of age and immaturity. But Article 12 of the Convention on the Rights of the Child clearly states that the child has the right to express his or her own views freely in all matters affecting the child, and to have them taken into account. As holder of rights, even the youngest children are entitled to express their views, which should be "given due weight in accordance with the age and maturity of the child."

Young children do have the ability to communicate views: "Young children are acutely sensitive to their surroundings and very rapidly acquire understanding of the people, places and routines in their lives, along with awareness of their own unique identity. They make choices and communicate their feelings, ideas and wishes in numerous ways, long before they are able to communicate through the conventions of spoken or written language."[172] "The Convention on the Rights of the Child does not restrict the respect it demands for the views of the child to those views that the child states in sophisticated terms. Young children use gestures and facial expressions, laughter and tears to express messages about

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[169] See, for example, Chou, S., and Browne, K., 'The relationship between institutional care and the international adoption of children in Europe', in *Adoption and Fostering,* vol. 32, no. 1, Spring 2008, pp. 40–48; United Nations, Economic and Social Council, Commission on Human Rights, Report submitted by the Special Rapporteur on the sale of children, child prostitution and child pornography, Juan Miguel Petit, Addendum, Mission to Romania, E/CN.4/2005/78/Add.2, 26 January 2005.

[170] In Georgia, for example, there is a lack of legal obligation for staff of maternity clinics and other institutions falling under the authority of the Ministry of Labour, Health and Social Affairs to refer mothers at risk to social workers. The lack of proper regulations gives ground to illegal practices flourishing in maternity clinics, including parents adopting newly born children through a deal with the administration. (Source: United Nations Children's Fund, Development Researchers' Network, in association with Institute for Policy Studies, Georgia, *Evaluation of the Family Support and Foster Care Project (FS&FC) and Prevention of Infant Abandonment and De-institutionalisation Project (PIAD), Georgia, Evaluation Report,* UNICEF Regional Office for CEE/CIS, Geneva, 2006.)

[171] With regard to Kyrgyzstan, the case of the presumed trafficking of children from maternity hospitals received extensive publicity in Bishkek, in 2007. It was verified by a large-scale investigation conducted by the Ministry of Health, which revealed that there was no organized trafficking network. Yet irregularities in birth registrations and transfers of babies to orphanages were observed in a number of cases. The government officially announced sanctions against the staff concerned and determined to set up special adoption units within all maternity hospitals to prevent babies being sent to children's homes before they could be legally adopted. However, as of today, there is little up-to-date, valid and reliable information about the incidence and prevalence of child trafficking in Kyrgyzstan. (Sources: Turdueva, A., 'Illegal Baby Trade Suspected in Kyrgyz Hospitals', in *Reporting Central Asia No. 489*, Institute for War & Peace Reporting, Bishkek, 14 April 2007; United Nations Children's Fund, *Risks and Realities of Child Trafficking and Exploitation in Central Asia 2009*, UNICEF Regional Office for CEE/CIS, Geneva, 2009, p. 32.)

[172] General Comment No. 7, CRC/C/GC/7/Rev.1, supra, para. 14.

their interests and wishes, to share their joy and excitement and to communicate their fears and worries. They may even use very destructive manifestations of inconvenience, distress, or anxiety to attract the attention of parents and other persons close to them. Care must be taken to fathom these signals."[173]

Decision-making bodies, other institutions and families have, therefore, an obligation to be attentive to the views of children under the age of three in whatever way they are expressed. Adults do not always know what is important for children.

However, children under the age of three in residential care in CEECIS are bound by clearly defined adult rules, making it hard for them to even develop the capacity to express their views, let alone have these views taken into consideration. For example, research by EveryChild in the Russian Federation shows that children in residential care have little or no say about their lives, with the needs of adults and of institutions given priority.[174]

2.3.2 The right to privacy

Holding personal belongings is a basic component of the right to privacy (Convention on the Rights of the Child, Article 16) and is vital to the minors' psychological welfare. Toddlers aged 18–28 months identify items as belonging to them or to others, and start to recognize themselves in a mirror. This knowledge of self-continuity or ownership is essential to self-understanding of young children.

In many CEECIS institutions, young children do not have access to personal belongings and, therefore, their self-perception and understanding is delayed and biased. As an example, a UNICEF team visiting institutions for mentally disabled children in Romania reported, "Often, the children didn't have wardrobes or a place to stock their personal belongings in the dormitory. When children have such items, these are locked up so that they don't get stolen by other children and staff. (...) The right of each minor to personal belongings and to be able to keep them adequately must be acknowledged and fully respected. In some institutions, we could see children sharing their clothes. Their physical appearance is sometimes terrible: The children from the centre have their hair cut the same way, no matter the gender. The clothes are excessively worn out. Many of the children don't have shoes and the clothes they are wearing are greatly torn and overused."[175]

2.3.3 The right to a personal history

Ensuring the right to personal history is a recent concern for the child protection authorities of the CEECIS region. In the 1990s, "the right of the child to personal history used to be totally ignored. The children's files would contain only strictly official documents: identity documents, medical records, the summary social investigation record concerning the living conditions of the family and the decisions of the authorities concerning the protection measures taken."[176]

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[173] Doek, J. E., Krappmann, L. F., and Lee, Y., *A Guide to General Comment 7: Implementing Child Rights in Early Childhood*, United Nations Committee on the Rights of the Child, United Nations Children's Fund, and Bernard van Leer Foundation, The Hague, 2006, p. 33.

[174] Mentioned in Delap, E., *Every child deserves a family,* supra, p. 26.

[175] Centre for Legal Resources and United Nations Children's Fund, *Monitoring the rights of mentally disabled children and young people in public institutions, Report of Monitoring Project 2005–2006*, UNICEF Romania, 2006, p. 19.

[176] Stativă, E., Survey on Child Abuse in Residential Care Institutions in Romania, supra, p. 36.

Researchers in Romania tried to evaluate the possibility of retracing the institutionalized children's personal history by means of the documents that were available in their personal files. It was considered that the children's personal history could be adequately retraced if there were sufficient documents on their personal files containing information about their origin, culture and evolution, as well as about the places they had transited since they were born. "The data obtained revealed that personal history could be retraced only for 56 per cent of the institutionalized children. Children in placement centres for children aged 0–3 years did even worse than that."[177]

When it comes to ethnic identity, researchers have found that, in general, institutions do not offer programmes to support the development of Roma ethnic identity or a positive attitude towards Roma. "Across the countries of the study, Romani and non-Romani children expressed negative sentiments about Roma during interviews, making statements such as 'Roma are more dangerous and criminal than others' and 'Roma do not care about anything'." Research conducted in Romania revealed a high level of stigmatization amongst Romani children in institutional care: when asked who Roma are, 83 per cent of the Romani children stated that Romani people are people with dark skin, 'thieves', 'beggars', 'criminals', 'bad people', 'without education' and 'liars'. Romani and non-Romani children are reported to use derogatory references to Roma among themselves as an offence."[178]

Another type of violation of the right of the young child to know about his/her origins has been documented in Montenegro: "The official social protection records employ the expression 'father unknown' in cases where a child is born out of wedlock and the father's name is not entered into the civil registry of births. However, it appears that, in a significant number of cases, the father is actually known, which is not unusual for small communities, but the mother has refused to name him for some reason. Neither the mothers nor community social workers have initiated the procedure for establishment of paternity for any of the children in residential care, while it is not known whether the civil registry service has provided the mothers with sufficient information in line with their legal duties. (…) The official position of the professionals is that such procedure does not serve any purpose, these cases are not dealt with by the courts efficiently, the courts would reject them, and alike. (…) As a result of the failure to initiate the procedure for the establishment of paternity, parents are freed from all parental duties and children are deprived of the right to know their origin and their next of kin."[179]

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[177] Ibid., p. 37.

[178] European Roma Rights Centre, et al., *Life Sentence: Romani Children in Institutional Care,* supra, p. 54.

[179] United Nations Children's Fund, Analysis of causes of separation from family among children in the age group from newborn to 3 in the social welfare system, UNICEF, 2009, quoted in United Nations Children's Fund, Analysis and assessment of health services related to the prevention of baby abandonment/relinquishment in Montenegro. Report based on the consultants' brief visit to Montenegro, in the period 25–29 July 2011, UNICEF, 2011 (internal documents), p. 5.

CHAPTER 02

IMMEDIATE AND ROOT CAUSES OF THE PLACEMENT OF CHILDREN UNDER THE AGE OF THREE IN FORMAL CARE IN CEECIS COUNTRIES

SECTION 1 – IMMEDIATE CAUSES OF THE PLACEMENT OF CHILDREN UNDER THE AGE OF THREE IN FORMAL CARE

1.1 ACCORDING TO STATISTICS

Risk factors of the placement of children under the age of three in formal care vary from place to place and family to family but certain commonalities can be found. It is important to examine these commonalities for the design of prevention initiatives. It is challenging, too. First, distinguishing the various risk factors is not always easy or possible because they are often interlinked and mutually reinforcing. Secondly, there are no defined timelines or 'critical periods' as risk factors operate over years, months and weeks prior to (and to a lesser extent following) birth. Finally, any debate of 'causality' must be sensitive to traditional and stereotypical attitudes towards certain population groups. For example, researchers may pronounce 'single motherhood' as a cause of relinquishment and, so doing, they inadvertently support existing (patronizing) attitudes towards single (often adolescent) mothers by implying that they are all 'bad mothers'.

Several country researches have shown that, unlike countries with lower rates of child institutionalization, a key factor in CEECIS countries is that placement in institutions is mostly linked either to poverty and other socio-economic factors or to discrimination rather than protection from individual abuse. A comprehensive 2004 survey compared Western Europe with Central and Eastern Europe[180] on the different reasons children under three were in residential care facilities. While, in Western Europe, the vast majority of infants (69 per cent) were placed in institutions because of parental abuse or neglect, 4 per cent due to abandonment, 4 per cent due to disability and 23 per cent for social reasons (such as family ill health or parents in prison), in Central and Eastern Europe, only 14 per cent were placed in institutions because of abuse or neglect; 23 per cent had a disability; 57 per cent were social orphans; and only 6 per cent were 'true' biological orphans.

Reasons for the institutionalization of children under three in Western European countries
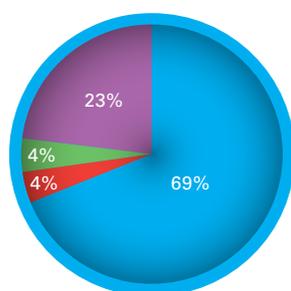
- Parental abuse or neglect
- Abandonment
- Disability
- Social reasons

Reasons for the institutionalization of children under three in Central and Eastern European countries
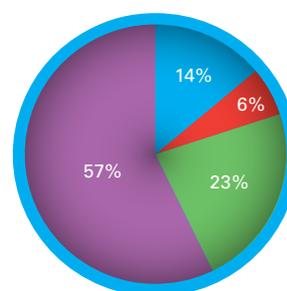
- Parental abuse or neglect
- True orphans
- Disability
- Social reasons

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[180] Browne, K., et al., *Mapping the number and characteristics of children under three in institutions across Europe at risk of harm,* (European Union Daphne Programme), supra, p. 18. (Data from Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Romania, Slovakia, and Turkey.)

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1.2 THE FAILURE OF STATISTICS TO CAPTURE A COMPLEX REALITY

The categories of reasons for the institutionalization of children showed in statistics hide a complex reality. Social reasons can be numerous, and they are likely to require different responses, or a combination of responses, in each case. Available data are, therefore, not easily usable for the development of new services or a more holistic strategy to prevent family separation.

According to a 2007 national survey in Bulgaria, only 8 per cent of the children were institutionalized because of neglect or abuse and 3 per cent because of parental health problems. "The main reasons for entry were for the child to be adopted (29 per cent), because of poverty (28 per cent), child health problems (14 per cent) or abandonment (12 per cent)."[181] In many CEECIS countries, placements are often recorded simply as '*for social reasons*', without specific information on the child's circumstances. In addition, the use of the term 'orphans', as a category of children, is sometimes problematic in that the vast majority of these children have a living parent who is known to the authorities. In countries such as Belarus, Republic of Moldova and Ukraine, some 90 per cent of children in institutions are classified as 'orphans'."[182]

Based on scattered statistical studies on the causes of the placement of children under the age of three in formal care in the CEECIS region, two main immediate causes can be identified: legal/administrative deprivation of parental care and abandonment/relinquishment, with underlying causes depending on personal and family factors as well as social and institutional causes. Orphanhood is not dealt with more extensively as a third main cause of institutionalization as it represents only a small percentage of children under the age of three placed in formal care (see diagram below).

Chain of immediate and underlying causes of the placement of children under age three in formal care in CEECIS countries

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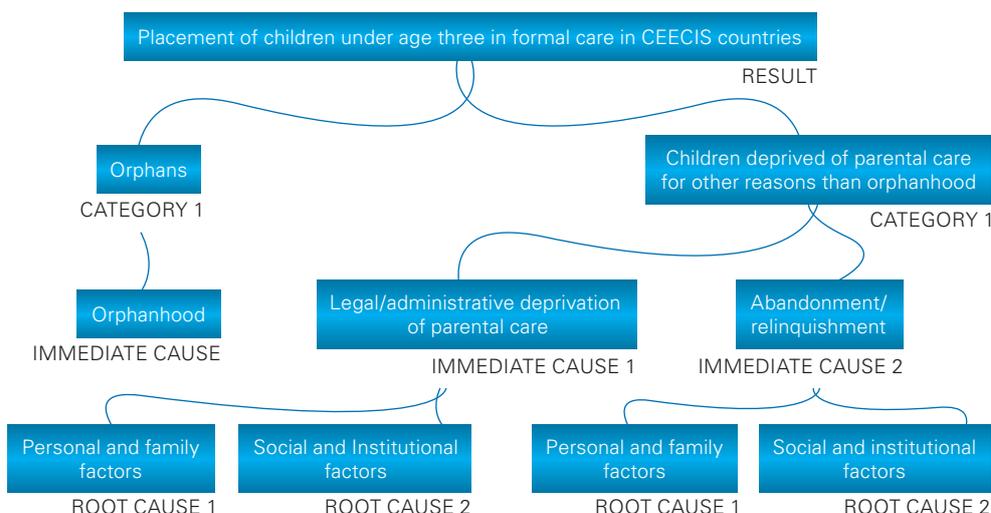
[181] Bilson, A., *The Development of Gate-Keeping functions in Central and Eastern Europe and the CIS*, supra, p. 9.

[182] Mulheir, G., and Browne, K., *De-institutionalising and Transforming Children's Services: A guide to good practice*, (European Union Daphne Programme), supra, p. 23.

1.2.1 Orphans

Children living in orphanages are often divided into two categories: orphans and children deprived of parental care for other reasons than orphanhood. In keeping with this division, orphans are children with no parents to care for them. In CEECIS countries, all reports and surveys show that orphanhood is never a main reason for the institutionalization of children under the age of three and concerns only 2 to 5 per cent of children under three in institutions. According to recent reports, in Albania, only 3 per cent of children in infant homes are orphans, the rest are in formal care because of other social and family reasons, with one or two biological parents alive.[183] In Azerbaijan, a 2009 survey of all children in institutions found that only 1.97 per cent of them had lost both parents.[184]

1.2.2 Children deprived of parental care

Children without parental care whose parent(s) is/are unable or unwilling to care for them for different reasons are often improperly qualified as 'social orphans' in CEECIS societies. The use of this expression does not reflect the complexity of their situations. These children are placed in formal care mainly because, in the absence of social safety nets and specialized services for families, formal care is one of the very few viable options providing child protection in CEECIS countries. They are in the custody of the orphanage or foster parents, but cannot be adopted (and sometimes even placed in family-based care) without their parents' official relinquishment.

According to official statistics for 2007, among children without parental support in the Russian Federation, 83 per cent were 'social orphans'.[185] In 2006, UNICEF estimated that more than 70 per cent of the more than 14,000 children living in formal care in the Republic of Moldova were so-called 'social orphans'.[186]

The reasons for abandonment are often complex and specific to a culture, geographical zone and/or particular group. It could be assumed, for example, that HIV is the primary reason for infant and child relinquishment by HIV-positive women. However, an in-depth qualitative study of HIV-infected mothers, their families and health-care workers from four regions in the Russian Federation concluded that HIV was not the primary reason for infant abandonment.[187] "Rather, the key factors increasing the likelihood of abandonment were: unwanted pregnancy, poverty, lack of family support, drug and alcohol use, fear of the infant having birth defects or disabilities, and an inability to support the costs of caring. Of these, the strongest predictor was unwanted pregnancy. Some women also reported being advised or pressured to abandon their babies by their own families or by health-care professionals, although in certain cases other family members willingly assumed the role of caregiver."[188] Similar factors for abandonment have been found in other studies, with single parenthood

183 United Nations Children's Fund, Analytical report, Albanian system, in support of children without parental care, UNICEF, 2006, p. 20.

184 Ministry of Education of the Republic of Azerbaijan, Report on Assessment of Residential Institutions in Azerbaijan, 2009, p. 9.

185 See TransMonEE 2008 Database (Trends in formal care and adoption: a country overview).

186 Government of the Republic of Moldova and UNICEF, *Child abandonment in the Republic of Moldova*, supra, p. 18.

187 Hillis, S. D., Rakhmanova, A., Vinogradova, E., et al., 'Rapid HIV testing, pregnancy, antiretroviral prophylaxis and infant abandonment in St Petersburg', in *International Journal of STD & AIDS,* vol. 18, no. 2, 1 February 2007, pp. 120–122.

188 UNICEF, *Blame and Banishment,* supra, p. 12.

and the fact of already having one or more children also being identified as factors that elevate the risk[189].

This is why a more in-depth analysis of the underlying causes of the placement of children under the age of three in formal care in CEECIS countries is necessary.

Children deprived of parental care because of abandonment or relinquishment. The terms 'abandonment' and 'relinquishment' are often used interchangeably. There are no internationally agreed upon definitions of the terms and practical applications differ. This report uses the following definitions:

Abandonment concerns the physical desertion of a child in circumstances where his/her immediate and future care cannot be guaranteed or presumed.

Relinquishment refers to the act of leaving a child with, or surrendering him/her to, the care of an individual or institution with the purpose and conviction that his/her immediate and future needs will thereby be ensured. Relinquishment may be carried out by an identified parent or anonymously.

In CEECIS countries, many have explicitly defined an 'abandoned child' as one left by his/her parents who have no intention of returning.[190] Support for this definition comes from two important studies: first, a multi-country study by EveryChild, which found that 10 per cent of children are placed in child-care institutions because of 'abandonment';[191] second, a research project by the European Union Daphne Programme, which showed that, in EU accession countries, 32 per cent of the children were placed in institutions due to 'abandonment'.[192] However, an alternative and broader definition was used by the landmark study conducted in 2004 by a group of experts from several government and non-governmental institutions with support from UNICEF, 'The Situation of Child Abandonment in Romania', which included children under the age of five left by their parents in health-care institutions or emergency placement centres. By using a broader definition, this study effectively highlights the reality of abandonment in CEECIS countries, in that it can be either a temporary or permanent phenomenon, representing a 'dynamic' and sometimes 'fluid' situation.[193] Therefore, while the word 'abandonment' normally implies that children have been completely deserted and have little or no hope of being reunited with their parents, often this is not the case.

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[189] According to the Russian NGO 'Doctors to Children', to provide a response to this issue, focus should be put on drug-using women, as they constitute the high-risk group for child abandonment and HIV transmission. Indeed, HIV-positive women who are not using drugs are not as high risk as those using drugs.

[190] A UNICEF report states, "Abandonment was considered to be an act by which the child has been left with no care whatsoever, for example on the street or in an empty dwelling. Relinquishment however is an act by which the child has been left to the care of others, for example in the maternity hospital. These two different practices call for different policy interventions." (Source: UNICEF, Child Care System Reform in South East Europe. Taking Stock and Accelerating Action. Consultation Report, Sofia, Bulgaria, 3–6 July 2007, supra, p. 21.)

[191] Carter, R., *Family Matters: A study of institutional childcare in Central and Eastern Europe and the former Soviet Union,* supra, Table 3, p. 20.

[192] Browne, K., et al., *Mapping the number and characteristics of children under three in institutions across Europe at risk of harm,* (European Union Daphne Programme), supra, p. 18.

[193] UNICEF, IOMC, ANPDC, Step by Step, International Foundation for Child and Family, Adolescentul and Asociatia Comunitatea in Sprijinul Copilului, *The Situation of Child Abandonment in Romania*, UNICEF, Bucharest, 2005, quoted in United Nations Children's Fund, *Children on the Brink. A focused Situation Analysis of Vulnerable, Excluded and Discriminated Children in Romania*, UNICEF Romania, 2006, p. 38.

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Caregivers may purposively 'choose' a hospital as an alternative for the upbringing of their child, and may be able – with adequate support – to resume their responsibilities for the child.[194]

Children deprived of parental care following an administrative decision. The second category of children under the age of three deprived of parental care who are not orphans is composed of children whose parents have been deprived of their parental rights. "Most of these parents have been deprived of their parental rights, usually for the stated reason of alcohol abuse, but research demonstrates that, in more than 90 per cent of cases, children in institutions come from extremely poor families. Turning to alcohol is a common response to living in poverty and there is a strong correlation between poverty, alcohol abuse and child neglect. It is evident, therefore, that many of the families need help and support to overcome their difficult circumstances in order to be able to care properly for their children."[195]

In Romania, one tenth of children in institutions are there because their parents have been deprived of their parental rights.[196] Many of them are of Roma origin. A 2011 report reveals the presence of "discriminatory attitudes in the Commission for Child Protection and in court proceedings concerning the removal of Romani children from their families. Romani parents reported that some judges are dismissive and disrespectful of them and most parents felt pre-judged due to their ethnicity, noting that judges lacked any understanding of their situation."[197] In Bosnia and Herzegovina, researchers found, "According to the information received from the centres for social work/social protection services, decisions on the separation of children from their parents are usually made by an expert team, but the number of team members and their qualifications vary to a great extent (depending on the capacity and number of staff of a particular centre/service). Two centres for social work stated that the decision was made by a manager and a social worker or by a manager who is a social worker by profession, because the centres lacked the staff required for the formation of expert teams."[198] In the Russian Federation, over the last 10 years, 70,000 children per year, on average, saw their parents have their parental rights removed. The rate of removal of parental rights continued to rise from 249 per 100,000 children in 2005 to 286 in 2008.[199] The number and rate of removal of parental rights are high and indicate that there is clearly more work to be done in making family support services more effective.[200]

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[194] A good example is provided in a UNICEF Innocenti Research Centre report, which explains how in Spain, in 1987, the concept of abandonment was replaced in the law by that of 'lack of protection'. This shift in definition reflected a change in the focus of the Spanish authorities towards prevention and a comprehensive perspective on the protection of all children. The argument is that an excessive use of the term 'abandonment' may inadvertently minimize emphasis on working with birth parents to explore opportunities for support to the family. (Source: United Nations Children's Fund, *Innocenti Insight. Children in Institutions: The Beginning of the End? The Case of Italy, Spain, Argentina, Chile and Uruguay,* UNICEF Innocenti Research Centre, Florence, 2003, p. 28.)

[195] Mulheir, G., and Browne, K., *De-institutionalising and Transforming Children's Services: A guide to good practice*, (European Union Daphne Programme), supra, p. 23.

[196] United Nations Children's Fund, Romania Formal Care, Child Protection Resource Package (CPRP), UNICEF, 2009.

[197] European Roma Rights Centre, et al., *Life Sentence: Romani Children in Institutional Care,* supra, p. 47.

[198] Hope and Homes for Children BiH, *Situational Analysis of Children without Parental Care in FBiH,* supra, p. 21.

[199] Source: report of the Federal State Statistics Service (Rosstat) to the Committee on the Rights of the Child and report of the Ministry of Education up to 2010.

[200] Unfortunately, these numbers and rates are not disaggregated and are, therefore, not available for children under age three.

According to a researcher, in Ukraine, "in the case of children abandoned at a maternity hospital or foundlings, the court is not involved in deprivation of parental rights and an administrative order under either the Ministry of Health or the Ministry of Internal Affairs is all that is required. One respondent described how, in a maternity ward, a mother could fill in a brief written statement confirming that she did not wish to care for her child and her reasons for this refusal and that little more was done to prevent the child entering formal care where a placement, usually in an institution, will be made. This paperwork was sufficient for the child to be given the status of being deprived of parental care. However, it is not clear how representative such a process is nationally. The allocation of the status of being deprived of parental care to a child is relatively permanent (the order is reversible but requires a court hearing and a challenge to grounds) and makes the child available for adoption."[201] An alternative report to the Committee on the Rights of the Child by Ukrainian NGOs corroborates this situation: "Evaluation of the situations in the families is done by the child welfare agencies based solely on a single document – inspection report on the housing and living conditions. As a matter of fact, this document is being released when the situation in the family is far too complicated. Lack of the child needs assessment system and late terms of intervention for vulnerable families with children result in a growing number of children deprived of parental care. For example, in 2006, the number of children acquiring status of orphans and children deprived of parental care has increased twofold compared to 2002."[202]

One of the actions of the child-care system reform initiated by Belarus, in 2002, has been the establishment of child protection agencies in 122 departments of education in local executive and administrative bodies, employing 415 child protection specialists. This new emphasis on child protection has led to a clear decrease in the number of children whose parents are legally deprived of their parental rights and in children's institutionalization.[203] However, the overall rate of formal care in the country between 2002 and 2009 has not changed much.

However, it is important to note that not all countries in the CEECIS region have a problem of prompt deprivation of parental rights. Some countries, namely Azerbaijan, are reluctant to deprive parents from their parental rights. Yet, this reluctance also has its disadvantages: as stated in a 2009 UNICEF study on Western CIS countries, "Guardianship authorities and courts are reluctant to initiate and complete procedures on deprivation of parental rights, which is an obstacle for children abandoned and neglected by their parents to be placed in foster families. In some countries, one of the main problems occurs when children are temporarily placed in residential care upon request of parents, but such 'temporary' placement lasts for years. Unclear legal status of children abandoned in maternity hospitals and infant homes is another impediment for substitute family placement."[204]

As an example, in Georgia, "one of the most often cited challenges caused by the regulatory framework is that of depriving parental rights from people who are deemed to have abandoned their child. Such situation causes problems, such as legal obstacles in

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[201] Bilson, A., *The Development of Gate-Keeping functions in Central and Eastern Europe and the CIS,* supra, p. 15.

[202] EveryChild and Ukrainian NGOs, *Alternative report on the implementation of the United Nations Convention on the Rights of the Child in Ukraine 2002–2008*, Kyiv, 2009, p 36.

[203] United Nations Children's Fund, Child care reform status in Belarus, UNICEF, 2008 (internal source).

[204] United Nations Children's Fund, Analysis of the progress, remaining challenges and trends in Child Care System Reform: Armenia, Belarus, Georgia, Moldova and Ukraine, UNICEF, Chisinau, 24–26 November 2009, p. 15.

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appointing the guardian of a child, obtaining identity cards or a disability certificate for a child, in authorizing fostering of children in residential institutions and other durable solutions. Guardianship authorities and courts are reluctant to initiate proceedings to deprive parents of parental rights (no cases in 2008). Part of the challenge is the shortage of legal advisers to bring cases to court and to obtain a decision, with the resultant delay in hearings and decision-making."[205] However, legislative changes will be taking effect in 2012. They will allow 'regular foster carers' to be used as emergency placements and ensure that foster care is used by the state with or without parental consent.

In Kazakhstan, fostering cannot take place when the mother has not given up, or been deprived of, parental rights. This means that only children whose parents have formally lost their rights can be placed in an alternative family. As a result, many young children are *de facto* deprived of a family-based environment and stagnate in baby homes, while children who are deemed as having been permanently abandoned are in a better situation because they are considered available for placement in an alternative family.[206]

SECTION 2 – ROOT CAUSES OF THE PLACEMENT OF CHILDREN UNDER THE AGE OF THREE IN FORMAL CARE

Sound analysis of the family situation of children placed in formal care allows identifying the different factors, or root causes, which come into play in the decision of abandonment or relinquishment of an infant preceding his/her placement into formal care.

According to a 2010 UNICEF study on the causes of child abandonment and placement of children in infant institutions in Bulgaria, "The socio-demographic profile of a mother who abandons a child is as follows: aged about 25, with more than three children, illiterate or without completed education, unemployed before the birth of the abandoned child, with about BGN 85 monthly income per household member, with Roma ethnic identity (54.7 per cent), living in a village or in a small town, the father is unknown or reluctant to recognize the child."[207]

This chapter will try to shed light on the different factors or root causes associated with the placement of children under the age of three in formal care, differentiating between 'personal and family' factors and 'social and institutional' factors. It is important, however, to stress that the placement of a child in formal care is rarely the direct result of a single cause. It is often a mix between personal, family, social and institutional factors. In addition, personal and family factors, which lead to abandonment or relinquishment of a child, can be exactly the same that lead to deprivation of parental rights, depending on the situation.

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[205] Ibid., p. 45.

[206] United Nations Children's Fund, Prevention of child abandonment programme. Mission to Kazakhstan 20th to 29th July 2011, UNICEF, 2011, pp. 9 and 10 (internal document).

[207] United Nations Children's Fund, Study on the causes of child abandonment and placement of children in infant institutions in Bulgaria, Agency for Socioeconomic Analyses (ASA) for UNICEF, 2010, p. 2.

Causes of abandonment of children under the age of three. A case study from Karaganda oblast (Kazakhstan): the importance of perceptions and perspectives

In 2011, the Public Union Centre Family, in collaboration with UNICEF and the Government of the Republic of Kazakhstan, carried out a study on the causes of child abandonment (0–3 years) in Karaganda oblast. The study, via standardized and individual interviews, focus groups and research conducted in Karaganda, Temirtau, Zhezkazgan, Satpayev, and Osakarovsky rayons, managed to produce statistics on the causes of abandonment of children under the age of three. A very interesting characteristic of this study is that it took into consideration not only the views of mothers but also the views of specialists, highlighting two different perceptions of the phenomenon.

Both specialists and mothers cite the shortage of financial resources as one of the main causes of child abandonment. However, the lack of appropriate housing, which seems to be a main reason for abandonment by mothers, is not considered as prevalent by professionals. While specialists put emphasis on the mothers' responsibility by mentioning their 'antisocial lifestyle' as one of the main reasons for abandonment, mothers invoked the lack of required documents and access to social infrastructures, themes which had been ignored by the specialists. These findings are corroborated by the conclusions of a 2010 study conducted in Bulgaria on perceptions of reasons for abandonment by mothers: "The dominating cognitive prism through which the reasons for abandonment are perceived externalizes the responsibility for the act: lack of support during pregnancy, the child was born ill, the father did not want it, lack of support for raising the child."

Specialists' opinion on the causes of child abandonment

Mothers' opinion on the causes of child abandonment
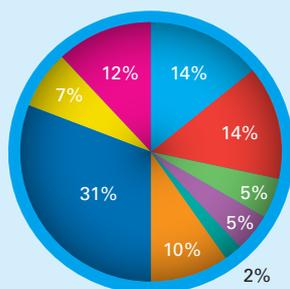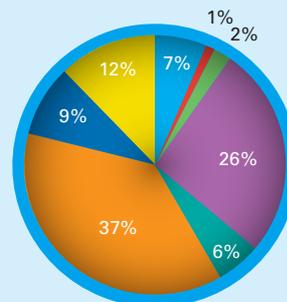
Specialists	Mothers
■ Antisocial lifestyle of the mother	■ Lack of support from the child's father/extended family
■ Lack of support from the child's father/extended family	■ Disease of the child
■ Mother's psychosocial and social immaturity	■ Death of close relatives
■ Young age of the mother (15–18 years)	■ Lack of required financial resources
■ Acute family conflict	■ Unemployment
■ Child's sickness/congenital pathology	■ No available housing
■ Lack of the mother's financial resources	■ Lack of access to social infrastructure/alternative care
■ Unemployment	■ Mother of child does not have required documents
■ Uncomfortable housing	

Sources: Public Union Centre Family, Study on the causes of child abandonment (age 0–3) in Karaganda oblast, with the support of UNICEF Kazakhstan, 2011, p. 61; United Nations Children's Fund, Factor analysis on perceptions of reasons for abandonment. UNICEF study on the causes of child abandonment and placement of children in infant institutions in Bulgaria, by Dotcho Mihailov, Agency for Socioeconomic Analyses for UNICEF, 2010, p. 2.

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2.1 PERSONAL AND FAMILY FACTORS

2.1.1 *Family situation*

Unity and stability of the family. A review of the literature in Romania showed that the most important immediate predictor of relinquishment was the unity and stability of the family and factors affecting it, including the quality and size of the home, social stress, divorce, separation, step siblings, fathers refusing to accept their children, parents in prison, alcoholism, domestic violence, health problems of the child, etc.[208]

According to the 2010 UNICEF study on the causes of child abandonment and placement of children in infant institutions in Bulgaria, "the leading factor of abandonment is (…) above all the lack of a father who recognizes the child and takes the responsibility to take care about the child. (…) The children in institutions, who are not wanted by their fathers are 29.7 per cent compared to 4.9 per cent in the control sample. In 10.4 per cent of the cases (21.2 per cent, according to the institutions), the father of the institutionalized children is unknown compared to 2.4 per cent in the control sample. (…) On the whole, the (missing or existing) father has a decisive impact on the mother's decision to abandon or to raise her child. Additionally, the absence of a father inspires impacts from the parents of the mother to place the child in an institution, because they believe that otherwise 'she will remain without a husband'."[209] Similar results were found in the 2011 study conducted in Kazakhstan, which empirically demonstrated that, in most cases of infant abandonment or relinquishment, support from the child's father was lacking: 74.4 per cent of women said that they did not communicate with the child's father and 17.8 per cent claimed that they communicated very rarely.[210]

According to the same survey, women being in a crisis situation were waiting for support not only from the child's father, but also from their relatives, including parents (this was communicated by 62.6 per cent of women). Lack of family support is mostly a woman or mother's issue. Indeed, in several cultures of the region, it is considered a shame for the family if the child is born out of wedlock or if the father of the child would not recognize the child as his. In such situations, the mother is almost completely dependent on her own family's support. If her family refuses to assist her and she is not in a position to take up an independent living with the child (for example, if she does not work), she is left with two evils: abandoning her child because of pressure from family members or moving out from the family with the child and choosing a life of extreme poverty (without necessarily having access to appropriate housing, heating, work, etc.).[211]

In Georgia, almost half of single mothers at risk of leaving their baby reported a sense of helplessness. Many were afraid of domestic violence or rejection and had a pervasive feeling of loneliness and inadequacy.[212] In the Russian Federation, UNICEF's recent review

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[208] UNICEF, *Children on the Brink 2006. A focused Situation Analysis of Vulnerable, Excluded and Discriminated Children in Romania*, supra.

[209] UNICEF Study on the causes of child abandonment and placement of children in infant institutions in Bulgaria, supra, pp. 2 and 3.

[210] Public Union Centre Family, Study on the causes of child abandonment (age 0–3) in Karaganda oblast, with the support of UNICEF, Karaganda City, 2011, p. 61.

[211] Ibid.

[212] UNICEF and Development Researchers' Network, in association with Institute for Policy Studies, Georgia, *Evaluation of the Family Support and Foster Care Project (FS&FC) and Prevention of Infant Abandonment and De-institutionalisation Project (PIAD), Georgia, Evaluation Report,* supra, p. 14.

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concluded that child relinquishment "is to a considerable extent encouraged by the family crisis: Russian families often break and many children are raised by single mothers."[213] The 2011 study conducted in the Karaganda oblast in Kazakhstan found that women who abandon their children are most commonly single (84.4 per cent of women surveyed were not married). Another study in Montenegro showed that, amongst 69 children under the age of three placed in institution between 2005 and 2009, 42 per cent came from marriage-based families, while 58 per cent were from extramarital relationships.[214]

Age of the mother. Teenage parenting also appears to be a growing problem. In the Republic of Moldova, UNICEF recently developed a communication for development (C4D) initiative on better parenting to be implemented in 2012. Single mothers are one of the target groups. It has been found that more than 65 per cent of cases of abandonment/separation relate to the fact that single mothers are not socially acceptable in the society. In addition, young Moldovan adolescent mothers are often themselves children of parents who have migrated abroad. In Kosovo, some unpublished research conducted by EveryChild tentatively concluded that there might have been an evolution over time: although the number of children relinquished may have remained relatively steady, the age of the mothers has decreased. The researchers hypothesize that more adolescent girls are handing over the responsibility for their babies because of family pressures, or fear of what the family might think, contradicting past patterns where, for example, economic pressures may have been more significant.[215]

Size of the family. But young and/or single motherhood is not systemically a cause of relinquishment. Once again, differences exist between countries and subregions. As an example, the 2010 UNICEF study on the causes of child abandonment and placement of children in infant institutions in Bulgaria found, "Mothers have several children before the child who is subsequently placed in institution is born – 40 per cent of the mothers had already three or more children before the abandoned child was born. The lack of family planning is confirmed by the fact that mothers continue to give birth to children after they have placed the abandoned child in an institution – in 41.2 per cent of the cases they have a child from a new relationship compared to 20.8 per cent in the control sample. In 18.2 per cent of cases, the couple has other children placed in institutions. Once a separation between a mother and a child has taken place, the next time the abandonment becomes easier. If there had been such practices of abandonment in the mother's family (15.6 per cent), it is easier for the mother to rationalize her decision to place the child in an institution."[216] Indeed, in dire economic conditions, the decision to abandon or relinquish the younger child is often taken by large families to be able to continue supporting the other/older children.

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[213] See United Nations Children's Fund and The Institute for Urban Economics, Review of advances in childcare deinstitutionalization and development of forms of family placement in the Russian Federation. Review of the system of deprivation of parental rights. Examination of reasons for child abandonments at birth and ways of their prevention, UNICEF and the Institute for Urban Economics, Moscow, 2008.

[214] United Nations Children's Fund, Analysis of causes of separation from family among children in the age group from newborn to 3 in the social welfare system, UNICEF, 2009, quoted in United Nations Children's Fund, Analysis and assessment of health services related to the prevention of baby abandonment/relinquishment in Montenegro. Report based on the consultants' brief visit to Montenegro, in the period 25–29 July 2011, UNICEF, 2011 (internal documents), p. 6.

[215] Carter, R., *Report on assignment to examine the causes of child abandonment in Kosovo*, EveryChild, London, 2002.

[216] UNICEF study on the causes of child abandonment and placement of children in infant institutions in Bulgaria, supra, p. 3.

A similar conclusion was reached in an evaluation of the Gatchina maternity hospital and Luga baby home project (2004–2007) in the Russian Federation, which aimed at preventing the abandonment of infants at the maternity hospital: "The majority of mothers signing refusal papers in the maternity hospital are over 22 years of age. Fifty-five per cent have children already; only 45 per cent of mothers have no other children and this is their first pregnancy (apart from one who had been pregnant before but had not given birth). Five out of 20 mothers (25 per cent) are mature women in their thirties who already have other children. Six under-25-year-olds, including four teenagers, took their child home having initially wanted to refuse it and four over-24-year-olds took their child home. These data challenge the widely held perception that it is largely young teenagers who give up their children at birth."[217]

This example highlights the importance of specific local and national analyses of the causes of abandonment and relinquishment before implementing programmes. A programme targeting specifically young and single mothers in the above-described circumstances would miss the 'real target', namely large families.

2.1.2 Health-related issues

Health status of the parents. According to the 2010 study on the causes of child abandonment and placement of children in infant institutions in Bulgaria, "The second most important factor for the child abandonment (both in terms of intensity and significance) is the health status of the child and the mother. Only 61.1 per cent of the mothers with children in institutions have undergone at least one gynaecological examination during pregnancy compared with 78.1 per cent in the control group. According to medical professionals and social workers, the gynaecological coverage is twice lower (26 per cent to 37 per cent according to data from various professional sources). The lack of prevention and protection from unwanted pregnancy leads to late identification of the pregnancy. Condoms are used by 4.7 per cent of the mothers, while other methods of preventing unwanted pregnancies are less than 3 per cent."[218]

As developed in Chapter 01, parents consuming alcohol, drugs or affected by socially affected diseases (HIV, hepatitis, tuberculosis) are at higher risk of abandoning their child. They might be unwilling or unable to take care of the child, they might fear the discrimination they would face while raising him/her, they might be hoping to give a better life to the child in an institution or an adoptive family; more tragically, they might die from substance abuse or illness.

Infants needing rehabilitation. Children with severe illnesses (including HIV/AIDS) or disabilities often require special services and equipment, medicines and therapies, which families cannot afford without state support. Unfortunately, state support is very often available only through the institutionalization of children with disabilities. Country reports collected by UNICEF in 2002[219] revealed that the overriding reason families surrender to institutions their children with severe illnesses and disabilities is lack of caregiving capacity. This can be a result of social values and individual beliefs, knowledge and training, or a gap in material and economic support.

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217 United Nations Children's Fund, Annex, Lessons Learned. Alternatives to Institutional Care for Babies and Infants – Gatchina and Luga 2005–2006, UNICEF, internal document, p. 5.

218 UNICEF study on the causes of child abandonment and placement of children in infant institutions in Bulgaria, supra, p. 3.

219 UNICEF, *Innocenti Insight. Children and Disability in Transition*, supra, Box 1.5, p. 15.

A 2010 study by Partnership for Every Child,[220] which looked at reasons for placement of children with disabilities in the Russian Federation identified six main reasons: *(1)* the absence of informal support from relatives, friends and other close people; *(2)* the absence of formal help (medical, social and psychological services), which cannot be met by the family; *(3)* the child's age (4–7 years, when children start kindergarten and school), which implies that children under age three with disabilities are less at risk of placement; *(4)* the family income level (lower than RUB 9,000 per person); *(5)* a low level of well-being and income in a subjective perception of parents (not always connected with the objective situation); and *(6)* the low or middle level of parents' education, which may lead to a difficulty in the search for better-paid jobs and/or the ability to search and advocate for better services on behalf of the child.

According to the study carried out in Bulgaria on the causes of child abandonment and placement of children in infant institutions, "in 33.8 per cent of the cases, children who are abandoned by their parents in institutions have health problems compared to 22.2 per cent of cases in the control sample. The number of children with severe disabilities is high both in the experimental (12.0 per cent) and in the control sample (9.1 per cent). Very often the health of the child does not really allow it to be kept at the home with the mother, given that only one fifth of the houses have access to hot water. The qualitative study confirmed that the path of placing a child with disabilities in an institution typically goes through a hospital or through a department for low weight prematurely born babies. Often the decision for abandonment of the ill or disabled child is catalyzed by extreme poverty and the cultural concept that it is the state that is capable of and responsible for taking care of such children. These cultural understandings are difficult for interventions because of the extreme isolation of the mothers from the educational system. Over half of mothers who placed their children in institutions (50.2 per cent) are illiterate compared to 34.9 per cent in the control group. Low education implies lower parental capacity, lower aspirations for the future of the child and encourages state dependency values."[221]

However, according to a study conducted by NGOs in Tajikistan, 62 per cent of parents whose disabled children are in institutions agreed that, as soon as the family's financial situation improves, they will take the child home.[222] Therefore, understanding the different social and economic gaps, which lead to the abandonment or relinquishment of infants with severe illnesses or disabilities, can help identify intervention points aimed at keeping those children at home, in their families and communities. In Croatia, reports showed that children in special institutions tend to be severely disabled or come from a community where there is no appropriate education and care available, and for whom no foster family near appropriate facilities could be found.

Other reasons parents feel obliged to abandon their children with severe illnesses or disabilities in formal care are linked to prejudice, stereotypes and the discrimination they face as parents of children 'with problems'. For example, in Georgia, where almost one third of

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[220] Rogers, J., Kozhevnikova, E., eds, Emets, M., Zinchenko, I., Limanskaya, K., Trosman, E., authors, A Study into the factors affecting the entry of children with disabilities into institutional care and a description of a model of innovative social service 'Short-term placement of children with disabilities in professional foster families', St Petersburg, 2011. ISBN 978-5-904859-01-5 (study available only in Russian).

[221] UNICEF study on the causes of child abandonment and placement of children in infant institutions in Bulgaria, supra, p. 3.

[222] Mentioned in UNICEF, *Innocenti Insight. Children and Disability in Transition*, supra, Box 1.5, p. 15.

children with disabilities are institutionalized, parents cite as reasons attitudes that imply shame for the family; lack of skills to provide appropriate nursing care; financial difficulties; and the belief there is very little chance a child with disabilities can be integrated into society

2.1.3 Parental violence, abuse or neglect

Global literature review suggests that violence, abuse and neglect in the home are usually the most common reasons children lose parental care. However, statistics previously presented show that – with only 14 per cent of children under age three placed in institutions because of parental abuse or neglect – violence, abuse and neglect are not the most common reasons for institutionalizing children under the age of three in CEECIS countries.

This statistic does not mean that children do not suffer from domestic violence in CEECIS. What it indicates is twofold:

- Poverty or disability of the child are more easily considered as valid reasons for abandonment in this region than in other parts of the world, or are not being addressed effectively by community-based family support social services;
- Cases of violence, abuse and neglect might be under-reported, not appreciated to their full extent or not considered sufficient reasons to remove the child from his/her family environment;

Unfortunately, only limited literature and data are available with regard to this topic and more in-depth studies would be needed to evaluate the extent of parental abuse and neglect in CEECIS countries and their impact on the institutionalization of children under the age of three.

2.1.4 Financial issues

The lack of financial resources is often cited as a reason for abandonment or relinquishment. However, there has been a strong reaction among experts working in this field to the claim that 'poverty' in general is a cause of relinquishment. According to several studies, poverty is neither necessary nor sufficient to lead to institutionalization. The UNICEF study on the causes of child abandonment and placement of children in infant institutions in Bulgaria reached the conclusion that "extreme poverty is at a similar level in both samples (i.e., mothers with children in formal care and mothers who raise their children). The monthly income per household member in the control group is BGN 104 compared to BGN 85 for the group of mothers with children in formal care. Both groups of mothers live mainly on social assistance incomes – 26.3 per cent of the mothers with children in institutions receive social benefits compared to 23.5 per cent of the control sample. Similarly, 57.5 per cent of the mothers with children in institutions get social support for (their other) children compared to 77.5 per cent of the control group. Material (non-monetary) support is obtained with similar frequencies by mothers earning different incomes, which is an indirect indicator of low efficiency of this type of support."[223]

Indeed, poverty only sets the stage for conditions by which other elements (poor/unequal social service provision and the exclusion of certain groups), especially those relating

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[223] UNICEF Study on the causes of child abandonment and placement of children in infant institutions in Bulgaria, supra, summary, p. 3.

to family dissolution, can lead to institutionalization. As revealed in a 2007 study of children's institutions in Georgia, the main reason invoked by parents to place children in institutions was 'grave social *and* economic condition',[224] as a symbol of their interrelatedness. Financial poverty must therefore be associated with the lack of formal education of the mother, who is also less likely to be registered with a doctor, or able to afford contraception. The 2011 study on the causes of child abandonment (age 0–3) in Kazakhstan[225] showed that most of the mothers interviewed had only secondary education and only a small percentage (29.3 per cent) secondary special education.

2.2 SOCIAL AND INSTITUTIONAL FACTORS

2.2.1 *Societal issues: Societal acceptance of abandonment, relinquishment and institutionalization*

Socialism inheritance. Current systems are a legacy of the Soviet state policy that prioritized public interests over private interests, and vested in the state the primary responsibility for raising children. Such approach led to isolation of children in unfavourable situations (e.g., deprivation of parental care, disability or delinquency). The system itself encouraged parents to leave children for alternative care, undermining parental responsibility.

In the early 1990s, when the process of transition started, economic conditions weakened states' capacities to take care of children and maintain the entire network of public services. The economic crises also exacerbated the poverty and vulnerability of many families unable to assume full responsibility for their children, being themselves in need of protection.

For a long time, institutions have been considered as the best public care solution, based on the idea that the organization of social life was the state's responsibility, that it could readily replace the family by providing collectivist rather than individualized care, and that all those who, for different reasons, could not fit within the rules of society should be isolated. This belief that placement in institutional care is a preferable option can be associated with a 'rescue mentality'. In this paradigm, the work of key actors is organized around the acceptance that children are better cared for and have better life chances if they are brought up away from ('rescued from') their own families.[226]

The 'defectology' tradition. The science of defectology was developed in the former Soviet Union in the 1920s, based on a philosophy that disabilities can be corrected if appropriate services are provided. Specialists, known as defectologists, were trained to identify disability and rehabilitate specific mental and physical conditions using medical techniques. Defectologists usually work with children with disabilities in settings segregated by disability type. As the name implies, defectologists focus on the weaknesses rather than the strengths of the child. According to this view, institutions are the venues for a 'corrective process' and, since many children will never be 'made normal', institutions become their permanent homes.

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[224] Ministry of Education and Science of Georgia, Strategic Research Institute, and United Nations Children's Fund, *Supporting State Policy of Child Welfare and Deinstitutionalization*, UNICEF, Tbilisi, 2007, p. 14.

[225] Public Union Centre Family, Study on the causes of child abandonment (age 0–3) in Karaganda oblast, with the support of UNICEF, supra, p. 36.

[226] Fox-Harding, L., *Perspectives in child-care policy*, second edition, Harlow, Longman, 1997, quoted in Bilson, A., and Cox, P., 'Caring about poverty. Alternatives to institutional care for children in poverty', in *Journal of Children and Poverty*, vol. 13, no. 1, 2007, p. 39.

A key problem of this model is its failure to emancipate and, hence, empower persons with disabilities. A survey on social inclusion conducted in Serbia, in 2009, showed that "the vast majority of Serbian citizens share the view that families of children with disabilities cannot be expected to cope with all the challenges alone and that they must be supported by the state and society (94 per cent)." For more than 40 per cent, this support actually means placement of the child in a specialized institution, where care is provided by professionals (e.g., defectologists).[227]

A 2006 report from Mental Disability Rights International (MDRI) in Romania observes, "Authorities at the National Authority for Children's Rights told MDRI that doctors still encourage parents to give up a child when a baby with a disability is born."[228] Similar testimonies are available for most CEECIS countries.

Abandonment or relinquishment as families' loving choices. Today, there is still a belief amongst some civil servants, residential staff and even parents that children will have a better upbringing in an institution than with their family. The global use of institutional care in CEECIS countries is often underpinned by the conviction that "if children are removed from undesirable influences in their homes or environment, given training, and subjected to strict discipline, they will somehow turn into 'model citizens'. Others believe that removal from poverty to higher standards of living in children's homes will bring lasting benefits to the child and society,"[229] even though modern research on child development has challenged these assumptions. A UNICEF mission to Kazakhstan found that "most professionals appear to think that parents express a wish for their child to be taken away as a rational choice, and do not appear to understand that parents are responding to social and economic pressures. Professionals appear to think that their role is to facilitate that wish rather than to see how they could improve the parents' skills and facilitate their access to resources to enable them to care for their child."[230]

Parents often take what is seen to be a caring decision: to place their children temporarily in the protection of an institution where they can be sure they will be fed, clothed and kept warm in the winter.[231] Research in Romania has shown that mothers who abandon their children in paediatric hospitals 'choose' the hospital as an alternative for the upbringing of their child.[232] Some parents also abandon their children in the hope that they will be adopted by foreigners and have 'a better life'.

Heritage of national policies supporting 'big' families for a 'strong nation'. In 1966, as a result of a significant drop in the recorded fertility rates (from 89.9 per cent in 1956 to 55.7 per cent in 1966), the Government of Romania prohibited abortion (except for women over 45 years or in other at-risk categories). Fertility rates doubled in the subsequent

[227] European Union, Serbian Government, Ministry of Labour, Employment and Social Policy and United Nations Children's Fund, Report on the results of the opinion poll on social inclusion of children with disabilities in Serbia. Opinion poll conducted by IPSOS strategic marketing agency, 2009. See http://www.unicef.org/serbia/resources_12019.html, accessed March 2012.

[228] MDRI, *Hidden Suffering: Romania's Segregation and Abuse of Infants and Children with Disabilities*, supra, p. 1.

[229] Dunn, A., Jareg, E., and Webb, D., *A Last Resort: The growing concern about children in institutional care*, Save the Children, London, 2004, p. 15.

[230] United Nations Children's Fund, Prevention of child abandonment programme. Mission to Kazakhstan 20th to 29th July 2011, supra, pp. 9 and 10.

[231] Mulheir, G., and Browne, K., *De-institutionalising and Transforming Children's Services: A guide to good practice*, (European Union Daphne Programme), supra, p. 23.

[232] Stativă, E., et al., *The Situation of Child Abandonment in Romania,* UNICEF, Bucharest, 2005, p. 10.

years due to lack of contraceptive measures. The demographic explosion in 1967–1968 was associated with a continuous deterioration in living standards. Poor parents did not manage to take care of their numerous children and the country witnessed an important rise in the number of abandoned children. As such, the state took over the responsibility for raising these abandoned children, and a popular saying at the time claimed, "The state wanted children, let the state look after them."[233]

Until today, in Georgia, the Republic of Moldova and the Russian Federation, demographic policies providing generous financial incentives to stimulate the birth rate are implemented for children up to the age of three. These incentives are positive to prevent the abandonment or relinquishment of young children when the complexity of procedures does not block access to the most vulnerable parents. However, by stopping these important incentives when the child reaches four years, there is a risk to see a spike in entries into care at a later age.

The recurrent economic crises. Recent improvements in household incomes across the region have masked widening gaps between those who have benefited from change and others who have been left behind. Social protection systems, which have rarely been high on regional reform agendas, have mostly not prioritized social assistance for families, community-based services, or child benefits. Levels of public health expenditure have remained extremely low in a number of countries. In principle, health services are meant to be universal and free of charge. In reality, however, these services have often been compromised, especially for the poor, by high informal payments and poor quality of service delivery.

Confronted with economic hardship, rising unemployment, social pressures and the crumbling of established social safety nets, many families found themselves unable to cope with the difficulties of socio-economic change and transition. These constraints, combined with widespread consumption of alcohol and drugs, reduced the capacity of many to protect their children.

In addition to the economic crises following the independencies, the more recent global economic crisis that began in the fall of 2008 has severely impacted a number of CEECIS countries and tested the resiliency of the reforms across the region. Financial transfers from people working abroad have decreased. Wages in construction and extractive industries have been reduced and, overall, unemployment rates have grown since 2009. As a result, household incomes have been reduced and families with children seem to be particularly affected. "In some countries, they are reported to have difficulties to pay heating and electricity and there is also, reportedly, a significant reduction in food consumption in families with children."[234] In three countries of the region, the rate of children under the age of three in institutions, which had started falling before the crisis, increased immediately after, from 65.6 in 2008 to 66.2 in 2009 in Romania, from 26.9 to 39 in Tajikistan, and from 97.2 to 107.9 in TFYR of Macedonia, reversing the previous positive trend.[235]

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[233] National Authority for Child Protection and Adoption, UNICEF and Institute for Marketing and Polls, *Child Care System Reform in Romania*, supra, p. 11.

[234] UNICEF, Analysis of the progress, remaining challenges and trends in Child Care System Reform: Armenia, Belarus, Georgia, Moldova and Ukraine, supra, p. 3.

[235] TransMonEE 2011 Database.

"Although evidence is patchy owing to the recent onset of the global recession, there are many indications to suggest that the downturn will lead to an increase in the numbers of children without parental care. (...) In Ukraine, some directors of institutions have played on the heightened vulnerability of some families by directly encouraging those struggling to cope to leave their children in institutions through TV advertisements. Problems caused by the recession are leading to a rise in demand for child protection and welfare services, at the same time as governments are faced with diminishing budgets. As child protection services are often already low down on government agendas, this is leading to a fall in provisions for vulnerable families."[236]

The effects of economic migration. Economic migration has become a major phenomenon in several countries of the CEECIS region, and the number of children left behind by migrant parents has been growing.

The abundance of the workforce and lack of attractive employment opportunities at home drive many citizens of Kyrgyzstan, Tajikistan and Uzbekistan to migrate to neighbouring countries, mainly Kazakhstan and the Russian Federation, in search of jobs. Similarly, many citizens of Armenia, Georgia, Republic of Moldova and Ukraine migrate to the Russian Federation and the European Union in search of economic opportunities. "This has numerous economic and social implications for migrants' families and children: the remittances sent home by migrant families can improve well-being and reduce dependence on the child-care system, though this is counteracted by the risk that the absence of the worker increases the number of children requiring alternative care."[237] Survey data for Albania showed that, in 2005, on average, around 6 per cent of children under 15 years were living in households where at least one parent was absent due to migration. In the Republic of Moldova, in 2007, around one fifth of children had at least one parent who had migrated abroad[238] and a rapid assessment of children in institutional care in 2006 revealed that parental migration abroad was cited as a cause of institutionalization for almost 800 out of 11,600 children, accounting for 6.9 per cent of institutionalized children. In the Russian Federation, there is also growing concern about infants born to migrant workers who are ending up in care.

2.2.2 Good governance issues: Abandonment and relinquishment *de facto encouraged by local authorities*

Specific weaknesses within the health sector. Levels of public health expenditure are generally low in CEECIS countries and even extremely low in the countries of the Caucasus and Central Asia, at less than 3 per cent of GDP, and below 1 per cent in Armenia, Azerbaijan, Georgia, and Tajikistan in 2006–2007 – levels which have been described as insufficient to guarantee basic health services. Within this extremely low public expenditure, the part dedicated to maternal and child health care, essential to the prevention of abandonment and relinquishment of young children, has not been given the appropriate attention.

[236] Delap, E., *Every child deserves a family. EveryChild's approach to children without parental care*, supra, p. 28.

[237] United Nations Children's Fund, Analysis of the progress and remaining challenges in Child Care System Reform: Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkey, Turkmenistan and Uzbekistan, Discussion paper for the 2nd Child Protection Forum on 'Building and reforming child care systems', Bishkek, Kyrgyzstan, 12–14 May 2009, UNICEF, 2009, p. 2.

[238] United Nations Children's Fund, *Innocenti Social Monitor 2009. Child Well-Being at a Crossroads: Evolving challenges in Central and Eastern Europe and the Commonwealth of Independent States,* UNICEF Innocenti Research Centre, Florence, 2009, p. 7.

Poor and unequal distribution of primary health care puts vulnerable groups at risk. With regard to the health-care system, a first underlying cause of abandonment and relinquishment of young children is the poor and unequal distribution of primary health care. It is apparent that, in most CEECIS countries, the role of health personnel in disease prevention and counselling is limited and there has been a deteriorating investment and performance of home-visiting patronage nurses, a traditional strength of the health-care provision and one of the outreach services for mothers with young babies. Coverage of services may be low in particular places – such as rural areas – and uptake may be low amongst certain groups (members of minorities, single mothers, very young mothers, uneducated parents, etc.).

Hospitals do not sufficiently promote practices that might reduce abandonment and strengthen mother-infant bonding. The days after delivery, the child is at high risk of abandonment, making maternity hospitals the first point of infant abandonment. This is the period when mothers, who in most cases are very confused, abandon their children at the most critical time for bonding and building their emotional attachment. There is a lack of medico-social services in perinatology, as medical staff is not adequately trained to communicate with women 'in crisis' and/or at risk of leaving their child or to encourage mother-infant bonding.

A 2009 study carried out in Montenegro showed that 42 per cent of all institutionalized children from a sample had been abandoned directly after birth.[239] Another study conducted in the Republic of Moldova[240] showed that 37 per cent of abandoned children were abandoned in the first four days after delivery. In Bulgaria, almost 64 per cent of the children placed in homes for medico-social care come directly from the maternity hospital.[241] This is being facilitated by the current practices in maternity hospitals that separate mothers and newborns within minutes of birth, delay the first breastfeeding for about four hours after delivery for normal vaginal births and for 2–3 days for mothers who have caesarean sections (which account for upwards of 35–50 per cent of all births). Mothers whose babies are admitted to neonatal intensive care units (about 20 per cent) are not allowed either to breastfeed their babies (although they may express willingness to do so).[242]

These practices clearly contradict modern recommendations on the facilitation of mother-child attachment: a 2009 study in the Russian Federation concluded that "skin-to-skin contact for 25 to 120 minutes after birth, early suckling, or both, positively influenced mother-infant interaction one year later when compared with routines involving separation of mother and infant."[243] Unfortunately, the health sector in CEECIS countries does not encourage such practices and is missing opportunities to prevent relinquishment at birth.

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[239] United Nations Children's Fund, Analysis of causes of separation from family among children in the age group from newborn to 3 in the social welfare system, UNICEF, 2009, quoted in United Nations Children's Fund, Analysis and assessment of health services related to the prevention of baby abandonment/relinquishment in Montenegro. Report based on the consultants' brief visit to Montenegro, in the period 25–29 July 2011, UNICEF, 2011 (internal documents), p. 7.

[240] Government of the Republic of Moldova and UNICEF, *Child abandonment in the Republic of Moldova*, supra, p. 17.

[241] Bulgaria MONEE Country Analytical Report 2006, p. 20, quoted in United Nations Children's Fund, *At home or in a home? Formal care and adoption of children in Eastern Europe and Central Asia*, UNICEF Regional Office for CEE/CIS, September 2010, p. 25.

[242] United Nations Children's Fund, Assessment of Baby-Friendly Hospital Initiative Status in Bulgaria – Report, 24 October–2 November 2010, UNICEF, 2010, p. 3.

[243] Bystrova, K., et al., 'Early contact versus separation: effects on mother-infant interaction one year later', *Birth,* vol. 36, issue 2, June 2009, pp. 97–109, quoted in Bilson, A., *The Development of Gate-Keeping functions in Central and Eastern Europe and the CIS*, supra, p. 18.

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Mothers considering adoption or abandonment get little prenatal care or counselling in the hospital. Maternity hospitals are the first point of infant abandonment. However, few hospitals in the region provide training to health workers on how to identify and counsel pregnant women or new mothers at risk of infant relinquishment. Weaknesses in prenatal care provisions have direct impact on the risk of relinquishment as decisions are frequently made or influenced by factors operating before delivery. There are only a few situations where social workers are based in hospitals, thereby missing the opportunity for early identification. Today, a large proportion of mothers in CEECIS countries are giving birth to babies without having received any prenatal care. This is a particular problem among certain subgroups of the population. For example, in St Petersburg, the relinquishment of babies by HIV-positive women was found to be much higher among those who had not received prenatal care (26 per cent) than those who had (4 per cent).[244]

But with growing recognition that the post-natal phase is a vital period of attachment and infant development, an increasing number of hospital-based initiatives to support and encourage pregnant women and new mothers to keep their babies are showing results. For example, in the Republic of Moldova, the practice of offering treatment to pregnant mothers who are found to be HIV positive in order to prevent mother-to-child transmission has been so effective that, in 2009, one single case was reported of a child being born with HIV through transmission from the mother in the previous seven years, proving that prevention of mother-to-child transmission is also an effective way of avoiding abandonment of children for this reason.

> **Main weaknesses in the social welfare and health-care systems, which indirectly lead to high rates of child abandonment and relinquishment**
>
> - Lack of early identification of at-risk mothers
> - Lack of preventative services
> - Lack of sexual education and family planning
> - Poor antenatal and perinatal care
> - Hospitals do not promote practices that might strengthen attachment between parents and children
> - Untrained medical staff may encourage mothers/parents to leave their children; consent, tolerance or indifference of staff encourages relinquishment
> - Lack of reporting and collaboration between the health and social welfare sectors
> - Absence of or expensive health insurance for vulnerable groups.

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Coordination and decentralization remain challenges. Coordination and cooperation between entities in charge of child protection are key to the protection of children in formal care as well as to the prevention of abandonment and relinquishment. However, lack of coordination is often an important weakness of the system.

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In Serbia, for example, research and national assessments revealed problems of poor intersectoral cooperation in dealing with children with disabilities. Representatives from

[244] Khaldeeva, N., Hillis, S. D., Vinogradova, E., Voronin, E., Rakhmanova, A., Yakovlev, A., Jamieson D. J., Ryder, R. W., 'HIV-1 Seroprevalence rates in women and relinquishment of infants to the state in St Petersburg, Russia. 2002', in *Lancet*, Vol. 362, Issue 9400, 13 December 2003, pp. 1981–1982.

health and social welfare sectors felt that the other sector was insufficiently informed about the range of work they performed and the problems and obstacles they encounter. Health-care workers were accused of lacking knowledge of the social welfare system operation, available services and regulations, as well as having a tendency to misinforming parents. At the same time, health-care workers felt that the social welfare system was too slow in finding solutions and that this caused a problem for the overcrowded health-care institutions.[245]

In Bulgaria, at least one third of babies from the maternity hospital who eventually stay in the institution and classified as 'abandoned' miss the referral process to the Child Protection Department at the hospital because they enter the institution for 'medical emergency' due to low birthweight. They are assessed later, but parents are often no longer traceable and the bond with the child has not been established. Low birthweight accounts for 62 per cent of all children going from the hospital to the institution and 26.5 per cent of these babies never return to their mothers. The continuing high rate of admission from maternity wards to institutions is therefore partially explained by the fact that institutions provide intensive care facilities.[246]

Infants slip through the gatekeeping net. 'Gatekeeping' is the process of referring children and families to appropriate services or care arrangement with the aim of limiting inappropriate placements, especially in institutional care. Gatekeeping is essential in diverting children from unnecessary initial entry into alternative care and reducing the numbers of children entering institutions. Unfortunately, the gatekeeping net is not always as permeable as it should be. The risk of slipping through the gatekeeping net is much higher for infants than for older children as many newborns are abandoned in maternity hospitals where there is seldom an assessment or support.

For example, in the Republic of Moldova, a gatekeeping commission for the protection of children in difficult situations was created at raion level. However, not all cases are subject to the commission. Cases of infants who are proposed for institutionalization in the Ministry of Health facilities tend to be identified by staff in maternity hospitals and are not referred to the commission. This is also the case of children under the age of three with disabilities and chronic illnesses or who have been in contact with tuberculosis: they tend to be placed in sanatorium-type institutions for six months and longer without the gatekeeping commission being informed.

In Bulgaria, the main route into the infant homes is through maternity wards, which accounted for 57 per cent of all entrants in 2008, and 39 per cent in 2010. This is partly because, in Bulgaria, infant institutions provide medical and intensive care – and more than half these direct admissions require intensive care. However, this system undermines the gatekeeping system as, by physically separating children from their mother in the early days, it prevents the mother-child bonding and *de facto* condemns babies to institutionalization. In 2008, of all babies admitted for intensive care in the infant institution, 26.5 per cent remained in the institution and never returned to their mother.[247]

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[245] UNICEF Serbia in partnership with the Ministry of Labour, Employment and Social Policy, Comprehensive Plan of Transformation of Residential Institutions for Children 2009–2013. Project: 'Transforming Residential Institutions for Children and Developing Sustainable Alternatives', Belgrade, 2009.

[246] Of the direct admissions in 2008, 596 (62 per cent) required intensive care; 158 of these babies (26.5 per cent) never return to their mothers and remain in the infant institution, making a total of 528 children 'abandoned' from maternity hospitals. See Bilson, A., *The Development of Gate-Keeping functions in Central and Eastern Europe and the CIS,* supra, pp. 8 and 9.

[247] Ibid.

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In Kazakhstan, Andy Bilson reported, "Where a mother intends to leave a child in a maternity hospital or the mother signs papers for adoption, the hospital contacts the guardianship authority and gains permission for temporary placement in an infant home. The guardianship authority will then process the removal of parental rights through an administrative order and, where appropriate, initiate adoption procedures. The guardianship and trusteeship authority undertakes work to locate parents if they are missing and to check that there are no family members willing to care for the child. However, this work is mostly of an administrative nature. There is no detailed social assessment of the child's situation and there is very little support that can be offered for parents or family if willing to care for the child. The involvement of the guardianship authority is often after a mother has already disappeared and is too late to prevent abandonment." Bilson was further informed that "when a parent brings a child to the infant home asking for admission, (…) the director of the institution carries out an interview of about 20 minutes before deciding whether to accept the child. This appears to be the only assessment in these cases."[248]

Prevention of placement of children under the age of three in institutions is enforced. With the impulse and support of the European Union and other international actors, such as UNICEF, several CEECIS countries have started adopting specific laws aimed at preventing the institutionalization of children under the age of three. Bulgaria has introduced a provision against the placement of children under the age of three in institutions in its new Child Draft Act. Croatia has approved a provision prohibiting the placement in institutions of children under the age of seven in its new Social Welfare Act of May 2011. Montenegro is developing a new Law on Child and Social Protection, which forbids institutionalization of children under the age of three. Romania has introduced a legal plan for the placement of young children in institutional care. In its Social Welfare Law of April 2011, Serbia forbids the institutionalization of children under the age of three. TFYR of Macedonia has adopted a moratorium on the placement of children with disabilities.

These initiatives are undoubtedly positive, but they are limited to a few CEECIS countries and some of them contain loopholes.

In January 2005, Romania's Law 272/2004, providing for the protection and promotion of the rights of the child, entered into force. Included in this law was the ban of the placement of children two years old and younger in residential institutions.

The placement of the child who has not yet reached the age of 2 years old may only be decided with the extended or substitute family, and it is forbidden to place him or her in a residential service. Article 60, para. 1.

However, this Law does not extend protection to babies with disabilities.

As an exception to the provision stipulated under paragraph (1), the placement in a residential service of the child who has not yet reached the age of 2 years old may only occur in the case in which the child has a severe disability and is dependent on specialized residential care services. Article 60, para. 2.

"In practice, the lack of community-based services and support for children with disabilities means that almost any child with a disability can be abandoned to an institution. Much of the reform in Romania merely transferred children with disabilities from large to small institutions. […]

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[248] Ibid., pp. 12–13.

In [several] of its site visits, Mental Disability Rights International investigators have found a disparate pattern of children and babies being labelled with 'severe disabilities'. The phrase apparently can be used whenever it is administratively convenient, and it is often applied to children with little or no disability."[249] The government is currently considering the adjustment of the legislation by increasing to three years the age at which a child may be placed in formal care.

In Kyrgyzstan, the adoption in 2006 of the Children's Code as an attempt of a comprehensive approach to child protection is a positive step. However, duplications and contradictions between the Code and other laws limit its implementation and, therefore, its efficiency. The Children's Code is currently under revision (the new version already passed the first Parliament reading). In the new Code, the placement of children into residential institutions will be approved by court. Regulations – on foster care, social workers, etc. – are also being developed to ensure a prompt enforcement of the revised legislation after approval.

Essential to the efficiency of these legal provisions is of course their implementation. It is crucial that legal reforms be done in parallel with efforts to develop alternative services and reform practices in the health system. In general terms, legislative reforms, budgetary allocations, the development of standards and the provision of capacity-building are strategies that would help develop a systemic response to the institutionalization of children under the age of three.

2.2.3 Social policy issues: Lack of community-based social services to support parents to take care of their children

The 2011 study on the causes of abandonment of children under the age of three in Karaganda oblast in Kazakhstan showed that, despite the fact that 78.1 per cent of specialists who worked on a constant basis with young children said that a child is most usually abandoned immediately after his/her birth, the mothers' survey revealed that 65.6 per cent of women did not leave their children under the state custody immediately after giving birth but only after some time (the questionnaires specified such time limits as from two weeks to two years). Therefore, it can be assumed that, during such period, women were in a difficult real-life situation and could not find help and support from close people or state authorities, and the decision to place the child under the state custody was the most optimal in such situation.[250] In addition, the mothers' survey also brought forth that the majority of them (54.7 per cent, on average) were not able to list state authorities and organizations that provided support during their pregnancy and after giving birth.

This indicates how important it is to develop community-based social services to support parents to take care of their children and, thus, prevent abandonment, and to properly inform families at risk about the existence of these services.

However, as of today, these types of services are still lacking in many parts of CEECIS countries.

Lack of day-care and respite-care facilities. Day care for children under the age of three was never universal in CEECIS countries before transition; since the 1990s, enrolment has fallen to levels of less than 10–15 per cent, implying a rather sparse and clearly insufficient network.[251]

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[249] MDRI, *Hidden Suffering: Romania's Segregation and Abuse of Infants and Children with Disabilities*, supra, pp. 2–3.

[250] Public Union Centre Family, Study on the causes of child abandonment (age 0–3) in Karaganda oblast, with the support of UNICEF, supra, p. 36.

[251] For more details, see Rostgaard, T., Day care and nursery education for all preschool children, manuscript prepared for UNICEF Innocenti Research Centre, 2003.

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With regard to children under the age of three with disabilities, who are at higher risk of institutionalization in the absence of day-care services, there is little information on the extent to which they have access to these services.

In early 2000, Serbia began its child-care reform. Amongst the priorities were the development of alternative forms of care and the incorporation of the NGO sector into service provision.[252] Day-care centres were developed at the local level to improve the care of children with disabilities and enable parents to keep the children at home. However, as it was within the mandate of local governments to finance such centres, most of them were not sustained due to lack of financial resources. However, since the start in 2005 of a more systemic child-care reform, a growing number of local municipalities are establishing services for children with disabilities and their families (e.g., day care, home help, respite care). There has been a significant increase of services in 41 less developed (mainly rural) municipalities through funding from the European Commission and UNICEF support to the Ministry of Labour, Employment and Social Policy.

In Azerbaijan, all day-care services are still operational. However, in recent years, as a result of the withdrawal of funds by many international NGOs and the absence of formal state recognition and co-funding of services, there has been a decrease in the services provided by NGOs.[253] The government has acknowledged the risk and envisages financing and/or contracting these NGOs.

In CEECIS countries, respite care is available almost exclusively through public institutional care. In a UNICEF survey conducted in 2005, none of the 21 CEECIS country respondents said that respite care was available as an established family- or community-based service. "Existing solutions for urban families usually mean putting the child in a hospital, (...) while rural families turn to relatives and other informal arrangements."[254]

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Lack of rehabilitation methods for children with disabilities. In February 2010, the Committee of Ministers of the Council of Europe adopted Recommendation CM/Rec(2010)2 on 'deinstitutionalization and community living of children with disabilities'. Paragraph 20 of this Recommendation emphasizes the need for governments to take a strategic approach to the development of community-based services as alternatives to institutions: "A national action plan and a timetable should be drawn up to phase out institutional placements and replace these forms of care with a comprehensive network of community provision. Community-based services should be developed and integrated with other elements of comprehensive programmes to allow children with disabilities to live in the community."

However, in many CEECIS countries, there is a broad lack of rehabilitation and physical therapy for children with disabilities living in orphanages and rehabilitation centres. "Rehabilitation centres offer no assistance for self-abusive children other than to tie them down. According to staff at one facility [in Turkey], children with the most severe physical and mental disabilities are denied medical care when they become ill and are left to die."[255]

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[252] Kovačević, V., *Child Care System Reform, Serbia Country Assessment*, UNICEF Serbia, June 2007.

[253] United Nations Children's Fund, Child Protection Resource Package – Azerbaijan, UNICEF, 2009.

[254] UNICEF, *Innocenti Insight. Children and Disability in Transition,* supra, p. 44.

[255] MDRI, *Behind Closed Doors*, supra, p. v.

But this lack of determined policies to support children with disabilities in some countries must not put in the shade positive developments. In Albania, for example, a Department of Mental Health Development was created within the Ministry of Health. The policy statement outlines a strategy for delivering better services that are closer to community needs, thus fighting segregation and social exclusion. In Bosnia and Herzegovina, mental health services are organized as a component of primary health care and are decentralized to community-based mental health centres. The transition of psychiatric treatment from hospitals to communities transfers the focus from an illness model to one emphasizing patient characteristics and functional behaviour within the environment.

Lack of financial and administrative support to families. As shown earlier in this report, mothers abandoning their young children consider that one of the main reasons is the lack of financial support for the upbringing of their child. Until today, financial and administrative child-care support remains limited in most CEECIS countries and does not always target the most at-risk families/mothers.

For example, in Romania, the focus continues to be on financial support rather than services that could help families overcome the difficult situation they are experiencing.[256] In Georgia, government regulations recognize the profession of social worker. However, "interventions tend to be centred on the children, not on social support to other family members or to families without children. This may restrict the social workers from intervening at a much earlier stage to carry out preventive work before a child gets into difficulty."[257]

National plans of action and policies on alternative care still in their infancy. The challenge for governments is to develop a range of support and care options that are well regulated and administered, and adequately resourced. This requires significant political commitment, investment and oversight in order to ensure that young children in families affected by compounding social and economic challenges and those without families are well cared for and protected. The United Nations Guidelines for the Alternative Care of Children provides a framework for the types of legislative and policy changes that are required at the national level.

Some CEECIS countries have recently taken steps towards the reform of their social protection system with regard to children under the age of three, but most of the time challenges remain.

For example, in 2005, the Government of Serbia adopted a Social Welfare Development Strategy.[258] To galvanize the reform process, the Ministry of Labour, Employment and Social Policy and UNICEF signed a memorandum of understanding in 2008. The Master Plan for

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[256] National Authority for Child Protection and Adoption, UNICEF and Institute for Marketing and Polls, *Child Care System Reform in Romania*, supra, p. 16.

[257] O'Brien, C., and Chanturidze, T., UNICEF: Assessment of the Child Welfare Reform Process in Georgia, Final report, UNICEF Georgia, July 2009, p. X.

[258] See United Nations Children's Fund, *The State of the World's Children 2010 – Celebrating 20 years of the Convention on the Rights of the Child*, UNICEF, New York, November 2009, Panel on child rights in Serbia, p. 71; United Nations Children's Fund, *The State of the World's Children 2009 – Maternal and Newborn Health*, UNICEF, New York, December 2008, p. 128; United Nations Children's Fund, *UNICEF Serbia Annual Report 2008*, UNICEF, Belgrade, 2008, pp. 6 and 9; United Nations Children's Fund, *The State of Children in Serbia 2006: Poor and excluded children*, UNICEF, Belgrade, 2007, pp. 17–25; Ahern, L., and Rosenthal, E., *Torment Not Treatment: Serbia's segregation and abuse of children and adults with disabilities*, Mental Disability Rights International, Washington, DC, pp. iii, 5; Kovačević, V., *Child Care System Reform, Serbia Country Assessment*, UNICEF Serbia, supra, pp. iii, 5, 23–25.

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Transformation of Residential Institutions for Children (for the period 2009–2013) provides a road map for the achievement of strategic goals. Its main targets and principles have been integrated into the new Social Welfare Law adopted in 2011.

In 2008, the Federation of Bosnia and Herzegovina adopted the Policy for the Protection of Children without Parental Care and Families at Risk of Separation in the FBiH for 2006–2016. Its purpose is to develop a child protection system capable of protecting the right of children to live with their biological families as well as ensuring that, for cases where living with the biological family is not an option, those children separated from their families will have access to appropriate services. The policy envisages an in-depth reform of the child and family protection system through *(a)* monitoring beneficiaries of the children and family social protection system, *(b)* developing family support services, *(c)* developing and strengthening family-based care for children without parental care and *(d)* transforming institutional childcare. However, a report issued in December 2010[259] identifies the lack of a systematic approach as one of the main reasons for the struggle to implement the policy: "Although foreseen in the policy, an action plan that would have provided direct guidelines for policy implementation has not been created. At the same time, the budget to support prevention programmes and the development of alternative forms of care was not allocated, while the bodies that were supposed to carry out the child protection reform were not created." The study further shows that only 27 centres for Social Work/Social Protection Departments (fewer than half) were familiar with the policy, while only 14 had undertaken some of the activities envisaged by the Document. Only five centres for social work stated that they had received recommendations from their cantonal ministries to use the policy in their everyday work.[260]

In March 2006, Azerbaijan adopted a State Programme on Deinstitutionalization and Alternative Care (2006–2015). The major focus of the State Programme is on preventing family separation, reducing entries and accelerating exits from institutional care, downsizing and/or transforming and/or closing down institutions, and providing alternative care for at-risk children and families. However, a mid-term review of the Programme carried out in 2011 stressed the need for amending the Programme with special Master plans for at-risk pregnant women and children under the age of three, who had been insufficiently considered in the initial draft.[261]

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[259] Hope and Homes for Children BiH, UNICEF, Ministry of Labour and Social Policy of the Federation of Bosnia and Herzegovina, *Situational Analysis of Children without Parental Care in the Federation of Bosnia and Herzegovina and Implementation of the Policy for the Protection of Children without Parental Care and Families at Risk of Separation in the Federation of Bosnia and Herzegovina 2006–2016*, Ministry of Labour and Social Policy of FBiH, December 2010.

[260] Ibid., p. 7.

[261] UNICEF, Study for the mid-term review of the State Programme on Deinstitutionalization and Alternative Care in Azerbaijan, supra, p. 13.

CHAPTER 03

ENFORCING THE RIGHTS OF CHILDREN UNDER THE AGE OF THREE IN FORMAL CARE OR AT RISK OF FAMILY SEPARATION: THE WAY FORWARD

In its General Comment No. 7 on 'Implementing child rights in early childhood', the Committee on the Rights of the Child reaffirms that young children are holders of all the rights enshrined in the Convention. They are entitled to special protection measures and, in accordance with their evolving capacities, to the progressive exercise of their rights.[262]

Different actors have a role in guaranteeing the respect and realization of the rights of young children: States parties are the main duty bearers. In fact, while parents have an obligation to respect the rights of their children by taking good care of them, States parties, the signatories of the European Convention on Human Rights, and more particularly the Convention on the Rights of the Child, have the obligation to provide families with all the means necessary to assume their responsibilities. Empowered citizens (including parents), civil society organizations and regional and international organizations can hold governments to account for violations of young children's rights, and support and assess their progress towards the implementation of human rights accords.

The reciprocal relationship between rights holders and duty bearers

SECTION 1 – GOVERNMENTS' FIVE CORE INTERVENTIONS

Some of the challenges, which still have to be faced by CEECIS governments in the coming years in order to stop sending children under the age of three into institutions, to reinforce family-based alternatives and prevent abandonment and relinquishment of young children, have recently been addressed in the OHCHR/UNICEF call to action.[263] The call contains five core interventions:

1. Legislative changes limiting to last resort, and setting strict conditions for, the placement into institutional care of children under the age of three;

2. Allocation of resources giving priority to the development of appropriate local services allowing alternative solutions for children under the age of three with special attention to the needs of children with disabilities;

3. Proper budget allocation for supporting vulnerable families through the development of appropriate family-based responses and services;

4. Capacity-building and standards of practice for maternity ward and paediatric hospital staff to support parents of newborns with a disability and parents from most vulnerable groups, in order to discourage institutionalization;

5. Partnership with media and civil society to promote social inclusion of children deprived of parental care and children with disabilities.

These five core interventions are detailed below.

[262] Doek, J. E., Krappmann, L. F., and Lee, Y., *A Guide to General Comment 7: Implementing Child Rights in Early Childhood*, supra, p. 32.

[263] Office of the High Commissioner for Human Rights Regional Office for Europe and United Nations Children's Fund Regional Office for CEECIS, *End placing children under three years in institutions. A call to action*, OHCHR/UNICEF, 2011.

1.1   LEGISLATIVE CHANGES

1.1.1   Legal prohibition of placement of children under the age of three into institutional care

Preventing placement in institutional care by all means... International and European Human Rights Standards recommend a shift of government policies away from institutional care of children under the age of three towards family-based care.

Article 19 of the United Nations Convention on the Rights of Persons with Disabilities emphasizes the importance of developing good quality and sustainable alternatives to institutional care, requiring the shift of government policies away from institutions towards in-home, residential and other community support services.

In its General Comment No. 9 on 'The rights of children with disabilities', the Committee on the Rights of the Child "urges States parties to use the placement in institutions only as a measure of 'last resort', when it is absolutely necessary and in the best interests of the child." The United Nations Guidelines for the Alternative Care of Children recommends to use institutional care only when it is the most appropriate option (para. 20) and to provide alternative care for young children, especially those under three years, in family-based settings (para. 21).

The Council of Europe Recommendation on 'deinstitutionalization and community living of children with disabilities' [CM/Rec(2010)2] recalls that "placing children in institutionalized forms of care raises serious concerns as to its compatibility with the exercise of children's rights" and recommends that governments of member States "take all appropriate legislative, administrative and other measures adhering to the principles set out in the annex to this recommendation in order to replace institutional provision with community based-services within a reasonable timeframe and through a comprehensive approach."

As previously mentioned, in some CEECIS countries decisions have recently been made to prioritize family-like placement for the youngest children. Some laws have been adopted (in Croatia, Romania and Serbia) to fully prevent the institutionalization of young children. In other countries (Bulgaria, Kazakhstan, Montenegro, and TFYR of Macedonia), discussions are underway regarding similar legal reforms. While South-Eastern European countries are active on this matter, most other CEECIS countries are still lagging behind.

...with few exceptions. It should be noted that "in some exceptional cases, children with particular special needs may require specialized residential care for longer periods of time, but this should be the exception rather than the rule."[264]

The United Nations Guidelines for the Alternative Care of Children does list certain potentially acceptable exceptions to the principle of providing family-based care for children under the age of three. The first of these concerns the desirability of keeping sibling groups together: thus, if family-based alternative care cannot be found for the whole group, then it may be better for an infant to remain with his/her siblings in formal care than be placed alone in family-based care. The second set of exceptions refers to emergency care placements and those for a "predetermined and very limited duration, with planned family reintegration or other appropriate long-term care solution as its outcome."

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[264] Mulheir, G., and Browne, K., *De-institutionalising and Transforming Children's Services: A guide to good practice*, (European Union Daphne Programme), supra, p. 15.

In this context, institutional care should resemble the family environment and be located in the local community. The maximum involvement of family, relatives and friends in the child's care plan – including temporary institutional care – should be encouraged. Research findings generally show that, especially if the institutional care setting meets certain standards (such as those set out in the Guidelines), there is a relatively low risk of short-term placements having a lasting negative impact on a young child's development.

1.1.2 Moving towards the right to grow up in a family environment

The negative prohibition of placing children under the age of three in institutional care must be complemented by a positive affirmation of the commitment to create the conditions for all children to grow up in a family environment, in compliance with International Human Rights Standards.

Increasingly, state policy documents and laws in CEECIS countries clearly enforce the conditions for allowing children to grow up in a family environment, favouring support to biological families and to children in difficult situations, prioritizing alternative family-based substitute care and supporting a reform of institutions.

Legal changes have also been introduced to harmonize national legislation with the Convention on the Rights of the Child. Most countries have enacted new Family Codes, along with adopting other framework laws (e.g., Law on child protection, Law on the rights of the child), specialized laws (e.g., Law on Provision of Organizational and Legal Conditions for Social Protection of Orphans and Children without Parental Care in Ukraine, Law on Social Protection of Children Deprived of Parental Care in Armenia, Law on Social Protection of Orphans and Children Deprived of Parents' Care in Azerbaijan), and numerous by-laws enabling implementation of the primary legislation. In Montenegro, the Family Law recognizes the child's right to know "who his/her parents are" (Article 61) and the right "to live with his/her parents" (Article 62). The right to live with one's parents can be limited only by a court decision (Article 62).

1.1.3 Consolidating the gatekeeping mechanisms

By applying agreed norms (best interests, institutional care as a last resort, regular review of placement), gatekeeping authorities guarantee access and limit entry into the care system. They ensure that only children really in need of such care are being institutionalized and tailor measures that are proportionate and adapted to their needs. They also reach out to those entitled to care and protection, who may not easily or spontaneously access it. As a result, the gatekeeping system needs to be designed in such a way that it is operational not only at the point of referral but at all stages of service provision. It requires a regular review of cases and should, therefore, not be seen as a one-off event, as is almost invariably the current practice. In view of its important role of making decisions on the allocation of state resources, gatekeeping remains a core function of the state.[265]

[265] United Nations Children's Fund, Child Care System Reform in South East Europe. Taking Stock and Accelerating Action. Consultation Report, Sofia, Bulgaria, 3–6 July 2007, UNICEF, 2008, p. 31.

The four basic requirements for gatekeeping identified by the UNICEF and World Bank project 'Changing Minds, Policies and Lives' are the following:

- An agency responsible for coordinating the assessment of the child's situation (the process of assessment is complex and requires an organizational structure to employ staff to carry out assessments, to provide or purchase services, to keep records, and to review plans for children);
- A range of services available in the community to provide help and support to children and their families;
- A process of decision-making, based on the assessment and review of children's needs and family circumstances;
- A well-functioning information system to monitor and review decisions and their outcomes and to provide feedback on the operation of the system.[266]

In parallel to keeping the 'entrance' gate, statutory services are also responsible for ensuring 'exit' as soon as the care measures have reached their objectives or the circumstances that prompted entry into care have been resolved. In order to fulfil this gatekeeping function, they receive help (information, feedback, assessments) from other players in the system (service providers, inspection services, monitoring bodies). This mechanism can work only if statutory services are the only entry point into the care system, as suggested earlier. Gatekeeping agencies need to employ well-trained staff to carry out regular assessments, to provide or purchase services, to keep records, and to review plans for children.[267]

New statutory bodies, named 'guardianship and care panels', have been established at the regional level in Georgia; a Commission for the protection of children in difficult situations at raion level in the Republic of Moldova; and Child Protection Units at provincial level in Armenia. The reform of the old Commissions on Minors at local level in Belarus have brought about considerable progress in developing a system that permits individual case management, individual case assessment and care planning for a child. These gatekeeping bodies are becoming effective at preventing unnecessary entry into formal care.[268]

Intervention measures must be both necessary and proportionate. The creation by law of a rational gatekeeping mechanism is in itself a major step forward in many CEECIS countries. However, its mere existence is not sufficient if its interventions do not allow controlling all entries into formal care. "If a decision is made to implement a care measure for a child, the state must be able to prove that this measure was necessary, but also that it was proportionate. A situation or risk may mean that a social work intervention is *necessary,* but the type and extremity of that measure may not always be proportionate to the situation. For example, a child is placed temporarily away from a birth mother who is currently in a situation in which she feels unable to cope with caring for her child. If the state does not take adequate steps to maintain the relationship between the mother and her child and assist the mother to deal with her present difficulties, the placement may become more long term or

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266 United Nations Children's Fund and World Bank Group, *Changing Minds, Policies and Lives, Improving Protection of Children in Eastern Europe and Central Asia.* Gatekeeping Services for Vulnerable Children and Families, UNICEF Innocenti Research Centre, Florence, October 2003, p. 6.

267 UNICEF, Child Care System Reform in South East Europe. Taking Stock and Accelerating Action. Consultation, supra, p. 32.

268 UNICEF, Analysis of the progress, remaining challenges and trends in Child Care System Reform, Armenia, Belarus, Georgia, Moldova and Ukraine, supra, p. 9.

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even permanent, which is particularly dangerous for children under the age of three. In such a case, it might be deemed that the measure was not proportionate to the situation and that the state did not make sufficient efforts to support the mother and return the child to her care."[269]

A 2010 study on social care in Armenia concluded, "(…) it would be necessary to introduce a change in case management (and decision-making) in order to direct clients of services to the right kind of services and to target the new services to those who are considered to be most in need. This is usually done by 'statutory services'. The way statutory services operate today is: no individual case assessment is made, and no regular review of cases is done to re-assess the need and adjust, if necessary, the service provision to new circumstances in the family. Hence, in order for the new system to function properly, there is a need for financial investment into human resources of statutory services to carry out the function of case assessment and gatekeeping."[270]

According to a recent report, in the Republic of Moldova, "A gatekeeping system was piloted in 2006 with the aim of ensuring that children are placed in institutional care only as a last resort. The system has now been extended nationwide. There is a gatekeeping commission in every raion, and many have an intensive workload. Results so far, in terms of the number of cases reviewed, have been erratic and many challenges remain. In some cases, there is confusion about the membership, and role and obligations of the commission. Even where these are understood, there is a shortage of time to pay attention to cases, and the lack of remuneration of commission members can be a disincentive to effective working. In any case, the range of alternative services available to the commission is relatively narrow, and at this early stage the services provided at local level still need a lot of strengthening and financial support. There is also tacit resistance from personnel in residential institutions to the objectives of the commission since it is perceived as posing a threat to their jobs."[271]

As part of its reform of the social protection sector, the Tajikistan government created Child Rights Departments as gatekeeping statutory bodies at the district level to replace the former ineffective Commissions on Minors and guardianship organs. In order to ensure the professionalism of these new Departments, the government is developing social work as a university-level subject and as a profession.

Establishing 'good enough parenting' standards. "The concept of 'good enough parenting' is essential to the gatekeeping mechanism, and more particularly to social work practitioners who have to make recommendations and decisions regarding the maintenance of children within their families, the reintegration of children or the placement of children in substitute forms of care. Inevitably, such difficult and complex decisions require a detailed evaluation of, among others, parenting skills and the quality and consistency of parenting provided.

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[269] Mulheir, G., and Browne, K., *De-institutionalising and Transforming Children's Services: A guide to good practice*, (European Union Daphne Programme), supra, p. 19.

[270] Andreeva, E., *Towards Alternative Child Care Services in Armenia: Costing Residential Care Institutions and Community Based Services*, UNICEF Armenia, July 2010, p. 32.

[271] Oxford Policy Management, EveryChild Moldova and UNICEF Country Office Moldova, Assessment of the child care system in Moldova and technical assistance to the Government of Moldova to host the sub-regional consultation on child care system reforms in ENP countries. Final report, Chisinau, September 2009, p. 10.

The danger here is that social workers and other practitioners may fall into the trap of expecting perfect parenting and, as a result, set unreasonable standards. (…) Social workers should work to a set of standards regarding what is 'good enough' to ensure the child is brought up adequately within the family and that his/her well-being is not greatly compromised by remaining with the birth family. Different social workers may have different ideas about what is correct parenting in terms of disciplining children, providing adequate physical conditions, or even keeping a tidy home. Therefore, a general set of standards is needed, which can be used to ascertain whether parenting is good enough to meet the child's needs sufficiently or whether an intervention is required."[272]

Creating information systems to monitor and review decisions and their outcomes and to provide feedback on the operation of the system. There is a growing understanding in CEECIS countries concerning the importance of establishing information systems to monitor the placement of children in formal care. Comprehensive databases on children without parental care, children available for adoption and prospective adoptive (substitute) parents have been created, for example, in Belarus and Ukraine. In the latter, there is also a database on children in difficult situations. The Ministry of Education of Belarus developed a common terminology and methodology of data collection for all regions, agencies and institutions. The data have been collected consistently since 1990 under a common procedure according to standard criteria. In Azerbaijan, UNICEF supported the development of a special computer-based database, which is being regularly updated by the Deinstitutionalization and Child Protection Unit under the Ministry of Education. Similar initiatives should be encouraged in other CEECIS countries.

1.2 DEVELOPMENT OF APPROPRIATE LOCAL ALTERNATIVE SOLUTIONS TO INSTITUTIONAL CARE

Children cannot move out of institutional care if alternative services are not available or are not targeted to those most in need. All the countries covered by this analysis are yet to establish a fully fledged child-care system that effectively addresses family vulnerabilities in order to prevent the placement of children in formal care and to enable the reintegration of children currently in institutions. The new system must be designed as a continuum of services, capable of dealing with diverse vulnerabilities through individual child/family plans and by strengthening families' capacity to provide quality care to their children. The transformation of the old system and the establishment of new services require careful planning.

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[272] Mulheir, G., and Browne, K., *De-institutionalising and Transforming Children's Services: A guide to good practice*, (European Commission Daphne Programme), supra, pp. 20–21.

1.2.1 Ensuring a continuum of services

The continuum of services consists of statutory family substitute and family support services.

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┌──────────────────────────────────────────────────┐
│                Statutory services                 │
└──────────────────────────────────────────────────┘

┌────────────────────────┐      ┌────────────────────────┐
│ Family substitute services │      │  Family support services │
└────────────────────────┘      └────────────────────────┘
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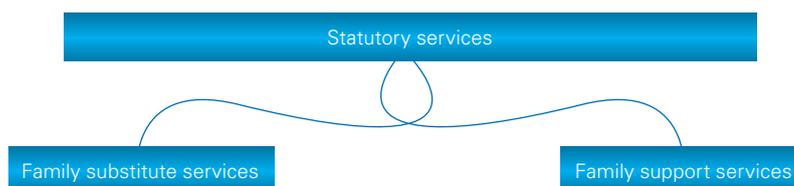
The role of statutory services is to ensure that children and their family have access to the services (family substitute services or family support services) to which they are legally entitled. Statutory services are the domain of the state and may be a court, a state commission or state agency. Their responsibility is to assess cases and decide on the course of action, which can include one or a combination of two types of services:

- Family substitute services, such as temporary placement in foster care or under guardianship;
- Family support services, such as mediation, psychosocial support, situation assessment, access to day care, etc.

Ultimately, the main functions of the continuum are the following:

- Preventing unwarranted separation of children from their biological families;
- Ensuring early identification of risks within the family and for the child;
- Assessing each individual case to better understand the causes of problems, possible solutions, needs and types of support required;
- Identifying the support measures required;
- Ensuring referral to the most appropriate service provider;
- As necessary, purchasing the required services from a public NGO or private provider;
- Monitoring progress in achieving expected outcomes for the family and the child;
- Reviewing individual cases and deciding upon closure when a durable solution has been found.

Many of these services and functions are being established, but much more work is needed in this area.

How many community-based services? As of January 2011, children under the age of three ranged in number from only 24,000 children approximately in Montenegro to 1.5 million in Ukraine, and nearly 3.7 million in Turkey. The critical issue is the weight of these children in the whole population. For example, in the three above-mentioned countries, the proportions are as follows: Montenegro 3.9 per cent; Ukraine 3.3 per cent; and Turkey 5 per cent. The indicator points to the challenges that different countries will face in the coming years to provide adequate services.

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Percentage of children under age three in EU countries (minus Bulgaria and Romania) as of 1 January 2011 (on the basis of available data)

	Total population	Number of children under age three	Percentage of children under age three in the population
Austria	8,404,252	235,057	2.8%
Belgium	11,041,266	387,895	3.5%
Cyprus	862,011	28,436	3.3%
Czech Republic	10,532,770	357,080	3.4%
Denmark	5,560,628	193,639	3.5%
Estonia	1,340,194	47,413	3.5%
Finland	5,375,276	182,124	3.4%
France	65,075,373	2,462,882	3.8%
Germany	81,751,602	2,047,965	2.5%
Greece	11,309,885	350,183	3.1%
Hungary	9,985,722	284,076	2.8%
Ireland	4,480,858	224,046	5%
Italy	60,626,442	1,700,676	2.8%
Latvia	2,229,641	65,373	2.9%
Lithuania	3,244,601	105,864	3.3%
Luxembourg	511,840	17,524	3.4%
Malta	417,617	12,356	2.9%
Netherlands	16,655,799	554,981	3.3%
Poland	38,200,037	1,245,685	3.3%
Portugal	10,636,979	304,067	2.8%
Slovakia	5,435,273	178,305	3.3%
Slovenia	2,050,189	66,666	3.2%
Spain	46,152,926	1,508,396	3.3%
Sweden	9,415,570	341,050	3.6%
United Kingdom	62,435,709	2,341,733	3.7%
TOTAL	**473,732,460**	**15,243,472**	**3.2%**

Source: European Commission, Eurostat 2011.

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For early childhood policy planners, the salient point is not so much the size of the total population as the fertility rate and the proportionate size of the population of children under the age of three. For example, Turkey, with a population of almost 74 million people and an under-three-year group of 5 per cent of the total population, faces a much greater challenge to provide early childhood services compared, for example, with a more developed country like Germany, where children under the age of three make up only 2.5 per cent of the total population.

Percentage of children under age three in selected CEECIS populations as of 1 January 2011 (on the basis of available data)

	Total population	Number of children under age three	Percentage of children under age three in the population
Azerbaijan	9,111,078	466,311	5.1%
Bulgaria	7,504,868	225,849	3%
Georgia	4,469,250	180,125	4%
Montenegro	625,200	23,969	3.8%
Republic of Moldova	3,560,430	117,770	3.3%
Serbia	7,276,195	206,449	2.8%
TFYR of Macedonia	2,057,284	70,202	3.4%
Turkey	73,722,988	3,666,151	5%
Ukraine	45,598,179	1,507,290	3.3%
TOTAL	**153,925,472**	**6,464,116**	**4.2%**

Policy makers must also take into consideration the country's fertility rate as it gives an indication of the number of live births each year. By linking the fertility rate to the employment rate of mothers, policy makers can plan ahead for probable demand and provide, in a timely manner, a sufficient number of services.

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Fertility rates in CEECIS countries
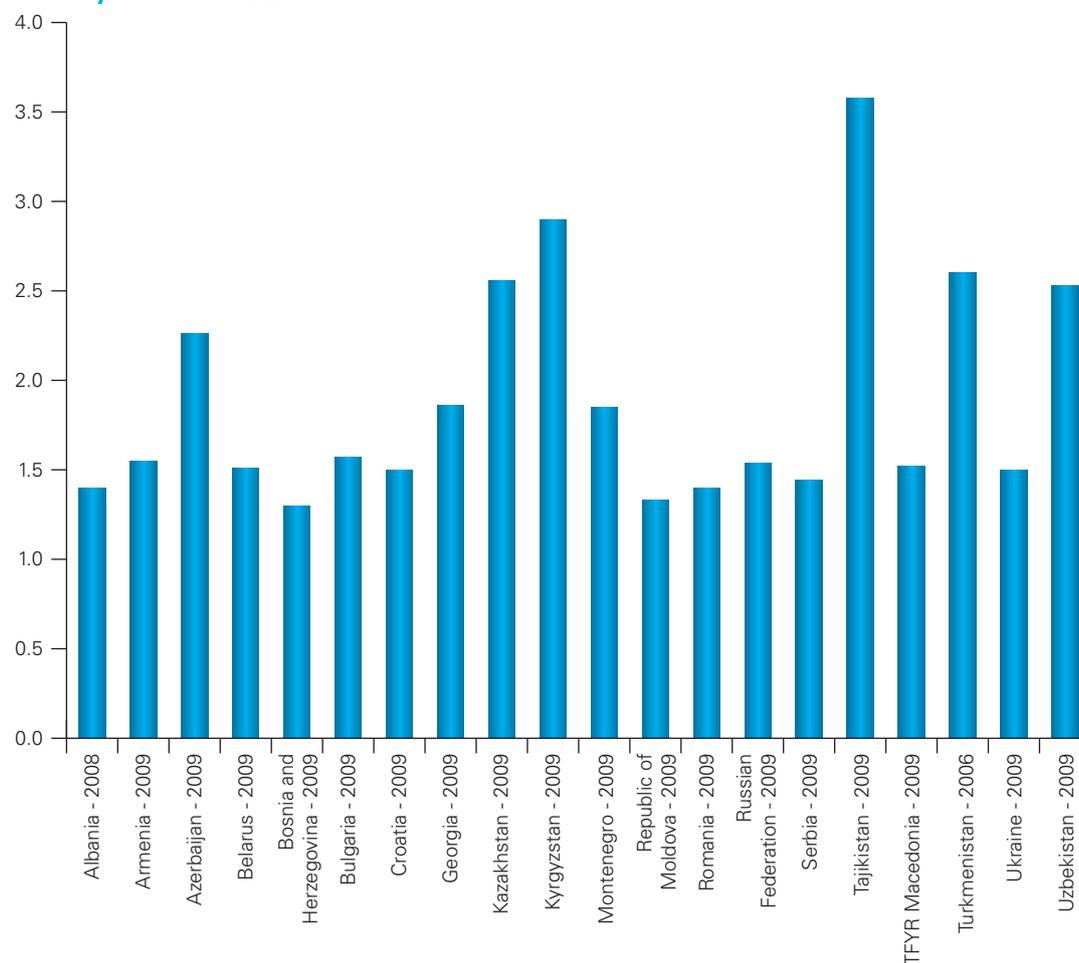
Source: TransMonEE 2011 Database, UNICEF Regional Office for CEECIS, Geneva, May 2011.

Employment rate[273] of women aged 25–49 years with at least one child under age three, in selected CEECIS countries

	2005	2006	2007	2008	2009
Bosnia and Herzegovina	..	27.8	24.2	31.2	..
Croatia	6.0	6.1	6.1	5.7	..
Romania	70.4	73.6	72.9	73.2	..
Serbia	..	43.9	..	..	..

Source: United Nations Economic Commission for Europe, Statistical Database, compiled from national official sources.

[273] The employment rate is the share of employed persons aged 25–49 years in the population of the corresponding sex and age group.

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Urban vs. rural needs. Most countries have started developing a range of new services, which could be the base for a more diversified service provision, but there is still a lack of capacity for planning a sufficient provision of services both in urban and rural areas.

Percentage of rural and urban populations in CEECIS countries

	2010		2015		2020	
	% rural	% urban	% rural	% urban	% rural	% urban
Kazakhstan	41.5	58.5	39.7	60.3	37.7	62.3
Kyrgyzstan	63.4	36.6	61.9	38.1	59.9	40.1
Tajikistan	73.5	26.5	72.7	27.3	71.2	28.8
Turkmenistan	50.5	49.5	48.1	51.9	45.4	54.6
Uzbekistan	63.1	36.9	62	38	60	40
Armenia	36.3	63.7	35.9	64.1	34.8	65.2
Azerbaijan	47.8	52.2	46.6	53.4	44.9	55.1
Georgia	47.1	52.9	46	54	44.5	55.5
Turkey	30.4	69.6	28.1	71.9	26	74
Belarus	25.7	74.3	23.8	76.2	22	78
Bulgaria	28.3	71.7	26.8	73.2	25.2	74.8
Republic of Moldova	58.8	41.2	59.1	40.9	58.3	41.7
Romania	45.4	54.6	43.9	56.1	41.9	58.1
Russian Federation	27.2	72.8	26.9	73.1	26.2	73.8
Ukraine	31.9	68.1	31.2	68.8	30.1	69.9
Albania	52	48	48.9	51.1	45.7	54.3
Bosnia and Herzegovina	51.4	48.6	48.2	51.8	44.8	55.2
Croatia	42.2	57.8	40.5	59.5	38.4	61.6
Montenegro	40.5	59.5	41.3	58.7	41.1	58.9
Serbia	47.6	52.4	46.2	53.8	44.2	55.8
TFYR of Macedonia	32.1	67.9	29.8	70.2	27.5	72.5

Country with a majoritarian urban population	Country with a majoritarian rural population	Countries in transition from a majoritarian rural to a majoritarian urban population.

Source: United Nations, Department of Economic and Social Affairs, Population Division, Population Estimates and Projections Section, World Population Prospects: The 2006 Revision; World Urbanization Prospects: The 2007 Revision, http://esa.un.org/unup, accessed March 2012.

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"The indicator 'rate of urbanization' also impacts on the likely demand for places and on the profiling of services. A relatively low rate of urbanization (e.g., below 60 per cent) means the presence of many rural families who often prefer traditional modes of child-rearing (i.e., they prefer to care for young children at home)."[274] Kyrgyzstan, the Republic of Moldova, Tajikistan, and Uzbekistan are still highly rural societies with a low percentage of population living in cities (only 26.5 per cent in Tajikistan versus over 70 per cent in Belarus, Bulgaria and the Russian Federation). The global urbanization figure for the whole CEECIS subregion (outside EU-27) is only 56 per cent, but it is increasing. For this reason, the offer for centre-based childcare will have to be adapted to the specific needs and evolution of each country.

In addition, population dispersion imposes certain constraints on service provision and accessibility, particularly when rural isolation is complicated by severe climatic conditions, which is the case in the Russian Federation and Central Asia. In isolated communities, family care of children and family day care may be the most appropriate and, sometimes, the only possible form of child-care provision. In addition, because rural populations are generally more traditional and fewer opportunities for salaried work are available to women, the demand for centre-based services can be weak. At the same time, part-time community-based services for young children, such as play groups, family centres and the like, could bring important health and child-rearing information to rural communities.

Although needs for child-care services may be less acute in rural areas than in urban areas, they exist and should be addressed in proportion. In Romania, "Rural areas or small urban localities present the greatest challenge, as these have no specialized staff to carry out the social work. In fact, protection services are concentrated in large urban areas, while small localities throughout the county are still uncovered."[275] As a result, extremely poor communities, such as Roma communities living on the outskirts of cities, or small, isolated rural communities do not get sufficient support. In Georgia, a 2009 UNICEF research found, "at the moment, uneven distribution of services throughout the regions can be noticed. Services are mostly situated in the central parts of the country, while such regions as Guria, Adjara and Samtskhe-Javakheti do not have any family and child support services."[276]

In consequence, "early childhood policy needs to be flexible, providing family and community supports in rural areas where there is weak demand for services. (…) By contrast, in urban areas where parents with young children have to work outside the home, policy makers will aim to provide a sufficient number of centres that can cater to the long-day (working) needs of parents. In both instances, the developmental needs of the child, within the particular socio-cultural context, should be carefully considered."[277]

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[274] UNESCO, *Early Childhood Care and Education Regional Report, Europe and North America*, supra, p. 14.

[275] National Authority for Child Protection and Adoption, UNICEF and Institute for Marketing and Polls, *Child Care System Reform in Romania*, supra, p. 30.

[276] UNICEF, Analysis of the progress, remaining challenges and trends in Child Care System Reform: Armenia, Belarus, Georgia, Moldova and Ukraine, supra, p. 43.

[277] UNESCO, *Early Childhood Care and Education Regional Report, Europe and North America*, supra, p. 15.

1.2.2 Preparing and implementing removal from institutions of children under the age of three currently institutionalized

The United Nations Guidelines for the Alternative Care of Children clarifies that institutional care should not be used for children under the age of three and should be limited to cases where this setting is specifically appropriate, necessary, and constructive for the individual child concerned, and in his/her best interests. The Guidelines specifies that where large child-care facilities (institutions) remain, alternatives should be actively developed in the context of an overall reform of formal care, with decisions regarding the establishment of new child-care facilities.

Such reform is a process: "a systematic policy-driven change, which results in considerably less reliance on residential care and an increase in services aimed at keeping children within their families and communities. (…) Deinstitutionalization is widely regarded as consisting of four components:

1. Preventing both unnecessary admissions to and stays in institutions;

2. Finding and developing appropriate alternative care in the community for the child. This may include housing, treatment, training, education and rehabilitation of children and their families;

3. Improving community services to children who do require public care and provide support for the family;

4. Long-term care plans and permanent placement in a surrogate family for those children whose parents have been unable to respond to appropriate intervention and rehabilitation and who are assessed as incapable of caring for the child."[278]

For example, in November 2011, after a through analysis of the situation, Georgia presented a strategic plan to close down its infant homes. The plan has been schematically presented as follows:
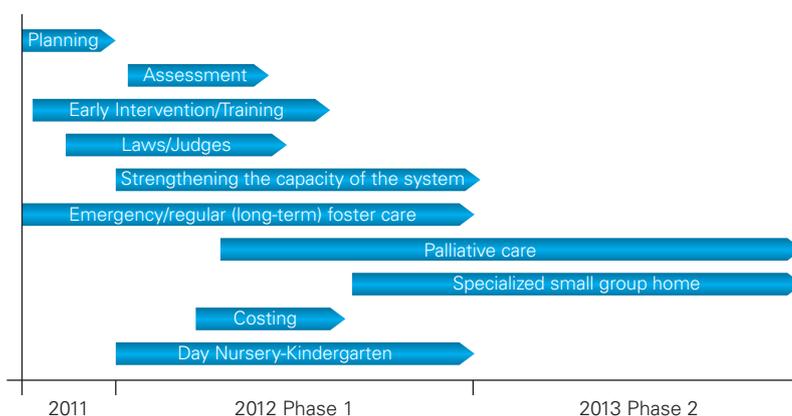
More recently, the Prime Minister of the Republic of Moldova committed to ending the use of institutional care for children under the age of three. Related implementation plans need to be developed.

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[278] Mulheir, G., and Browne, K., *De-institutionalising and Transforming Children's Services: A guide to good practice*, (European Union Daphne Programme), supra, p. 34.

Generating the necessary political and public commitment for change in this area is not easy. Children affected by disability, poverty, HIV/AIDS, and children from marginalized groups are over-represented in alternative care settings mainly because they come from segments of society that have little or no political voice. Commitments can be hampered by public perceptions that such children, and the families that care for them, are in some way 'undeserving' or a threat to public order. Their voices are not always heard; their rights often go unrecognized; and their needs can be easily neglected. Step 'zero' of deinstitutionalization is, therefore, a clear political will from the authorities of the country, based on a solid belief that the reform of the child-care system will benefit not only the children under the age of three currently in institutions or at risk of being institutionalized, but also the country's economy.

Carrying out a situation analysis of children under the age of three in formal care. A comprehensive analysis of the situation and the factors that surround the care and protection of children in the national cultural and social context is essential. In its report 'A Last Resort: The growing concern about children in residential care',[279] Save the Children suggests to conduct a situation analysis based on the following themes and questions:

Sample of questions to carry out a situation analysis of institutional care in a country

About existing policies and laws

1. What are the main current causes of admission to residential care?
   What statistics are available?

2. What is the socio-economic and cultural context?

3. What are the historical and traditional reasons for childcare policy and practice?

4. What are the national policies and who makes them? When were they made? What/who influences them?

5. What is the legal framework? To what degree is the Convention on the Rights of the Child incorporated?

6. What control and regulation does the government exert?

7. What support does the government give?

8. How is the policy implemented and through which mechanisms?
   What is the quality of the implementation?

9. What are the numbers and characteristics of institutions and the public/private mix?

10. What alternative methods of care exist? Traditional? NGO-driven? Others?
    How long have they been in operation?

11. What is the potential for increased community care?

12. What measures prevent separation and family breakdown?

13. What is the funding base for institutions and community care?

14. What research is available, particularly on the experience of children in institutions and after leaving them?

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[279] Save the Children, *A Last Resort; The growing concern about children in residential care*, Save the Children's position on residential care, London (undated), pp. 7 and 8.

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15. What are the levers for change? Where would it be most strategic to start change processes? With whom?

16. What opinions does the general public have on residential care for children? On alternative forms of care?

About an existing gatekeeping mechanism

1. Why does the child need alternative care?

2. What is the opinion of the child?

3. How does the child feel?

4. Does the child have particular experiences (abuse, war experiences, etc.) that need special follow-up, and how will they be dealt with?

5. Does the institution have competence in helping the child?

6. Does the child have siblings who are already in the institution or have been admitted at the same time?

7. What has the child been told about the admission and its causes? Does the child believe what she/he has been told?

8. How was the child prepared for admission?

9. What other alternatives have been tried or considered?

10. What is the benefit of the institution for the child? How does it benefit the family?

11. What will the care plan be and how long will the child need to stay?

12. How will the situation of the child and his/her family be reviewed?

13. Does the institution meet the needs of the child?

14. Why can't the child stay at home?

15. What support would be needed for the child to live at home, and who can provide this?

16. What is the plan for family and community contact? What are the child's expectations regarding this?

17. Are there any signed documents regarding the placement of the child?

18. Does the child have a guardian external to the institution?

About a pre-deinstitutionalization policy

1. How is a child helped to prepare for leaving? Does this differ according to how long the child has been in the institution?

2. When does this preparation start?

3. How is the decision for the child to leave made and what is the child's level of participation?

4. What are the child's feelings about leaving the institution? How are these dealt with?

5. Where is the child going and what is the level of home contact?

6. To what degree will the child be able to maintain contact with the institution?

7. What is the follow-up and support plan?

8.   Who will provide support and assistance?

9.   Does the child present the same 'problems' on leaving as she/he was admitted for in the first place?

Following this approach, Azerbaijan adopted in 2008 a Master Plan for Transformation of Child Care Institutions. The Plan was developed through a consultative process that included the Ministry of Education, Ministry of Health, Ministry of Labour and Social Protection, Ministry of Finance, local Executive Committees, Cabinet of Ministers, UNICEF and civil society. The Plan included a short assessment of each institution and recommendations either for its transformation, or gradual closure, or rapid closure/change of character. "In 2009, the Government began piloting the implementation of the Plan in seven institutions and surrounding communities. Azerbaijan has also taken other steps in operational planning, which is a promising example of how to overcome the current weakness of data to inform policy-making. In 2008, it did a comprehensive census of all children in institutions and got important information on how many children stay in full-time residential care vis-à-vis how many children stay there to access, for example, day care or education services. This has important implications for the development of new services and can also inform plans for the transformation of individual institutions, and the deinstitutionalization of specific children."[280]

Key challenges in transition from institutional to community-based care

1. The risk of maintaining parallel services

If the build-up of alternatives is not associated with progressive closure of existing institutions, it might result in a situation wherein the new community-based services function in parallel with the pre-existing institution(s). A part of the users remain in institutional care without tangible improvement of their condition, which is in itself unsatisfactory. Moreover, this may result in the following risks:

Leaving people with severe disabilities and/or complex needs behind. There is a tendency to 'do the easy thing first' when it comes to reform the child-care system. People with light or moderate levels of disability are moved into community-based services in a gradual approach to close down large residential institutions. (…) Deinstitutionalizing higher functioning people first thus leads to a situation where the remaining staff is left with a number of people with very severe disabilities for whom it will be difficult to find places in the new community-based system that is focused only on the needs of people with lesser disabilities. These risks must be avoided by including people with severe disabilities and complex needs from the beginning fully in any effort to reform the child-care system.

Generating additional needs. If there is insufficient transfer of users from institutional care into the new services, it is very likely that these new services will try to absorb other potential users who may have initially had little need for them, in order to justify their existence. Conversely, even if the users are being transferred but the places in the pre-existing institutions stay, there is a natural inclination for these institutions to 'suck in' other potential users, even from other user groups than originally intended.

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[280] UNICEF, Analysis of the progress and remaining challenges in Child Care System Reform: Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkey, Turkmenistan and Uzbekistan, supra, p. 4.

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Creating long-term double expenses. Moreover, there is a risk of 'double expenses' for the two systems, which operate in parallel. It needs to be acknowledged that there will be a need for both transition costs – initial investment in the new community facilities to get them underway – as well as double running costs to resource both the old and the new services in parallel for a few years until the institution has fully closed down. These costs have to be built into the budgets accompanying deinstitutionalization strategies. However, this should not lead to a long-term situation where both services exist in parallel indefinitely. Such a two-tier system would likely be unsustainable in the long run – and particularly in times of crisis or of reduced budgets, the authorities might prefer to abolish the new service rather than the old and established one. In fact, the continued functioning of the pre-existing institution might be used as an argument to prove that reforms of the child-care system have failed because they did not automatically reduce the number of beds in the institutional setting.

2. The risk of 'too institutional' alternatives

Even where alternatives are set up and the pre-existing institution is being downsized and/or closed, the character of these alternatives might be problematic, because they are themselves too 'institutional', not based on each individual's needs and preferences, which in turn is often due to insufficient involvement of users (and, where relevant, their families) in the planning, management and evaluation of services.

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Alternatives of inadequate size. Due to a lack of understanding of what community-based services are, there are cases of so-called deinstitutionalization policies wherein the 'alternatives' are too similar to the institutional model. This might be due to their size – indeed, in some countries even quite large residential institutions (with up to 80 residents) may be the end result of dismantling larger institutions.

Alternatives that perpetuate institutional culture. Even where the alternative facilities are or appear small, they might be insufficiently different from the pre-existing establishment. Sometimes new services are set up in the vicinity of the original institution, just to ensure the staff and buildings are reused. Sometimes, even the same building is offered as the alternative following an internal reorganization to so-called 'family-style' apartments. The result is that, whilst physical conditions improve a little, users continue to live in the same isolated environment and little is done to reintegrate them in the community or to prevent further admissions.

Alternatives with prevailing institutional culture. This risk is present in both of the above – particularly when the reform is reduced to change of housing as such without deliberate attention to retraining of staff with the intention to change the institutional culture.

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3. The risk of closure without adequate alternatives

In some countries, government strategies to reform the child-care system set arbitrary targets such as '50 per cent reduction of users in institutions in a five-year period'. Such targets are rarely calculated based on the capacity of the government and local authorities to develop appropriate alternative services in that period of time. Often they are seen rather as a cost-cutting exercise: once authorities realize that non-institutional placements are cheaper, institutions are closed in order to save money.

Unrealistic deadlines may also be set by external donors, forcing a too rapid reform of the child-care system or an incomplete process. This can result in harm to users if they are not prepared for moving or if their new placements have been insufficiently prepared.

Whether stemming from a bureaucratic approach, from cost-cutting demands or from external donors' pressure, poorly implemented reform policies can result in inappropriate measures being taken in order to meet the target. They are associated with the following risks:

Lack of available and affordable alternatives of appropriate quality. Where arbitrary targets and unrealistic deadlines are in place (and where the driving force is an intention to cut costs), sufficient finances are often not available to carry out the process in a way that ensures that each individual user receives adequate services. It has to be remembered that, while community-based care for most users is likely to be cheaper than care in a residential institution, there are categories of users who will require extensive support that will be more costly (e.g., 24-hour personal assistance). If such services are not developed because the emphasis is on cost-cutting, such users might in fact experience a setback in the institutional reform process. Implementation of schemes supporting family carers is also indispensable to avoid such a setback.

Taking the easy way out. One result of arbitrary targets is that they create a focus on moving the users who are 'easiest to place' into the community and reducing overall numbers in institutions (see above). This strategy often leaves behind users with the highest support needs, such as those with severe disabilities (although these users with most complex needs should have been prioritized in the reform process).

Purely administrative 'solutions'. To fulfil arbitrary targets and/or save costs, local authorities often take the decision to merge institutions where numbers have reduced. This can result in users being moved from one inadequate institutional placement to another, with negative impact on children's well-being. For instance, children with severe disabilities may even die of shock as a result of such an abrupt move. Mergers or amalgamation of institutions can also result in inappropriate groupings of users (for example, young babies placed together with older children who display challenging behaviour), thus increasing the risk of harm and abuse.

Source: European Commission, *Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care,* Directorate-General for Employment, Social Affairs and Equal Opportunities, September 2009, pp. 15–17.

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Children returning home to their parents. The Committee on the Rights of the Child considers that parents and other extended family members "should be provided with the necessary and systematic support/training for including their child back into their home environment."[281] It is essential, therefore, to reduce the stigma against parents of relinquished children in order to leave a chance for potential reunification. Indeed, as much as children returning home to their parents need preparation, so do the parents. The support to biological parents during the child's placement in substitute care does not receive sufficient attention from social workers. The biological family of the child placed in substitute care must be treated as an 'open case' for social services.

Studies comparing the outcomes for institutionalized children of being adopted or returned to their natural parents have highlighted that, when badly prepared or supported, reintegration into the natural family can be detrimental to the child: "Tizard and Hodges (1978) identified a number of differences between the adoptive and the natural parents. The adoptive parents had very much wanted a child, whereas the natural parents were often ambivalent or reluctant to take their children back from the institutional care they had placed them in."[282]

This is why trained social workers can help both parties prepare for the reintegration, but other preliminary work must also take place. "The family needs to be traced and then given time to consider whether they can cope with being reunited with their child. The family home also needs to be assessed to see whether it is suitable. Finally, when and if the child has returned home, long-term support and guidance from the social worker will play an integral part in the success of the reintegration."[283]

In Romania, the process of deinstitutionalization, part of a substantial reform to the child protection system, has resulted in the reintegration of about 26,000 children with their families in 2003.[284] In Turkey, a Family Reunification Programme (*Aileye Dönüş ve Aile Yanında Destek*) is in place since 2005. Its aim is "to ensure family and relative care for economically disadvantaged children without taking them under protection and to provide families whose children are under protection and accommodated in institutions with economic assistance and social services so that these children can be taken back from institutional care and reunited with their own families or relatives as soon as possible."[285] In the Russian Federation, among all infants leaving an institution during the year, 22 per cent were returning to their parents in 2000. Ten years later, they were 30 per cent. "It is positive to note the increase in numbers of infants returning to parents, but the question has to be asked whether these infants needed to be in residential care in the first place or whether they could have been supported in their own families."[286]

[281] Committee on the Rights of the Child, General Comment No. 9 on 'The rights of children with disabilities', CRC/C/GC/9, 2006, para. 49.

[282] Johnson, R., et al., Young Children in Institutional Care at Risk of Harm, supra, p. 48.

[283] Carter, R., *Family Matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union,* supra, p. 26.

[284] National Authority for Child Protection and Adoption, UNICEF and Institute for Marketing and Polls, *Child Care System Reform in Romania*, supra, pp. 76 and 80.

[285] Committee on the Rights of the Child, Implementation of the Convention on the Rights of the Child, List of issues concerning additional and updated information related to the second and third combined periodic report of Turkey (CRC/C/TUR/2-3), Addendum. Written replies of Turkey, CRC/C/TUR/Q/2-3/Add.127, 2012, p. 33.

[286] Partnership for Every Child, Russia, Briefing Note – Infants without parental care, supra, p. 3.

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Children returning to extended families. The potential strength of kinship care is that it helps maintain a child's familiar, cultural and linguistic ties; promotes sibling relationships; reduces separation trauma and multiple placements; and enhances the child's sense of identity. While formal kinship care is an arrangement ordered by an administrative body, informal kinship care is any private arrangement made by a family, whereby the child is looked after by relatives. Although it does not receive much public attention, in a number of CEECIS countries, kinship care is a prevalent form of substitute family care. In Bulgaria, for example, several thousand children are in kinship care. The practice is referred to as 'social assistance for child accommodation in family of relatives or closely relations', which allows a flexible use of the option – recognizing the natural involvement of various community members in the process (neighbours etc.) – within an established framework of support and control. In TFYR of Macedonia, on the contrary, Centres for Social Work have recorded cases of foster families who are actually close relatives that have been given the status of foster family to be entitled to financial support, since custody of a child is considered free of charge according to the country's statutory provisions. In Serbia, 20 per cent of foster care families are actually extended families with formal kinship care status, which means that they get financial support and are regularly supported and supervised by the regional fostering centres and centres for social work.[287]

Informal kinship care presents a risk for the child. To ensure protection, child welfare agencies need to be aware of who has the effective responsibility for a child, including a child who is looked after informally by other persons, and to be assured of the fitness of those persons to cope.

In Central and Eastern Europe, an increasing group of children are growing up with extended family members as parents are migrating to Western Europe for employment. In 2007, there were 126,000 Romanian children in this situation.[288] Significant numbers of children are also reported from Bulgaria. "Labour migration abroad has often led to children being left behind with single parents. No specific support system has been put in place for such potential vulnerable group. In other cases, children of migrating parents are placed with an already struggling extended family or grandparents. In such cases, the care situation of the child is not registered or monitored by the guardianship bodies or supported by the state. An increase in state support to families considered as vulnerable to extended families, especially grandparents, and an increase in the use of short-term foster care (as opposed to institutional care) might prove effective in maintaining adequate levels of care for children of migrant parents and reducing negative impacts on children from separation."[289]

Tracing children and placing them with the extended family must be supported, properly financed, monitored, and prioritized. However, too often, kinship care remains largely unsupported. It would be important to better monitor this form of care in the future and to make relatives who are taking care of children from extended family eligible to different kinds of support schemes. This would have the potential of reducing the risk that many such informal care arrangements break down and result in the institutionalization of the child.

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[287] Republican Institute for Social Protection, Report on centres for social work in 2011. Available at http://www.zavodsz.gov.rs/index.php?option=com_content&task=view&id=160&Itemid=157, accessed March 2012.

[288] Alternative Sociale and United Nations Children's Fund, National analysis of the phenomenon of children left home by their parents who migrate abroad for employment, UNICEF Romania, 2008, p. III.

[289] UNICEF, Analysis of the progress, remaining challenges and trends in Child Care System Reform: Armenia, Belarus, Georgia, Moldova and Ukraine, supra, p. 13.

Children placed in foster families. Responding to the varied situations of children who cannot live (either temporarily or permanently) with their parents or extended family, but for whom maintaining relationships with the family is deemed appropriate, requires a range of foster care options to include emergency (avoiding entry into institutional care for children who suddenly find themselves in the care system), short-term, long-term, respite and specialist services. "The potential flexibility in how foster care can be used means that it can support the best interests of children in a broad range of situations and that, in many cases, foster care can be used to support more permanent family-based care."[290] "The objective is to support parents in difficulty so that the child can return to his/her family home when parenting becomes a positive experience."[291] Professional forms of foster care should, therefore, be established and encouraged by governments.

Different types of foster care

Emergency foster care. This is a foster home to care for the unplanned placement of a child for a limited time period, typically from a few days up to several weeks, when it is deemed essential to remove a child quickly away from a particular situation. Children who continue to require alternative care should then be moved to a more suitable planned, short- or long-term placement, in order to keep the emergency foster care placement available for children who require it. For example, EveryChild has established such emergency placements in Georgia to care for children whose parents have been arrested, deported, or who have a medical problem. Emergency foster care can also be used as an emergency/temporary response to anonymous relinquishment without due process, allowing time for the caregiver or relatives to step forward or for any tracing to take place.

Short- or medium-term fostering. Short- or medium-term fostering is the planned placement of a child in foster care for typically a few weeks or months. It provides a safe place for a child to live until it is possible to reunite the child and the parents, place a child in extended family care, or arrange an alternative longer-term or permanent option in accordance with the child's developing care plan.

Long-term foster care. Long-term foster care is the placement of a child in foster care for an extended period, often until the child reaches adulthood. After adoption has been explored and not selected, and if kinship placement options are not feasible, a goal of planned long-term foster care may be seen as a viable goal for children who are not expected to return to their family, for example in response to non-anonymous relinquishment.

Treatment/specialized foster care. This is an alternative to institutional care for children who might otherwise have difficulty in maintaining placement in regular foster care (e.g., children with serious physical or mental health problems or children with disabilities). These homes can provide the stability of a home environment in combination with medical and/or psychosocial treatment of the child. In this model, families are recruited and given special training and ongoing consultation to provide treatment. They typically receive higher rates of reimbursement than non-specialized foster parents.

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[290] Delap E., Melville, L., *Fostering better care: Improving foster care provision around the world*, Positive care choices: Working paper 2, EveryChild, June 2011, p. 18.

[291] Mulheir, G., and Browne, K., *De-institutionalising and Transforming Children's Services: A guide to good practice*, (European Union Daphne Programme), supra, p. 15.

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Respite foster care/short breaks. Respite foster care is where the foster carer supports the parent to care for the child by providing day, evening, weekend or short-term care on a regular basis. It can also be used as one-off care for a predetermined period. For example, when a parent is hospitalized. It is different from emergency foster care in that it is planned and children and their families often have a relationship with foster carers. Such foster care is complementary to and does not substitute relationships with parents. It is aimed at improving parents' ability and capacity to care for their child. Respite foster care can also be used to provide long-term foster carers with a break from their caring responsibilities, thereby improving placement stability.

Pre-adoption fostering. Fostering as a pre-adoption measure may be used to ensure that the prospected family is able to meet the needs of the child, or to enable parents to have an opportunity to reconsider their decision.

Parent and baby fostering. This is where the child is placed with his or her primary carer (typically the mother) together in a foster placement in order that the primary carer can benefit from parenting guidance and support. This is particularly beneficial for school-age parents, parents with learning disabilities, or care leavers who require modelling of good parenting. It can enable them to improve their capacity to care for their child without having their caregiving role taken away from them. EveryChild Moldova has developed models of parent and baby fostering for young mothers under the age of 18.

Cluster foster care. Cluster foster care describes the development of a network of foster families who can provide each other with mutual support. The households are typically located within close distance of each other, enabling easier organization and provision of support and services. Cluster foster families often care for children who have experienced trauma.

Source: Adapted from Delap E., Melville, L., *Fostering better care: Improving foster care provision around the world,* Positive care choices: Working paper 2, EveryChild, June 2011, Box 5, pp. 19-20.

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Foster families operate under a cooperation agreement with social services and receive from the state an allowance for the maintenance of children. The success of the fostering experience depends largely on the active support of social services whose task it is to select the families, support them in providing assistance to children, monitor the situation to ensure a positive development of the relationship, mediate between the biological family and the foster family according to predefined and agreed-upon rules, and intervene any time a problem arises. The reassuring support of a professional figure increases the self-confidence of families, strengthens their capacity to highlight the positive aspects of their experience and helps them assist fostered children while facing and overcoming their problematic situation. It must be noted that, in most countries of the region, social services do not have the time to provide such support.

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A good example of support to foster care families comes from Croatia where foster care support centres and permanent training/monitoring programmes for foster parents have been created. Professionals appreciate developing a new kind of relation with foster parents, with more reciprocal respect and consideration, while foster parents stress the importance of mutual support groups, where they can get expert advice and exchange experience with other foster parents. In Romania, the profession of foster parent (professional maternal assistant or PMA) is regulated by Government Decision 679/2003. It explicitly presents the

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conditions for receiving the certificate of professional maternal assistant and the procedures of accreditation. PMAs benefit from systematic and periodic professional trainings ensured by their employer (the General Directorate for Social Assistance and Child Protection or a private employer) during the validity of their working contract.

Active communication about fostering is essential in CEECIS countries lacking a tradition of foster care. In some countries, "when the purpose of foster care is unclear to parents in difficulty, there is often resistance to their child being placed in foster care, through fear of loss and detachment. Ironically, where services for family rehabilitation are limited, parents prefer the anonymity of institutional care, not recognizing the damage that can be done to their developing child."[292]

Fostering families for infants with disabilities: a new chance for children in Serbia

Andjela was diagnosed with Down syndrome when she was born five years ago. Her mother abandoned her while she was still in the maternity ward. After her first month of life there, Andjela was sent to the Centre for Protection of Newborn, Small Children and Youth in Belgrade, where she spent almost two years before a foster family was found for her. She has been living with her foster parents in the city of Valjevo, some 70 km south-west of the capital Belgrade, for three and a half years now. Her foster mother, Ms. Dragana Maksimovic, does not hide tears of happiness while holding Andjela in her arms.

"We were delighted to bring Andjela from the Centre to our home. She adapted to us quickly, just as we adapted to her," says Dragana Maksimovic.

In order to be able to raise and take care of Andjela, the Maksimovic family completed a training programme for foster parents in the Centre for Family Placement of Children and Youth in Belgrade, which has become mandatory for all foster families. The Centre is a specialized social care institution, aimed at providing support to foster families and children.

"Foster carers who have gone through our new training programmes have become our equal partners," says Ms. Dobrila Grujic, Head of the Centre for Family Placement of Children and Youth in Belgrade. "They are skilled people willing to care for children without parental care, which is a significant step towards improved child protection."

The Maksimovic family has learnt much through these training sessions. Now they want to obtain even more skills and knowledge about children with Down syndrome from other foster families in their city. They are trying to give Andjela the same love and care they give their own two grandchildren, who also live with them.

"We don't separate her from our other children, from our grandchildren. She is the same as they are. She has the same needs as my grandchildren, she likes to play, go for a walk, dress nicely, swim in the city's swimming pool," says Ms. Maksimovic.

Andjela's progress in her foster family shows how important living in a family environment is to the successful development of a child with disabilities. She regularly visits the Development Advisory Centre at the town's health centre, and is fully covered by social welfare and health-care services.

[292] Ibid., p. 13.

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Foster care has become an important form of alternative support to children with disabilities in Serbia, with the potential to expand even further. The country has made significant progress in protecting children who cannot live with their biological families. Since 2004, when the reform of the social care system in Serbia started in a more systemic manner, the number of children placed in foster care increased by 83.5 per cent. But, when it comes to children with disabilities, the number of children in institutions has decreased slowly. The development of specialized fostering opens up the possibility of preventing future institutionalization of children whose biological families cannot take care of them.

"Over 5,500 children are cared for by foster families in Serbia now, while in 2005 the number of children in the fostering system was around 3,000. A positive trend is clear, especially when it comes to small children. The number of children under the age of three in foster families is now five times higher than the number of children in institutional care. But there is still much to be done," says Vesna Dejanovic, UNICEF Serbia Child Protection Project Officer.

With the adoption of a new Social Welfare Law in 2011, institutional placement of children under the age of three is no longer allowed. Foster placement, which has over a century-long tradition in Serbia, is now fully supported as the best option for a child when biological families are not able to take care of him/her. Newborns with a disability, unlike Andjela at the very beginning of her life, are taken directly from the maternity wards to their foster families.

Source: Adapted from UNICEF Serbia, press release 'A new chance for a happy child', Belgrade/Valjevo, December 2011.

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However, despite significant efforts to reduce the number of children in institutional care and increase the use of family-based care in many CEECIS countries, the number of children under the age of three in foster care remains low[293] (see above, Chapter 01). Lack of emergency foster care for infants continues to be a key issue as infant homes and hospitals are fulfilling this role, which is a damaging and worrying practice. In Azerbaijan, as of 2012, foster care exists as a service by law – under the Family Code – but since no funding has been allocated for its development it does not exist in practice.[294] Problems have also been identified with the coordinating institutions in charge of making the match between children and families. For example, during a visit to Bulgaria, in February 2012, a UNICEF team met with a group of foster parents who had undergone training and had obtained their license six months previously. They were still waiting for a child to be assigned to them, while over 30 per cent of the children in an infant home close by were directly eligible for foster care.

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Domestic adoptions. Adoption should be considered only when there is no possibility of the child ever being cared for by his/her family. All efforts should be made to identify suitable adopters in the child's country of origin before considering adoption abroad.

[293] In the Republic of Moldova, the government has adopted a strategy to decrease the number of children in institutional care by 50 per cent by 2012 (Ministry of Labour, Social Protection and Family, 2009). However, there are only approximately 150 children currently in foster care, compared to 8,000 in institutional care. In the Russian Federation, out of nearly 670,000 children without parental care, approximately 55,000 are in foster care, with the majority in institutional care or under guardianship (primarily kinship care) (UNICEF, 2010). In some countries, apparent rises in the number of children in foster care do not represent progress as they instead indicate increases in the proportion of the child population deprived of parental care. (Source: Delap E., Melville, L., *Fostering better care: Improving foster care provision around the world*, EveryChild, supra, p. 13.)

[294] This should soon be changing, as Hilfswerk Austria International is about to start a pilot project, supported by the European Union and the Government of Azerbaijan, in partnership/consultation with UNICEF, to establish a foster care system in the country.

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Domestic adoption is a new phenomenon in many countries of the region. In 2009, approximately 21,000 children were adopted in CEECIS, about two thirds of whom within their own country and one third abroad. The number of children under the age of three eligible for adoption has declined dramatically in the region since the year 2000. However, three countries have increased the rate of adoption of children under the age of three by more than one third: the Republic of Moldova (+33 per cent), Georgia (+35 per cent) and, more impressively, Azerbaijan (+164 per cent), although the rate has been decreasing since 2007.

On the whole, adoption remains the main outcome for children under the age of three entering institutional care (except for infants with disabilities who are likely to spend their whole life in formal care). For example, in Kazakhstan, in 2011, 775 children (47 per cent) out of 1,653 children under the age of three in institutions were adopted, while 399 (24 per cent) were returned to their biological families and 201 (12 per cent) were transferred to other types of institutions.[295]

Intercountry adoption as a last resort. Intercountry adoption involves the transfer of a child from his/her country of origin (or of habitual residence) to another country where he/she will live with the adoptive parents. It implies the total and definitive rupture of his/her relationship with the biological family. Because it involves physical displacement across borders and a complete change in identity (name, family ties and, invariably, nationality), almost always without the child's consent because of his/her age, decisions on intercountry adoption are of extraordinary significance in relation to the rights of the child (see Convention on the Rights of the Child, Article 21).

Rate of children under age three adopted in 2009

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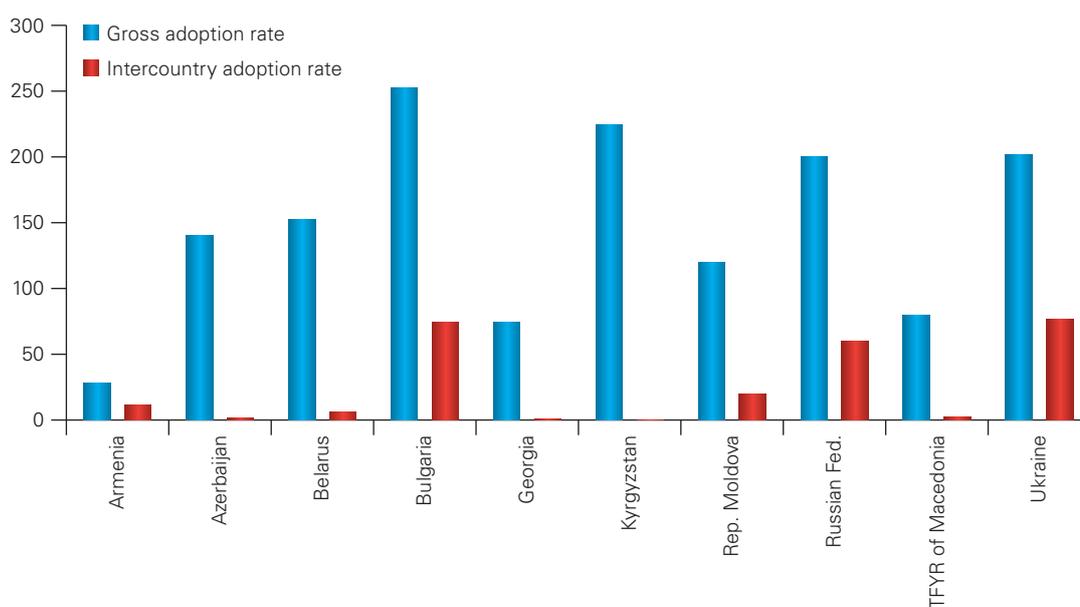
[295] Data provided by he Ministry of Health of Kazakhstan (March 2012).

Rate of children under age three adopted in 2000, 2005, 2007 and 2009 in CEECIS countries (per 100,000 population)

	Gross adoption rate (total 0–3 years)					Intercountry adoption rate (total 0–3 years)				
	2000	2005	2007	2009	Evolution 2000–2009	2000	2005	2007	2009	Evolution 2000–2009
South-Eastern Europe										
Albania	30,6	34.5	31	18.6	- 39%	14.7	19.6	15.3	-	-
Bosnia and Herzegovina	94.6	58.2	65.3	43.5	- 54%	-	-	-	-	-
Bulgaria	791.8	356.6	282.7	252.8	- 68%	371.9	43.9	30.3	74.6	- 80%
Croatia	61.9	81.2	-	-	-	5.2	5.5	-	-	-
Montenegro	73.2	37.1	16.1	16.1	- 88%	22.5	3.1	6.5	6.4	- 72%
Romania	471.3	135	150.9	140.2	- 70%	330.7	0.2	-	-	-
Serbia	-	43.1	44.6	46.5	-	-	-	3.7	5	-
TFYR of Macedonia	176.4	81.1	52.1	79.9	- 55%	11.4	-	-	2.2	- 81%
Turkey	-	-	-	-	-	-	-	-	-	-
Western CIS										
Belarus	159.3	104.4	151.7	152.5	- 4%	115	0.6	5.9	6.5	- 94%
Rep. Moldova	89.9	89.5	115.7	119.7	+ 33%	81.9	31.7	63.5	19.7	- 76%
Russian Federation	269.9	254.2	237.6	200.5	- 26%	124.1	121.6	76.6	60	- 52%
Ukraine	257	222.1	199	201.9	- 21%	133.2	134	98	76.6	- 43%
Caucasus										
Armenia	88	55.7	84.8	27.9	- 68%	0	22.6	45.1	11.4	- 50%[296]
Azerbaijan	53.1	166.5	174.2	140.1	+ 164%	0	1.9	3.2	1.7	- 11%[297]
Georgia	54.9	120.3	85	74.2	+ 35%	20.2	9.2	2.7	0.5	- 97.5%
Kazakhstan	498.8	414.6	340	-	-	75.4	90.9	69.1	-	-
Kyrgyzstan	220.2	227.9	209.9	224.5	+2%	-	4.9	2.1	0.2	- 96%[298]
Tajikistan	43	57.6	66.5	-	-	-	1.5	0.3	-	-
Turkmenistan	8.9	-	-	-	-	-	-	-	-	-
Uzbekistan	121.6	141.8	-	-	-	-	-	-	-	-

[296] Since 2005.
[297] Since 2005.
[298] Since 2005.

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Intercountry adoption is one of a range of care options that may be open to children. For individual children who cannot be placed in a permanent family setting in their countries of origin, it may indeed be the best solution. In 2009, approximately 5,600 children were adopted from CEECIS countries by foreign families. Adoption should be considered only when there are no possibilities for the child to be cared for in a 'suitable manner' in the country where he/she lives. In each case, the best interests of the individual child must be the paramount consideration when making a decision regarding adoption. Be it domestic or intercountry.

Children under the age of three are amongst the most 'demanded' children for adoption as prospective adoptive parents fear issues of attachment and institutionalization. According to TransMonEE 2009 data, the countries with the highest intercountry adoption rates of children under the age of three are Bulgaria, Russian Federation and Ukraine.

Over the past 30 years, the number of families from wealthy countries wanting to adopt children from CEECIS countries has grown substantially. At the same time, lack of regulation and oversight, particularly in the countries of origin, coupled with the potential for financial gain, has spurred the growth of an industry around adoption, where the best interests of children are not given central consideration. Abuses include the sale and abduction of children, coercion of parents, and bribery. There continues to be clear evidence of undue financial gain and illegal, illicit and/or unprofessional activity around intercountry adoption and violations of children's rights in this regard in many countries of the region. This is evidenced, *inter alia*, by the fact that no fewer than eight countries have found it necessary to resort to moratoria on intercountry adoptions at different points since 1991 in response to the scale of abuse: Albania in 1992; Belarus in 1997; Romania in 1992, 2001 and 2004–2009; Ukraine in 1994 and 2004; Russian Federation in 1995; Georgia and Kazakhstan in 1998, 2001 and 2010; Republic of Moldova in 2001, Kyrgyzstan in 2009–2011.

There are many reasons for these malpractices. First of all, the great majority of countries in the region had very little experience, if any, of intercountry adoption prior to the start of the transition, and were, therefore, unprepared in every way to cope with 'demand' from abroad. In addition, while most countries in the region have recently ratified the 1993 Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption,[299] some have not and many still meet challenges in its implementation.

There is also evidence that adoption is not being used as an alternative to institutionalization in the region: increases in the number of adoptions have often been accompanied by a rise in institutional placements.

Children placed in specialized institutional care. According to a 2002 European Union Daphne Programme study,[300] "The most common reason for children to leave an

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[299] This international legislation is designed to put into action the principles regarding intercountry adoption, which are contained in the Convention on the Rights of the Child. These include ensuring that adoption is authorized only by competent authorities; intercountry adoption enjoys the same safeguards and standards that apply in national adoptions; and intercountry adoption does not result in improper financial gain for those involved in it. These provisions are meant first and foremost to protect children, but also have the positive effect of providing assurance to prospective adoptive parents that their child has not been the subject of illegal and detrimental practices.

[300] Browne, K., et al., *Mapping the number and characteristics of children under three in institutions across Europe at risk of harm,* (European Union Daphne Programme), supra, p. 22.

institution for children with disabilities was because of death (28 per cent)." This data shows the importance of specialized care for these children. According to United Nations and Council of Europe's standards, specialized care should be provided in small individual units integrated into the local community: 12 should be the maximum number of resident children; a smaller number is desirable when possible. When used, residential care should be well regulated, as family-like as possible, and only in a purposeful and time-limited way.

In addition, placing children with disabilities in specialized institutional care does not mean breaking the child's relationship with his/her family. "The concept of partnership with the birth family requires social workers genuinely to involve birth parents in decision-making processes about their children. In order for the partnership to work, there is a need to shift from the 'either/or' stance of placement of children (for example: *either* children live in the family *or* they are cared for by the state; *either* parents are 'interested' in their children as they visit regularly *or* they have abandoned them) to an idea of shared responsibility and concern for children."[301]

"Systems of quality control should concern both the process of transition and the resulting services, with a clear focus on user satisfaction. The involvement of users, their families and their representative organizations in the monitoring of quality is crucial."[302]

1.3 PROPER BUDGET ALLOCATION TO SUPPORT FAMILIES AND PREVENT ABANDONMENT AND RELINQUISHMENT

Redirecting resources to community-based services by channelling financing flows towards support to families at risk and family-based care alternatives prevents institutionalization. In their joint project 'Changing Minds, Policies and Lives',[303] UNICEF and the World Bank promote the purchaser-provider model that is guided by clients' needs and the most efficient ways to meet them. Such financing system should place all the public funds for social care into the hands of the purchaser and acknowledge output-based reimbursement. All private and public providers should be subject to licensing.

This financing framework is one of the key public policy tools to ensure access to social services, cost-effectiveness and quality. The purchaser-provider framework has proven well suited to a decentralized government structure, provided the roles are assigned properly. The transition to a new financing system will be demanding for all stakeholders. A number of problems will emerge and should be dealt with in the overall reform strategy.

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[301] Mulheir, G., and Browne, K., *De-institutionalising and Transforming Children's Services: A guide to good practice*, (European Union Daphne Programme), supra, p. 21.

[302] European Commission, *Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care*, supra, p. 20.

[303] United Nations Children's Fund and World Bank Group, *Changing Minds, Policies and Lives, Improving Protection of Children in Eastern Europe and Central Asia. Gatekeeping Services for Vulnerable Children and Families*, UNICEF Innocenti Research Centre, Florence, October 2003.

1.3.1 Putting an end to the belief that alternative solutions to institutionalization are unrealistic because too expensive

The short-term cost of institutionalization. Many CEECIS countries believe that they cannot remove children from institutions because the direct and indirect costs of deinstitutionalization are too high. This belief is erroneous. Recent research[304] has demonstrated that, across Europe, institutional care is twice as expensive as foster care for children with disabilities and three times more expensive for children without disabilities.

These findings were corroborated by a 2010 study carried out by UNICEF in Armenia[305] aimed at costing residential care institutions and community-based services in the country and the transition from one to the other. The study used demographic and geographic indicators to provide projections, which took into account different scenarios of deinstitutionalization in parallel with development of community-based social services. The report also included estimates of 'transition costs'[306] (the additional funds required to set up new services while still maintaining the old ones), as well as the potential sources of funding for the future transformation of services, including retraining and relocation of staff working in residential care services. The considerations included in the study lead to conclude that the transformation of residential care services to alternative community-based services will result, in the long run, in lower costs for the government: "The study shows that the reallocation of children into family care does not necessarily lead to the creation of an additional burden on the state budget. On the contrary, depending on the policy chosen, the savings can be quite tangible, even if the reform costs include the provision of jobs to excessive staff of the discharged residential institutions and additional social support and care services for children released from residential institutions and their families."[307] Similar conclusions were reached in another 'Comparative analysis of costs for residential child-care institutions vs. alternative services' carried out in 2010 by the Ministry of Education of Azerbaijan and UNICEF in order to establish the feasibility of the State Programme on Deinstitutionalization and Alternative Care (2006–2015).

1.3.2 Investing in better parenting initiatives

With regard to parents at risk of abandonment or relinquishment of their young child, it is essential to be aware that the act of abandonment is usually the result of a long series of events. The problems that parents are facing often start long before the mother enters the maternity ward and determine her parenting capacity or incapacity. To avoid the tragedy of abandonment, the social support system needs to have social services and professional social workers in place to identify families at risk and offer them timely and effective support.

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[304] Browne, K., et al., *Mapping the number and characteristics of children under three in institutions across Europe at risk of harm,* (European Union Daphne Programme), supra; Browne, K., Hamilton-Giachritsis, C., Johnson, R., Chou, S., Ostergren, M., Leth, I., Agathonos-Georgopoulou, H., Anaut, M., Herczog, M., Keller-Hamela, M., Klimáčková, A., Stan, V., and Zeytinoğlu, S., 'A European Survey of the number and characteristics of children less than three in residential care at risk of harm', *Adoption and Fostering,* vol. 29, no. 4, 2005, pp. 22–33.

[305] Andreeva, E., *Towards Alternative Child Care Services in Armenia: Costing Residential Care Institutions and Community Based Services*, UNICEF Armenia, July 2010.

[306] Ibid., p. 34. "Reform usually involves some transition costs. Such transition costs can be either specific activities related to the 'start-up' of new functions of the system, but can also involve paying for old services (residential care), while at the same time developing new types of services, with the intention that the 'old services' will be gradually reduced over a period of time. These transition costs would normally only occur in the first few years of reform. Temporarily, they may increase the overall cost of the system. These extra transitional costs must be regarded as an investment to the introduction of a new and better system."

[307] Ibid., p. 7.

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There are different ways of reinforcing the parental skills of at-risk groups. It can be done through formal parental counselling 'classes' for prospective or new parents; through the establishment of peer networks in an effort to build 'resilience' and 'social capital' among (young, vulnerable) parents; or through all mechanisms that offer opportunities for parents to express their concerns and perspectives (e.g., with social workers, patronage nurses, group discussions organized in community-based services, etc.).

In Bulgaria, UNICEF started the project 'Family for Every Child', in 2010, in partnership with the Ministry of Health, the Ministry of Labour and Social Policy, the State Agency for Child Protection, the Social Assistance Agency, Shumen's Regional Governor and Shumen Municipality. One of the results of this project was the opening, in September 2011, of the first Family Counselling Centre for Infants and Parents, in the city of Shumen. The Centre's main focus is the prevention of child abandonment and institutionalization. Mobile teams of experts spot families with children at risk of abandonment; refer pregnant women at risk to obstetric care and counselling; and offer support and work to raise health awareness in communities at risk. The Centre is an innovative integrated service comprising social work, health care and education. It provides advice and individual/group support to families with babies and infants at risk. Mothers and fathers can attend a School for Parents to acquire parental skills. The Centre also trains adolescents and young people in family planning and contraception.

Kyrgyzstan has put in place similar 'Family Resource Centres' since 2004 (under the Ministry of Health). Social workers from these Centres provide advice to parents who plan to place children into infant homes and prevent abandonment in maternity hospitals through hot lines and counselling. The Centres also play the role of 'mother and baby homes' and 'social kindergartens' for children who were prevented from abandonment.

1.3.3 Implementing family-strengthening policies

Evidence indicates that, with the right support, most families can effectively care for and protect their own children.[308] By reducing financial burdens and improving the level and quality of support via economic strengthening of initiatives, parenting courses, easier access to basic services (education, health, birth registration, etc.) and stronger social welfare services, families are able to continue caring for their children. Furthermore, in emergencies, family separation may be prevented through awareness-raising and information campaigns on where children and families can seek assistance should they become separated. It is crucial that the support services are targeted adequately to prevent family separation and employed to reunify children with their families, where a child has been separated or been placed inappropriately in an alternative care arrangement.

Social services and case managers. The identification of the appropriate care solution for a child is a very sensitive issue that cannot be solved with preformed answers. Each situation needs to be followed directly, and often for a lengthy period, since it is not always possible to immediately find a long-lasting solution.

The degree of success of the social assistance depends on the relationship of trust established with the family, facilitated by the identification of a referral person within the services. Such professional figure is called 'case manager'. The role of the case manager is

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[308] See Irwin, A., Adams, A., and Winter, A., *Home Truths: Facing the Facts on Children, AIDS and Poverty, Final report*, Joint Learning Initiative on Children and HIV/AIDS (JLICA), 2009.

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of crucial importance for the gatekeeping actions, including to identify the possibilities for the child to go back home or to be included in a new family. "The assumption that children and their families understand how 'the system works' has proven to be wrong. The case manager's central duty is to provide children and adults with clear information on the process. The case manager is the person best placed in the assessment/support process, having both authority and regular contacts with the family. Publications, presentations, peer-to-peer knowledge-sharing and other information flow that supports activities and tools can complement the direct information-sharing role of the case manager but cannot replace it."[309] In 2008, Serbia made a profound shift in the organization and professional standards of work in centres for social work in all municipalities by introducing a case management approach.

However, even though case managers become the focal point of care provision and support to children and their families, the contribution of other services is of crucial importance (e.g., health in case of infants with special needs). The capacity to coordinate the several services involved and to empower formal and informal resources to help families in coping with the difficult situation they have to face, is the core component of the work of case managers, based on the so-called 'networking methodology'.[310]

The introduction of social work methods through the professionalization of social work in the system is a novelty in CIS countries. For example, a network of about 1,000 social assistants is now operating in Moldovan communities. This is a step towards the introduction of modern social work practices in the Republic of Moldova and is thought to have improved the possibility for people in all areas, rural as well as urban, to access social services.

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Social protection programmes supporting children to be cared for by their own families

Social protection programmes may include:

- *Cash transfers*: predictable, regular transfers of cash to individuals or households by governments for the purposes of addressing poverty, vulnerability and children's development. These include, for example, child benefits, social pensions or disability grants to enable families to care for dependants with recognized additional needs.

- *Short-term safety nets* to ensure household food security and reduce short-term vulnerability to shocks such as the loss of job or the illness or death of a parent.

- *Health and education services* that are free at the point of delivery.

- *Social assistance, social services and social insurance*, designed to address aspects of children and families' vulnerability, including economic poverty, and to promote social equity and inclusion. Examples of this might be free day care for children, or social worker support to help connect children and families to services and entitlements.

Source: Adapted from Csáky, C., *Keeping Children Out of Harmful Institutions – Why we should be investing in family-based care*, Save the Children, London, 2009, p. 15.

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[309] UNICEF, Child Care System Reform in South East Europe. Taking Stock and Accelerating Action. Consultation Report, supra, p. 21.

[310] Developed during the phase of reduction of welfare resources in the United Kingdom in the 1980s, the networking methodology has revealed to be the most efficient way to empower beneficiaries of social services and develop their self-reliance and autonomy skills. The methodology has since then been applied in several other European countries. Its theoretical aspects have been widely developed and are matter of teaching in the most advanced social work faculties.

Social allowances. Social protection can be defined as a range of policies and services that aim to help poor and vulnerable people to counter deprivation and reduce their vulnerability to risk. Social protection can play a vital role in supporting children under the age of three to be cared for by their own families. When implemented effectively, social protection can bring significant benefits to vulnerable children and their families.

Cash transfers represent the largest share of public expenditure in all countries of the CEECIS region. However, according to Innocenti Social Monitor 2009,[311] the bulk of social protection spending still goes on pensions and privileges, to which different categories of the population are entitled, while social assistance benefits for families with children represent a much lower priority. In Belarus, Bulgaria and TFYR of Macedonia, in 2005, expenditure on pensions represented about 8.5 per cent of GDP. In contrast, expenditure on family allowances was in the range of 0.1–1 per cent of GDP. Demographic trends in Central Europe and Western CIS suggest that the share of social expenditure going on pensions is likely to increase in the coming years. But, while children can benefit from pensions, especially if they live in extended families, pensions are not designed to be targeted at the poor, and are not the most effective way of improving the living conditions of the most disadvantaged children.

In Soviet times, benefits were received from the state regardless of personal or family income. Governments are now reforming social assistance so that the financial and subsidized goods and services are targeted to those who are in greatest need. This means that benefits (monetary and in-kind subsidies) are provided only when people can document their level of need, based on prescribed eligibility criteria, through what is most often called a 'means test'. The level of support ideally depends on the level of need. Indeed, in the early transition period, many countries in the region introduced universal cash transfers for families with children to provide some protection from the economic crisis, but later most adopted means-tested benefits in order to target scarce resources on the needy. In fact, since 2009, the majority of the countries have targeted allowances as the main cash instrument of social protection, while Romania is the only country with universal family allowances.

Child and family allowances in CEECIS countries, 2009

Country	Main child benefit and eligibility criteria	Other entitlements for families with children
Albania	No specific child allowance. General economic assistance; means tested.	Birth grant to insured parents with at least one year's contributions, lump sum. Orphan's pension for each orphan. Benefit for children with disabilities.

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[311] UNICEF, *Innocenti Social Monitor 2009. Child Well-Being at a Crossroads: Evolving challenges in Central and Eastern Europe and the Commonwealth of Independent States*, supra, p. 6.

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Country	Main child benefit and eligibility criteria	Other entitlements for families with children
Armenia	Family benefit: means tested.	Birth grant, lump sum. Child-care benefit: The families eligible for family benefits can receive further benefits (lump sum) for the birth of a child – with higher amounts for the birth of the third and subsequent children – when the child starts school, or when a family member dies. Those not eligible for family benefits can apply for 'urgent assistance' – which is provided by local social service bodies – and to benefits for the birth of the third and subsequent children.
Azerbaijan	No specific child benefits. Targeted social assistance (for families with low income), means tested. Supplement for low-income families with children under 1 year.	Birth grant, universal, lump sum. Allowance for the care of children under 3 years (for working parents).
Belarus	Family allowances: for children aged 0–16 years (or 18 if in full-time education or disabled); universal up to 3 years, means tested 3–16 years, no means test for children with disabilities.	Universal birth grant (lump sum). Pregnancy registration supplement, lump sum paid towards the costs of medical consultation during the first 12 weeks of pregnancy. Allowance for parents caring for disabled child and not working. Allowance for children under guardianship.
Bosnia and Herzegovina	FBiH: child allowances: means tested with eligibility criteria determined by the individual canton (in 2007, the child allowances scheme in FBiH was implemented in only 5 out of 10 cantons). Some cantons also provide a birth grant, lump sum. Republika Srpska: means-tested child allowances. Brcko District: child benefits.	

Country	Main child benefit and eligibility criteria	Other entitlements for families with children
Bulgaria	Family allowances: means tested, conditional on school attendance for children aged 7–20 years, if not in a child-care institution; not means tested if child permanently disabled.	Birth grant, universal, lump sum. Child-rearing allowance, means tested for children up to 1 year if the mother not receiving maternity benefits (for children with disabilities, universal and up to 2 years old). Child-care benefit (social insurance, except for the non-employed who receive the equivalent of the minimum wage) paid until the child is 2 years old.
Croatia	Child allowances: means tested for children under 15 years and up to 19 years if in full-time education, incapacitated (until 21) or with disabilities (until 27).	Birth grant, universal, lump sum. Other types of support provided by local governments.
Georgia	No specific child benefits. Social assistance benefits: means tested, based on proxy means test, introduced in 2006.	Orphan's pension. Social assistance paid on categorical basis for orphan children with no parents, children with disabilities aged 3–18 years, families with more than seven children. Benefit for children in foster care.
Kazakhstan	Child allowances: means tested, paid for children up to 18 years.	Birth grant, universal, lump sum. Child allowance for children aged 0–1, universal. Monthly allowance for children with disabilities and other allowances for children with disabilities. Allowances and benefits for orphans or children without parental care. Child-care supplement for large families (four and more children). Benefits for children under guardianship.
Kyrgyzstan	Unified Monthly Benefit (UMB) for low-income families with children: means tested, targeted on families with children under the age of 16, or up to 21 years if in full-time education. Social Monthly Benefit.	UMB beneficiaries are also entitled to birth grant, lump sum; benefits for children up to 18 months, extra benefit for twins up to 3 years, for triplets and more up to the age of 16, from low-income families. Social Monthly Benefits allocated on categorical basis, e.g., children with disabilities, survivor benefit, orphans, children with HIV/AIDS.

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Country	Main child benefit and eligibility criteria	Other entitlements for families with children
Montenegro	Child allowances: paid for up to three children from families who receive family allowance, mandatory for children with disabilities and children without parental care, children in foster families (including kinship) and children placed in child-care institutions.	Family allowance: means tested, universal birth grant, compensation for care and assistance of another person provided to the child with disability. Disability allowance. Compensation to foster parents (including kinship). Special compensation and compensation for child placement. Compensation for placement in another family of pregnant woman or parent with the child up to the age of three.
Republic of Moldova	Family allowances: for children under age 16, or 18 if in full-time education; universal up to 18 months (three years for insured persons), then means tested (includes children under guardianship). Social assistance for low-income families (introduced in 2008), aimed to bring *per capita* family income up to official minimum subsistence level.	Birth grant, universal, lump sum. Allowance for children with disabilities (if child under age 16) and benefit for persons taking care of children with disabilities at home. Loss of breadwinner allowance for children under age 16, or under age 23 if in full-time education. Single mother allowance, means tested.
Romania	Family allowances: universal for children up to 18 years, or older if in full-time education.	Birth grant, universal, lump sum, up to fourth child. Income supplement, means tested. Extra allowance, lump sum, means tested, for each child up to fourth child. Child-care allowance for sick children under age 7 (18 if disabled) for a maximum of 45 days per calendar year, social insurance. Single-parent allowance, means tested. Food allowance (monthly) for children infected with HIV/AIDS. Allowance for families in difficulty because of health problems. Allowance for children placed in foster care, or with members of extended family, lump sum, supplement to other benefits.

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Country	Main child benefit and eligibility criteria	Other entitlements for families with children
Russian Federation	Child allowances: means tested, paid to families with income below the locally determined minimum subsistence level, for children from 18 months to 16 years or up to 18 years if in full-time education. Maternity capital for the second natural or adopted child (or subsequent births if mothers did not apply for previous births), paid three years after the birth or adoption: can be used on housing, child education etc.	Birth grant, universal, lump sum. Pregnancy registration benefit. Child-care leave benefit, monthly (for children up to 18 months), paid to insured or unemployed parents. Adoption grant.
Serbia	Child allowances: means tested for children up to 19 years (if in school after age 7), or 26 if child has special needs or is in full-time education, paid for up to four children. Increased amount for children with disability. Disability allowance, increased amount for children with severe disability.	Birth grant, universal, lump sum, for first four children. Nursery school fees paid for children from low-income families. Twelve-month paid maternity leave for mothers employed at least three months prior to delivery. Extended maternity leave for mothers of children with disability, up to 3 years. Family allowance: means tested, paid for up to five family members, including children. Assistance to refugee mothers with children under 1 year.
Tajikistan	Social assistance benefit for children from poor families: means tested, allocated on a discretionary basis through schools to children from the poorest families.	Birth grant, universal. Maternity benefit, means tested, paid until child is 18 months. Survivor pension for children up to 23 years if in full-time education. Orphan's pension. Disability pension.
TFYR of Macedonia	Child allowances: means tested, paid for children up to 18 years, if in full-time education.	Birth grant, for first child only, universal, lump sum. Special allowance for children with disabilities under 26 years. Parental allowance for second child (9 months), for third child (10 years), for fourth child (15 years). [A Government Decree that restricted this measure only to municipalities with natural population growth under 2.1 per 1,000 was annulled by the Constitutional Court in Spring 2009. The law is now valid for the entire territory of the country.]

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Country	Main child benefit and eligibility criteria	Other entitlements for families with children
Turkmenistan	Child-care allowance: benefit for mothers with children under age three (from July 2009).	Birth grant, universal. Benefit for parents with three or more children, when the youngest is aged 3–8 years. Regular child protection support: benefit for single parents, children with long-term illness or serious disability (up to age 18). Cash award for mothers who give birth to the eighth child and subsequent children. Subsidized childcare, universal.
Ukraine	Social benefits for low-income families (guaranteed minimum income programme), means tested (not specific for families with children).	Birth grant, universal, lump-sum. Benefit for children under 3 years. Benefit for children of single parents. Benefit for children under guardianship. Benefit for children with disabilities. Benefit for families with more than three children.
Uzbekistan	Child allowances: means tested using a mix of income and proxy indicators, with the final decision on eligibility resting with local community (*mahalla*) leaders for families with children under age 16, or age 18 if in full-time education. Paid for a period up to six months, but families can reapply.	Maternity benefit, allocated through *mahalla* committees, for mothers with children under 2 years, means tested. Family assistance (social assistance) paid for a period of six months, repeatable to needy families or single persons on the recommendation of local committees. Winter clothes and shoes provided to children from low-income families. School accessories provided to all children entering first year of compulsory schooling. Pension for children with disabilities.

Source: Adapted from United Nations Children's Fund, *Innocenti Social Monitor 2009. Child Well-Being at a Crossroads: Evolving challenges in Central and Eastern Europe and the Commonwealth of Independent States,* UNICEF, Innocenti Research Centre, Florence, 2009, pp. 80–83.

A first step to get social allowances is for families to obtain vital documentation. Identity documents, birth certificates or registration documents are usually needed to claim social benefits or other social assistance. But "many people in the region do not have the correct documentation because of overly bureaucratic government systems and/or a lack of information."[312]

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[312] Carter, R., *Family Matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union,* supra, p. 30.

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Ukraine grants a one-time financial allocation at birth, but some vulnerable mothers are not in a position to provide adequate documents to access these funds.[313] Similarly, when Tajikistan revised its Cash Compensation Programme, in 2003, focus was placed on the poorest 20 per cent of families with children. However, this reform did not fully meet the needs of families at risk of abandonment and relinquishment as it focused only on families with children aged 6–15 years.[314] Particular attention should also be given to families of children with disabilities, whose upbringing is more expensive because of additional health-care needs.

The design of almost all these benefit schemes is not perfect and resources allocated to subsidies are not large in absolute terms. The combination of insufficient targeting and relatively small amounts of benefits usually cannot prevent vulnerable families from poverty. Thus, the benefits in their current form are not yet a fail-safe mechanism to prevent family separation on the grounds of poverty.

Experience shows that cash alone is not a sufficient response to vulnerable families' issues. Social welfare services and case management are also necessary as part of a combined package.

1.4 CAPACITY-BUILDING AND STANDARDS OF PRACTICE FOR MEDICAL AND SOCIAL WELFARE SERVICES

Research has shown that, in CEECIS countries, many of the children under the age of three in formal care entered the system directly after birth from maternity wards. It is therefore important that the health and social protection sectors give a joint response to this situation, prioritizing the prevention of abandonment and relinquishment of infants in hospitals and maternity wards.

In all countries, there is a clear need, among professionals at central and local government levels, of a shift in mindsets on ways to care and protect children, with particular emphasis on early childhood development. A change in professional and institutional practices in health facilities dealing with low birthweight and prematurely born babies may significantly influence rates of relinquishment. Furthermore, stigma amongst health professionals working with high-risk mothers and parents-to-be should be fought up front. New mechanisms have to be developed to link prenatal health services with counselling and other kind of support, which can help prepare the parents-to-be for the arrival of the baby, rather than encouraging relinquishment.

Reform in this regard seems to have started in most countries with a favourable environment to speak about the importance of individual approaches and family-based care rather than collectivist approaches and institutional care.

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[313] Moestue, H., Infant and Young Child Relinquishment in CEE/CIS: A Review of the Literature, UNICEF, 2010 (internal unpublished document), p. 34.

[314] Childhood Poverty Research and Policy Centre, Country overviews, London, 2002, p. 39.

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1.4.1 Capacity-building

Establishing a monitoring system of abandonment and relinquishment from maternity hospitals. A system of monitoring levels of relinquishment from maternity hospitals and other health facilities is urgently needed. The aim would be to identify 'hot spots' – hospitals or localities with high rates of abandonment – where risk factors are prevalent and early interventions are required, and monitor trends over time.[315] The statistical reporting should be the outcome of the implementation of laws mandating the notification of cases in maternity wards and paediatric hospitals. Professional and institutional capacities should be improved to manage reporting responsibilities. Minimum data requirements at the child level would include the date of birth; the date of entry in, and date of exit out, of the institution/facility; the destination upon exit; and the reason for admission/leaving.

The outcome of a successful monitoring system would be a national database. Such a database would, at a minimum, keep records of all infants who have been left in maternity/paediatric units by their parents for more than a certain number of days without further communication from their parents or relatives.

Establishing patronage nurses and home visitation. Another form of outreach to vulnerable groups is the traditional practice of community-based health or social workers seeking out and visiting particular families or individuals in need. Home visitation services can provide parents or prospective parents with support, referrals for services, advice and information. A 'patronage nurse' (or community nurse) is one that provides home visits and engages in health promotion, disease prevention and care of newborns. A related term is 'social patronage', frequently used in reference to the social assistance channelled through social workers who address the problem not only of the client, but also of his/her family.

Social workers and patronage/home visitation nurses are essential as they represent a 'circle of solidarity', which can provide a net of support to vulnerable mothers and families. They hold the potential of being the 'go-between' persons reflecting the mothers' perspectives, voices and considerations upward to the system (e.g., need for housing and heating to prevent abandonment) as well as being the 'go-to' persons for the mothers/families where they can access support without fear of stigma, retribution or blame. Both social workers and home visitation nurses need restoration and professionalization but also a new identity as members of the community as representing the true interests of its most vulnerable individuals.

Several CEECIS countries have traditionally had sophisticated systems of patronage nurses that provide maternal and child care during the antenatal period and after birth. Reports on Baby-Friendly Health Institutions in Uzbekistan, for example, drew attention to the 'noteworthy work of patronage nurses' in increasing exclusive breastfeeding rates among other newborn health-care indicators.[316] A similarly positive experience with 'community nurses' comes from Serbia, which has long been shown to effectively prevent relinquishment. Through recent initiatives, community nurses have been enhanced in order to

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[315] For a detailed discussion on information systems, see UNICEF, *Innocenti Social Monitor 2009. Child Well-Being at a Crossroads: Evolving challenges in Central and Eastern Europe and the Commonwealth of Independent States,* supra, Chapter 5.

[316] Moestue, H., Infant and Young Child Relinquishment in CEE/CIS: A Review of the Literature, supra, p. 40.

closely coordinate support and refer to centres for social work families with small children.[317] In Romania, prior to EU accession, the inclusion of community nurses (as part of community-based services) was a key success and a priority within sectoral development plans. This was not followed up after 2007, however.[318]

Despite some positive examples of its application, home visitation through a patronage nurse system does not generally appear to be a priority within current efforts to reform childcare in the region. This form of intervention traditionally formed part of the public health-care system, but existing schemes remain underfunded and the outreach nurses and social workers are poorly trained and supported.[319]

Improving interaction between social welfare services and health services. Clearer, increased and formalized interactions between social welfare services and health services are essential to prevent the institutionalization of children under the age of three. Examples of such interactions are the placement of social workers in hospitals (as in Kazakhstan) or the updating/drafting and implementation of intersectoral working and referral protocols, specifically targeting children under the age of three abandoned or at risk of abandonment.

Encouraging early mother-child relationship. For some specific groups, receiving temporary support in a residential setting can be an adequate way of overcoming a period of high risk of abandonment, relinquishment or maltreatment of the child – thus efficiently preventing his/her institutionalization.

These specific groups can be:

- young single mothers who temporarily lack financial resources and family support;
- single mothers who get marginalized due to geographical or social isolation and who have no income;
- pregnant women in the last trimester who consider abandoning their child at birth;
- young homeless mothers of under-three-year-olds who do not have stable incomes;
- young mothers facing family crises;
- families with other social and professional integration problems, which entail shortage of material and financial resources.

These residential settings are often called 'mother and baby units' or 'mother and baby homes'. Typically, mother and baby homes help mothers become autonomous and responsible for their children, while preparing them for professional and social integration through a range of services. These homes can also refer mothers to other family support services, if needed. The model has been successfully implemented in several countries of the region, namely Bulgaria, Kazakhstan and Ukraine. UNICEF and NGOs, such as 'Hope and Homes for Children' and 'Families for EveryChild', have provided critical support for setting up these services.

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[317] UNICEF Serbia, Transforming Residential Institutions for Children and Developing Sustainable Alternatives. Year 2 of Project Implementation (2009–2010), Belgrade, 2010.

[318] Moestue H., Infant and Young Child Relinquishment in CEE/CIS: A Review of the Literature, supra, p. 34.

[319] Ibid.

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It should be noted, however, that some concerns are raised about this new type of residential settings, which organize all services around an institution instead of providing different services within the community.

Improving the training of professionals in early childhood interventions. The training of professionals involved in early childhood interventions is especially important. "In addition to initial training to develop a shared understanding of common concepts, there must be further training and in-service training, which should strengthen the competencies of staff working with and in families, such as working in a team, cooperation between services and developing personal abilities such as self-reflectivity, communication skills and problem-solving strategies."[320]

"Human capacity is developing across the region and this provides the most hope that change will take place. Among primary professionals in the community-based system, there is an active movement to increase the professional training of social workers and psychologists. An increasing number of professional associations are advocating for change in services and for regulation of their professions. With a growing emphasis on community rehabilitation, rehabilitation professionals such as physical and occupational therapists and special educators are in great demand, with an increasing number of professional schools opening. Again, the ability to meet the demand for a qualified workforce is very limited. Salaries are low and education at both public and private universities is expensive. NGOs that provide technical training as part of the demonstration of services are among the greatest resources in workforce development. There is an expanding field of human service workers who demonstrate tremendous enthusiasm and hope."[321]

Training health-care professionals. Further work is needed to inform and change the attitudes of health workers. Doctors and nurses in maternity hospitals have a strong influence on mothers and families, and often lack sensitivity to provide adequate support. This contributes to child relinquishment and placements in residential care. In particular, based on prejudice and old-fashioned beliefs, it happens, for example, that mothers are encouraged not to bond with a child born with a disability or a health problem, and are openly advised to place him/her in an institution. In this context, the 'Baby-Friendly Hospital Initiative' needs to go beyond breastfeeding promotion. It must include knowledge and practices related to child protection issues. Another important reason to have more discussions with

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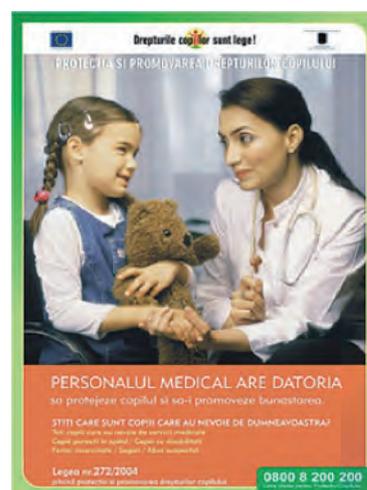
[320] WHO, Regional Office for Europe, Better health, better lives: children and young people with intellectual disabilities and their families, supra, p. 18.

[321] Davis, R., Promising Practices in Community-Based Social Services in CEE/CIS/Baltics – A Framework for Analysis, USAID Bureau of Europe and Eurasia, 2005, p. 4.

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health professionals is the fact that, in many countries, infant homes are under the authority of the health system, while residential institutions for older children are under the authority of social welfare.[322]

In Romania, the Ministry of Labour, Family and Social Affairs organized, in 2007, training programmes for the professionals who work in the community and interact with children on their roles and responsibilities in the protection and promotion of children's rights. It also organized 141 three-day training courses for medical staff based on specific manuals for each professional group (teaching manuals, powerpoint presentations, case studies, role plays and other useful materials as well as posters and brochures with the slogan 'Protection and promotion of children's rights. Medical personnel have a duty to protect children and to promote their well-being'). In Kyrgyzstan, UNICEF and the Training Institute of the Ministry of Health are developing a training module for medical specialists on the prevention of abandonment in maternity wards and children's hospitals. The first trainings will take place in 2012.

A similar programme was implemented in Serbia in 2010. It included the development of a practice model to be applied in maternity wards and specialized hospitals where newborns with disabilities are transferred. The model includes the formation of an advisory team, which is specially trained to support parents of newborns with the aim of reducing the risk of institutionalization. Parents are supported to manage health-related problems, understand medical treatment options and obtain advice and support on additional services that are available. This model has become an integral part of the Professional Guidelines for Implementing the National Health-Care Programme for Women, Children and Youth. The accredited training programme for its implementation was used to train over 150 doctors and other medical staff working in the largest 21 maternity wards and 28 specialized infants and children's hospitals.

Improved training of health professionals is also necessary when it comes to childhood disability. A Bulgarian response to a UNICEF survey mentions, "Recognition of paediatric neurology as a sub-specialty for paediatricians is necessary."[323] In Croatia, in 2009, UNICEF initiated the training of 200 health-care professionals from 32 hospitals and primary health-care institutions. Internal evaluations indicated that participants improved their communication and counselling skills and their knowledge about the best practices on how to deliver a diagnosis to parent(s) of children with long-term special needs.

Training social care professionals. Work is going on with professionals in the child-care system both in terms of organizing training and re-training for professionals who are already working in the system, and in terms of introducing new professions. At the same time, lack of professional human resources, low qualification of the personnel working with children and shortage of social workers remain among the main constraints.

The introduction of social work methods through a new profession in the system is a revolutionary novelty in a number of CEECIS countries. As part of its comprehensive reform of the child-care system, the Government of Georgia increased the number of state social workers and introduced graduate and undergraduate social work programmes, including

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322 UNICEF, Child Care System Reform in South East Europe. Taking Stock and Accelerating Action. Consultation Report, supra, p. 22

323 UNICEF, *Innocenti Insight. Children and Disability in Transition in CEE/CIS and Baltic States*, supra, p. 38.

extensive practice teaching components in the state universities. The Tbilisi State University runs three programmes: a Bachelor's and a Master's' degree in social work as well as a certificate programme for professionals who have a different academic background. University courses on state-of-the-art social work now exist in Azerbaijan, Kazakhstan, Kyrgyzstan, and Uzbekistan, and are being developed in Tajikistan.

1.4.2 Establishing standards of practice

Standards are agreed-upon statements of a measure of quality of services and professional practice. They require a quality assurance mechanism for their implementation and are important tools for promoting individual rights and improving services.

Article 3.3 of the Convention on the Rights of the Child provides, "States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform to the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision." It therefore requires governments to ensure that standards are developed for the range of services provided, whether by the state or by the voluntary or private sector. The United Nations Guidelines for the Alternative Care of Children also recommends that authorities "develop appropriate criteria for assessing the professional and ethical fitness of care providers and for their accreditation, monitoring and supervision" (para. 54). Appropriately defined standards of care are realistic, reliable, valid, clear and measurable and will ensure the family-centred outcomes. The process of standards' development should be participatory to ensure that they are owned by the stakeholders, shared and understood by the staff, and developed with the participation of children and their parents.

The improvement of standards should be seen within a framework that includes gatekeeping and the redirection of resources within a systemic framework. To change standards for services in the region, the following is needed:

- *Changing minds*. The whole chain of activities coming into operation in a care episode needs to be improved;

- *A comprehensive strategy to reform the child protection system*. Standards are not neutral. They are based on the policy that underpins the child protection system and provide a clear statement of the principles of this policy;

- *Overcoming the shortcomings of the current system of standards*;

- *Gaining commitment*. The successful development of standards will need many people to change what they do. This is unlikely to be achieved by command alone and it is important to work in a way that gains commitment of the range of people who will be involved in the strategy;

- *Developing incentives to grow*. Changes should be rewarded and the range of incentives should be brought into play.

The establishment of such standards consequently requires independent inspection and the establishment of monitoring systems. Principles 128–130 of the United Nations Guidelines for the Alternative Care of Children include detailed recommendations on inspection and monitoring.

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Training is needed to develop the attitudes and capacities for early identification and intervention. Beneficiaries of such training include family doctors, patronage nurses, staff working in maternity wards/paediatric hospitals, and staff working in residential institutions.

Processes to develop standards for new social welfare services have started in the majority of countries. In Central Asia, standards for the protection of children in closed institutions focusing on protection of abuse and neglect were adopted by the Government of Tajikistan. A case management module and a standard individual care plan are under development and revision in Azerbaijan. In Kyrgyzstan, minimum standards for social services are being developed and draft standards on foster care are under revision. In Uzbekistan, a standard foster care contract has been elaborated.

There is growing understanding among professionals and decision makers that an approach to the development of family-based substitute care services should be uniform and that similar standards and criteria should be applied to both traditional and new types of care. This concerns first the training and selection of care providers, but also pre-placement and post-placement support and supervision services available to children and their new families, mainly guardians and foster parents.

The effective functioning of an integrated system of social care services should be ensured by requiring that service providers meet the targets set in the quality standards for each type of service, and by creating an accreditation mechanism, which signals when they have met these standards. Without accreditation, a service provider should not expect to remain in operation. Inspection of child-care services is another essential component for ensuring their quality. Ukraine established requirements on licensing of private institutions for children deprived of parental care as well as rehabilitation facilities for children with disabilities of any type of ownership. In accordance with the Law on Licensing of Armenia, children's residential institutions, day-care and substitute care services were subject to mandatory licensing according to a set of state minimum standards on childcare and education. This requirement was waived in December 2010 as, between 2008 and 2010, the government had developed and adopted alternative mechanisms, rules and regulations that allowed the Ministry of Labour and Social Issues to monitor institutions providing residential or day care for children. In Azerbaijan, licensing will be applicable for all services provided by NGOs and funded from the state budget starting 2012.

1.5 INFORMATION AND SENSITIZATION

1.5.1 Preventing abandonment and relinquishment

Information and sensitization on the rights of children under the age of three. Although financial and human constraints are major barriers to deinstitutionalization in CEECIS countries, there is also a knowledge gap among the public in general. "International, national, and local public education and public awareness campaigns that utilize media and other public information methodologies are needed to change attitudes, target services, and reduce stigmatization and discrimination. Citizen engagement and community participation are major outcomes of the work of NGOs, as evidenced both in increased volunteerism and in service delivery. Through public awareness and public education campaigns, citizens and communities are volunteering and engaging in the provision of services, such as foster parenting and community support for children and youth."[324]

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[324] Davis, R., Promising Practices in Community-Based Social Services in CEE/CIS/Baltics, supra, p. 39.

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The deinstitutionalization reform can be seen as part of a collective process of cultural transformation towards an 'inclusive society': "children can be dismissed from institutions when the community is ready to welcome them and adapt to their needs, paying particular attention to their vulnerability. It highlights the assumption of responsibility of the community as a whole, while accepting every member not depending on their abilities or disabilities. It recognizes everyone's right to grow up in a community environment, and to have access to health, education, leisure and culture without discrimination of any kind."[325]

For this reason, the public opinion plays a very important role in the reform of the child-care system: only once the conviction that every child has the basic right to grow up in a family environment (be it the biological one or another) is widely shared, will it be possible for alternative care services to root with the contribution of the whole community, as a sign of its mature spirit of solidarity. This is particularly true for children with disabilities and for all those children considered 'different' for a reason or another: in a society that was for a long time released from thinking about the problems of children with special needs, hidden and forgotten in institutions (or inside their own houses), it is very important for the collective imaginary to reconsider the idea of accepting those children as lively part of the community.

There is also a need to focus on the state's responsibility as duty bearer to create awareness and promote dissemination of information at all levels, change attitudes and improve service uptake. Communication activities should therefore be part and parcel of the government-led and -funded abandonment and relinquishment prevention strategy. Communication activities should consider all local languages, including languages spoken by minorities. The messages – ranging from child rights, sexual health and birth registration to the availability of services and support – can be promoted through mass media and civil society, focusing on reaching the most vulnerable groups through the necessary means.

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Communication strategies are a method to change traditional attitudes that may lead to stigma, discrimination and misdiagnosis, which are all risk factors of abandonment and relinquishment. There have been some – though relatively few – examples of effective communication campaigns specifically aiming to prevent relinquishment. These strategies often involve elements of 'training' and 'advocacy' and frequently accompany alterations to professional procedures and processes. Furthermore, sometimes programmes specifically aim at improving the 'communication skills' of medical personnel so they can better counsel mothers at risk of leaving their baby.

Communication strategies on themes such as 'Every child needs a family' and 'A children's home is not a home' developed in Azerbaijan, Croatia, Montenegro and Romania have had a strong impact. They contributed to:

- influencing public opinion and openness of social work professionals;
- creating public support for foster care, making it more important and socially recognized;
- mobilizing funds to support new activities in order to facilitate policy change.

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[325] United Nations Children's Fund, De-institutionalisation Reform in Azerbaijan, UNICEF, 2005, p. 6.

UNICEF Campaign 'Every child needs a family' in Croatia.

EveryChild's project in the Republic of Moldova (Ungheni raion) produced radio and TV spots and programmes. It held roundtables, workshops and work meetings with the participation of representatives of various medical and educational institutions, local public administrations and NGOs. It trained community social assistants in early identification of risk, and mobilized community efforts to support women with children in difficulty and combat stigmatization. An evaluation of the project revealed that these initiatives had successfully altered attitudes, claiming, "The issue of infant abandonment is not a closed, taboo and stigmatized issue anymore. It is an issue that is discussed and analysed, and measures are planned and taken at raion and community level to prevent baby abandonment."[326]

As an integral part of the overall communication and programmatic approach in the area of childcare and social inclusion, in 2010, Serbia implemented a campaign 'Let's Grow Up Together' that promoted the rights of children with disabilities to live in the family environment, to develop their potentials and to be valued as active members in the community. The campaign raised significantly awareness among the general public. What is more, the public service broadcaster took over and incorporated the issue into its regular reporting.[327]

Information and sensitization on the social services available to families. "Evidence shows that those persons most in need have less accessibility to services due to a range of personal, social and cultural barriers, such as lack of adequate transportation, inaccurate and/or lack of information, discrimination, complicated bureaucratic procedures, lack of identity papers, etc. To improve programmes and services, policy makers, professionals and the public must be educated about community care models and ways to integrate a fragmented system that will improve access in the face of increasing poverty and discrimination. Effective targeting of those most in need and least likely to access services presents a significant challenge, particularly in the more rural and remote areas of

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[326] EveryChild Moldova and World Childhood Foundation, 2009.

[327] 'Let's Grow Up Together' campaign. See http://www.unicef.org/serbia/media_19934.html, accessed March 2012.

the region. Public education, outreach (including communication and transportation services), assessment, and planning must be used to address this challenge."[328]

1.5.2 Promoting social inclusion of children deprived of parental care

Information on the foster care system. As previously stated, foster care needs further support and publicity in the region. A good example in that sense comes from Croatia, which introduced a new Law on Foster Care, in 2007. It resulted in the establishment, in 2008, of professional teams for the support of foster families within social welfare centres. Because such Law would not by itself have led to a development of foster care, UNICEF supported the government by developing public campaigns aimed at changing common perceptions and attitudes as well as advocacy and policy recommendations within government and administrative institutions striving to encourage and improve the quality of foster care.

Antidiscrimination campaigns. As explained previously, stigma and discrimination can lead to neglect, abuse and abandonment. There is, therefore, an urgent need to acknowledge the existence of such stigma and discrimination against specific groups, and to address prejudices.

The need to link social inclusion priorities with robust measures to combat discrimination and anti-Gypsyism was reaffirmed on 1 February 2012 in a declaration adopted by the Council of Europe Committee of Ministers. The declaration recognized the interdependence of inclusion and antidiscrimination, and recommended that any strategy, programme or policy developed to improve the situation and integration of Roma should include, in addition to measures promoting the social and economic inclusion of Roma in areas such as education, health, employment and housing, measures to combat discrimination and challenge anti-Roma stereotypes: "Such documents should make clear that attitudes among the non-Roma population are a crucial factor that needs to be addressed. Roma integration measures should include both measures targeted at the Roma population (in particular positive measures) and measures targeted at the non-Roma population, notably to combat anti-Gypsyism and discrimination".[329] The declaration also underlined the need for all member States to adopt specific and comprehensive antidiscrimination legislation in line with international and European standards; to set up antidiscrimination bodies equipped to promote equal treatment and to assist victims of discrimination; and to ensure that this legislation is effectively implemented.

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[328] Davis, R., Promising Practices in Community-Based Social Services in CEE/CIS/Baltics, supra, p. 39.

[329] Declaration of the Committee of Ministers on the Rise of Anti-Gypsyism and Racist Violence against Roma in Europe, adopted by the Council of Europe Committee of Ministers on 1 February 2012 at the 1132nd meeting of the Ministers' Deputies.

In this context, the European Union and UNICEF initiated in 2010 a Joint Management Project called 'The Roma Good Start Initiative' (RGSI). Funded by the European Union, the project aims at encouraging measures to promote Early Childhood Development (ECD) as an entry point to fostering the social inclusion of Roma children. It is being implemented in six countries: Czech Republic, Hungary, Romania, Serbia, Spain, and TFYR of Macedonia. The activities of the project include research, advocacy, capacity development, and communication, addressing the importance of ensuring that all Roma children are given the opportunity to have the best start in life. The expected results of the RGSI are an increased capacity of relevant stakeholders and service providers to include Roma children in early childhood programmes and to strengthen and expand existing services to embrace and implement inclusive early childhood care and education approaches.

But discrimination does not affect only children of Roma origin; it also affects children with disabilities.

Since 2011, Azerbaijan is conducting a public advocacy campaign 'Abilities Are Limitless' to reduce stigma and discrimination against children with disabilities. This campaign includes posters and TV spots.[330]

In Montenegro, where a campaign on inclusion had not been planned for 2010, UNICEF decided to embark on a massive awareness-raising and behaviour change initiative to challenge social norms towards children with disabilities. UNICEF and the Government of Montenegro, together with the European Union Delegation to Montenegro, the Council of Europe, Associations of Parents of Children with Disabilities and a whole host of other partners, are involved in the campaign 'It's About Ability'. The campaign was launched on 10 September 2010 by the Prime Minister of Montenegro, the Head of the European Union Delegation to Montenegro and the UNICEF Representative.

The campaign builds upon the momentum of wider reform and European integration to drive forward the agenda on disability rights. In the short life cycle of the 'It's About Ability' campaign, the evidence of two knowledge, attitudes and practices (KAP) surveys conducted before and after the first and second phase of the campaign reveals a marked decrease in negative perceptions amongst the public.
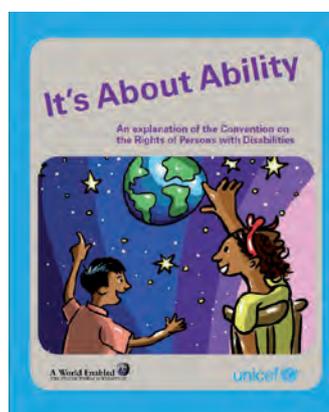
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330 See http://www.youtube.com/watch?v=yhAX6BjMngk&feature=player_embedded, accessed March 2012.

Key results from KAP surveys on children with disability and the *It's About Ability* campaign in Montenegro

- Before the campaign in August 2010
- After the first phase of the campaign in December 2010
- After the second phase of the campaign in December 2011
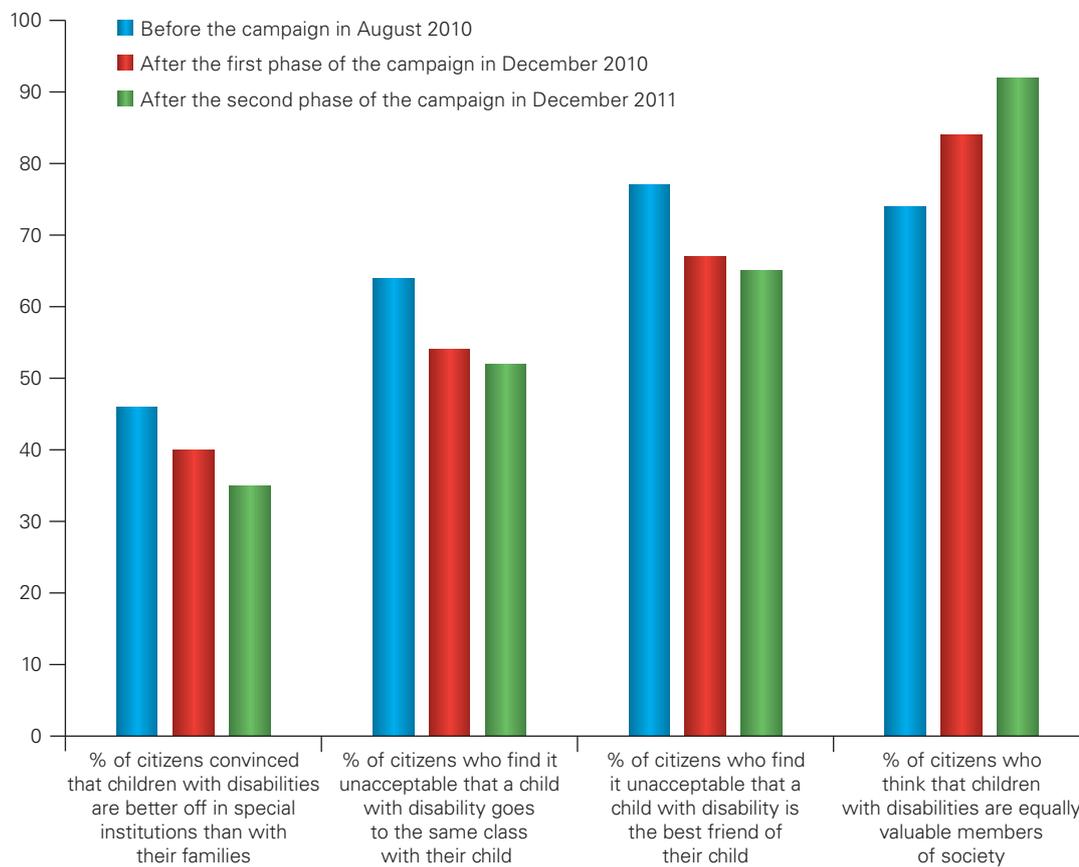
Source: KAP (knowledge, attitudes and practices) surveys conducted by IPSOS Strategic Marketing in August and December 2010 and in December 2011.

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CONCLUSION

This analysis of the situation of children under the age of three in formal care in CEECIS countries has highlighted both challenges and hopes with respect to preventing unnecessary family separation and putting an end to the placement of children under the age of three in institutions. These challenges and hopes summarized below concern general findings and trends for the region as a whole. Important variations between and within countries dealt in detail in the main chapters are not addressed here.

MAIN CHALLENGES

- **Statistical data on children under the age of three in formal care are incomplete.** Despite the TransMonEE project, a number of statistical data, required for a better analysis of the situation of children under the age of three in the region, are missing. Among them, the number and rate of children under age three in formal care, the number and rate of children under age three in kinship care, the number and rate of children under age three domestically adopted, the number and rate of children under age three with disabilities in the different types of formal care, the proportion of children under age three legally deprived of parental care, the number and rate of girls and boys among children under age three in the different types of formal care, the number and rate of children under age three in formal care disaggregated by ethnic origin, etc. Flow models of children under age three in formal care should also be developed. Another challenge concerns the classification used when referring to the causes of placement of children under age three in formal care: as advocated in the report, the classification of children as 'social orphans' should be abolished. A more detailed classification should be enforced and harmonized at the regional level. Only through the systematic collection and analysis of data on the numbers or circumstances of children being cared for outside of their original families will local child welfare authorities and national governments be able to monitor progress in preventing separation, promoting reunification and ensuring the provision of appropriate alternative care. These data would also warrant a more accurate comparison of the situation of children in formal care across countries and regions.

- **Children under the age of three often slip through the gatekeeping net, because they are infants.** Because newborn children are at higher risk of abandonment or relinquishment and because children under the age of three still depend, in most CEECIS countries, on the Ministry of Health (not the Ministry of Social Affairs or the Ministry of Education like older children), a significant number of children abandoned or relinquished at birth go directly from the maternity ward or paediatric hospital to the infant institution. This practice is in clear contradiction with the goal of establishing efficient gatekeeping mechanisms to regulate the flow of children into institutions and contribute to their family reintegration or the identification of alternative durable solutions. Uncontrolled placement of children in institutions represents a serious failure of governments to drive the reform of child-care systems. It has economic consequences for state budgets that finance institutions on a *per capita* basis. It has consequences for the development of children placed in formal care. Ineffective or unavailable gatekeeping systems to evaluate the care of children already in institutions indicate that they are likely to remain in formal care until their parents seek their return

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or until they graduate as young adults. Indeed, the review has shown that family-based alternative care options, such as foster care for children under the age of three, remain underused in many countries of the region. All CEECIS countries should undertake a thorough analysis of the efficiency of the existing gatekeeping mechanisms for children under the age of three and implement necessary amendments.

- **The lack of appropriate social and community-based services contributes to high rates of infant abandonment and relinquishment.** Studies have shown that preventing young children's institutionalization has a greater potential for successful outcomes than addressing the problems once they have been removed from their family. However, social and community-based services – which, through early identification of families at risk and provision of the right support, are the main safeguard against infant abandonment or relinquishment and to deprivation of parental care – are underdeveloped and usually available only in certain places (mostly urban), making them inaccessible to the most vulnerable groups. In addition, the social and community-based services that are available are often not tailored for children under the age of three. CEECIS governments should, therefore, adopt prevention strategies, which specifically take into consideration children under the age of three and include the development of social and community-based services responding to their and vulnerable families' specific needs (e.g., day-care centres, family-based respite care, local family planning, counselling centres). Intensified welfare activities should be provided in selected localities where abandonment and relinquishment are known to be particularly high, through the development of outreach social work and case management practices, prioritizing access to family support services for those most vulnerable.

- **Prejudices and stereotypes still contribute to the institutionalization of children under the age of three from vulnerable groups.** The 'state knows best' model and the defectology tradition keep contributing to an over-representation of children from vulnerable groups (children with disabilities, from Roma/young/single/drug- or alcohol-addicted/HIV-positive/disabled parents). Some professionals (doctors, civil servants, institutional staff) and even parents from vulnerable groups still believe that children will have a better upbringing in an institution than within their family. Antidiscrimination campaigns and measures are needed urgently to tackle these prejudices, which directly lead to infant placement in formal care. Media campaigns and mobilization of civil society would motivate families, schools and communities to accept children with disabilities or chronic diseases and trigger a rise in demand for services and related budget allocations.

SIGNS OF HOPE

- **CEECIS countries are starting to adopt specific laws and plans of action preventing the placement in institutions of children under the age of three.** In the last couple of years, some countries (Croatia, Romania, and Serbia) have adopted laws prohibiting the institutionalization of young children. In others (Bulgaria, Georgia, Kazakhstan, Montenegro, TFYR of Macedonia, and Turkey), the development of appropriate services is progressively facilitating the enforcement of similar legal reforms. More recently, the Prime Minister of the Republic of Moldova committed to ending the use of institutional care for children under the age of three. This shows

a clear engagement to tackle this issue and achieve results in the best interests of children. The hope is that other countries in the region will take similar steps to prevent unnecessary family separation and the placement into institutional care of children under the age of three.

- **Many promising pilot projects targeting children under the age of three are underway.** Be it the creation of counselling centres at community level, the establishment of social workers in hospitals, the professionalization of alternative and professional family-based care services (including respite care and emergency foster care), the development of 'mother and baby homes', the reactivation of home visitation by outreach nurses, the launch of antidiscrimination advocacy campaigns, the assignment of specific social allowances for parents of children with disabilities or the development of day-care centres adapted to children under the age of three with disabilities – all these initiatives ultimately contribute to preventing the separation of children under the age of three from their families and to identifying good practices that could be replicated at a larger scale. Governments have faced major challenges to mobilize the additional resources that are needed to finance social and community-based services. This is where key regional actors, such as the European Commission and USAID, can play a ground-breaking role by taking on the transition cost required to set up new community-based services. To achieve such transition, the European Commission is currently supporting Bulgaria, and USAID is supporting Georgia.

- **CEECIS countries start moving ahead to support the rights of children with disabilities.** Since its opening for signature in 2007, the Convention on the Rights of Persons with Disabilities has been ratified by fourteen CEECIS states and signed by five. This shows that there has been a definite shift in the way disability is understood by CEECIS governments. This new approach is having a direct impact on children under the age of three with disabilities as it widens their access to early childhood services. Although progress remains slow, in many countries, further development of early childhood services concretely reflects positive political will.

- **Capacity-building of health and social welfare services with a specific focus on children's needs and rights has started.** Hospital and social welfare practices, which contribute to preventing family separation, are being introduced gradually. Capacity-building and the development of standards of practice for health and social welfare staff aim at supporting parents of newborns and infants with disability as well as parents from most vulnerable groups. The need for further efforts in view of improved coordination is acknowledged.

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GLOSSARY

Abandonment
Concerns the physical desertion of a child in circumstances where his/her immediate and future care cannot be guaranteed or presumed. (See also 'Relinquishment', below).

Adoption
The formal, permanent transfer of parental rights to a family other than a child's own and the formal assumption by that family of all parenting duties for the child. *Domestic adoption:* an adoption that involves adoptive parents and a child in the same country of residence and usually, but not necessarily, with the same nationality. *Intercountry adoption:* one that involves a change in the child's habitual country of residence, whatever the nationality of the adopting parents. (Source: UNICEF Innocenti Research Centre, Innocenti Digest 'Intercountry Adoption')

Alternative care
Informal and/or formal care by persons other than the child's parents (cf. definitions).

Biological/natural family
The family to which a child is born, including the child's mother, father and/or siblings.

Caregiver/carer
The definition of 'caregivers', referred to in article 19, paragraph 1 of the Convention on the Rights of the Child, as "parent(s), legal guardian(s) or any other person who has the care of the child," covers primarily a person with whom the child lives, who provides daily care to the child, who acts as the child's 'parent' whether they are biological parents or not and who has a clear, recognized legal, professional-ethical and/or cultural responsibility for the safety, health, development and well-being of the child. A caregiver can be the mother or father, or another family member such as a grandparent or older sibling. The term also includes persons looking after the child in formal alternative care settings, as well as informal arrangements in which the caregiver does not have legal responsibility. In the case of unaccompanied children, the State is the *de facto* caregiver. (Sources: Committee on the Rights of the Child, General Comment No. 13, CRC/C/GC/13, para. 33 and Better Care Network Glossary of Key Terms)

Case management
The process of ensuring that each child has his or her specific needs for care, protection and support met. This is usually the responsibility of an allocated social worker who meets with the child, the family, any other caregivers, and professionals involved with the child in order to assess, plan, deliver or refer the child and/or family for services, and monitor and review progress. (Source: Better Care Network Glossary of Key Terms)

Cash transfers
Refers to program or government distributions to identified low-income families to support costs related to the care of vulnerable children. Such transfers can be either conditional or unconditional, depending on whether recipients are required to engage in specific behaviors as a condition for access. (Source: Better Care Network Glossary of Key Terms)

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Child abuse/maltreatment

Constitutes all forms of physical and emotional ill-treatment, including sexual abuse, neglect or negligent treatment, and any type of exploitation, the consequences of which are actual or potential damage to child health, survival, development, or dignity in the context of a relationship of responsibility, trust or power (World Health Organization, 1999)

Child protection

Measures and structures intended to prevent and respond to abuse, neglect, exploitation and violence affecting children. (Source: Better Care Network Glossary of Key Terms)

Child protection system

A comprehensive system of laws, policies, procedures and practices designed to ensure the protection of children and to facilitate an effective response to allegations of child abuse, neglect, exploitation and violence. (Source: Better Care Network Glossary of Key Terms)

Children affected by HIV/AIDS

This broad term encompasses children who have lost one or both parents to an AIDS-related disease; children in families in which a parent or other caregiver is HIV positive or suffering from an AIDS-related disease; children who are themselves HIV positive; and children living in communities seriously affected by the epidemic. (Source: Better Care Network Glossary of Key Terms)

Children deprived of/without parental care

All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances with the exception of children who are deprived of their liberty by decision of a judicial or administrative authority as a result of being alleged as, accused of or recognized as having infringed the law; children placed in the custody of adoptive parents pursuant to a final adoption order; and children voluntarily staying with relatives or friends for recreational purposes and reasons not connected with the parents' general inability or unwillingness to provide adequate care. (Source: United Nations Guidelines for the Alternative Care of Children, paras. 30 and 31)

Children's rights

The human rights of all persons up to age 18, as set out in the United Nations Convention on the Rights of the Child.

Continuum of services

The idea that a combination of various services is to be made available for children in need of special protection and care as provided for in the Family Law, Social Assistance or other Social Protection Laws. While general preventative measures and services such as education, health, and social/ cash assistance are important for families and children, the continuum of child-care services is especially composed of those social/child protection services that are directly relevant for mitigating and addressing specific types of risks relating to family separation: 'statutory' or procedural functions, family and child support services, and family substitute care, temporarily replacing the biological family. (Source: UNICEF, Child Care System Reform in South East Europe. Taking Stock and Accelerating Action. Consultation Report, Sofia, Bulgaria, 3–6 July 2007)

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Community-based care
Care that is as close as possible to family- based care and where the community is involved in the process of a child's recovery. Foster and extended families are examples of community-based care. (Source: Better Care Network Glossary of Key Terms)

Counselling
Support provided to parents and children to prevent or respond to a crisis situation or in a moment of transition that requires adaptation to unfamiliar life conditions. Counselling with young children typically centers on the use of play and does not rely on verbal communication.

Corporal or physical punishment
The administration of physical pain or discomfort intended to change persons' behaviour or to punish them.

Day care
Provision of care for children by an individual or facility, especially young children and those with special needs, during set periods of the day, while the child continues to live in the family home. It is typically, but not only, used by a working parent. Day care for children exists, for example, in the form of child minding (in the child's home or in that of the child minder), preschools (kindergartens) and groups for extended school days.

Deinstitutionalization
A strategic plan of action to prevent the need for alternative care and to establish a diversity of alternative care options that enables large institutions to be phased out.

Disabilities
The term 'children with disabilities' (preferred to 'disabled children') includes children with a physical or sensory impairment who, without assistance, would be unlikely to achieve their full potential; children with a learning disability, who would not achieve their full potential without assistance from agencies outside the family; children with emotional, behavioural or mental health problems. (Source: Better Care Network Glossary of Key Terms)

Discrimination
"Any distinction, exclusion, restriction or preference or other differential treatment that is directly or indirectly based on the prohibited grounds of discrimination and which has the intention or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of Covenant rights." (Committee on Economic, Social and Cultural Rights (CESCR), General comment No. 20 (2009) on 'Non-discrimination in economic, social and cultural rights, para. 7)

Emotional or psychological abuse
Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development (e.g., humiliating and degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation). (Source: Better Care Network Glossary of Key Terms)

Extended family
The wider network of family members of the child, who can provide support to the child at risk or in difficult situation (namely, grandparents, uncles, aunts, cousins).

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Family-based care
The short- or long-term placement of a child into a family environment, with at least one consistent parental caregiver; a nurturing family environment where children are part of supportive kin and community. Family-based care settings include guardianship, trusteeship, foster care, patronat care, family-based groups.

Family support services
A range of measures to ensure the support of children and families – similar to community-based support but may be provided by external agents such as social workers and providing services such as counselling, parent education, day-care facilities, material support, etc. (Source: Better Care Network Glossary of Key Terms)

Fœtal alcohol syndrome (FAS)
A disorder resulting from maternal prenatal abuse of alcohol. Its main effects are growth retardation, neurobehavioural abnormalities and facial abnormalities.

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Formal care
All alternative care placements ordered or authorized by a competent administrative body or judicial authority and all alternative care provided in public and private facilities, whether or not as a result of administrative or judicial measures. (Source: United Nations Guidelines for the Alternative Care of Children, United Nations General Assembly, A/RES/64/142, 24 February 2010)

Foster care
The duly ordered or authorized placement of a child in the care of a family whose willingness and ability to look after the child has been verified and approved by the competent services.

Gatekeeping
System of decision-making that guides effective and efficient targeting of services aiming to ensure that children who do not need alternative care can be identified and referred to other (e.g., family-strengthening) services, and that those who are determined to require such care are placed in accordance with their individual needs.

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Guardianship
The legally assigned responsibility for ensuring the welfare, protection, rights and best interests of a child.

Home visiting
A service provided by social or community workers or volunteers in order to provide assessment and monitoring of risk and support needs as well as direct assistance (e.g., parenting information, advice on rights, counselling etc). (Source: Better Care Network Glossary of Key Terms)

Informal care
Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body. (Synthetic definition based on the United Nations Guidelines for the Alternative Care of Children, United Nations General Assembly, A/RES/64/142, 24 February 2010)

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Institution

Residential care facility of variable size, which caters to children, with carers working on a shift basis. There are no officially recognized United Nations or Council of Europe's definitions of small/large institutions. However, experts have put forward suggestions as to the different sizes of institutions: "A large institution is characterized by having 25 or more children living together in one building. A small institution or children's home refers to a building housing 11 to 24 children. Alternatively 'family-like' homes accommodate 10 children or fewer, usually separated, with 2 to 3 in each bedroom". (Gudbransson (2004), referred to in Mulheir, G., and Browne, K., *De-institutionalising and Transforming Children's Services: A guide to good practice*, (European Union Daphne Programme), University of Birmingham Press, 2007, p. 14)

Interim/emergency care

Care arranged for a child on a temporary basis (e.g., while his/her own family is being traced when accidental separation has occurred). (Source: Better Care Network Glossary of Key Terms)

Kafala

A form of family-based care used in Islamic societies, frequently described as falling between foster care and adoption in its effects. Its exact nature may vary from country to country, but it does not involve a change in kinship status or automatic inheritance.

Kinship care

The full-time care, nurturing and protection of a child by someone other than a parent who is related to the child by family ties or by a significant prior relationship. Informal kinship care is any such private arrangement provided. Formal kinship care describes arrangements that have been ordered or authorized by an administrative body or judicial authority; it usually involves some degree of continuing support and monitoring. (Source: Better Care Network Glossary of Key Terms)

Neglect

The lack of adequate care and communication with the child, or an adult's incapacity to offer appropriate care and communication to the child in correspondence with his/her biological, emotional, physical, and developmental needs. (Source: World Health Organization, 1999)

Orphan

Person who is under the age of 18 and whose parents have both died or are legally presumed dead.

Person with disabilities

"Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others." (United Nations Convention on the Rights of Persons with Disabilities, Article 1, para. 2)

For further information, see: http://www.hrea.org/index.php?doc_id=416 and http://www.mdac.info/en/resources-and-materials, accessed March 2012.

Physical restraint

Restriction of a person's freedom of movement by using adequate means to prevent free movement of an arm, of both arms, of a leg or both legs or to fully immobilize the patient. (United Nations Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care)

Placement

The arranged out-of- home accommodation provided for a child or young person on a short- or long-term basis. (Source: Better Care Network Glossary of Key Terms)

Prevention

Methods or activities that seek to reduce or deter specific or predictable problems, protect the current state of well-being, or promote desired outcomes or behaviours. Prevention in the child-care field may consist of:

- primary prevention through general welfare measures (universal access to quality education, health, housing, etc.)
- secondary prevention through targeted support to those identified as particularly vulnerable/at risk (e.g., prevention of baby relinquishment through assistance to single parents)
- tertiary prevention by responding to problems in a way designed to prevent their recurrence (e.g., seeking to return a child in alternative care to his/her family with appropriate preparation and support).

Relinquishment

Act by which the child has been surrendered to others with the desire and reasonable expectation that the child will be cared for by them, for example in the maternity hospital. (Source: UNICEF, Child Care System Reform in South East Europe. Taking Stock and Accelerating Action. Consultation Report, Sofia, Bulgaria, 3–6 July 2007)

Residential care

Alternative care provided in any non-family-based group setting, in facilities housing large or small numbers of children.

Respite care/services

Family support services that enable parents to better cope with their overall responsibilities towards the family, including additional responsibilities inherent in caring for children with special needs, by providing occasional and/or planned overnight or limited temporary care for a child.

Review

The process of regularly re-examining the child's alternative care setting to determine its suitability and necessity in the light of any changes in his/her needs and home situation. This is typically a multidisciplinary meeting, attended by the child or young person and the current caregivers, and/or the birth parents. (Source: Better Care Network Glossary of Key Terms)

Temporary placement centre/emergency shelter care

Facilities that provide services to meet children's basic needs for safety, shelter and education on a short- term basis. (Source: United Nations Study on Violence Against Children, p. 176)

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