



At home or in a home?

Formal care and adoption of children
in Eastern Europe and Central Asia

unite for
children

unicef 

At home or in a home?

Formal care and adoption of children in Eastern Europe and Central Asia

UNICEF Regional Office for Central and
Eastern Europe and the Commonwealth of
Independent States (CEE/CIS)

September 2010

©The United Nations Children's Fund (UNICEF), September 2010

Front cover photo:
UNICEF/MD07/00152/PIROZZI
Cazanesti boarding school, Moldova.

Design: paprika-annecy.com

Contents

Acknowledgements	1
Foreword	2
Executive Summary	4
1. Introduction	8
2. Aim, methodology and caveats	10
3. More children are becoming separated from their families	12
4. The rate of children in formal care is increasing	14
5. Poverty is not the only cause of separation, but an important one	17
6. The hidden increase of residential care in most countries	20
7. Institutionalization of infants and young children is still too common	24
8. Children with disabilities represent a large proportion of all children in residential care	27
9. Concerns regarding the role of some non-state actors in the development of residential care	30
10. Patterns of out-flow from residential care raise important questions about gatekeeping	32
11. The development of family-based alternative care has been slow	34
12. Adoption is an option, but only for some	38
13. Conclusions	44
14. Recommendations	46
References	50
Appendix 1 Glossary of terms	52
Appendix 2 Value and limitations of MONEE	54
Appendix 3 Statistical tables	56

Acknowledgements

This report is based on data provided by national statistical offices from twenty countries in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), collected through the UNICEF regional monitoring project, MONEE, and also using research undertaken in the region.

It has been a collaborative effort. The first draft was produced by Helen Moestue, Child Protection Specialist at the UNICEF Regional Office for CEE/CIS. Special thanks go to Virginija Crujisen, statistical expert who contributed substantially to analysis and data checking. Important inputs are acknowledged from Jean-Claude Legrand, Regional Advisor on Child Protection, and Anna Nordenmark Severinsson and Séverine Jacomy Vité, Child Protection Specialists at the UNICEF Regional Office for CEE/CIS who reviewed and commented on the drafts. Comments have also been gratefully received from a broad reference group, including Hervé Boéchat (ISS – International Social Service), Nigel Cantwell and Vesna Bosnjak (independent consultants), Deepa Grover (UNICEF CEE/CIS), Leonardo Menchini (UNICEF Innocenti Research Centre), Furkat Lutfulloev (UNICEF Tajikistan) and Chris Rayment (EveryChild).

Foreword

A 'home' is not just a place to live. For children, being at 'home' usually means living with their family in an environment that fosters a sense of belonging, identity and origin. Home is a place where they can feel cared for, and grow up protected from neglect, abuse and violence. However, many children do not have a home in this sense and are brought up in an environment that is far from the ideal family one. The UN Convention on the Rights of the Child (CRC) recognises the importance of a family upbringing for all children. In 2009, the Convention celebrated its 20th anniversary, and the UN General Assembly adopted the UN Guidelines for the Alternative Care of Children. Such guidelines are much needed to help governments in their efforts to build child protection systems that effectively protect children in a family environment.

This report is about children in Eastern Europe and Central Asia who are deprived of parental care. Despite recent reforms, which have led to an increase in the number of children being placed in alternative families – for example with foster parents, guardians or adoptive parents – the majority of these children are still living in institutions. They live in a child care system which relies heavily on costly residential care and which also undermines their development potential. The report provides an in-depth review and analysis of the latest statistics provided by national statistical offices on children in formal care in these countries. It highlights relevant trends on key issues such as family separation, the placement of children in institutional care and concerns about the abandoning or handing over of small babies to state authorities. Finally, it looks at the heavy reliance on institutions to care for children with disabilities – many people are still under the misapprehension that an institution is the best place for a disabled child. The findings of this report show that there has been impressive progress over the past ten years in the reform of the child care systems in Eastern Europe and Central Asia. They have adjusted their legislation to bring themselves into line with international conventions and other human rights treaties and diversified services for families and children: all countries are introducing family-based alternatives to residential care and several of them are experimenting with transforming old residential care services. These countries have made important changes in the way the services are targeted to families and children. They are developing standards, accreditation and licensing for new services and developing new gatekeeping practices that better control the criteria by which children are placed in institutions. Innovative practices have been introduced on financing and budgeting for child care services. These redirect resources from old residential care institutions to family and child support services, and family-based care.

However, these countries have also faced problems implementing plans and new legislation. This is mainly because national plans do not systematically define quantitative targets and fail to fully consider, enforce, or adequately monitor some qualitative issues. Governments must renew their efforts and enlist the support of regional and international partners in particular areas.

Despite the governments' engagement in reforms and positive GDP growth in the same period, the rate at which children are separated from their families has continued to increase. In 2007, throughout the 20 countries considered by the TransMONEE project, approximately 1.3 million children in this region lived in various types of alternative care arrangements, separated from their families. More than 600,000 of them grew up in residential care in hundreds of institutions. This situation needs addressing immediately.

Based on the findings of this report, we renew our call for a shift towards preventing children from being separated from their family environment in the first place. Although we can be satisfied that family-based approaches have gained ground, this report demonstrates that preventative work must be intensified. It also shows us that residential care must be much better managed, so that when staying in an institution really is necessary, it is an exceptional, temporary solution in a system that is properly geared towards family reintegration or longer-term and stable family-based resolution. The aim is to give every child a proper home and a sense of belonging, identity and origin. This can be achieved not only by using cash assistance for the most vulnerable families, but also by developing family support services, which provide improved access to health services and education. The success of governments in leading such complex reforms will depend on their capacity to coordinate different actors, both private and public, national and international, and also central, regional and municipal level authorities. It will also rely on their ability to identify and find funds to cover the transitional costs for these reforms.

This report demonstrates that in Eastern Europe and Central Asia fundamental reforms to the child care systems are still urgently needed to ensure they effectively support families and children and provide cost-efficient alternatives to residential care. As the region is suffering the severe impact of the current economic crisis, it is crucial to keep the momentum for achieving such reforms.



Steven Allen
Regional Director
UNICEF Regional Office for CEE/CIS

Executive Summary

The report *At Home or in a Home?* describes the divide separating children with hope and love, and those who never feel love, just the rigid hand of an indifferent bureaucracy – the institution. While the report does document failures, a failure to conduct reforms to term and thus to bring effective change to those children's lives, a failure to change public attitudes and most of all a failure to embrace some of the most vulnerable children and families in our society, there are glimmers of hope and there are possibilities – a way out of this bureaucratic morass, and one which embraces the family or the family environment as the core of the reform of the child care system.

The number of children in residential care in the region is extraordinary – the highest in the world. More than 626,000 children reside in these institutions in the 22 countries or entities that make up Central and Eastern Europe and the Commonwealth of Independent States, CEE/CIS.

While there have been real changes in this system, what this report shows is just how difficult reform turned out to be and how slow and uneven progress has been, as media images of appalling conditions in some residential care institutions portray.

To be fair there are many committed staff who really care about the children. But this is not enough, because of the institution in itself – the way it is organized and the way it reduces a child to a number. It can never be what a family is and give those children the family love they so crave.

The report reveals how much the Soviet legacy system continues to dominate the child care system with its tradition of placing children who were abused and neglected or those with disabilities into institutions. In the early 1990s, during the transition from the Soviet period, another factor came into play. Confronted with a severe deterioration of living standards many families placed children into institutions as a way of lightening the financial burden on the family in the face of poverty. Now the global economic crisis is creating further economic vulnerability for millions of families and is likely to also impact on the rates of children going into formal care.

Most disturbingly the institutionalization of children with disabilities continues as a stable trend, untouched by any reform. In many countries, children with disabilities represent as many as 60 per cent of all children in institutions. For UNICEF, this is an indication of the failure of systems to provide tailored responses to families who have children with disabilities and to children with disabilities themselves.

Supporting the reform of child care systems has been a priority for UNICEF in Eastern Europe and Central Asia for the last 20 years. Most recently we have organized, in partnership with governments, four high-level consultations on child care reform, with the aim of taking stock of where reforms stand and to support governments in the acceleration of their reforms.

Reform has been a partial success. Every country in the CEE/CIS region is – to a varying extent, and with different levels of success – engaged in the reform of the child care system. The vision for reform of the child care system articulates the importance of family based care and de-institutionalization. It recognizes that the reform needs to develop family and child support services to prevent institutionalization, services which were almost non-existent in the past. Statutory services with gatekeeping functions making decisions about services and placements of children must also be reformed.

However the reform process has been slow and any progress that has been made is still fragile. The reforms are often not deep enough to have an impact. It is hard to escape the fact that CEE/CIS countries remain reliant on residential care as the default response to risks and vulnerabilities. The Committee on the Rights of the Child has expressed serious concerns about this situation.

A unique source of international data

The report puts data on children in formal care under the microscope. It provides an overview of the major trends and concerns about formal care and adoption in CEE/CIS. It aims to provide answers to the following questions: What are the broad trends in rates of children in formal, residential and family-based care? Are there significant differences between countries or sub-regions? Are there particular sub-groups of children we should be concerned about? The picture provided by the analysis will help to measure the impact of the child care system reform and drive new recommendations to end the dependence on residential care.

Data presented in the report are official government statistics spanning the years 1989 to 2007. They were obtained through the MONEE project, including special analytical country reports submitted by 13 countries in 2006.

MONEE is a unique source of international data on key child protection indicators. To interpret the statistics meaningfully, however, one needs to appreciate the differences between countries in legal frameworks, systems and definitions. One also needs to acknowledge the concerns about data quality. Nevertheless, by comparing the results with other sources of data, we have been able to identify major trends and key concerns. MONEE offers an unparalleled opportunity to examine historical trends spanning three decades.

Key findings of the analysis:

The findings of the analysis of MONEE data reveal that, in spite of reform efforts:

- 1. More children are becoming separated from their families:** For all the 10 countries with comprehensive data there is a clear trend showing that every year, more children are separated from their families than in previous years. No country shows a decreasing trend. This is an important indicator of family vulnerability as it shows that families are increasingly using formal care services for their children.
- 2. The rate of children in formal care is increasing:** Formal care refers to all children in residential care or family-based care. The data analysed confirms that despite reforms to the child care systems that have begun in all the countries in the region, there has been no significant reduction in the use of formal care services. On average, the number of children living in formal care in the region in 2007 was 1,738 per 100,000, up from 1,503 per 100,000 in 2000.
- 3. Poverty is not the only cause of separation, but an important one:** Family poverty is often quoted as a key factor in a family's decision to place their children into formal care. Single parenthood, migration, deprivation of parental rights, disability of the child are other factors which are often mentioned as causes. But behind these terms hide many different realities which often melt down to a general lack of access to free-of-charge social services. Often families are simply seeking day-care facilities to be able to work, or educational facilities in the localities where they live. When they find such services unavailable, or inaccessible, they resort to boarding schools or institutions instead.
- 4. The hidden increase of residential care in most countries:** An analysis of trends suggests that the total number of children in residential care in CEE/CIS has fallen between 2000 and 2007, from 757,000 to 626,000 children. However, as the birth rate in the region has also dropped dramatically, the numbers are less encouraging than they may seem. A more appropriate and realistic picture is presented with the use of 'rates,' accounting for the impact of demographic change. The rate of children in institutional care in CEE/CIS has on average been almost stagnant since 2000, following a longer-term upward trend since the early 1990s. We estimate that 859 children per 100,000 were living in residential care in 2007, which is about the same as the 2000 rate (861). The regional averages hide important differences between countries. A closer look reveals that in 12 countries

the rate of children in institutional care increased between 2000 and 2007, while in 8 countries it decreased. This means that despite ongoing reforms, residential care is becoming more frequent in more than half the countries.

- 5. Institutionalization of infants and young children is still too common:** The institutionalization of infants is a serious concern because of the damaging effect it has on the young child's health and development. Across the region, the loaded term 'abandonment' is often used to describe the reason these babies are in residential care. However, hidden behind many of the cases of 'abandonment' are stories of mothers or parents whose decision to hand over their children was taken because they lacked support or advice. Sometimes they were even encouraged by the hospital staff to do so. Data analysed in this report show that in 2007, institutionalization rates of infants and young children were particularly high in 8 countries.
- 6. Children with disabilities represent a large proportion of all children in residential care:** According to data from 2007, more than one third of all children in residential care are classified as having a 'disability'. The number of children with disabilities in residential care has remained remarkably stable over the past 15 years, suggesting that little has been done to provide non-residential alternatives for them. Although there are differences in the diagnosis and classification of mental or physical disabilities between countries, as well as differences in the methodologies used for collecting statistics on disability, figures indicate that at least 230,000 children with disabilities or classified as such, were living in institutional care in CEE/CIS in 2007. This is equivalent to 315 per 100,000 children.
- 7. There are concerns regarding the role of some non-state actors in the development of residential care:** Many NGOs are making positive contributions to the reform of the child care system. Often they have taken the lead in developing pilot family-like care and community services. At the same time some non-state actors are actually stepping up their role in the provision of residential care. Although these institutions are often described as 'family-like', there are no indications that governments are coordinating these efforts within a nationwide process of transformation of the old, larger residential care facilities. There is also a general lack of nationally approved standards for such services, which would regulate public and private service providers alike.
- 8. Patterns of out-flow of children from residential care raise important questions about gate-keeping:** Children are recorded as leaving institutions either because they have turned 18 years of age and enter the community as an independent adult, are reunited with their biological family, are adopted or benefit from family-based alternative care. However, some are transferred from one institution to another, and often these transfers are not registered in the statistics, thereby overestimating the true number of 'leavers'. There are large variations between countries, but overall there is a concern that large proportions of children are entering or leaving institutions without such moves being made in the best interest of these children.
- 9. The development of family based alternative care has been slow:** While alternative family-based care is expanding, residential care is not diminishing. The number of children living in family-based care in CEE/CIS has gone up from 43 per cent of all children in formal care in 2000, to 51 per cent of all children in formal care in 2007. In 11 countries the rate of children in institutional care actually also increased between 2000 and 2007, compared with only 6 countries in which it decreased. This means that in the majority of countries residential care is also resorted to more often, even if the regional average remains stagnant (859 children per 100,000 in 2007).
- 10. Adoption is an option but only for some:** In 2007, 28,000 children were adopted in CEE/CIS, of which about 75 per cent were adopted within their own country (domestic adoption) and the remaining 25 per cent were adopted abroad (intercountry adoption). The findings suggest that additional efforts are required to establish transparent procedures for domestic adoption and to incorporate it within national social policies (child benefits), as is currently done in the Russian Federation.

Conclusions:

- A lack of support to families in need and early identification and timely interventions contribute to children being relinquished or handed over by their parents and placed in formal care for short or protracted periods of their lives. Poverty may be a contributory factor, but it is not necessarily the main underlying cause.
- Of all types of formal care, residential care is still the main option and receives the support of traditional administrative and financial systems and legislation. While family-based care is growing, it is not necessarily doing so by replacing residential care.
- Gate-keeping of the system is currently extremely weak or completely failing in many countries. This means that many children enter the system for the wrong reasons and their chances of leaving are slim. Efficient gate-keeping requires a streamlining of methods for assessment and decision-making and clarification of mandates by a limited number of qualified statutory agencies responsible for individual case assessment, decision-making, referral to appropriate services and regular review of cases.
- Use of the term 'abandonment' when talking about institutionalizing children tends to imply that these children have been completely deserted by their family and have little or no hope of being reunited with their parents. While this is sometimes the case, often it is not. There is anecdotal evidence from other countries in the region that a lack of identity papers, for example, coupled with active encouragement by staff to leave the child behind, leads many mothers to feel they have no choice but to 'hand over' the child to temporary or long-term care of somebody else in the belief that it is in the child's best interest.
- The tendency towards institutionalization of children with disabilities continues and is an indicator of the wider social exclusion these children face. The medical and deficiency-oriented model of assessment and treatment of these children still prevails. Differences between sub-regions and countries are difficult to interpret, but may reflect differences in the traditional role of family networks versus formal care. They may reflect differences not only in the quality and levels of perinatal care for premature children or for children with disabilities, but also in support services for families who have children with special needs. They may also reflect variations in methods of data collection and disability diagnosis.
- Domestic adoption remains to be developed. In the handful of countries where domestic adoption has in the past been relatively common, rates have been declining in recent years. Indeed, adoption may be an appropriate measure for some children to benefit from a permanent family environment. However, the relative number of intercountry adoptions practised in some countries vis-à-vis domestic adoptions is a matter of concern. Further research is also needed to understand the underlying dynamics of adoption within child protection reform.

1. Introduction

The report provides an overview of the major trends and concerns about formal care and adoption in Eastern Europe and Central Asia. Data presented are official government statistics collected through UNICEF's MONEE research project via national statistical offices throughout the region.

Countries in CEE/CIS have traditionally relied heavily on placing into institutions children who are abused and neglected, and those with disabilities. In the early 1990s, when CEE/CIS countries started the process of transition, economic conditions deteriorated for many families. At that time, the placing of children in institutions was seen as a strategy to mitigate family poverty. The break-up of 8 states into 27 almost overnight contributed to a massive movement of people within and from the region. While migration became a common way of coping for families, it also exposed children to new risks and placed an additional burden on the systems in place which support those children without parental care. At the same time, the transition opened up space for new ideas and approaches to child protection and countries started recognising the importance of children growing up in a family environment. By the year 2000, all countries in the region had initiated reforms to build comprehensive child care systems. It was also in that year, at the conference 'Children deprived of parental care: Rights and Realities in the CEE/CIS Region', organised by UNICEF and the World Bank, that the governments in CEE/CIS articulated a joint vision for reform, and officially recognised the importance of family-based care and de-institutionalization of child care.

Since 2000, a clearer understanding of precisely what needs to be reformed has evolved. This understanding resulted from sometimes painful experiences caused by rapid efforts at de-institutionalization in situations where no alternative services were in place. It is now appreciated that closing institutions without providing a follow-up service for the children is unacceptable. Now, focus is placed on developing family and child support services to prevent institutionalization and on offering support to children who are leaving institutions; for example ensuring family-based placements, which consider the child's origin. It is appreciated that the statutory organs with gate-keeping functions that decide on which children should be placed in institutional care, or which children are ready to leave, must be reformed. This must be combined with the introduction of modern social work practices, and development of alternative family support and family-based care. Today, the reform process is ongoing. Every country in the CEE/CIS region is – to a varying extent, and with different levels of success – engaged in the reform of the child care system. Lessons learned show that reform takes time and most countries are still struggling with the high, if not increasing numbers of children going into the formal care system.¹ Despite the fact that, of these children, a larger proportion than ever is benefiting from family-based care services, such as foster and guardianship care, global estimates show that the CEE/CIS region still has the highest rate of children in residential care in the world (Figure 1.1).

While formal child care systems are being reformed and transformed throughout the region, the process has been slow and any progress that has been made is still fragile. Experts warn that the 2008 onset of the global economic crisis is likely to have had a significant impact on the rates of children going into formal care. With families becoming more vulnerable, child care systems need to be stronger than ever. As yet, however, this is not the case. The new services which have been introduced have uneven coverage and many remain in a pilot stage. This is mainly the result of budgeting procedures. Institutional placements are still financed from stable budgetary sources while alternative services remain unfunded or depend on local sources. Even when new services are being funded, they often serve only the newcomers in the system. Thus, institutionalized children and children who could be diverted from institutional care (with adequate, and sometimes many, forms of family and child support), are not yet considered as priorities for new services.

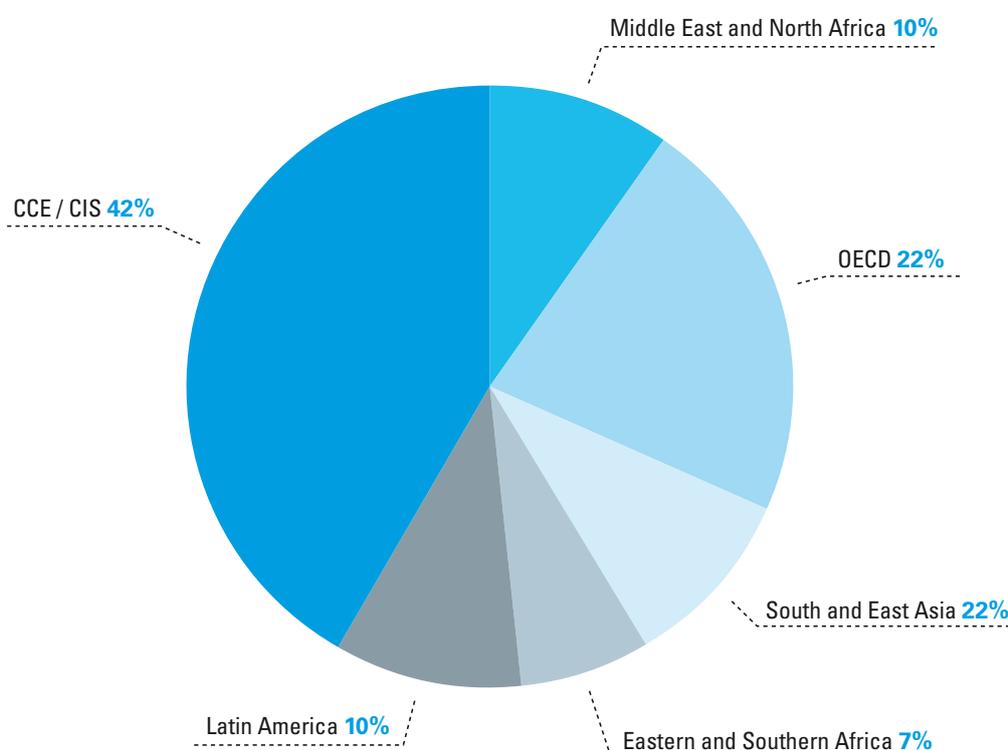
Ongoing data collection in the area of child care is needed to evaluate the impact of the crisis and the benefits of public investments in children's wellbeing in CEE/CIS. This report has also revealed a need to improve the collection of data and to have better indicators for decision-makers so that they can better monitor the

¹ Formal care is defined as any type (public or private) of residential care or alternative family-based care for children who are without parental care (such as for example foster and guardianship care) on a permanent or temporary basis. The definition does not include day care services.

progress of the reforms. For example, in several countries it has been found that many children counted as 'institutionalized' attend institutions but not on a full-time basis (they go home at the weekends or in the evenings). This is important information to guide policies on child protection. Regulation of open services needs to be put in place and poor families should be offered day care services or free schooling (including inclusive education for children with disabilities) in order that this kind of state support may prevent the placement of children in institutions.

This report has been produced in response to a call for evidence in favour of efforts to reform the child care system. It provides an overview of general trends of child care in recent years as well as providing a snapshot of the present situation. As such, it invites further dialogue with policy makers on the most urgent priorities for the reform of child care systems in CEE/CIS to overcome the legacy that residential care institutions have left in the region, and to develop a modern child protection system that genuinely serves the best interests of children.

Figure 1.1 Global estimates of children in institutional care: by region²



² Estimates are based on a UNICEF analysis of several main sources, including national estimates, often from governments, provided by UNICEF country offices (2005 and 2006); country reports prepared for the 'Second International Conference on Children and Residential Care: New Strategies for a New Millennium', held in Stockholm in 2003; and the TransMONEE database of CEE/CIS indicators (2003). The estimates represent the number of children in institutional care at any moment. Numbers in the Latin American and the Caribbean, Middle East and North Africa, Eastern and Southern Africa and East Asia and Pacific regions are likely to be highly underestimated due to the lack of registration of institutional care facilities. No estimates were calculated for West and Central Africa due to a lack of data for this region.

2. Aim, methodology and caveats

This report aims to provide answers to the following questions: What are the broad trends in rates of children in formal, residential and family-based care? Are there significant differences between different countries or sub-regions? Are there particular sub-groups of children we should be concerned about? The picture provided by the analysis will help to measure the impact of the child care system reform and drive new recommendations for informed reforms.

Government data spanning the years 1989 to 2007 were obtained through the MONEE project³, including special analytical country reports submitted by 13 countries⁴ in 2006 and data from the TransMONEE database that were available for these countries and another seven.⁵ In total, data from 20 countries were thus available for analysis (Box 2.1). Key definitions of terms are provided in Box 2.2.

MONEE is a unique source of international data on key child protection indicators. To interpret the statistics meaningfully, however, one needs to appreciate the differences between countries in legal frameworks, systems and definitions. One also needs to acknowledge the concerns about data quality. In the majority of countries, responsibilities for data collection are divided between different ministries or other official bodies, each using different methods and definitions and making it difficult to come up with national standardised estimates. In addition, there is a general absence of internal consistency checks and external evaluations. Sometimes the data collected are not nationally representative. There are also similar concerns about the population data used to calculate rates.

Despite these concerns, MONEE offers an unparalleled opportunity to examine historical trends spanning three decades and allows for forecasts. Moreover, MONEE has in recent years started to collect 'flow' data which monitor the movement of children in, out of and within the system. This is of tremendous value to policy makers wanting to know the impact of changes in policy (Box 2.3).

MONEE data may produce inaccurate estimates of the true number of children in formal care. On the one hand, numbers may be inflated in countries where it is common for 'young adults' to remain in institutions after their 18th birthday. This is often the case of children with a disability or if the child has nowhere to go. While MONEE collects some data on the number of over-18s, the data are not available for all countries. On the other hand, MONEE may under-estimate the true extent of formal care because it misses children placed in institutions for shorter periods or those placed in private institutions that are not monitored. This is important because we know that even short stays may have negative impacts on children. In the case of infants, for example, they may be abandoned in maternity wards or centres for street children. Such facilities are not included in the official count because they are not considered to be 'residential institutions'.

Box 2.1 CEE/CIS sub-regions and countries included in this report

South Eastern Europe	Bulgaria Romania Albania Bosnia and Herzegovina Croatia Montenegro Serbia* TFYR Macedonia
Western CIS	Belarus Moldova Russian Federation Ukraine
Caucasus	Armenia Azerbaijan Georgia
Central Asia	Kazakhstan Kyrgyzstan Tajikistan Turkmenistan Uzbekistan

* It should be noted that throughout the report, data for Serbia do not include Kosovo.

³ The MONEE 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, which 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 is published annually and is available electronically at <http://unicef-icdc.org/resources/transmonee.html>

⁴ Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Kyrgyzstan, TFYR Macedonia, Moldova, Romania, the Russian Federation, Tajikistan, Uzbekistan

⁵ Croatia, Georgia, Kazakhstan, aggregated data for Serbia and Montenegro pre-cession, Turkmenistan, Ukraine.

In summary, we know that the MONEE data have limitations. However, acknowledging this, and combining the data with other sources of information has allowed us nonetheless to identify major trends and key problems in formal care and adoption in the region.

Box 2.2 Key definitions⁶

Children without parental care: All children not living with at least one of their parents, for whatever reason and under whatever circumstances.

With respect to its juridical nature, **alternative care** may be:

- **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.
- **Formal care** or alternative care: all care provided in a family environment or in a residential institution which has been ordered or authorised by a competent administrative body or judicial authority, including in public and private facilities, whether or not as a result of administrative or judicial measures.

With respect to the environment where it is provided, alternative care may be:

- **Residential care:** care provided in any non-family-based group setting, in facilities housing large or small numbers of children.
- **Foster care:** children in foster care are in formal care in the legal sense, but placed with families rather than in institutions. Foster parents normally receive a special fee and an allowance.
- **Guardianship** is a care arrangement for underage children (often under 14 years old) and legally recognised disabled persons. Guardians appointed by a guardianship and trusteeship agency are legal representatives of persons under their care, and they perform all legally significant acts on their behalf and in their interests. In many countries, an allowance is foreseen for guardians, who are often but not always, relatives (e.g. grandparents); however this is not always paid in practice.

Box 2.3 The flows and stocks model

The concepts of 'flows' and 'stocks' are increasingly being used to evaluate the demand for child care services. Measuring the annual inflow of children into the formal care system may help local or national authorities determine whether programmes aimed at preventing separation are having an impact. Similarly, measuring the outflow of children from residential care to family-based care would also allow for an evaluation of child care policies promoting foster care, guardianship care and adoption.

An example from Romania illustrates the value of examining both stocks and flows as a way of monitoring. Researchers developed a 'flow model' of the situation of children in care in the late 1990s to show that, while the number of children in institutions may appear relatively stagnant, the dynamics behind these numbers – the flow in and out and within the system – were not. They revealed that many more children are involved in the formal child care system than were previously thought, but these children are not captured in official statistics⁷. Use of the flow-model also showed that at the end of the 1990s in Romania 7.5 per cent of all children had at some point in their life been in touch with the formal care system, while the proportion was only 2 per cent at any one time.

⁶ Synthetic definitions based on UN Guidelines for the Alternative Care of Children, UNGA: A/RES/64/142, 24 February 2010.

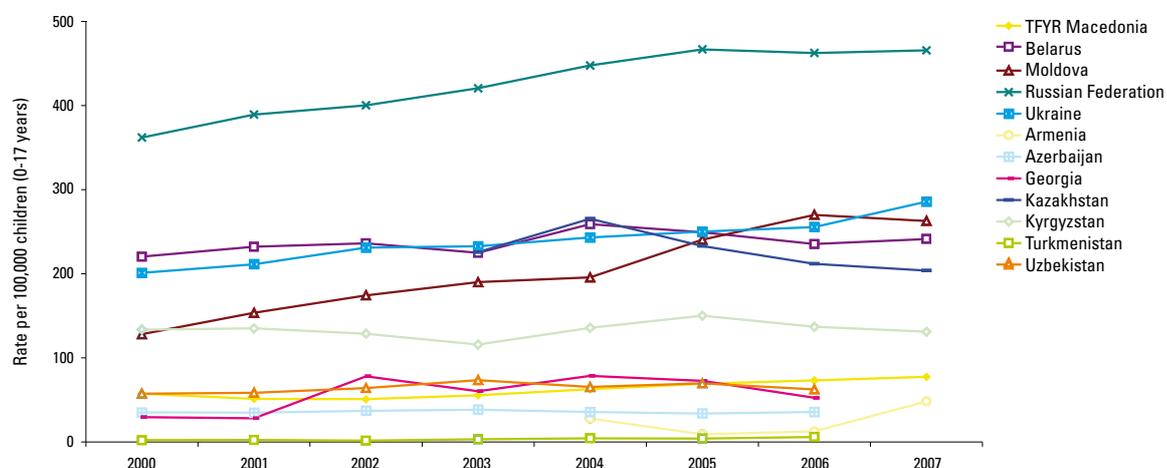
⁷ Westhof, 'Flow model [of] institutionalised children in Romania and the determining variables', UNICEF, June 2001.

3. More children are becoming separated from their families

Government authorities identify and maintain a list of children without parental care. Based on specific conditions that have caused the children to be separated from their parents they also choose the type of state care best suited to them. MONEE collects data on the number of children officially classed as becoming 'without parental care' during the year (flow data). Of the 10 countries for which we have comprehensive trend data, the Russian Federation, Ukraine, Moldova, TFYR Macedonia and Turkmenistan show a clear increase of children without parental care over time, while no country shows a declining rate (Figure 3.1). It is a cause for concern that the first three countries already had high rates of children without parental care. In terms of absolute numbers we see an increase of 11 per cent between 2000 and 2007 in children classed as being without parental care, from 163,000 to 181,000 for the countries for which we have data (for four countries data for 2007 are estimated).

The impact of becoming separated from one's parents is greatest for infants and young children. It is therefore worrying that age-disaggregated data suggest that, in some countries, infants and young children are more likely to be left without parental care than older children, notably in Uzbekistan and Armenia (Table 3.1). Age-disaggregated data are therefore crucial for all indicators on children in the formal child care system, especially those in residential care.

Figure 3.1 Children registered as being left without parental care during the year (0-17 years)



Note: Data for Russia and Ukraine include children who were not placed under care in the preceding year.

Source: TransMONEE database 2009

Boys account for more than half of all children 'without parental care', with national estimates ranging from 53 to 59 per cent (Table 3.2). Further research is needed to improve our understanding of the causes of these gender differences. It could be that the absence of institutions specifically for girls may deter parents or other 'duty-bearers' from placing girls in institutions that are mixed. Our lack of understanding of the underlying differences between the situation of boys and girls supports the argument to systematically collect data disaggregated by both sex and age. Only through sub-group analyses can we gain insights into the many complex interactions between gender, age and the lack of parental care.

Table 3.1 Age distribution of children officially registered as left without parental care during the year of 2007

	Children left without parental care		Rate per 100 000 relevant population
	Absolute number	Per cent of total	
Moldova			
0-7 years	757	34.7	253.2
8-17 years	1,425	65.3	268.2
Armenia			
0-2 years	142	36.0	126.2
3-17 years	252	64.0	35.8
Kyrgyzstan			
0-6 years	943	37.1	129.6
7-17 years	1,596	62.9	131.9
Uzbekistan			
0-2 years	2,523	38.7	159.9
3-17 years	3,992	61.3	45.2

Note: Data for Uzbekistan refer to 2006.

Source: TransMONEE database 2009

Table 3.2 Gender distribution: The percentage of boys and girls of all children officially registered as left without parental care during 2007.

	TFYR Macedonia	Russian Federation	Armenia	Kyrgyzstan	Uzbekistan
Boys	61.0%	57.6%	54.7%	50.7%	54.0%
Girls	39.0%	42.4%	45.3%	49.3%	46.0%

Note: Data for Armenia and Uzbekistan refer to 2006.

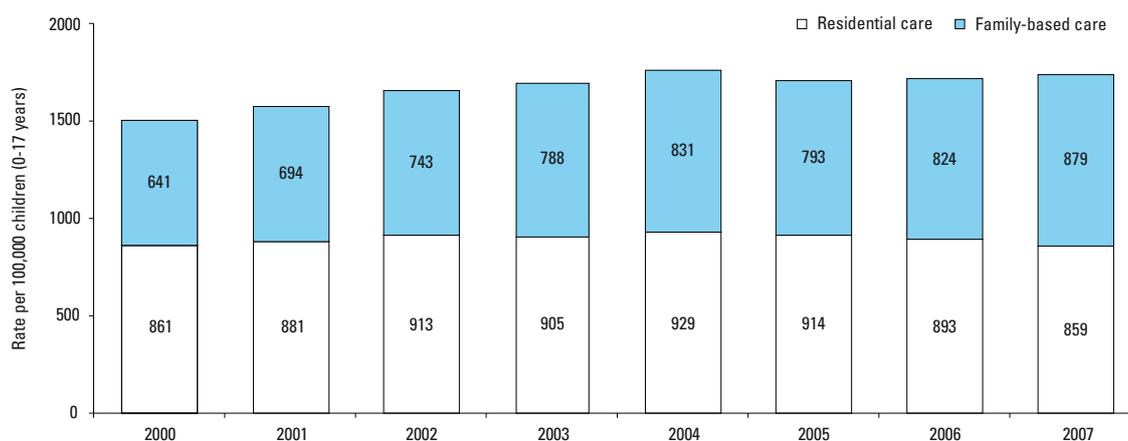
Source: TransMONEE database 2009

4. The rate of children in formal care is increasing

Formal care refers to all children in residential care or family-based care (see Box 2.2 for definition). Many children in formal care may not have been officially recognised as being ‘without parental care’, but have nevertheless been placed in formal care by their parents for other reasons: for example, parents who are poor and in need of someone to look after their child during the day so they can work. As day-care facilities are not available in most CEE/CIS countries, residential care – boarding schools, children’s homes, or centres for children with disabilities – becomes the only option.

In the CEE/CIS region the average number of children living in formal care is increasing. In 2007, there were 1,738 per 100,000 living in formal care – i.e. approximately 1.7 per cent of the child population – up from 1.5 per cent in 2000. There may be some indication of a levelling out since 2004, but more recent data are needed to assess whether this is a long-term trend. The increase in the rate of children in formal care applies to both residential care and family-based care (Figure 4.1). Patterns vary from country to country (Figure 4.2).

Figure 4.1 Stock data: rate of children in formal care in CEE/CIS at the end of the year (0-17 years)



Note: Residential care: Data missing for Georgia for 2004-2007. For Croatia, Montenegro and Serbia where data were missing for 2001, 2003 and 2005 and 2007 averages were calculated for each missing year based on the previous/subsequent years. Data for Turkmenistan and Uzbekistan for 2007 are estimates.

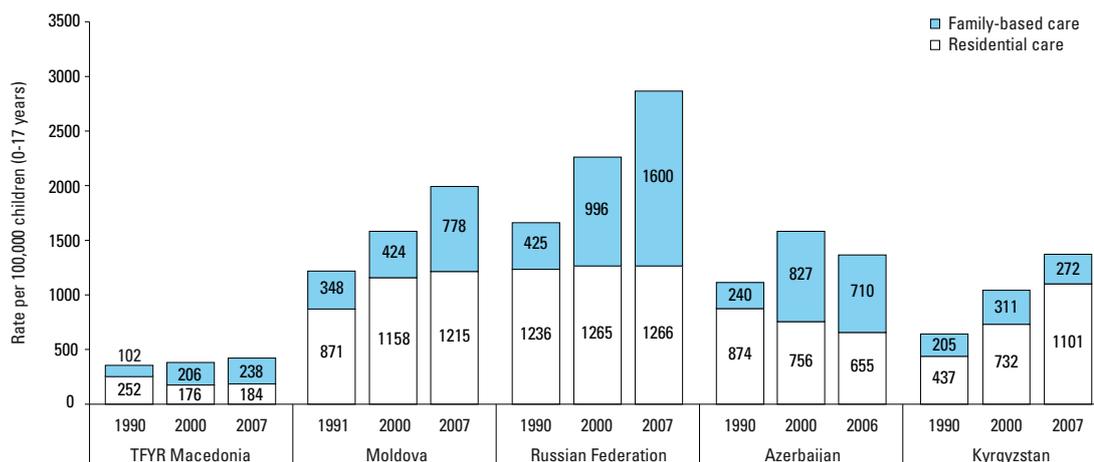
Family-based care: Data for the whole period are missing for Albania, Montenegro, Kazakhstan and Turkmenistan and for 2000-2004 for Bulgaria, Serbia and Tajikistan.

The calculation of rates adjusts for missing data by excluding the appropriate population data.

Source: TransMONEE database 2009

‘Flow data’ describes the type of care in which children who have become separated from their families (in six countries in the region during the year) are being placed. (Table 4.1). The data suggest that the majority of children officially registered as being without parental care are being placed in family-based care or adopted, and a smaller proportion are entering residential care. This is positive news given the traditional heavy reliance on residential care in the region. However, these data may be misleading. As we will see later in the report, there is an increase in the proportion of children in formal care who are placed in family-based care. Combining this finding with the flow data above may lead us to conclude that those who benefit from new forms of family-based care are mainly ‘new entries’ to the system, while those who are already in residential care do so to a lesser extent. While the data in Table 4.1 may provide some insight into the dynamics of the formal care system, more comprehensive data are needed in order to understand the relative role of, and relationship between, residential care, alternative family-based care and adoption.

Figure 4.2 Stock data: Rate of children in formal care in selected countries at the end of the year (0-17 years)



Note: Residential care: Data for Russia, Azerbaijan (for Kyrgyzstan for 2000 and 2007) include children living in general boarding schools. Data for Moldova for 2000 and 2007 include children in boarding schools and exclude Trans-Dniester. Family-based care: Data for Azerbaijan and Russia for 1990 refer to guardian care only. Data for Kyrgyzstan refer to guardian care only, guardians usually being grandparents or close relatives (about 80 per cent). Source: TransMONEE database 2009.

Drawing broad conclusions about the relative role of residential versus family-based care using the data collected through MONEE is difficult for a number of reasons. First, some children classified as entering 'guardianship care' are actually living in their own extended family where the guardianship has been arranged, either by the parents or the child protection organ. The 'guardian', usually the grandmother, receives a stipend for the child. These children, who are sometimes captured in the statistics as being in alternative family-based care, are in fact being cared for within their own biological family. Second, there is 'within-system' movement of children that needs to be closely examined, such as the movement of children from family-based care to residential care or the adoption of children in residential care or in alternative family-based care. In fact, it is rare for a child to be adopted straight from his or her biological family without passing through the formal care system. Since existing data may be misleading, changes in the statistical design should be considered for the future.

Overall, data suggest that more children are in formal care today than at the beginning of the transition period. The increasing rates may be the result of weak or inexistent services and other measures to prevent family separation, and even if reforms have introduced alternative family-based care services, the latter have not necessarily replaced the old residential care services. It is also questionable whether those children who were already 'users' of residential care services have been the first ones to benefit from the introduction of new family-based care. Experience in the region shows that this is not the case and MONEE data confirm it.

Table 4.1 Flow data: Placement of children without parental care whose parents have been deprived of their parental rights, by type, in 2000, 2005 and 2007 during the year.

	Absolute number			Percentage of total		
	2000	2005	2007	2000	2005	2007
Russian Federation						
Number of children, placed into care during the year, of which:	112,627	122,159	114,667	100.0	100.0	100.0
Placed in child care institutions	36,215	40,824	29,797	32.2	33.4	26.0
Entered educational institutions	2,154	3,135	2,411	1.9	2.6	2.1
Entered guardian care	66,966	71,800	77,148	59.5	58.8	67.3
Were adopted	7,292	6,400	5,217	6.5	5.2	4.6
Belarus						
Number of children, placed into care during the year, of which:	5,198	4,871	4,499	100.0	100.0	100.0
Placed in child care institutions	2,229	1,516	1,206	42.9	31.1	26.8
Entered educational institutions	168	172	134	3.2	3.5	3.0
Entered guardian care	2,505	2,990	2,947	48.2	61.4	65.5
Were adopted	162	137	166	3.1	2.8	3.7
Other type of care	134	56	46	2.6	1.1	1.0
Moldova						
Number of children, placed into care during the year, of which:	1,362	2,111	2,182	100.0	100.0	100.0
Placed in child care institutions	199	497	548	14.6	23.5	25.1
Entered educational institutions	28	168	207	2.1	8.0	9.5
Entered guardian care	1,135	1,446	1,427	83.3	68.5	65.4
Azerbaijan						
Number of children, placed into care during the year, of which:	1,027	898	932	100.0	100.0	100.0
Placed in child care institutions	127	113	120	12.4	12.6	12.9
Entered educational institutions	-	1	-	-	0.1	-
Entered guardian care or adopted	900	784	812	87.6	87.3	87.1
Armenia						
Number of children, placed into care during the year, of which:	-	80	106	-	100.0	100.0
Placed in child care institutions	-	26	6	-	32.5	5.7
Entered educational institutions	-	8	15	-	10.0	14.1
Entered guardian/foster care	-	44	82	-	55.0	77.4
Were adopted	-	2	3	-	2.5	2.8
Uzbekistan						
Number of children, placed into care during the year, of which:	6,387	7,347	6,516	100.0	100.0	100.0
Placed in child care institutions	805	776	861	12.6	10.6	13.2
Entered educational institutions	15	76	27	0.2	1.0	0.4
Entered guardian/foster care adopted	5,567	6,495	5,628	87.2	88.4	86.4

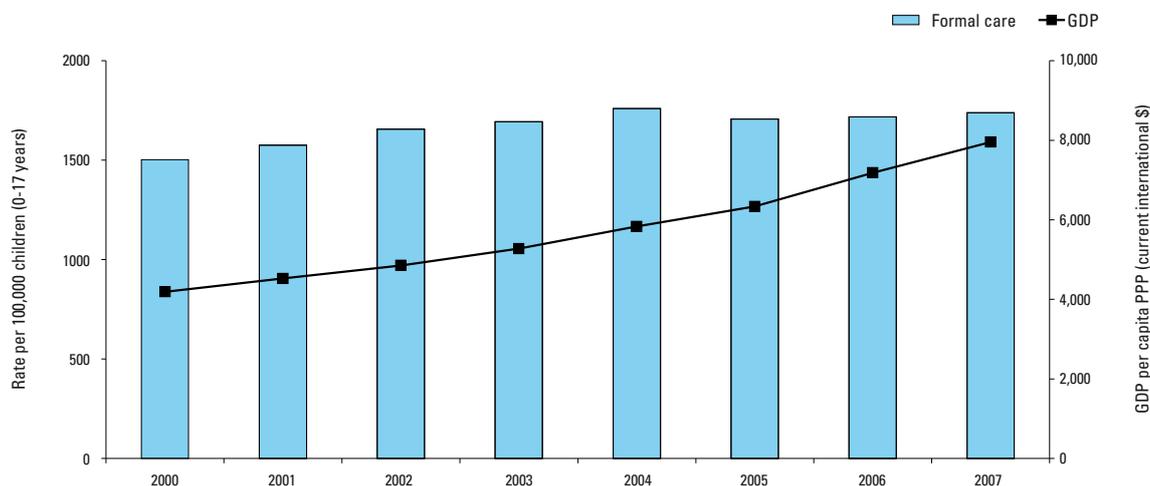
Note: Data for Azerbaijan, Armenia and Uzbekistan for 2007 refer to 2006.

Source: TransMONEE database 2009.

5. Poverty is not the only cause of separation, but an important one

Gross Domestic Product (GDP) is one of the main indicators of a country's potential for public spending. However, the way the money is spent will affect different population groups and will therefore contribute to disparities among them. In CEE/CIS we see that despite an increase in the GDP of many countries between the years 2000 and 2007, large numbers of children are still experiencing poverty and deprivation. Research has clearly shown that children have not benefited from the economic recovery in the early and mid 2000s as much as other sectors of the population, and that child poverty is becoming increasingly concentrated in certain groups and geographical areas⁸. At the regional level, rates of formal care have not come down despite the increase in GDP (Fig. 5.1).

Figure 5.1 Rates of children in formal care (0-17 years) and GDP per capita in the CEE/CIS Region.



Source: TransMONEE database 2009

Family poverty is often quoted as a key factor in a family's decision to place their children in formal care either in the short or the long-term. However, experiences in the region show that this is not the only factor. Often families are simply seeking day-care services or educational facilities in their localities, and when they find such services are unavailable they opt to send their children to boarding schools or other institutions. This is particularly true of parents of children with disabilities. Single mothers are also especially vulnerable and may decide to place their children in care in order to keep their job, believing perhaps that one day they can be reunited with their child. In such cases, economic problems may be quoted as the main reason for institutionalization, but the lack of measures to enable parents to reconcile family life and professional life is the root cause. Migration is another factor. Increasingly, parents are migrating for work and leaving their children behind. In Moldova, for example, the child care system is under pressure to either place the children left behind in institutions or to financially support those looking after the child – for example grandparents or even neighbours.

In other cases, court decisions deprive children of parental care. The parents can be deemed incapable of looking after the child for a variety of reasons including illness and alcohol abuse.

⁸ UNICEF, Innocenti Social Monitor 2006: Understanding Child Poverty in South-Eastern Europe and the Commonwealth of Independent States. Florence: UNICEF Innocenti Research Centre, 2006.

Depending on national legislation, a court usually takes children away from their parents as a last resort, when for example the parents do not, or cannot, carry out their duties, or if remaining with them will threaten the health or life of the children. In some countries a distinction is made between full or partial deprivation. Occasionally parents may be able to resume their rights at a later stage, but often the measure is permanent because there is little done to help parents overcome their difficulties once a partial deprivation has been imposed. Introducing such support on a systematic basis in cases of partial deprivation of parental rights should be a priority towards reducing the rates of full deprivation. In the Russian Federation, deprivation of parental rights is the principal cause of children being placed in residential care. And the number of families whose parents are deprived of their parental rights is growing. In the past 14 years (1993-2007), the number of deprivations of parental rights increased nearly four-fold (from 20,649 in 1993 to 76,310 in 2007). Such a growth rate is an alarming signal that proves the need for creating the family preventive assistance system.⁹

Family poverty is a contributing factor but rarely the sole cause of children being without parental care. There are several non-economic factors that determine whether a family can continue to support and protect their children when they face problems. These factors are social, cultural, and rooted in the organization of the child protection system. Cultural factors, such as a traditional reliance on extended families for child care are important considerations. Consider, for example, Kazakhstan and Tajikistan in Central Asia. Kazakhstan has low child poverty but high rates of formal care, while Tajikistan has significantly higher levels of child poverty in comparison with Kazakhstan but lower levels of formal care. When Tajik families place their children in residential care, it is usually not due to poverty – as noted in a recent study (referring to a micro-credit programme):

“... the families not only were unwilling to take on loans they felt they might be unable to repay, but also often had motivations other than purely economic ones for committing their children to residential care which were not resolved by the micro-credit and training programme” (Oxford Policy Management and UNICEF 2008)

Generally in Eastern Europe and Central Asia, early identification of risk and timely interventions are often missing. Thus, when a family breaks down, children may end up running away, or are abandoned or placed in care on a temporary or a long-term basis.

In summary, there are many factors that contribute to children becoming separated from their families. These factors are economic and non-economic, and their relevance depends on the country and local context. It also depends on a causal chain, which in one family may result in a request for placement in formal care, but in another result in a child dropping out of school and/or entering into child labour. The child care system needs to change and provide a combination of services and other measures including cash transfers for basic services and items for vulnerable families. A continuum of services, from preventative to curative, needs to be developed based on state organs' individual case assessments. They would decide on child entitlements and regularly review the case of each child.

Qualitative research on the root causes of the problem is crucial to inform policy-makers and enable them to make appropriate and effective decisions. Cost-benefit analysis and financial forecasting should also provide a ground for prioritising services in a way which can benefit more children at the appropriate time, instead of resorting to the solutions which are both damaging to children and create a huge burden on public expenditure.

⁹ UNICEF and the Institute for Urban Economics (2008) Draft Report for the Child Care Consultation in the Russian Federation.

Box 5.1 Residential care: what is it?

“I like the room here at the institution, but I like my home better. I go home only during the holidays. I miss my relatives...” , says a child in a residential home.

The traditional residential institutions in CEE/CIS have large buildings which house 100-300 children. The services and the way the rooms are set out do not respect children’s rights: for example the right to privacy, a healthy environment, and the right to play and be educated. By contrast, the ‘family type model’ is characterised by small houses or apartments and a limited number of children: fewer than ten. Finally, in the CEE/CIS region, there is the so-called ‘mixed type’ of residential care, which refers to institutions where the two previous models co-exist, taking the form of several family-type houses or apartments clustered within the same setting.

Research spanning decades has shown how, even for a short time, residential care can be damaging to children’s development¹⁰, particularly in early childhood. Adverse physical effects include poor health, physical underdevelopment, hearing and vision problems, and delay in the development of motor, speech and cognitive skills. In addition, children living in institutions, especially in large ones, often suffer psychologically and emotionally. They have few, if any, opportunities to develop a stable, permanent, positive and loving relationship with an adult -- an attachment which is vital for their growth and development. Furthermore, the common practice of transferring children from one institution to another just for the convenience of managing a fragmented system further disrupts any relationships with peers and carers in the institutions. Attachment disorder is a condition resulting from this lack of opportunity to form attachments, unusual early experiences of neglect, abuse, abrupt separation from caregivers, or lack of caregiver responsiveness to a child’s efforts to form a close relationship. The impact is greatest for children aged between six months and three years, and may result in problem behaviour. Separation from, or loss of a primary caregiver where they have existed in a child’s life, has also been linked to mental health problems such as anxiety, anger, depression and emotional detachment. We also know that the negative impact of institutionalization worsens if the children do not have necessary support when they finally leave; they often need help to find a place to live or ways to earn a living.

There will always be a small group of children in need of out-of-home care, and for which family-based care is not the most appropriate option. Thus, there is a growing consensus among child protection experts that small-scale residential care, in the form of small group homes in family-like environments, and used as a temporary or at times last resort, may sometimes be in the best interests of the child. This may be the case for example of older children or children with very severe forms of disability. It may also be in some adolescents’ best interests to live independently, and they should be given that option with proper support.

High-quality temporary and emergency shelters and different types of foster care have an important role to play in child protection and social welfare. Such institutions or ‘temporary shelters’ or emergency foster families can provide short-term accommodation and protection for children who, for whatever reason, have no home they can safely return to – including children who are homeless, who have suffered abuse, who are involved in the worst forms of child labour and/or have been trafficked – while a longer term care plan is established. However, all care options – institutional or otherwise – should be time-bound and accompanied by an individualised care plan.

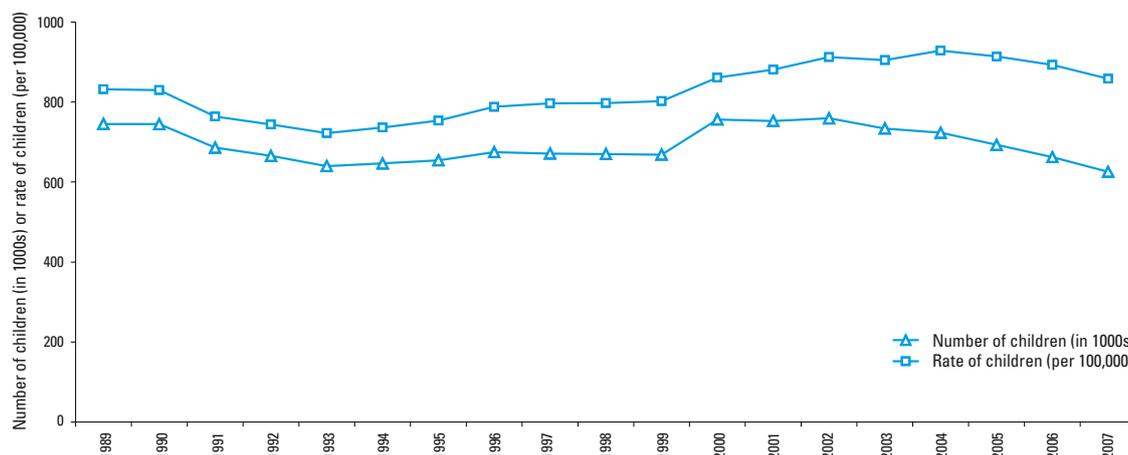
¹⁰ Bowlby J (1951) *Maternal care and mental health*. Geneva: World Health Organization; Carter R (2005) *Family Matters. A study of institutional child care in Central and Eastern Europe and the former Soviet Union*. EveryChild; Fisher L, Ames E, Chisholm K, Savoie L (1997) *Problems reported by parents of Romanian orphans adopted to British Columbia*. Int J Behav Dev 20:67-82; Johnson R, Browne K., Hamilton-Giachritsis C (2006) *Young children in institutional care at risk of harm*. Trauma Violence and Abuse 7(1): 1–26; O’Connor TG, Rutter M, Beckett C, Keaveney L, Kreppner J, the English and Romanian Adoptees Study Team (2000). *The effects of global severe privation on cognitive competence: extension and longitudinal follow-up*. Child Dev 71:376-90; O’Kane C, Moedaghl C, Verweijen-Slarnescu R, Winkler E (2006) *Child rights situation analysis: rights-based situational analysis of children without parental care and at risk of losing their parental care: global literature scan*. SOS-Kinderdorf International; Rutter M, the English and Romanian Adoptees Study Team (1998). *Developmental catch-up, and deficit, following adoption after severe global early privation*. J Child Psychol Psychiatry 39:465-76; Sloutsky, V (1997). *Institutional care and developmental outcomes of 6- and 7-year-old children: A contextualist perspective*. International Journal of Behavioral Development 20(1) 131-151. UNICEF Innocenti Research Centre (1997) *Children at risk in Central and Eastern Europe: Perils and Promises. Regional Monitoring Report 4*

6. The hidden increase of residential care in most countries

The term 'residential care' is used to describe a collective living arrangement where children are looked after by adults who are paid to undertake this function. See Box 5.1 for more on the nature of residential care as well as the well known negative impact it has on children's health and development, especially those under three years of age.

An analysis of trends suggests that the total number of children in residential care in CEE/CIS has fallen between 2000 and 2007, from 757,000 to 626,000 children.¹¹ However, as the birth rate in the region has also dropped dramatically, the numbers are less encouraging than they may seem (Figure 6.1). A more appropriate and realistic picture is presented with the use of 'rates,' accounting for the impact of demographic change.

Figure 6.1 Stock data: the number and rate of children in residential care in CEE/CIS (0-17 years)



Note: The increase in absolute numbers in 2000 can partly be explained by data availability and coverage: due to the changes in child protection systems, data for Bulgaria and Romania for the period 2000-2007 differ from earlier years; data on Albania are available since 1998, for Bosnia and Herzegovina since 1999 and for Serbia and Montenegro since 2000; data since 2000 include Kazakhstan; for Tajikistan data include boarding schools since 2002.

For Croatia (period 1989-2007), Montenegro and Serbia (period 2000-2007) where data were missing (data are collected every second year) averages were calculated for each missing year based on the previous/subsequent years.

Number of children in residential care for 1989 for Bulgaria, Romania, Armenia, Kyrgyzstan and for 2007 for Turkmenistan and Uzbekistan are estimates.

The population data used to calculate rates were adjusted according to availability of data on absolute numbers.

Source: TransMONEE database 2009

The rate of children in institutional care in CEE/CIS (stock data) has on average been almost stagnant since 2000, following a longer-term upward trend since the early 1990s. We estimate that 859 children per 100,000 were living in residential care in 2007, which is about the same as the 2000 rate (861). The regional averages hide important differences between countries. A closer look reveals that in 12 countries the rate of children in institutional care increased between 2000 and 2007, while in 8 countries it decreased (Table 6.1). This means that despite ongoing reforms, residential care is becoming more frequent in more than half the countries.

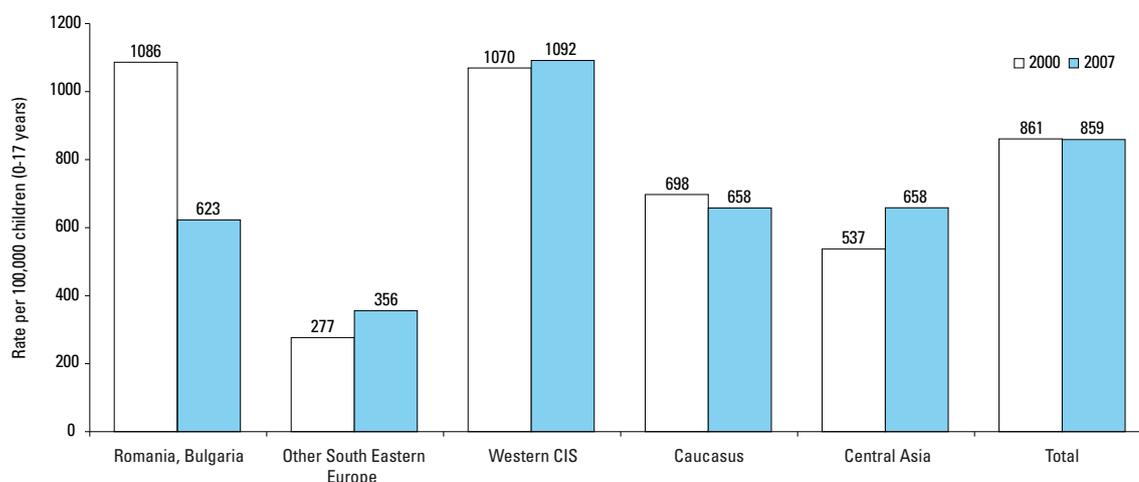
It is useful to draw some tentative conclusions about the differences between sub-regions in residential care – 'tentative' because of known differences between countries in their method of collecting data on children in residential care. The data presented in Figure 6.2 suggest that residential care is substantially more common in **Western CIS** than in any other sub-region. Although in Belarus and the Russian Federation the rate of children classified as living in residential care has remained high in recent years, it is worrying that the already high rates in Moldova are rising even more from 1,158 to 1,215 per 100,000 children between 2000 and 2007.

¹¹ TransMonee data: data missing for Tajikistan 2000.

There is also growing unease about the situation in **Central Asia**. Rates of residential care are high and have been rising fast in Kazakhstan and Kyrgyzstan. Many children are living in 'boarding schools'. (Box 6.1) By contrast, in countries in **South Eastern Europe** the rate of children in residential care has decreased, most notably in Romania, where rates of children in residential care decreased from 1,166 to 619 per 100,000 between 2000 and 2007. However, rates of children in residential care increased in Croatia from 553 to 729 per 100,000 children between 2000 and 2006.

In the **Caucasus**, the picture is more mixed. In Armenia, rates have been increasing sharply from 546 to 916 per 100,000 children between 2000 and 2006 followed by a remarkable decrease in 2007 (657 children per 100,000). In Azerbaijan, rates were increasing slowly, but were followed by a sharp decrease between 2005 and 2007 from 887 to 658 children per 100,000. A census of all children in institutions carried out to inform the development of a National Programme for De-institutionalization, was able to correct statistics on children in residential care and is the main reason behind this 'sudden' drop. It was found, for example, that many children who were counted in statistics as institutionalized, were going home in the evenings or over the weekends, and were simply benefiting from schooling in the residential care facility.

Figure 6.2 Residential care by sub-region: rate of children in residential care in 2000 and 2007 (0-17 years).



Note: Data on Caucasus for 2007 exclude Georgia; data for Western CIS, Caucasus (for Armenia for 2007) and for Central Asia (for Tajikistan for 2007) include children living in boarding schools. Number of children in residential care for 2007 for Croatia, Montenegro, Serbia, Turkmenistan and Uzbekistan are estimates.

Source: TransMONEE database 2009

A significant number of children are placed in residential care for reasons other than being officially classified as being 'deprived of parental care'. Often parents are unable to look after their children on a full-time basis. As mentioned previously, the dearth of day-care facilities may lead parents to place children in residential institutions or boarding schools. In other instances a lack of schools in the local community, or the 'non-inclusiveness' of schools may influence parents to send their children to boarding schools, especially families with disabled children.

In residential care, children may or may not have contact with their parents. The scope and nature of contact varies depending on the distances between the child's home and the institution as well as the institution's readiness to encourage family visits.

"I have not seen my parents for a long time. My mother and father are divorced. They have their own children too. Usually when I visit them, I quickly return. I feel like I am an intruder."

A distinction must be made between children placed in formal care for child protection and those placed there for 'day-care'. MONEE data tries to distinguish between the two groups by specifying that data on children in 'residential care' should only include those who are there on full state support and sleeping there most nights. However, the way the statistics are collected in the first place does not always distinguish between these two different groups. The statistics on residential care for several countries may therefore significantly overestimate the number of children who are without parental care altogether. As countries move ahead with reforms of their child care systems, it is critical that data collection reflects all types of services that are being introduced. When planning the future for each institution to be transformed, closed down or possibly down-scaled, reliable forecasts of future needs for different types of community-based services should be developed.

Table 6.1 Children (0-17 years old) in residential care in 2000, 2005 and 2007 at the end of the year, and the percentage of all children in residential care living in boarding schools

	Number of children in institutions			Rate (per 100,000 children 0-17 years)			% in boarding schools
	2000	2005	2007	2000	2005	2007	2007
South Eastern Europe							
Bulgaria	13,355	9,776	8,206	838	725	622	–
Romania ^a	58,385	29,148	25,258	1,166	672	619	–
Albania ^b	671	835	1,000	62	84	104	–
Bosnia & Herz. ^a	1,788	2,223	2,301	190	247	260	–
Croatia ^c	5,154	6,056	6,210	553	691	729	–
Montenegro ^c	567	527	560	330	335	367	–
Serbia ^c	5,261	5,080	5,655	347	349	400	–
TFYR Macedonia ^a	965	897	871	176	182	184	–
Western CIS							
Belarus ^d	29,844	25,486	22,799	1,280	1,318	1,253	38
Moldova ^d	12,137	12,123	9,898	1,158	1,410	1,215	41
Russian Federation ^d	423,480	372,843	334,396	1,265	1,334	1,266	31
Ukraine ^d	44,242	44,763	40,838	411	509	491	22
Caucasus							
Armenia ^e	6,016	8,305	5,281	546	970	657	25
Azerbaijan ^{a, d}	22,052	23,335	16,808	756	887	658	70
Georgia ^{d, f}	7,971	8,155	–	696	762	–	58
Central Asia							
Kazakhstan ^d	67,173	84,075	78,442	1,353	1,821	1,703	66
Kyrgyzstan ^d	14,733	18,779	21,313	732	967	1,101	73
Tajikistan ^g	–	12,098	10,395	–	391	333	72
Turkmenistan ^{d, h}	3,549	3,358	3,250	162	155	151	71
Uzbekistan ^{d, h}	37,045	33,107	32,008	337	317	309	16

a) These statistics include young people aged 18 and above.

b) Data for 2005-7 include children in non-public residential care.

c) Data for 2005 refer to 2004; data for 2007 to 2006 as data are collected every second year.

d) Includes children living in general boarding schools.

e) Data since 2004 include children living in general boarding schools (under full state support) and in temporary distribution centres.

f) Data for 2005 missing; 2003 data presented.

g) Data since 2002 include children living in boarding schools and pre-school boarding institutions.

h) Data for 2007 refer to 2006.

Source: TransMONEE database 2009

Box 6.1 Boarding schools – ‘good or bad’?

MONEE collects data on children in ‘residential care’, which includes children in boarding schools on full state support.¹² Table 6.1 indicates that the proportion of children in residential care living in ‘boarding schools’ is very high in Central Asia in 4 out of 5 countries, and in Azerbaijan (about 70 per cent), followed by Western CIS countries (22-41per cent).

In Kyrgyzstan for example, the rise in the number of institutions for children without parental care is mainly driven by an increase in the number of boarding schools. Out of a total of 95 institutions in the country in 2005, 48 were general boarding schools, up from only 28 in 2002.¹³ In Tajikistan, the government also increased its reliance on boarding schools, largely between 1998 and 2003, by building accommodation attached to existing schools.

It has been argued that these boarding schools are important for communities in the most remote regions of the country as they would otherwise tend to have lower enrolment rates.¹⁴ We also have anecdotal evidence that too many children are being enrolled in boarding schools in order to receive social support. This support could be better provided to the children in their own family environment allowing them to continue to attend their own local schools. It is impossible to draw one firm conclusion on the impact of boarding schools for each enrolled child. What is important, however, is that children who attend boarding schools are, as much as anybody else, in need of attachment and contact with their families and there are ways in which this contact can be facilitated. Additional services, such as school transport, may also help to avoid children from remote areas being placed in boarding schools. Countries need to consider what mix of services need to be made available to families and children to make sure children’s rights are being upheld.

Figure 6.3 Rate of children in residential care, per 100,000 children aged 0-17 years, 2007

Children in infant homes, orphanages and boarding homes and schools, including homes for disabled children, family-types homes, SOS villages etc. Children in punitive institutions are normally excluded, definitions differ among countries.



¹² MONEE collects data on children in boarding schools under full state support (excluding children in special arts or sports schools).

¹³ Country Analytical Report 2006, Kyrgyzstan.

¹⁴ UNESCO (2005) *Providing education to girls from remote and rural areas: advocacy brief*. Bangkok.

7. Institutionalization of infants and young children is still too common

In Eastern Europe and Central Asia many infants are still living in residential institutions. Often the parents are known to the authorities, the children have an established identity and the parents took what they perceived as a caring decision at the time -- to place their children temporarily in the protection of an institution where they could be sure they would be fed, clothed and kept warm in the winter.¹⁵ In other cases, children are left behind at birth in maternity wards, hospitals and paediatric wards indefinitely. In many of these cases, the system has failed to provide family support services such as day care, psychosocial support, family outreach, health care, measures to include and keep children in schools, as well as family cash assistance. Prevention is seen only through guardianship and family-based care, but these forms of state intervention do not prevent family separation and only replace institutionalization.

Table 7.1 Young children (0-3 years old) in residential care in 2000, 2005 and 2007, at the end of the year

	Number of young children in institutions			Rate (per 100,000 children 0-3 years)		
	2000	2005	2007	2000	2005	2007
South Eastern Europe						
Bulgaria	3,375	2,960	2,715	1,244	1,095	956
Romania	–	–	–	–	–	–
Albania	168	124	134	78	65	75
Bosnia & Herz.	328	330	207	180	216	133
Croatia	–	–	–	–	–	–
Montenegro	–	–	–	–	–	–
Serbia	–	–	–	–	–	–
TFYR Macedonia	70	99	106	68	108	118
Western CIS						
Belarus	1,300	1,250	1,083	356	353	287
Moldova	355	361	361	223	247	241
Russian Federation	19,345	20,621	18,480	383	358	309
Ukraine	4,969	5,200	4,398	308	318	249
Caucasus						
Armenia ^a	80	74	80	32	34	37
Azerbaijan	197	156	105	42	32	18
Georgia ^b	187	224	222	96	121	119
Central Asia						
Kazakhstan	2,476	2,095	2,134	286	207	184
Kyrgyzstan	254	258	238	63	63	53
Tajikistan	192	174	169	28	25	23
Turkmenistan ^b	232	232	219	49	52	48
Uzbekistan ^b	766	706	732	35	34	35

a) Children aged 0-5 years.

b) Data for 2007 refer to 2006.

Source: TransMONEE database 2009

¹⁵ Mulheir G and Browne K (2007) *De-institutionalising and Transforming Children's Services: A Guide to Good Practice*.

This phenomenon, sometimes referred to as 'relinquishment' in this report, does not just occur because the mother or parents think it is best to hand over the care of the child, but also because they are under pressure from authorities and medical staff. Research from Romania has shown that a common reason given by mothers for leaving healthy children in health care institutions is their lack of identity papers, which in turn prevents the child's birth from being officially registered and thereby affects his or her right to acquire a name and citizenship.¹⁶ There is anecdotal evidence from other countries in the region that a lack of identity papers, coupled with active encouragement by staff to leave children in care, lead many mothers to feel they have no choice but to 'hand over' their children to the temporary or long-term care of somebody else, believing that it is in the children's best interest. In some countries, medical staff discriminate against some mothers, encouraging them to hand over or relinquish their child after birth to the care of the state; for example, mothers who abuse drugs, are HIV positive, are unmarried or are very young.

The word 'abandonment' is often wrongly used in this context, implying that these children have been completely deserted and have little or no hope of being reunited with their parents. While this is sometimes the case, it is often not. The study in Romania found that mothers who leave their children in paediatric hospitals are often poorer and less educated, tend to be part of an unstable couple, and are mainly of Roma ethnic origin: they 'choose' the hospital as an alternative for the bringing up of their children. With adequate support, these parents can or would be able to resume their responsibilities for the children.¹⁷

Firstly, indiscriminate use of this loaded word 'abandonment' ignores the need to focus on working with the birth parents and exploring every opportunity for support to the family to enable the child to safely return to his or her own family. Secondly, there are important legal aspects linked to the term 'abandonment' which may have implications for adoption. Only a small proportion of parents formally relinquish their children to the care of others, a maternity hospital for example, thereby letting go of their parental duties and allowing their children to be adopted by other families. When the mother lacks identity papers, the child is not formally relinquished and therefore cannot be adopted under the law of several countries. According to international guidelines only children who have no hope of returning to their families should be considered 'adoptable', and only children not able to find adoptive families within their own countries should be considered for adoption abroad. The idea that there are thousands of 'abandoned' healthy baby-orphans needing to be adopted is largely a myth. Many may be in need of adoption, but are not able due to their status, while others have parents who – with adequate support – would be able to care for their child themselves.

Regardless of how we describe the phenomenon, the fact remains that large numbers of infants are living in institutions in Eastern Europe and Central Asia (Table 7.1).

MONEE data have shown that in 2007 institutionalization rates of young children among the sub-regions were highest in Western CIS countries (240-310 per 100,000 children aged 0-3 years). The highest rate of 'infant residential care' in the region was found in Bulgaria (956 per 100,000 children aged 0-3 years in 2007). While this rate has come down since peaking in the late 1990s, it is still very high. (Table 7.1). The report from Bulgaria notes that:

"Almost 64% (1326) of the children placed at the Homes for medico-social care for children come directly from the maternity hospital". (Bulgaria MONEE Country Analytical Report 2006, page 20)

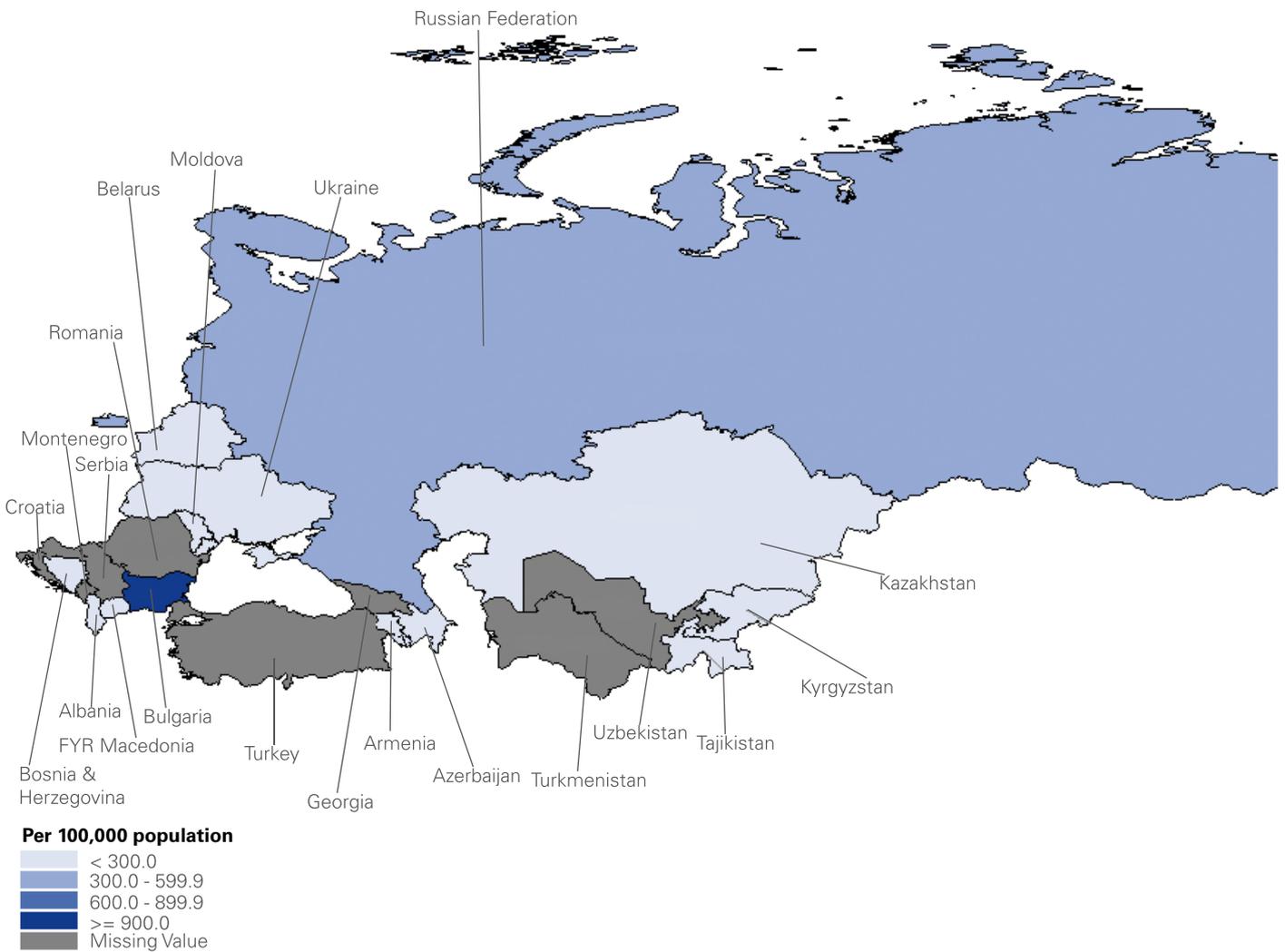
Government statistics collected through MONEE may include children older than three years who are nevertheless living in so-called 'baby homes', while on the other hand the statistics exclude infants staying in maternity wards and hospitals. The rate of infants and young children left in institutions or in hospitals each year (flow data), even for short periods, is not collected by MONEE, nor does MONEE collect data on the reasons children are left behind or how long they are left without parental care. For this more detailed information we must rely on additional research, although not many comprehensive studies are available.

¹⁶ UNICEF (2005) *The situation of child abandonment in Romania*.

¹⁷ *Ibid.*

Figure 7.1 Rate of children in infant homes, per 100,000 children aged 0-3 years, 2007

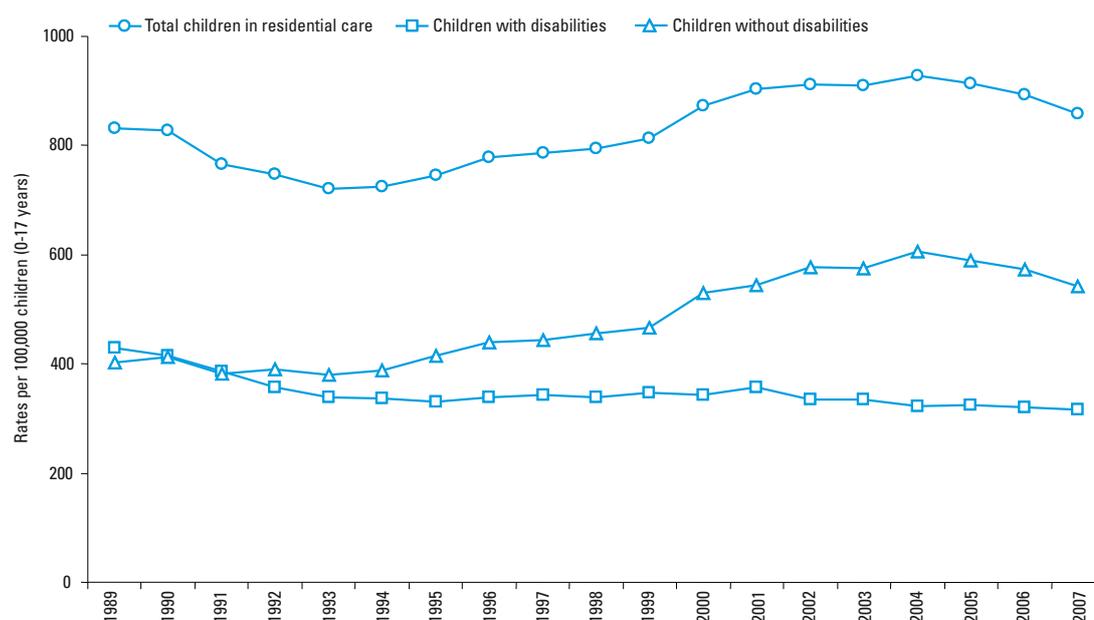
The number of children in infant homes is a useful proxy for indicators of child abandonment and institutional care. Infant homes normally care for very young children (0-3 years) who are without parental care. Infants may enter homes on temporary placement, in some countries children may be over the age of 3.



8. Children with disabilities represent a large proportion of all children in residential care

Available data on children with disabilities do not provide a comprehensive overview of their situation in the region. In CEE/CIS children with actual or perceived disabilities face a greater risk than others of being institutionalized and of staying so for long periods, many of them for their entire lives. They also face greater risks of being abused while in residential care. More than one third of all children in residential care are classified as having a 'disability' according to data from 2007, accounting for 316 per 100,000 children aged 0-17. The rate has remained remarkably stable over the last 15 years (Figure 8.1), suggesting that little has been done to provide non-residential alternatives for these children and that their needs tend to be largely ignored in ongoing reforms.

Figure 8.1 The total rate of children in residential care and rate of children with and without disabilities in residential care in CEE/CIS in 1990-2007 (per 100,000 children 0-17 years old)



Note: Data (children in residential care, including those for children with disabilities) are excluded for Romania for 1989-2003, Albania for 1989-1997, Bosnia and Herzegovina, Montenegro, Serbia and Kazakhstan for 1989-1999, Georgia for 2004-2007, and Kyrgyzstan for 1989-1990.

Residential care: Data are estimated for 1989 for Bulgaria and Armenia, for 1993 for Georgia, for 2007 for Turkmenistan and Uzbekistan.

Children with disabilities: Data are estimated for Bulgaria for 1989 and 2007, for Romania for 2006, for Armenia for 1989, for Kyrgyzstan for 1991, for Turkmenistan and Uzbekistan for 2007.

Data for Croatia, Montenegro and Serbia are collected every second year and missing years are estimated as averages.

The calculation of rates adjusts for missing data by excluding the appropriate population data.

Source: TransMONEE database 2009.

Residential care of 'disabled' children is, with a few exceptions, more common in Western CIS than other sub-regions, which roughly follow the patterns of residential care in that region. (Table 8.1). In Croatia and Moldova, the rates of children living with disabilities in residential care are both high and rising. Similarly, the Russian Federation and Kazakhstan have high rates and are showing no signs of declining. Positive developments can, however, be observed in Armenia and Belarus where rates are high but seem to be coming down.

Differences between sub-regions and countries are difficult to interpret, but may reflect differences in the traditional role of the extended family versus formal care. They may also show differences in the quality and levels of perinatal care for premature babies, for children who are classified as high risk and also differences in disability cash entitlements. Moreover, the support services for families who have children with disabilities may vary considerably. There may also be variations in methods of data collection and disability diagnosis. On several occasions UNICEF has expressed concern about the methods of assessing children with disabilities as well as malpractices in decision-making on their fate within the system. Such malpractices include the issuing of a medical certificate without examining the concerned child, depriving a child of his or her family by claiming that the child jeopardises the development of others in the family, categorising a child as 'disabled' in order to give the parents access to cash benefits or services or to allow intercountry adoption of healthy children. These abuses of the system further stigmatise and discriminate against children.

Table 8.1 Children with disabilities in residential care in 2000, 2005 and 2007

	Number of children with disabilities in residential care			Rate (per 100,000 children 0-17 years)		
	2000	2005	2007	2000	2005	2007
South Eastern Europe						
Bulgaria ^a	4,144	3,052	3,025	260	226	230
Romani ^a	-	7,100	10,108	-	164	248
Albania ^b	288	315	316	26	32	33
Bosnia & Herz.	1,238	1,482	1,511	132	165	173
Croatia ^c	2,777	3,090	3,283	298	353	385
Montenegro ^c	390	342	366	227	217	241
Serbia	3,362	3,296	3,612	220	226	256
TFYR Macedonia	649	552	502	119	112	106
Western CIS						
Belarus	13,880	10,179	8,451	595	526	465
Moldova	4,788	5,316	4,674	457	618	574
Russia	183,976	156,479	141,848	549	560	537
Ukraine	7,977	7,475	7,158	74	85	86
Caucasus						
Armenia	4,875	2,250	1,707	442	263	213
Azerbaijan	2,979	3,213	4,290	102	122	168
Georgia	2,245	2,400	2,824	196	233	288
Central Asia						
Kazakhstan	16,010	16,582	15,282	323	359	332
Kyrgyzstan	3,536	3,126	3,084	176	161	159
Tajikistan	1,537	1,986	1,774	50	64	57
Turkmenistan ^a	2,775	2,648	2,568	127	122	119
Uzbekistan ^a	16,961	17,246	16,694	154	165	161

a) Data for 2007 refer to 2006.

b) Data include children with disabilities aged 0-16 years residing in child homes, orphanages, boarding schools.

c) Data for 2005 refer to 2004; for 2007 refer to 2006.

Source: TransMONEE database 2009

One reason why families hand over children with disabilities to institutions is that they think they are incapable of caring adequately for them. This may be due to social values and individual beliefs, lack of knowledge and training or because they lack material and economic support, including respite care and tailored services to support families in looking after children with special needs at home. In addition, we know that in many cases mothers/families feel compelled to give up their children because it is the establishment that gives them a feeling of inadequacy, especially if the child has a disability. They can even be actively encouraged by the authorities to give up their child.

It is well documented that children develop 'disabilities' during their stay in institutions. This is because they lack stimulation and personal attention over extended periods. Institutions for children living with disabilities are usually at the bottom of governments' lists of priorities and lack adequate funding, consistent support or oversight from government or civil society. They are often located far away from the children's families, limiting family contact. Their predicament is exacerbated by frequent misdiagnosis, over-diagnosis and over-medication.

Overall the data available support the view that in Eastern Europe and Central Asia the majority of children with disabilities lack the care and support necessary for them to lead an active life as a member of their community. The high rates of institutionalization of children with disability indicate high levels of stigmatisation and discrimination by professionals and the public.

The UN Convention on the Rights of Persons with Disabilities took effect on 3 May 2008. As of September 2009, it had been ratified by only four countries in the region (Azerbaijan, Croatia, Serbia and Turkmenistan). Further ratifications are required in this region for recognising the rights of both children and adults living with disabilities.

9. Concerns regarding the role of some non-state actors in the development of residential care

*"If I could, I would make all children happy. I would never let any child live in an institution".
Eight-year old girl, in institutional care.¹⁸*

Many NGOs are making positive contributions to the reform of the child care system. Often they have taken the lead in developing pilot family-like care and community services and make essential contributions as service providers and developers. They offer international training and knowledge, as well as regional experience sharing and cooperation. They serve as advocates for marginalised groups, being able to reach out and work with them. They make a solid contribution to knowledge-building and sharing, social inclusion, good governance and the development of responsible institutions. Their field experience and best practices have fuelled public information and advocacy for legislative and policy change. Their contribution in the development of meaningful plans has been critical in some countries for the downsizing and even closing of targeted institutions.

However, some non-state actors are actually stepping up their role in the provision of residential care. Although these institutions are often smaller and described as 'family-like', in most countries there are no indications that these proponents of smaller size residential care institutions are working with the systematic nationwide process of transformation of the old, larger residential care facilities. If a downscaling of an old institution happens, it is usually in small pilot schemes and not as part of an overall national plan.

While varied and complementary activities are essential to create a balanced and comprehensive protection and support system, there is concern that private facilities may operate without specific licensing and standards. They are not developed or formally accepted at all in many countries and their activities, potentially in relation to adoption, may escape state monitoring. If there was more cooperation with the state, these privately run and financed smaller size institutions could be used as a model of care standards when an institution as a 'last resort' is needed. The UN Guidelines for the Alternative Care of Children should be used to provide the right tools for monitoring the development of appropriate care for children.

In a handful of countries, old large-scale institutions have been dramatically downsized, or new small institutions, especially for children with complex disabilities, are replacing the old, large ones on a more systematic and national scale. For example, in Romania the average number of children per public institution decreased from 77 children per institution in 2000 to 18 in 2006 (Table 9.2).

Table 9.1 Size of institutions in CEE/CIS: average number of children per institution by type in 2005

	Infant homes	Child homes	'General type' boarding schools	Institutions/ schools for children with disabilities
Bulgaria	93	55	58	47
Albania	21	51	-	46
Bosnia and Herzegovina	-	91	-	148
TFYR Macedonia	99	79	-	184
Belarus	125	76	142	183
Moldova	120	55/317 ^a	287	126/320 ^b
Russia	81	57	216	122
Azerbaijan	39	122	240/479 ^c	230
Uzbekistan	54	112	299	231

a) In three children's homes average number of children was 55, in 5 boarding houses – 317.

b) In two boarding schools for children with disabilities average number of children was 320, in 37 boarding schools – 126.

c) In two boarding schools for orphans and children deprived of parental care average number of children was 240, in 39 general type boarding schools – 479.

Source: TransMONEE 2009

¹⁸ UNICEF Bosnia and Herzegovina (2003), Study on Children without Parental Care and Children at Risk of Institutionalisation.

Several countries, including Belarus, Moldova and Azerbaijan now report having 'family type homes' and the Russian Federation reports an increase in 'mixed type' homes: "The data testify to a positive trend of increasing the number of mixed-type children's homes for children of preschool and school age. In 2001, there were 911 such homes; in 2002 – 938, and in 2003 – 966, which confirms a consistent state policy of developing family-style conditions for the children." (The Russian Federation, Country Analytical Report 2006)

Table 9.2 Residential care in Romania: number of children by type of institution at the end of the year

	2000	2001	2002	2003	2004	2005	2006
Number of institutions							
Total	738	754	841	1,274	1,369	1,382	1,493
- public	513	508	540	950	983	995	1,100
of which, of family type			242	565	620	678 ^a	781
- private	225	246	341	324	386	387	393
Number of children in institutions							
Total	58,385	51,021	44,136	38,228	33,143	29,148	26,311
- public	54,539	46,478	38,683	32,509	27,683	24,046	21,404
- private	3,846	4,543	5,453	5,719	5,460	5,102	4,907
Average number of children per institution							
Total	79	68	52	30	24	21	18
- public	106	91	72	34	28	24	19
- private	17	18	16	18	14	13	12

a) June 2005

Source: TransMONEE 2009

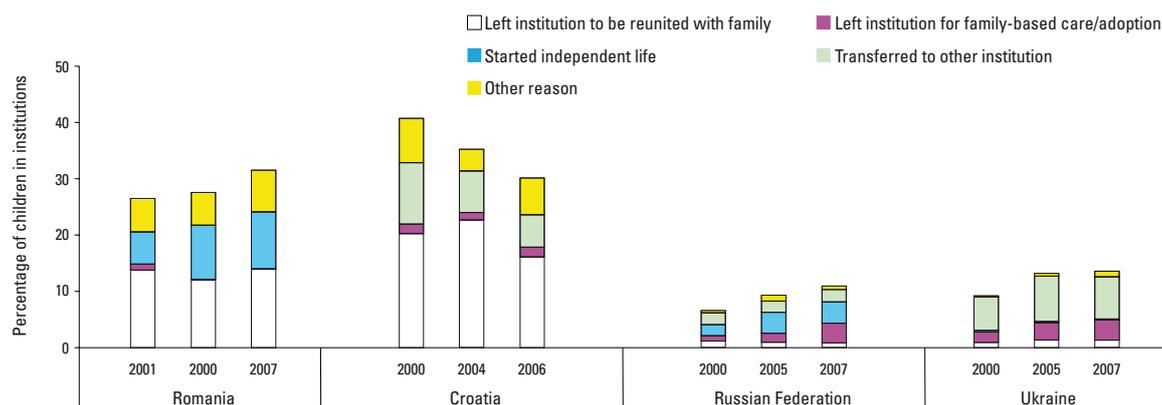
Yet the fundamental problem remains: many institutions are much too large. It is alarming that on average 80-120 infants and young children are living in each institution according to national data in four out of the seven countries for which data are available. A similarly dire situation can be observed for children with disabilities: for these children the average size of institutions was 120-320 children in seven out of nine countries for which we have data. Also awareness should be raised about the proliferation of mixed type and small institutions to replace a more vigorous development of foster care and serious upgrading of state support to kinship care.

10. Patterns of out-flow from residential care raise important questions about gatekeeping

Children are recorded as leaving (or 'flowing out of') institutions either because they have turned 18 years of age and enter the community as an independent adult, are reunited with their biological family, are adopted or benefit from family-based alternative care. However, some are transferred from one institution to another, and often these transfers are not registered in the statistics, thereby overestimating the true number of 'leavers'.

Outflow data offer a useful insight into the child care system. For example, if only a small number of children are leaving residential care for a family placement, efforts to place children with families need to be strengthened. This data will also be helpful in planning and budgeting for services. When analysed with other indicators, it will help child welfare agencies, especially sub-national authorities, to determine how many alternative services are needed and how many children from the same geographic areas should be targeted for family reintegration and/or family-based placements.

Figure 10.1 Reasons for children leaving residential institutions



Source: TransMonee database 2009

The flow data available through MONEE suggest that there is considerable flux in the system of residential care in South Eastern Europe, as indicated by the greater proportion of children leaving residential care during the year, while the situation in Western CIS is more stagnant (Table 10.1 and Figure 10.1). This data can be misleading. It is likely that country differences in the out-flow of children reflect variations in the average length of stay in a particular residential care institution. Whilst this higher turnover of children sometimes reflects a more advanced stage of de-institutionalization in countries in South Eastern Europe, in some cases it also reflects numerous moves of the same children from one institution to another due to lack of careful planning in the best interest of children. For example 2.2 per cent of children in residential care in Russia and 7.5 per cent in Ukraine left residential institutions to enter another in 2007. In some countries, a significant number of children are 'aging out' of residential care, by turning 18 years of age and leaving to begin life as an independent adult (Table 10.1). In the Russian Federation the share of '+18s' leaving was 44 per cent, in Romania 32 per cent and Moldova 52 per cent in 2007. Such a high proportion of children leaving institutions only when they reach 18 indicates that placement in an institution has become a permanent solution for children in these countries.

Detailed information is needed to complement the data provided to reach meaningful conclusions on movements of children from different institutions. Many children with disabilities remain permanently in institutions or at least remain there until they finish their secondary education. Decisions on children's placement in institutions and on when they should return to their families are still being left to different organs at local or regional levels and the 'one-stop shop' model facilitating gate-keeping is not yet functioning properly. Transferring children from one institution to another is an emotional upheaval for the children and breaks up important relationships. It is therefore important to have qualitative data on how decisions were made, by whom and on what basis. To date, even when flow information is available, we cannot assess whether such moves were done in the best interest of these children.

Table 10.1 Out-flow of children from residential care in 2000, 2005 and 2007, during the year

	Absolute number			Percentage of total		
	2000	2005	2007	2000	2005	2007
Romania^a						
Number of children who left public residential care, of which:	13,366	7,121	6,613	100.0	100.0	100.0
Returned to their parents/ reintegrated in the natural family	6,961	3,105	2,927	52.0	44.0	44.0
Were adopted	514	31	19	4.0	0.4	0.3
Started independent life	2,904	2,491	2,117	22.0	35.0	32.0
Other reason	2,987	1,494	1,550	22.0	21.0	23.0
Croatia^b						
Number of children who left public residential care, of which:	1,536	1,649	1,459	100.0	100.0	100.0
Returned to their parents/ Reintegrated in the natural family	1,044	1,344	963	68.0	82.0	66.0
Placed in foster families	86	79	105	6.0	5.0	7.0
Other reason	406	226	391	26.0	14.0	27.0
Moldova^c						
Number of children who left public residential care, of which:	-	-	2,356	-	-	100.0
Returned to their parents/ reintegrated in the natural family	-	-	991	-	-	42.0
Placed under guardianship	-	-	25	-	-	1.0
Were adopted	-	-	97	-	-	4.0
Started independent life	-	-	1,216	-	-	52.0
Other reason	-	-	27	-	-	1.0
Russian Federation						
Number of children who left public residential care, of which:	18,907	28,260	30,220	100.0	100.0	100.0
Returned to their parents/ reintegrated in the natural family	4,928	3,617	2,682	26.0	13.0	9.0
Placed under guardianship	1,801	2,966	4,993	10.0	10.0	17.0
Placed in foster families	274	1,095	5,892	1.0	4.0	19.0
Were adopted	1,906	2,145	1,378	10.0	8.0	5.0
Started independent life	8,416	14,408	13,276	45.0	51.0	44.0
Other reason	1,582	4,029	1,999	8.0	14.0	7.0
Ukraine						
Number of children who left public residential care institutions, during the year, of which:	1,443	2,347	2,521	100.0	100.0	100.0
Returned to their parents/ reintegrated in the natural family	416	607	537	29.0	26.0	21.0
Placed under guardianship	215	396	560	15.0	17.0	22.0
Were adopted	592	1006	951	41.0	43.0	38.0
Started independent life	127	102	71	9.0	4.0	3.0
Other reason	93	236	402	6.0	10.0	16.0

a) Data for 2000 refer to 2001.

b) Data for 2005 refer to 2004; for 2007 to 2006.

c) Data for 2007 refer to 2006.

11. The development of family-based alternative care has been slow

The relative role of family-based care vis-à-vis residential care varies widely from country to country. Children in family-based care account for between 0 per cent and 65 per cent of all children in formal care. Most countries in the region have begun developing family-based alternative care, such as fostering or guardianship (Box 11.1). The average rate of children living in foster or guardianship care in CEE/CIS rose from 641 to 879 per 100,000 children between 2000 and 2007¹⁹ (stock data). As a proportion of all children in formal care, those living in family-based care accounted for 51 per cent in 2007, up by eight percentage points since 2000.

Table 11.1 Children in family-based care (with foster parents or guardians: absolute numbers and rates per 100,000 children 0-17 years old) in 2000, 2005 and 2007, at the end of the year

	Number of children in family-based care			Rate (per 100,000 children 0-17 years)		
	2000	2005	2007	2000	2005	2007
South Eastern Europe						
Bulgaria	-	4,074	5,964	-	302	462
Romania	26,917	47,723	46,160	537	1,100	1,132
Albania	-	-	-	-	-	-
Bosnia & Herzegovina	3,783	3,311	3,296	402	368	378
Croatia	4,376	3,774	3,574	470	437	425
Montenegro	-	-	-	-	-	-
Serbia ^a	-	2,700	3,350	-	187	241
TFYR Macedonia	1,126	1,157	1,126	206	235	238
Western CIS						
Belarus	12,672	15,757	16,883	543	815	928
Moldova	4,446	5,278	6,338	424	614	778
Russia	333,376	390,539	422,520	996	1,398	1,600
Ukraine ^b	61,666	64,641	66,152	573	734	795
Caucasus						
Armenia ^a	8	8	27	1	1	3
Azerbaijan ^c	24,125	21,009	18,416	827	798	710
Georgia ^d	855	123	264	75	12	27
Central Asia						
Kazakhstan	-	-	-	-	-	-
Kyrgyzstan ^e	6,267	5,205	5,274	311	269	272
Tajikistan	-	7,250	7,956	-	234	255
Turkmenistan	-	-	-	-	-	-
Uzbekistan ^{b,c}	25,083	26,733	25,503	228	256	246

a) Foster care only.

b) Data refer to guardian care only.

c) Data for 2007 refer to 2006.

d) Data for 2005 and 2007 refer to foster care only.

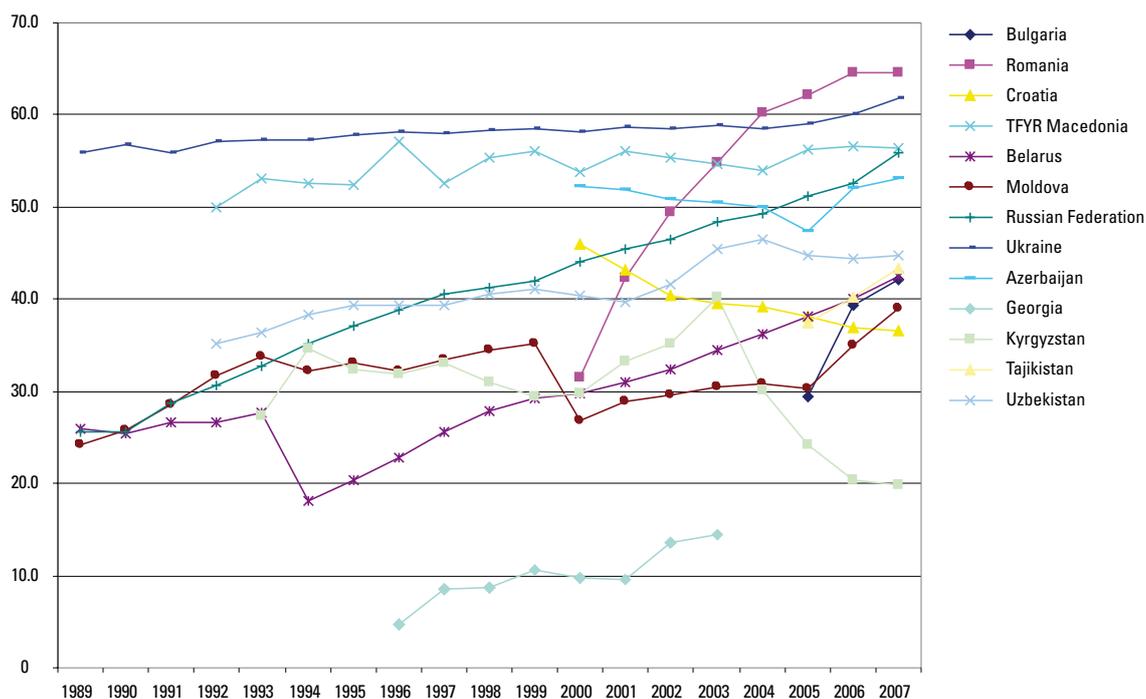
e) Data refer to guardian care only. Data for 2005 refer to 2006.

Source: TransMONEE database 2009

¹⁹ Data for foster and guardianship care have been joined as not all countries distinguish between the two forms of family-based care.

In many countries, the proportion of children in family-based care has increased. This demonstrates a shift towards an increased reliance on this type of care – e.g. in Bulgaria, Romania, Belarus and the Russian Federation (Figure 11.1). Two countries – Croatia and Kyrgyzstan – are showing the opposite trend, a decrease in the percentage of children in formal care who are cared for by foster parents or guardians, while in countries such as Ukraine and TFYR Macedonia the trends are quite stable. Few countries, usually those with low numbers of children in institutions, such as Armenia and Turkmenistan, have not yet started developing family-based alternatives. The ratio between family-based care and residential care is dependent on many factors: the number of potential foster care placements and the financial resources available for this type of care, the number of children who enter family-based care and residential care, the number who leave and how many are transferred from family-based care to institutions and vice versa.

Figure 11.1 Children in foster/guardian care as a percentage of all children in formal care in 1989-2007 (0-17 years) in selected countries.



Source: TransMONEE database 2009

In addition to the analysis of stock data (**children in formal care**), it is useful to examine flow data to determine whether there has been a shift towards an increased reliance on family-based care. Examples of in-flow and out-flow data are provided for selected countries in Table 10.1. The table shows that only a small proportion of children are leaving family-based alternative care to be reunited with their biological family, this despite the fact that this type of placement should mainly be a temporary solution. The results for Belarus are also particularly striking, showing that a large number of children in family-based care are recorded as entering residential care or educational institutions. Further analysis reveals that the vast majority are adolescents entering vocational boarding schools.

It is clear that while family-based care options are increasing in CEE/CIS as a whole, important concerns need to be addressed. Family-based care is not necessarily being provided as a positive alternative to residential care, but rather in response to poor prevention policies that lead to large numbers of children needing alternative care. It is being used as a long-term measure, rather than as a temporary measure until longer-term solutions – either reunification with the biological family or adoption – are found. In many countries foster care, guardianship or other family type care are still underdeveloped, and more often than not informal kinship care arrangements are widespread but not necessarily well documented and supported by the state.

Box 11.1 Family-based alternative care: the many forms

Informal kinship care is the most common form of alternative care throughout the world. A child might, for example, stay with a relative or friend if the parents leave to work elsewhere or are going through temporary difficulties. Despite its many benefits – including convenience and the ability of the child to remain in familiar surroundings, and maintain his or her identity – under present administrative arrangements informal kinship care is difficult to monitor especially for child safety, if it is monitored at all.²⁰ This is unfortunate since kinship care, if properly supported, can become an important way of keeping a child out of formal care arrangements.

In some cases, statutory bodies will formally order or authorise – and therefore include in formal records – kinship care, granting legal responsibilities and entitlements to the carers (cash or other social benefits). But these are often limited or lacking. In such cases, the family member or person close to the child will become the legal guardian and adult representative of the child.²¹ Decisions on guardianship in most cases are made by the ‘family court’, which is guided by ‘family law’ whereas ‘child protection law’/‘criminal law’ guides decisions of the criminal court or ‘child protection bodies’ on the placement of the child without parental care. Definitions and legal considerations associated with guardianship (or ‘wardship’ and ‘trusteeship’) vary from country to country, and guardians may or may not be related to the child. Sometimes children may have a legal guardian while living in an institution, for example the director of the institution or a community member, in which case this type of guardianship should not be recorded as ‘family-based care’. Statistical data should record these differences in types of guardianship. More formal kinship care regulated by law, authorised or endorsed by gatekeeping bodies and monitored by social services, with support to families provided through social policies could represent an important alternative to institutional care in this region.

Foster care of children can be a nurturing form of out-of-home placement for many children in need of temporary care. In some cases, the foster family may become a permanent solution when children cannot be reunited with their parents. In that case, if it meets the wishes and the best interests of the child in relation to his or her age, family situation and other key factors, consideration should be given to turning the placement into an adoption to ensure the full protection of the child’s rights. Foster care can be organised to cater to the needs of a wide range of children, including the special needs of children with disabilities. It is usually flexible and cost effective in comparison with institutional care. Foster care can and does play many roles, including emergency care for abandoned babies; short-term care for children who, very temporarily, cannot be looked after by their parents; medium-term care for those whose family situations are more difficult to resolve; and, more exceptionally, long-term care for children who cannot return home but are unlikely to be adopted. Staff from some institutions could be involved in assisting transfers of children in their care to foster families when it is in the best interest of the children. Their institutions could be reorganised for providing services related to foster care and support to foster families.

²⁰ Save the Children (2007) *Kinship Care: Providing positive and safe care for children living away from home*.

²¹ There are also cases of legal guardianship being granted to a third person, while the child remains with his/her family.

Table 11.2 In-flow and out-flow of children from family-based care during the year

	Number of children			Percentage of total		
	2000	2005	2007	2000	2005	2007
Belarus ^a						
Number of children who entered guardian care, during the year	2,915	2,564	2,285			
Number of children who left guardian care, during the year, of which:	2,320	2,722	2,824	100.0	100.0	100.0
Returned to their biological parents	338	288	303	14.6	10.6	10.7
Entered child care/educational institutions	592	1,321	1,526	25.5	48.5	54.0
Started independent life	912	867	767	39.3	31.9	27.2
Other reason	478	246	228	20.6	9.0	8.1
Number of children cared for by guardians, end of the year	12,594	12,026	11,038			
Russian Federation						
Number of children who entered guardian care, during the year	74,344	84,253	90,983			
Number of children who left guardian care, during the year, of which:	58,327	82,820	85,858	100.0	100.0	100.0
Returned to their biological parents	10,305	9,052	8,274	17.7	10.9	9.6
Started independent life	29,600	47,736	46,422	50.7	57.6	54.1
Other reason	18,422	26,032	31,162	31.6	31.4	36.3
Number of children cared for by guardians, end of the year	328,978	376,305	383,901			
Azerbaijan ^b						
Number of children who entered guardian care, during the year	643	503	503			
Number of children who left guardian care, during the year, of which:	394	1,629	1,549	100.0	100.0	100.0
Returned to their biological parents	15	20	8	3.8	1.2	0.5
Entered child care/educational institutions	29	14	29	7.4	0.9	1.9
Started independent life	326	1,570	1,505	82.7	96.4	97.2
Other reason	24	25	7	6.1	1.5	0.5
Number of children cared for by guardians, end of the year	9,036	7,716	6,670			
Uzbekistan ^b						
Number of children who entered guardian care, during the year	3,755	3,642	3,631			
Number of children who left guardian care, during the year, of which:	2,473	5,243	4,861	100.0	100.0	100.0
Returned to their biological parents	132	216	176	5.3	4.1	3.6
Entered child care/educational institutions	267	1,339	346	10.8	25.5	7.1
Started independent life	1,867	3,501	3,806	75.5	66.8	78.3
Other reason	207	187	533	8.4	3.6	11.0
Number of children cared for by guardians, end of the year	25,083	26,733	25,503			

a) Data for Belarus on foster care for 2000 refer to 2001.

b) Data for 2007 refer to 2006.

12. Adoption is an option, but only for some

Adoption can offer a permanent and appropriate family to children who have been deprived of their family environment. In some countries national legislation restricts intercountry adoption to children with disabilities, or enforces the principles encompassed in the 1993 Hague Convention which states that all possible domestic options must be exhausted before determining that a child is eligible for intercountry adoption.

However, abuses may be committed through, *inter alia*, independent adoptions and the falsification of medical reports. Children with disabilities, from minority groups and some older children who are often given due priority for adoption in several national legislations, are in fact rarely benefiting from adoption.

Adoption should be considered only when there is no possibility of keeping the child with his/her family. All efforts should be made to identify suitable adopters, or stable and long-term family-based care, in the child's country of origin (domestic adoption) before considering adoption abroad (Convention on the Rights of the Child, Art. 21.b). Intercountry adoption, which is often a politically sensitive issue and receives much media attention, is seen by UNICEF to be one of a range of care options only for children who cannot be placed in a stable family setting in their country of origin.

Domestic adoption is a new phenomenon in many countries of the region. In 2007, 28,000 children were adopted in CEE/CIS, about two thirds of whom were adopted within their own country and one third abroad. According to statistics collected via national statistical offices through MONEE, after a tendency to fall, adoption rates in 2007 increased in Moldova, Ukraine and Armenia (Tables 12.1[a] and 12.1[b]). However, these data are – at least for some countries – contradicted by other sources. In Kyrgyzstan for example, data from the US State Department suggest that the number of adoptions from Kyrgyzstan to the US alone increased from 2 to 56 between 2004 and 2007.²² These numbers are significantly higher than the government statistics collected through MONEE (22 in 2006 and 9 in 2007).

²² Boéchat H and Cantwell N (2007) *Assessment of the Adoption System in Kyrgyzstan*. International Social Service (ISS) December 2007

Table 12.1 [a] Children adopted through domestic adoption: absolute numbers and rates

	Number of domestic adoptions					Domestic adoptions as per centage of total adoptions				
	1995-1999	2000-2004	2005	2006	2007	1995-1999	2000-2004	2005	2006	2007
South Eastern Europe										
Bulgaria	7,149	5,725	841	812	708	67.0	60.0	88.0	89.0	89.0
Romania	4,809	6,716	1,136	1,051	975	37.0	55.0	99.8	100.0	100.0
Albania ^a	89	156	29	16	29	52.0	49.0	43.0	39.0	51.0
Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-	-
Croatia	-	626	123	-	-	-	96.0	93.0	-	-
Montenegro	-	-	32	35	23	-	-	100.0	97.0	100.0
Serbia	-	-	-	87	120	-	-	-	91.0	92.0
TFYR Macedonia	886	741	75	104	47	95.0	96.0	100.0	100.0	100.0
Western CIS										
Belarus	1,121	731	368	337	539	78.0	21.0	99.0	90.0	96.0
Moldova	1,617	527	84	105	78	80.0	64.0	65.0	67.0	45.0
Russia	43,851	36,320	7,526	7,742	9,530	66.0	50.0	52.0	54.0	68.0
Ukraine	22,757	8,929	1,419	1,477	1,753	85.0	44.0	40.0	57.0	51.0
Caucasus										
Armenia ^b	-	467	47	48	59	-	66.0	59.0	57.0	47.0
Azerbaijan	-	1,344	-	-	-	-	98.0	-	-	-
Georgia	-	264	205	186	155	-	44.0	92.0	95.0	97.0
Central Asia										
Kazakhstan	-	17,650	3,182	2,691	3,045	-	80.0	78.0	78.0	80.0
Kyrgyzstan	-	4401	904	820	907	-	99.0	98.0	97.0	99.0
Tajikistan	-	-	382	411	470	-	-	97.0	98.0	99.6
Turkmenistan	-	-	-	-	-	-	-	-	-	-
Uzbekistan	-	-	-	2,406	-	-	-	-	99.6	-

a) Data for Albania 1995-1999 refer to 1998-1999.

b) Data for 2000-2004 refer to 2001-2004.

Source: TransMONEE database 2009

Table 12.1 [b] Children adopted through intercountry adoption: absolute numbers and rates

	Number of intercountry adoptions					Intercountry adoptions as per percentage of total adoptions				
	1995-1999	2000-2004	2005	2006	2007	1995-1999	2000-2004	2005	2006	2007
South Eastern Europe										
Bulgaria	3,509	3,748	118	96	85	33	40.0	12.0	11.0	11.0
Romania	8,255	5,493	2	-	-	63	45.0	0.2	-	-
Albania ^a	83	160	38	25	28	48	51.0	57.0	61.0	49.0
Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-	-
Croatia	-	25	9	-	-	-	4.0	7.0	-	-
Montenegro	-	-	-	1	-	-	-	-	3.0	-
Serbia	-	-	-	9	11	-	-	-	9.0	8.0
TFYR Macedonia	49	33	-	-	-	5.0	4.0	-	-	-
Western CIS										
Belarus	315	2,726	2	39	22	22.0	79.0	1.0	10.0	4.0
Moldova	401	292	46	52	95	20.0	36.0	35.0	33.0	55.0
Russia	22,399	36,266	6,904	6,689	4,536	34.0	50.0	48.0	46.0	32.0
Ukraine	3,982	11,536	2,156	1,134	1,701	15.0	56.0	60.0	43.0	49.0
Caucasus										
Armenia ^b	-	239	32	36	67	-	34.0	41.0	43.0	53.0
Azerbaijan	-	21	9	24	18	-	2.0	-	-	-
Georgia	-	333	17	9	5	-	56.0	8.0	5.0	3.0
Central Asia										
Kazakhstan	-	4,411	893	770	777	-	20.0	22.0	22.0	20.0
Kyrgyzstan	23	40	20	22	9	-	1.0	2.0	3.0	1.0
Tajikistan	-	-	10	10	2	-	-	3.0	2.0	0.4
Turkmenistan	-	-	-	-	-	-	-	-	-	-
Uzbekistan	-	-	-	9	-	-	-	-	0.4	-

a) Data for 1995-1999 refer to 1998-1999.

b) Data for 2000-2004 refer to 2001-2004.

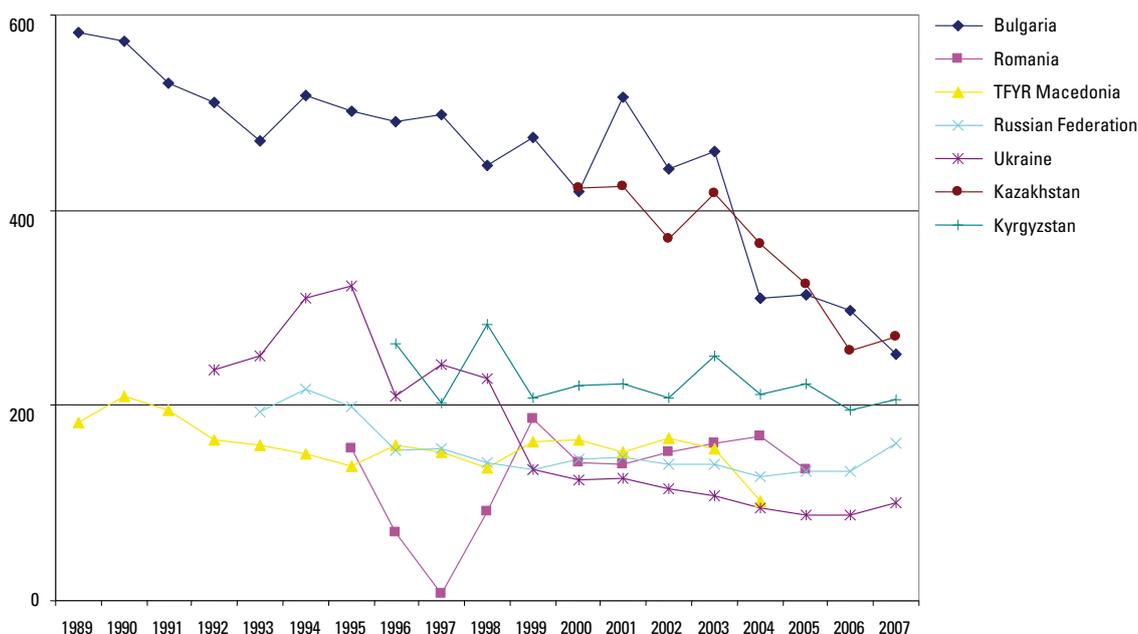
Source: TransMONEE database 2009

The numbers confirm what is already known, that domestic adoption needs further development in CEE/ CIS. The number of national prospective adoptive parents has been low in recent decades, especially during the transition in the early 1990s when many families were affected by increased poverty levels. Strong extended family ties have meant that children are often cared for by relatives (whether formalised or not) rather than adopted. Finally, there is still a stigma associated with bringing up children outside their birth-families. Adoptive parents often try to keep the adoption of the child secret – both from the child and the community. They prefer to adopt only infants and very young children whose true identity can more easily be concealed. MONEE data suggest that in the countries where domestic adoption has nevertheless been relatively common, rates display a longer-term downward trend. The findings suggest that domestic adoption is an increasingly underused alternative for children without parental care (Figure 12.1).

Domestic adoption rates are also affected by changes in national regulation. Figure 12.1 shows, for example, a clear drop in domestic adoptions in Romania in 1997: the year when the Romanian Government, under new political leadership, proceeded to restructure the entire legislative and structural organization of the child protection system in general and of the adoption system in particular.²³

²³ IGIAA (2002) *Re-organizing the international adoption and child protection system*. Independent Group for International Adoption Analysis March 2002.

Figure 12.1 Domestic adoptions in selected countries: rates per 100,000 children, 0-3 years



Source: TransMONEE database 2009

Intercountry adoption rates tend to fluctuate more over time than domestic adoption rates. Often, dramatic changes in the rates of intercountry adoption are observed following changes in national regulation, which introduce restrictions on the number of children who can be adopted – either through moratoria that suspend intercountry adoptions outright or the introduction of quotas to limit the number of children adopted abroad generally or to specific countries. For example, in Romania a moratorium was introduced in 2001 to curb widespread abuse. This moratorium was continually extended, giving rise to legislation which came into force in 2005 along with improvements to the child protection system and prohibited intercountry adoption. Similarly, in Belarus, the number of intercountry adoptions was reduced from 596 to 2 between 2004 and 2005 as a result of the introduction of new regulations. The figure increased again in 2006 to 39 cases and 22 in 2007, the vast majority of whom were children with disabilities. In Ukraine, for the same reasons, the number of intercountry adoptions more than halved between 2005 and 2006 but increased again in 2007. While severe restrictions on intercountry adoption may be seen to be necessary as a response to the scale of abuse²⁴, it is also an extreme measure that may adversely affect children properly identified as requiring this form of care.

Where intercountry adoption happens on a large scale it can be interpreted as a failure by states and societies to ensure adequate care for their most vulnerable members. There are worries that governments are neglecting to promote programmes to prevent family separation and develop domestic adoption. There are also worries that intercountry adoption is not being properly regulated and that, in some cases, it is being abused. These represent important challenges for governments in the region, as is demonstrated by the many moratoria on intercountry adoption put in place in several CEE/CIS countries in order to allow them to readjust their legislation, procedures and structures.²⁵

The results presented in Tables 12.1[a] and 12.1[b] suggest that the relative number of intercountry adoptions vis-à-vis domestic adoptions practised by some countries should generate concerns for both

²⁴ Albania in 1992; Romania in 1992, 2001 and 2004; Ukraine in 1994 and 2004; Russia in 1995; Belarus in 1997; Georgia and Kazakhstan in 1998 and 2001; and Moldova in 200.

²⁵ UNICEF Innocenti Research Centre (2006) *Innocenti Social Monitor 2006: Understanding Child Poverty in South-Eastern Europe and the Commonwealth of Independent States*.

receiving countries and countries of origin such as Albania, Armenia, Kazakhstan, Moldova and Ukraine. Kazakhstan and Ukraine are among those countries that are not yet parties to the 1993 Hague Convention, an international agreement that requires contracting states to set in place procedures and safeguards to combat human rights violations in this sphere. Over one-third of countries in CEE/CIS have not ratified this convention, a troubling indication that countries do not consider operation of intercountry adoption as a child protection measure (Box 12.1).^{26 27 28}

Table 12.2 Moratoria and Suspensions of ICAs in CEE/CIS/Baltic Countries, 1991-2007

■ Moratorium
 ■ Law is so restrictive that there is a *de facto* moratorium
 ■ Situation is unclear but appears to be a *de facto* moratorium
 NB: The coloured units indicate a situation during the year but not necessarily for the entire year.

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Albania																	
Armenia																	
Azerbaijan																	
Belarus ²⁷																	
Bulgaria																	
Czech Rep.																	
Estonia																	
Georgia																	
Hungary																	
Kazakhstan																	
Kyrgyzstan																	
Latvia																	
Lithuania																	
Moldova																	
Poland																	
Romania ²⁸																	
Russian Fed.																	
Slovakia																	
Tajikistan ²⁹																	
Turkey																	
Ukraine																	
Uzbekistan																	

²⁶ According to the U.S. Department of State, all intercountry adoptions in Belarus have ceased since October 4, 2004, when Belarusian President Lukashenko asked his cabinet to look into international adoptions. The Government of Belarus changed its adoption procedures in 2005 but adoptions have yet to move forward. The Government of Belarus has not provided clear information on the possible duration of the apparent suspension or possible provisions for completing adoptions that were already in the pipeline before October 2004. According to available statistics, it seems that so far only Italy resumed adoption with Belarus

²⁷ In 2005, Romania lifted the moratorium on intercountry adoption and passed a new adoption law. However, this law allows intercountry adoption only with the grandparents of the child

²⁸ On 3 May 2006, Tajikistan changed its Family Code to prohibit intercountry adoption of Tajik orphans. While couples which consist of at least one Tajik citizen are still allowed to adopt, all other adoptions by non-Tajik citizens are expressly forbidden by Tajik law.

Box 12.1 The Hague Convention on Intercountry Adoption

The Convention was approved by 66 nations on May 29, 1993, at The Hague. By the end of 2009, 81 countries were party to the convention, 15 of which being in CEE/CIS. The Convention:

- Establishes co-operation between Contracting States by setting up a Central Authority in each state which is responsible for overseeing the proper operation of Convention procedures and respect for its safeguards, and ensuring contacts with other States.
- Requires that countries establish an accreditation system to ensure all adoption providers are in compliance with the regulations on an ongoing basis.
- Ensures adoptions take place in the best interests of the child and with respect for his or her fundamental rights (intercountry adoptions should take second place to suitable domestic solutions; non-discrimination; measures supporting the best interests principle).
- Establishes safeguards to prevent abduction, sale and trafficking in children for adoption (protection of families; combating abduction, sale and trafficking of children; ensuring that proper consents are given; preventing improper financial gain and corruption).

Contracting States in CEE/CIS²⁹: status as of end 2009

	Contracting State to HC-1993	Date of ratification/ Accession	Date of entry into force	
1	Albania	Yes	12-09-2000 (R)	01-01-2001
2	Armenia	Yes	01-03-2007 (A)	01-06-2007
3	Azerbaijan	Yes	22-06-2004 (A)	01-10-2004
4	Belarus	Yes	17-08-2003 (R)	01-11-2003
5	Bosnia & Herzegovina	No	-	-
6	Bulgaria	Yes	15-05-2002 (R)	01-09-2002
7	Croatia	No	-	-
8	Czech Republic	Yes	11-02-2000 (R)	01-06-2000
9	Georgia	Yes	09-04-1999 (A)	01-08-1999
10	Hungary	Yes	06-04-2005 (R)	01-08-2005
11	Kazakhstan	No		
12	Kyrgyzstan	No		
13	Macedonia (FYR)	Yes	23-12-2008 (A)	01-04-2009
14	Moldova	Yes	10-04-1998 (A)	01-08-1998
15	Montenegro	No		
16	Poland	Yes	12-06-1995 (R)	01-10-1995
17	Romania	Yes	28-12-1994 (R)	01-05-1995
18	Russian Federation	No*		
19	Serbia	No		
20	Slovakia	Yes	06-06-2001 (R)	01-10-2001
21	Slovenia	Yes	24-01-2002 (R)	01-05-2002
22	Tajikistan	No		
23	Turkey	Yes	27-05-2004 (R)	01-09-2004
24	Turkmenistan	No		
25	Ukraine	No		
26	Uzbekistan	No		
Totals		15	11	

*The Russian Federation signed this Convention in 2000 but has so far not proceeded to ratification.

²⁹ A full updated list of signatures can be found at the web site of the Hague Conference on Private International Law. http://www.hcch.net/index_en.php?act=conventions.status&cid=69

13. Conclusions

The conclusions presented below concern general findings and trends for the region as a whole. Important variations between and within countries are not addressed here.

More children are becoming separated from their families

Evidence for family separation comes primarily from two indicators used in MONEE: first, the rate of children who each year become registered as being without parental care (flow data), and second, the rate of children currently living in formal care (stock data). Both indicators suggest that family separation shows little sign of decreasing:

- Of the 10 countries for which we have comprehensive trend data on children being deprived of parental care, the Russian Federation, Ukraine, Moldova, TFYR Macedonia and Turkmenistan show a clear increase over time while no country shows a declining rate. It is of particular concern that the first three countries already have high rates of children registered as being 'without parental care' each year.
- On average, the rate of children living in formal care is increasing in the region: in 2007, there were 1,738 children per 100,000 living in formal care – i.e. approximately 1.7 per cent of the child population – up from 1.5 per cent in 2000.

A lack of support to families in need and early identification and timely interventions contribute to children being relinquished or handed over by their parents and placed in formal care for short or protracted periods of their lives. Poverty may be a contributory factor, but it is not necessarily the main underlying cause.

Babies continue to be relinquished

MONEE data have shown that, in 2007, institutionalizing rates of young children among the sub-regions were highest in Western CIS countries (240-310 per 100,000 children aged 0-3 years). The highest rate of 'infant residential care' in the region was found in Bulgaria (956 per 100,000 children aged 0-3 years in 2007). While the rate in Bulgaria has decreased since its peak in the late 1990s, it is still very high. The situation in Georgia and Kazakhstan also requires further investigation (Table 7.1).

The loaded term 'abandonment' is often used when talking about institutionalizing children, implying that these children have been completely deserted by their family and have little or no hope of being reunited with their parents. While this is sometimes the case, often it is not. There is anecdotal evidence from other countries in the region that a lack of identity papers, coupled with active encouragement by staff to leave the child behind, leads many mothers to feel they have no choice but to 'hand over' the child to temporary or long-term care of somebody else in the belief it is in the child's best interest.

These findings cause serious concern because of the well documented negative impact that residential care has on young children's health and development. Research has shown that the institutionalization of children under three years of age may damage brain functioning at this most critical period of development, leading to delayed cognitive and speech development and impaired intelligence compared with children from foster homes. In addition, in some countries, many of these children abandoned at a very young age remain at risk of residing in institutions until they 'age out' at 18 years, due to lack of proper case management.

Alternative family-based care is expanding, but residential care is not diminishing

The average number of children living in family-based care (foster/guardianship care) in CEE/CIS has risen from 641 to 879 per 100,000 children between 2000 and 2007, accounting for 51 per cent of all children in formal care in 2007, up by eight percentage points since 2000 (43 per cent). Flow data for a handful of countries suggest that an increasing proportion of children entering the system are being placed in family-based care. However, while family-based care is growing, it is not necessarily doing so by replacing residential care.

Of all types of formal care, residential care is still the main option and receives the support of traditional administrative and financial systems and legislation. While the number of children in institutional care increased between 2000 and 2007 in 11 countries, it decreased in only 6. As a regional average, the rate was stagnant at 859 children per 100,000 in 2007. While institutions are still large, there is evidence of a growing trend towards smaller facilities, and towards an increased role for non-state actors.

It is important to examine rates rather than absolute numbers: the data shows that the total number of children in residential care is estimated to have fallen by 130,000 children between 2000 and 2007, from 757,000 to 626,000 children. However, as the birth rate in the region has also dropped dramatically, the numbers are less encouraging. This statistical phenomenon has important policy implications: while many governments may want to emphasise that 'numbers' are going down, a more appropriate and realistic picture is presented with the use of 'rates' that account for the impact of demographic change.

The situation of children living with disabilities is a special concern

According to data from 2007, more than one third of all children in residential care are classified as having a 'disability', accounting for 316 per 100,000 children aged 0-17 years. The rate has remained disturbingly stable over the past 15 years (Figure 8.1), suggesting that little has been done to provide non-residential alternatives for these children.

Residential care for disabled children is, with a few exceptions, more common in Western CIS than other sub-regions, and this is consistent with the patterns of residential care more generally. Differences between sub-regions and countries are difficult to interpret, but may reflect differences in the traditional role of family networks versus formal care. They may reflect differences not only in the quality and levels of perinatal care for premature children or for children with disabilities, but also in support services for families who have children with special needs. They may also reflect variations in methods of data collection and disability diagnosis.

The tendency towards institutionalization is an indicator of wider exclusion from the society in which these children live. While the data available on children living with disabilities in private homes are limited, we know that children living with disabilities, and their families, are stigmatised and that the vast majority of these children have little access to rehabilitative health care, education or social care services.

Domestic adoption remains to be promoted and developed

In 2007, 28,000 children were adopted in CEE/CIS, of whom about two thirds were adopted within their own country. MONEE data suggest that rates of domestic adoption vary substantially from country to country and that generally it is not yet part of the reform of the child care system: domestic adoption is not commonplace in CEE/CIS for a number of largely cultural reasons. Even in the handful of countries where domestic adoption has in the past been relatively common, rates have been declining in recent years.

Intercountry adoption may be an appropriate measure for some children who would benefit from a permanent family environment that cannot be found for them in their own country. However, where it happens on a large scale, it can also be interpreted as a failure by states and societies to ensure adequate care for their most vulnerable members of society. The relative number of intercountry adoptions practised in some countries vis-à-vis domestic adoptions is therefore a matter of concern.

Discrepancies in the data on intercountry adoption between governments' statistics available through MONEE and other sources have come to light, and should be explored further. Research is also needed to understand the underlying dynamics of adoption within child protection reform. Domestic and intercountry adoption, their reliance on the political environment, the triangular relationship between adoption, alternative care and general child protection – all these relationships are potentially complex, rooted in cultural values, and little understood.

14. Recommendations

The recommendations presented here are addressed primarily to governments and international organizations working in child care reform in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS). Further detailed information and practical tools on child care system reform can be found on UNICEF's website at: <http://www.ceecis.org/ccc/>.

1. Accelerate the reform of child care systems with priority attention given to:

- a) **Stemming the in-flow of children through prevention:** New social services need to be developed for parents and children to enable them to overcome short-term difficulties in parenting. In addition to basic or primary prevention such as universal access to quality education, health and housing, secondary prevention is needed to target at-risk groups or individuals with particular care problems. This can be done by providing a range of specific family and child support services. Different types of family support services represent a crucial part of the child care system that is currently missing or underdeveloped in most countries. These are services which should be tailored to the specific needs of families and children and may include for example day care, home-based care, psycho-social support, counselling, legal aid and short-term protected shelter. Even if several countries have started to introduce a number of such services as part of ongoing reforms, efforts still remain too limited, without national coverage or public funding. New patterns of family structures need to be further studied to better understand what is required to improve support for vulnerable families. Effective and updated family policies, where support services are just one component, would contribute to an environment that more effectively promotes family life and helps parenting.
- b) **Strengthening the gate-keeping of the system:** Gate-keeping the system is currently extremely weak or completely failing in many countries. This means that many children enter the system for the wrong reasons and their chances of leaving are slim. Efficient gate-keeping requires a streamlining of methods for assessment and decision-making, a limited number of qualified statutory agencies responsible for individual case assessment, decision-making, referral to appropriate services and regular review of cases. Engagement with families, whatever the form, needs to be done in a democratic manner that respects and understands families' knowledge and experience rather than the expert-to-passive client manner. This would build and sustain the parents' ability to care for and 'keep' their children. It requires a range of services taking into account the best interests of children, for families and their children.
- c) **Promoting de-institutionalization by improving family-based alternative care:** Foster care has been slow to take root in many countries, and where it exists it often remains in a deplorable state. Kinship care is thought to be important, but is not properly monitored or supported by the state. If countries are serious in their efforts to shift away from residential care, more efforts need to be made to create real alternatives to it. There are often myths about foster care both among the public and service providers. Efforts need to be made to overcome any potential resistance to this form of care, and specific programmes need to be put in place to enable its appropriate development, i.e. recruitment, training and support of foster parents.
- d) **Starting a more systematic reform of the remaining residential care institutions:** Many countries have developed sufficient experience on a pilot basis on how to de-institutionalize individual institutions. However, only a few countries have developed comprehensive national plans for the transformation, down-scaling and closing down of institutions. Such plans see institutions and staff working in them as resources that can be used for the development of new services. They decide the fate of each institution based on significant characteristics, such as the quality of care provided there, its location and potential to provide other services. Without such plans it is difficult to see how the reform will succeed and how to overcome resistance to reform.

e) **Avoiding rapid or superficial child care reforms:** Rapid or superficial reforms usually result in further harm to children. These include moving children from one institution to another without taking into account the psychosocial impact of the move; high return rates of foster/adopted children in some countries because families have not received adequate preparation and are over-reliant on financial incentives. Experience in the region has demonstrated that closing down institutions as a 'quick fix' overlooks any improvement of the condition of children, that accelerating exits does not stop new entries and improving institutional care does not reduce the number of placements.

2. **Develop specific inter-sectoral strategies to prevent institutionalization of infants and children, including those with disabilities, with priority attention given to:**

a) **Overcoming stigma and discrimination in the health system:** The reasons why children of a very young age, often newborns, are being handed over by their mothers may vary. Health status, the lifestyle of the mother, homelessness, unemployment or social status are often quoted as immediate reasons. However, regardless of what the immediate reason may be, it is known that the contact between the pregnant woman and the health system, and the kind of treatment and support she gets right after birth are key to successful bonding with her baby and the development of good parenting skills. Parents need support, encouragement and empowerment in their role. The more challenging their lives are, the more support they need. It is therefore crucial that professionals who first meet prospective or new parents recognize that one of their main objectives, in addition to the obvious medical ones, should be to help prepare parents for their future role. The current health systems in CEE/CIS countries sometimes lay the ground for discrimination against people with certain lifestyles. The health system reforms that are ongoing in the region need to introduce new integrated approaches to early childhood development which empower parents and help them to take care of their own children, rather than encouraging them to leave their children to state care.

b) **Changing the view of, and approaches to, children with disabilities:** Acknowledgment of disability is partly determined by societal attitudes and environments. It becomes the collective responsibility of the whole society to make the necessary shifts to enable people with disabilities to participate in all areas of social life. In CEE/CIS this would require moving away from the way 'defectology' has been applied and improving early intervention to mitigate the effects of a disability more effectively. As a first step, diagnostic tools need to be changed to focus less on medical intervention. Development of child-centered and family-focused services, such as day care in the communities, respite care, cash support and outreach services, and offering different modalities and combinations of inclusive and specialised education, is necessary to enable children to stay within their family environments. Here they have a greater chance of developing to their full potential. Where children with disabilities cannot live with their biological families because specialised care is required, it is crucial that the state expands alternative care in the form of specialised foster care and small group homes. The child needs to maintain ongoing contact with his or her biological family. In many countries, the situation of children with disabilities is deplorable. Whilst alternatives are developed, states must improve the conditions within the institutions where children with disabilities are currently living. Efforts must also be made to identify the children who, due to stigma and discrimination, may be hidden away in private homes, excluded from society and deprived of an education and other services. Overall, support and assistance to families caring for children with disabilities should be a top priority area in health, education and social protection reforms.

3. Reform adoption systems with priority attention given to:

a) Strengthening safeguards against abuse in adoption processes: Reforms are needed to improve the procedure for adoption. The Hague Convention on Intercountry Adoption provides important standards for the necessary safeguards which need to be in place. A new Convention adopted by the Council of Europe presents an opportunity for countries to demonstrate their commitment to improving the procedure for national adoption and making it more transparent, efficient and difficult to abuse. In order to provide the best possible guarantees for respecting the rights and best interests of any child for whom intercountry adoption may be considered, it is essential that countries that have not already done so sign, ratify and implement the 1993 Hague Convention. This is strongly urged by the UN Committee on the Rights of the Child. Such a step should have the added benefit of providing reassurance to those concerned about the fate of children adopted abroad.

b) Clarifying the role of adoption in child care policy: The reform of the adoption system should be an integral part of broader child care system reforms to ensure that adoption is used only when no other possibility to maintain the child with the biological family is available. It is widely agreed that three principles should guide decisions regarding long-term substitute care for children, once the need for such care has been demonstrated:

- Family-based solutions are generally preferable to institutional placements;
- Permanent solutions are generally preferable to inherently temporary ones;
- National (domestic) solutions are generally preferable to those involving another country.

Child care options that fulfil the first two but not the third should be considered 'subsidiary' to any foreseeable solution that corresponds to all three, and must be weighed carefully against any others that also meet two of these basic principles.

4. Strengthen the role of Monitoring and Evaluation in policy reform processes with priority attention given to:

a) Developing national indicators for monitoring reforms: Most countries in CEE/CIS have articulated policies in child care that favour de-institutionalization and development of community-based family and child support services, and family-based alternative care. However, only a handful of countries have outlined strategic plans on how to change the current system with time-bound targets and clear indicators for measuring the change. National indicators need to be clearly defined, agreed by and shared with all partners. While this would be a first important step in any reform, there is also a need to change attitudes towards the important role data plays in policy processes. In current systems, data are often used to justify budgets rather than to provide information on the quality and effectiveness of interventions. This has created incentives for inflating numbers and does not facilitate inter-sectoral cooperation and sharing of data.

b) Fill the data gaps through additional research: There is much recognition at international level of the value, but also the limitations, of MONEE. For reform planning purposes, countries need to engage in a process of mapping data on core indicators and collecting missing information that is necessary for planning the reform. This includes information on both the residential care services that are under reform, the children living in them and the staff working there.



References

Note that the main source of information for this report are the country reports on children without parental care received from national statistical offices (for list of countries see page 10 of the present report) available on www.unicef-irc.org/databases/transmonee. General consultation has also been made to the many 'Concluding Observations' by the Committee on the Rights of the Child.

- Balbernie R (2001). Circuits and circumstances: the neurobiological consequences of early relationship experiences and how they shape later behaviour. *Journal of Child Psychotherapy*, 27(3):237–255.
- Browne K (2007). The Overuse of Institutional Care for Young Children in Europe and Its Relation to Child Abandonment and International Adoption. Presentation at XIth European Regional Conference on Child Abuse and Neglect. Lisbon, Portugal, 18–21 November 2007.
- Browne K et al. (2004). Mapping the Number and Characteristics of Children Under Three in Institutions Across Europe at Risk of Harm. European Union Daphne Programme. Final Project Report No. 2002/017/C, Publication 26951. Birmingham, University of Birmingham.
- Boéchat H and Cantwell N (2007). Assessment of the Adoption System in Kyrgyzstan. Geneva, International Social Service.
- Bowlby J (1951). *Maternal care and mental health*. Geneva, World Health Organization.
- Cantwell N (2005). The challenges of out-of-home care. *Early Childhood Matters*, December 2005, number 105. The Hague, Bernard van Leer Foundation.
- Carter R (2005). *Family matters: a study of institutional childcare in Central and Eastern Europe and the former Soviet Union*. London, EveryChild.
- European Coalition for Community Living (2006). Focus on the Right of Children with Disabilities to Live in the Community. Focus Report. Brussels, European Coalition for Community Living.
- Fisher L, Ames EW, Chisholm K, Savoie L (1997). Problems Reported by Parents of Romanian Orphans Adopted to British Columbia. *International Journal of Behavioral Development*, 20(1):67–82.
- Gudbrandsson M (2004). Children in institutions: prevention and alternative care. Working Group on Children at Risk and in Care. Final Report as approved by the European Committee for Social Cohesion (CDCS) at its 12th meeting (Strasbourg, 17–19 May 2004). Strasbourg, Council of Europe.
- Harwin J (1996). *Children of the Russian State*, Aldershot, United Kingdom, Avebury. Russian Ministry of Labour and Social Development (1997) (2000). *The Situation of Children in the Russian Federation: Annual Report*. Moscow, Russian Ministry of Labour and Social Development. Both sources referenced in Innocenti Research Centre (2001). *A Decade of Transition. The MONEE Project CEE/CIS/Baltics. Regional Monitoring Report 8*. Florence, UNICEF.
- Independent Group for International Adoption Analysis (2002). *Re-organising the International Adoption and Child Protection System*. Bucharest, Independent Group for International Adoption Analysis.
- ISS/IRC (International Social Service/International Reference Centre for the rights of children deprived of their family) (2005). *Permanency Planning: The principles to be taken into account*. Fact Sheet No. 3. Geneva, ISS/IRC.
- Johnson R, Browne K., Hamilton-Giachritsis C (2006). Young children in institutional care at risk of harm. *Trauma Violence and Abuse* 7(1):1–26.
- Mulheir G and Browne KD (2007). *De-institutionalising and Transforming Children's Services: A guide to good practice*. Birmingham, University of Birmingham.
- O'Connor TG, Rutter M, Beckett C, Keaveney L, Kreppner J, and the English and Romanian Adoptees Study Team (2000). The effects of global severe privation on cognitive competence: extension and longitudinal follow-up. *Child Development*, 71:376–390.
- O'Kane C, Moedlagl C, Verweijen-Slamnescu R, Winkler E (2006). *Child Rights Situation Analysis: Rights-Based Situational Analysis of Children without Parental Care and at risk of losing their Parental Care*. Global Literature Scan, November 2006. Innsbruck, SOS-Kinderdorf International.
- Oxford Policy Management (2008). *Thematic Evaluation of UNICEF Contribution to Child Care System Reform in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan*. Oxford, Oxford Policy Management.
- Rutter M, English and Romanian Adoptees Study Team (1998). Developmental Catch-up, and Deficit, Following Adoption after Severe Global Early Privation. *Journal of Child Psychology and Psychiatry*, 39:465–476.
- Save the Children UK (2007). *Kinship Care. Providing positive and safe care for children living away from home*. London, Save the Children UK.

- Schore A (2001). Effects of a secure attachment relationship on right brain development affect regulation and infant mental health. *Infant Mental Health Journal*, 22:7–66.
- Sloutsky V (1997). Institutional care and developmental outcomes of 6- and 7-year-old children: A contextualized perspective. *International Journal of Behavioral Development*, 20(1):131–151.
- SOS-Kinderdorf International, International Foster Care Organisation and Fédération Internationale des Communautés Éducatives (2007). *Quality4Children: Quality Standards for Out-of-Home Child Care in Europe*. Innsbruck, SOS-Kinderdorf International.
- Tobis D (2000). *Moving from Residential Institutions to Community-Based Social Services in Central and Eastern Europe and the Former Soviet Union*. Washington, DC, The World Bank.
- Transatlantic Partners Against AIDS (2005). *Preventing Child Abandonment and Improving the Living Conditions of the Children Born to HIV–Infected Women in Russia*. Policy Brief 2(3), Transatlantic Partners Against AIDS.
- UNICEF (2005). *The Child Protection System in Azerbaijan: Situation Analysis. Available Resources, Referral Mechanisms, Gaps and Risks seen from a Child Rights Perspective*. Cristina Roccella, UNICEF Child Protection Consultant.
- UNICEF (2008). *Policy brief: The institutional care of children*. New York, UNICEF.
- UNICEF and the Institute for Urban Economics (2008). *Review of advances in child care 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*. Moscow, UNICEF and the Institute for Urban Economics.
- UNICEF CEE/CIS (2009). *UNICEF Guidance Note on Intercountry Adoption in the CEE/CIS Region*. Geneva, UNICEF.
- UNICEF CEE/CIS (2008). *Child Care System Reform in South East Europe: A sub-regional analysis based on country assessments in Albania, Bulgaria, FYR Macedonia, Serbia*. Geneva, UNICEF.
- UNICEF CEE/CIS (2008). *Child Care System Reform in South East Europe: Taking Stock and Accelerating Action. Consultation Report (Report of the South-East Europe Consultation held in Sofia, Bulgaria, 2007)*. Geneva, UNICEF.
- UNICEF Innocenti Research Centre (2006). *Understanding Child Poverty in South-Eastern Europe and the Commonwealth of Independent States*. Innocenti Social Monitor 2006. Florence, UNICEF.
- UNICEF Innocenti Research Centre (2005). *Children and disability in transition in CEE/CIS and the Baltic States*. Innocenti Insight. Florence, UNICEF.
- UNICEF Innocenti Research Centre (2003). *Children in institutions: The beginning of the end? The cases of Italy, Spain, Argentina, Chile and Uruguay*. Innocenti Insight. Florence, UNICEF.
- UNICEF Innocenti Research Centre (1997). *Children at risk in Central and Eastern Europe: Perils and Promises*. Regional Monitoring Report Summary No. 4. Florence, UNICEF.
- UNICEF Romania (2005). *The situation of child abandonment in Romania*. Bucharest, UNICEF.
- UNICEF Russia (2007). *Situation Analysis of Children in The Russian Federation, 2007*. Moscow, UNICEF.
- United Nations Educational, Scientific and Cultural Organization (2005). *Providing education to girls from remote and rural areas: advocacy brief*. Bangkok, United Nations Educational, Scientific and Cultural Organization.
- United Nations Secretary-General's Study on Violence against Children (2005). *Thematic Group on Violence Against Children with Disabilities. Violence against Children with Disabilities. Summary Report. Findings and recommendations of a consultation convened by UNICEF, New York, July 28, 2005*.
- United States Agency for International Development. (2005). *Promising practices in community-based social services in CEE/CIS/Baltics: a framework for analysis*. Washington, DC, United States Agency for International Development.
- Westhof (n.d.) *Flow model [of] institutionalized children in Romania and the determining variables*. Geneva, UNICEF.

Key websites:

- The Better Care Network: <http://www.crin.org/bcn/>
- UNICEF CEE/CIS Child Care Consultations: <http://www.ceecis.org/ccc/>
- UNICEF CEE/CIS Child Protection Resource Package: <http://www.ceecis.org/cprp/view/user/index.php?page=Home>

Appendix 1

Glossary of terms

Abandonment: Act by which the child has been left with no care whatsoever, for example on the street or in an empty dwelling. (See also relinquishment, below). Source: Child Care System Reform in South East Europe: Taking Stock and Accelerating Action (Report of the South-East Europe Consultation held in Sofia, Bulgaria, 2007).

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 IRC Innocenti Digest 'Intercountry adoption'.

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. Source: United Nations General Assembly *Guidelines for the alternative care for children*, A/RES/62/142 of 24 February 2010, para. 29.a.

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: Child Care System Reform in South East Europe: Taking Stock and Accelerating Action (Report of the South-East Europe Consultation held in Sofia, Bulgaria, 2007).

Day Care: Provision of care for children, especially young children and those with special needs, during set periods of the day, while the child continues to live in the family home. Day care for children exists, for example, in pre-schools (kindergartens) and groups for extended school days.

De-institutionalization: is not the mere fact of moving children out of institutions. Rather, it is the full process of planning transformation, downsizing and/or closure of residential institutions, while establishing a diversity of other child care services regulated by rights-based and outcomes-oriented standards. These standards should ensure that residential care is one care option among many others, and chosen only when this is in the child's best interests, meets his/her specific needs at the time, and in adequate conditions.

Family-based Placement: The provision of alternative care for a child in a family environment: Possible family-based care settings include guardianship, trusteeship, foster care, patronat care, family-like groups.

Gatekeeping: The process of referring children and families to appropriate services or care arrangements with the aim of limiting the number of inappropriate placements. Gatekeeping is an essential [function] in diverting children from unnecessary initial entry into alternative care, and reducing the numbers of children entering institutions. Gatekeeping is often carried out by social welfare professionals or trained staff at institutions, but is often aided by members of the community and local service providers. Source: Better Care Network website.

Orphan: Person who is less than 18 years old and who has lost one or both parents. Resource: CRC Day of General Discussion. Children without Parental Care. CRC/C/153 17 March 2006.

Person with Disabilities: UN Convention on the Rights of People with Disabilities (article 1, paragraph 2) “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”. Further information: http://www.hrea.org/index.php?doc_id=416 and <http://www.mdac.info/en/resources-and-materials>

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: 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 the care of others, for example in the maternity hospital. Source: Child Care System Reform in South East Europe: Taking Stock and Accelerating Action (Report of the South-East Europe Consultation held in Sofia, Bulgaria, 2007).

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. Source: United Nations General Assembly *Guidelines for the alternative care for children*, A/RES/62/142 of 24 February 2010, para. 38.

Temporary placement centre / Emergency shelter care: UN Study on Violence Against Children, p. 176: Facilities that provide services to meet children’s basic needs for safety, shelter and education on a short-term basis.

Appendix 2

Value and limitations of MONEE

This report has demonstrated the value of government statistics in giving a broad overview of trends in CEE/CIS. The MONEE project provides a unique opportunity to analyse up-to-date government statistics and draw general conclusions about the current state of child care system reform. However, a key finding of this report, and a clear obstacle to the analysis, was the lack of data on key indicators for several countries and standard definition of terms.

The absence of data and definitions is due to underdeveloped data collection systems and lack of transparency and co-ordination, which prevents the data from being shared. In countries where additional efforts have been made to triangulate official statistics on children without parental care, through a census, surveys or more qualitative studies, it is also clear that there are discrepancies between different sources. Government statistics collected as part of management information systems have weaknesses, such as not allowing for a differentiation between children who stay full time in residential care and children who do not. This has implications for local and national level planning and monitoring. The lack of regularly collected and analysed data on the numbers, flows and individual circumstances of children being cared for outside of their biological families makes it difficult for local child welfare authorities to monitor progress towards their goals of preventing separation, promoting family re-unification and ensuring the provision of appropriate alternative care. At the same time, poor data may stay a problem as long as the process of data collection and reporting on key indicators is seen only as a 'must' to justify use of resources, human as well as financial. At the national and regional level, there is a lack of strategic use of data for decision-making, planning and monitoring of the performance of state interventions and policies towards at-risk groups.

Lack of data, or poor data means that there is still much we simply do not know. For example, we know very little about the dynamics of the formal care system: how children 'flow' in, out and within the system. While some information is available for selected countries, one would need comprehensive and international trend data to draw firm conclusions at the regional level. We also lack quality data on sensitive issues such as the prevalence and nature of violence against children in formal care. Little research has been done on the complex inter-relationships between domestic adoption, intercountry adoption and residential care institutions. We also lack rigorous data at the sub-national level, which means we are missing the positive effects that reform activities are having in some local areas.



Appendix 3

Statistical tables

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, which 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, is published annually.

TransMONEE data are available at: www.unicef-icdc.org/resources/transmonee.html.

A. Total number of children in formal care in 2007, end of the year.

Formal care consists of residential care and family-based care (see subsequent tables for precise definitions)

		Numbers				Rates per 100 000 population aged 0-17		
		Total number of children in care	In residential care	Of which: in general type boarding schools	Placed under guardianship or in foster families	Total number of children in care	In residential care	Placed under guardianship or in foster families
South Eastern Europe								
	1	14,170	8,206	-	5,964	1,084.1	621.7	462.4
	2	71,418	25,258	-	46,160	1,750.8	619.2	1,131.6
	3	1,000	1,000	-	-	104.4	104.4	-
	-	5,597	2,301	-	3,296	637.4	259.5	377.9
	4	9,784	6,210	-	3,574	1,156.0	728.7	425.4
	4	560	560	-	-	367.1	367.1	-
	4,5	9,005	5,655	-	3,350	641.9	400.3	240.5
	-	1,997	871	-	1,126	422.9	184.4	238.4
Western CIS								
	-	39,682	22,799	8,707	16,883	2,181.4	1,253.3	928.1
	6	16,236	9,898	4,063	6,338	1,993.4	1,215.2	778.1
	7	756,916	334,396	104,619	422,520	2,866.1	1,266.2	1,599.9
	-	106,990	40,838	9,145	66,152	1,285.1	490.5	794.6
Caucasus								
	8	5,308	5,281	1,337	27	660.7	657.3	3.4
	9	35,224	16,808	11,758	18,416	1,368.6	657.9	710.4
	10	9,527	8,155	4,696	1,372	889.7	761.6	128.1
Central Asia								
		78,442	78,442	52,052	-	1,702.7	1,702.7	-
	11	26,587	21,313	15,661	5,274	1,373.4	1,101.0	272.4
	12	18,351	10,395	7,454	7,956	588.4	333.3	255.1
	13	3,250	3,250	2,314	-	150.6	150.6	-
	13	57,511	32,008	52,052	25,503	554.8	308.8	246.0

1. Most of these children are placed in the family of relatives or close friends.

2. Data on foster care refer to children cared for by maternal assistants.

3. In Albania, an official system of collecting data on foster/guardian care still does not exist.

4. Data on residential care refer to 2006 (data are collected every second year).

5. Only foster care. A problem in presenting data on guardianship is that the term 'guardianship' includes guardians who live with children and who only legally represent the child. In 2007

under guardianship were 5541 children, part of them were living in residential care.

6. Data include boarding schools for orphans and children without parental care; data do not include Transdniestr.

7. In addition to it, about 50,000 children stayed in temporary social rehabilitation centres (at the end of the year).

8. Data on foster/guardian care refer to foster care only.

9. Data on foster/guardian care refer to 2006 as due to the changes in data collection system

data for 2007 will be available next year. All children in boarding schools are under the full

state support.

10. Data refer to 2003.

11. Data foster/guardian care refer to guardian care only.

12. Numbers on boarding schools include boarding facilities to the general schools.

13. Data refer to 2006.

Source: TransMONEE database 2009

B. Children left without parental care, during the year, 2000-2007

	2000	2001	2002	2003	2004	2005	2005	2005	2007
South Eastern Europe									
Bulgaria	-	-	-	-	-	-	-	-	-
Romania	-	-	-	-	-	-	-	-	-
Albania	-	-	-	-	-	-	-	-	-
Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-
Croatia	-	-	-	-	-	-	-	-	-
Montenegro	-	-	-	-	-	-	-	-	-
Serbia	-	-	-	-	-	-	-	-	1,996
TFYR Macedonia	316	277	270	288	319	345	356	356	369
Western CIS									
Belarus	5,207	5,317	5,223	4,798	5,312	4,915	4,472	4,451	4,451
Moldova	1,362	1,578	1,726	1,809	1,788	2,111	2,303	2,182	2,182
Russia	123,204	128,075	127,090	128,951	132,505	133,034	127,096	124,384	124,384
Ukraine	22,032	22,279	23,272	22,512	22,645	22,415	22,161	22,094	24,094
Caucasus									
Armenia	-	-	-	-	250	80	106	394	394
Azerbaijan	1,027	1,004	1,047	1,060	961	898	932	-	-
Georgia	341	322	875	657	832	754	534	-	-
Central Asia									
Kazakhstan	-	-	-	10,704	12,432	10,806	9,760	9,384	9,384
Kyrgyzstan	2,696	2,709	2,562	2,288	2,668	2,926	2,655	2,539	2,539
Tajikistan	-	-	-	-	-	3,707	7,962	5,418	5,418
Turkmenistan	45	54	33	72	96	87	129	-	-
Uzbekistan	6,309	6,413	6,967	7,936	6,962	7,337	6,515	-	-

Children without parental care: children who are not living with or being cared for by either biological parent and who are registered as being without parental care according to decisions made by authorities based on either: Family Law, Social/Child Protection Law, Criminal Law.

1. Number of children who entered the state care system during the year.

2. Data exclude Transdniestr.

3. Data include children who were not placed under care in the preceding year.

Source: TransMONEE database 2009

C. Rate of children left without parental care during the year, 2000-2007 (per 100,000 population aged 0-17)

	2000	2001	2002	2003	2004	2005	2005	2005	2007
South Eastern Europe									
Bulgaria	-	-	-	-	-	-	-	-	-
Romania	-	-	-	-	-	-	-	-	-
Albania	-	-	-	-	-	-	-	-	-
Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-
Croatia	-	-	-	-	-	-	-	-	-
Montenegro	-	-	-	-	-	-	-	-	-
Serbia	-	-	-	-	-	-	-	-	142.3
TFYR Macedonia	57.3	51.0	50.8	55.5	62.6	69.2	73.1	77.4	77.4
Western CIS									
Belarus	220.2	232.0	236.2	225.0	259.0	249.4	235.2	241.4	241.4
Moldova	128.1	153.4	174.3	190.0	195.6	240.6	270.0	262.8	262.8
Russia	362.0	389.4	400.4	420.5	447.6	466.8	462.6	465.7	465.7
Ukraine	201.1	211.4	231.0	232.7	243.1	250.0	255.6	285.8	285.8
Caucasus									
Armenia	-	-	-	-	27.8	9.2	12.6	48.2	48.2
Azerbaijan	34.9	34.8	37.0	38.4	35.6	33.8	35.7	-	-
Georgia	29.5	28.2	78.1	60.4	78.6	72.5	52.4	-	-
Central Asia									
Kazakhstan	-	-	-	225.7	265.4	233.0	211.8	203.9	203.9
Kyrgyzstan	133.5	135.0	128.6	115.7	135.8	150.1	136.8	131.1	131.1
Tajikistan	-	-	-	-	-	119.8	257.0	174.2	174.2
Turkmenistan	2.1	2.5	1.5	3.3	4.4	4.0	6.0	-	-
Uzbekistan	57.4	58.5	64.0	73.6	65.4	69.7	62.6	-	-

1. Number of children who entered the state care system during the year.

2. Data exclude Transdniestr.

3. Data include children who were not placed under care in the preceding year.

Source: TransMONEE database 2009

D. Children in residential care, at the end of the year (in thousands)

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

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	
South Eastern Europe																				
Bulgaria	1	-	27.4	27.2	27.0	27.4	26.9	26.6	27.2	24.4	23.5	23.7	13.4	12.6	11.9	10.9	10.3	9.8	8.7	8.2
Romania	2	-	47.4	47.0	43.0	44.9	53.0	49.5	52.0	51.8	44.7	38.8	58.4	51.0	44.1	38.2	33.1	29.1	26.3	25.3
Albania	3	-	-	-	-	-	-	-	-	-	0.7	0.6	0.7	0.7	0.7	0.6	0.6	0.8	0.9	1.0
Bosnia and Herzegovina	4	-	2.9	-	-	-	-	-	-	-	-	1.7	1.8	1.8	1.9	2.1	2.2	2.2	2.3	2.3
Croatia	5	-	6.9	-	4.7	-	5.0	-	5.2	-	4.8	-	5.2	-	6.2	-	6.1	-	6.2	-
Montenegro	5	-	-	-	-	-	-	-	-	-	-	-	0.6	-	0.5	-	0.5	-	0.6	-
Serbia	5	-	-	-	-	-	-	-	-	-	-	-	5.3	-	5.1	-	5.1	-	5.7	-
TFYR Macedonia	4	1.2	1.3	1.1	1.4	1.1	1.1	1.1	1.1	1.2	1.0	0.9	1.0	0.9	0.9	0.9	0.9	0.9	0.9	0.9
Western CIS																				
Belarus	6	32.7	30.9	28.5	28.6	27.6	27.7	28.0	28.4	28.5	29.7	29.8	29.8	28.9	27.3	26.3	25.5	24.3	22.8	22.8
Moldova	7	15.6	14.3	12.5	8.7	7.7	8.2	8.0	8.5	8.3	8.2	7.6	12.1	12.0	11.9	12.5	12.1	11.5	9.9	9.9
Russia	6	504.6	496.2	447.2	429.7	412.5	416.6	428.2	437.0	430.3	432.3	431.7	423.5	424.7	403.6	398.2	372.8	361.0	334.4	334.4
Ukraine	6, 8	30.0	29.2	31.6	31.1	31.7	32.4	34.3	36.3	38.9	40.7	42.1	44.2	44.1	46.6	46.4	44.8	43.3	40.8	40.8
Caucasus																				
Armenia	9	-	4.4	4.2	3.8	3.8	3.6	3.9	4.0	4.8	5.8	5.7	6.0	4.8	4.8	5.2	7.3	8.3	7.6	5.3
Azerbaijan	4, 6	24.4	24.3	22.3	20.3	18.8	18.6	18.2	19.6	20.1	20.1	21.2	22.1	22.3	23.5	23.1	23.3	17.0	16.8	16.8
Georgia	6	20.0	18.1	16.1	13.4	-	9.1	8.7	8.7	9.0	8.4	8.0	8.0	8.0	8.2	-	-	-	-	-
Central Asia																				
Kazakhstan	6	-	-	-	-	-	-	-	-	-	-	-	67.2	69.2	75.5	81.5	85.9	84.1	79.0	78.4
Kyrgyzstan	10	-	8.4	7.8	17.5	14.4	12.1	12.0	13.0	12.9	13.4	14.3	14.7	14.1	14.2	13.0	16.2	18.8	20.3	21.3
Tajikistan	11	5.1	4.9	4.6	4.0	3.0	2.5	1.7	2.7	2.9	2.8	2.0	-	-	11.3	12.1	12.6	12.1	11.6	10.4
Turkmenistan	12	0.9	1.0	0.9	0.9	1.0	0.8	1.1	1.0	1.0	1.2	1.0	3.5	3.5	3.4	3.4	3.5	3.4	3.3	-
Uzbekistan	13	16.5	30.3	29.2	31.8	30.3	29.0	28.4	30.2	32.1	32.9	34.2	37.0	39.5	38.5	32.7	32.7	33.1	32.0	-

1. Data for the period until 2000 are not comparable with data for 2000-2007. Data since 2000 include children accommodated in specialised institutions under the regulations of the Law for Child Protection.

2. Data for the period until 2000 are not comparable with data for 2000-2007, due to changes in the system. Data include young people 18 years and older.

3. Data since 2005 include children in non-public residential care.

4. Data include young people 18 years and older residing in child care homes.

5. Data are collected every second year.

6. Data include children living in general type boarding schools.

7. Data since 2000 include boarding schools for orphans and children without parental care; data since 1992 do not include Transdniestr.

8. Data for the period 1989-1990 do not include children in infant homes.

9. Data since 2004 include children living in general type boarding schools and children in temporary distribution centres.

10. Since 1992 data include children living in boarding schools.

11. Since 2002 data include children living in boarding schools and boarding facilities to the general schools. Include children aged 3-18 placed in temporary distribution centres.

12. Data since 2000 include children living in boarding schools.

13. Since 1990 data include children living in boarding schools (under full state support).

Source: TransMONEE database 2009

E. Rate of children in residential care (per 100,000 population aged 0-17)

Refers to children in infant homes, in orphanages, in boarding homes and schools for children without parental care or poor children, disabled children in boarding schools and homes, family-type homes, SOS villages, etc. Children in punitive institutions are normally excluded. Definitions may differ among countries.

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	
South Eastern Europe																				
Bulgaria	1	-	1,281.4	1,307.9	1,349.7	1,400.3	1,417.5	1,441.9	1,520.8	1,409.8	1,401.6	1,451.0	837.7	840.6	816.9	766.1	744.5	725.2	657.0	621.7
Romania	2	-	724.5	734.7	689.2	739.4	898.0	865.4	935.6	959.0	853.4	760.1	1,165.6	1,036.2	928.4	826.9	740.3	671.7	625.4	619.2
Albania	3	-	-	-	-	-	-	-	-	-	55.8	49.2	61.6	62.6	65.5	66.7	62.6	83.6	96.0	104.4
Bosnia and Herzegovina	4	-	225.8	-	-	-	-	-	-	-	-	185.3	190.0	193.4	209.6	230.5	242.4	247.2	261.2	259.5
Croatia	5	-	607.9	-	426.6	-	444.3	-	478.9	-	442.3	-	553.0	-	687.9	-	690.9	-	728.7	-
Montenegro	5	-	-	-	-	-	-	-	-	-	-	-	330.4	-	340.1	-	334.6	-	367.1	-
Serbia	5	-	-	-	-	-	-	-	-	-	-	-	344.6	-	345.4	-	348.5	-	400.3	-
TFYR Macedonia	4	221.8	252.4	213.9	253.3	201.0	212.9	209.3	204.8	231.6	200.1	170.6	176.3	167.1	164.4	167.9	175.5	182.0	182.1	184.4
Western CIS																				
Belarus	6	1,169.0	1,107.3	1,026.8	1,035.1	1,007.3	1,025.8	1,058.1	1,096.1	1,124.7	1,212.4	1,245.1	1,279.6	1,323.4	1,330.2	1,303.9	1,311.2	1,317.6	1,303.1	1,253.3
Moldova	7	1,085.6	994.9	870.5	613.2	547.8	590.0	593.5	634.7	735.0	739.7	708.3	1,158.4	1,185.4	1,231.4	1,279.4	1,396.8	1,410.1	1,364.3	1,215.2
Russia	6	1,255.9	1,236.0	1,118.0	1,084.1	1,056.2	1,079.5	1,126.3	1,172.6	1,179.5	1,214.8	1,248.4	1,264.6	1,315.0	1,352.2	1,338.8	1,370.4	1,334.5	1,336.3	1,266.2
Ukraine	6, 8	224.9	220.6	240.1	236.7	244.3	255.1	275.3	298.7	328.4	353.9	377.8	410.8	428.0	472.5	490.5	508.8	508.6	507.4	490.5
Caucasus																				
Armenia	9	-	343.6	325.8	292.5	293.0	278.1	306.6	323.7	393.8	486.2	496.4	545.6	502.6	502.4	564.9	823.0	970.0	915.5	657.3
Azerbaijan	4, 6	888.2	874.0	788.9	709.5	652.0	639.2	625.2	672.0	686.6	669.9	717.7	756.0	779.5	840.5	862.0	864.4	886.6	655.4	657.9
Georgia	6	1,264.5	1,149.1	1,030.7	887.0	-	685.5	678.7	702.2	746.1	706.8	687.7	696.0	706.7	698.6	761.6	-	-	-	-
Central Asia																				
Kazakhstan	6	-	-	-	-	-	-	-	-	-	-	-	1,353.4	1,421.9	1,581.1	1,730.9	1,842.5	1,820.9	1,716.7	1,702.7
Kyrgyzstan	10	-	437.3	399.4	887.2	761.6	636.6	617.7	660.7	647.8	664.0	704.4	731.9	707.5	718.3	658.9	827.4	966.9	1,049.7	1,101.0
Tajikistan	11	197.5	184.5	169.6	143.0	108.4	89.9	59.3	94.1	97.6	94.4	64.9	-	-	364.4	389.3	406.7	391.1	375.4	333.3
Turkmenistan	12	52.1	53.3	47.4	44.6	48.4	40.4	53.2	46.0	48.5	55.9	46.1	161.8	156.9	156.7	157.3	158.4	154.9	150.6	-
Uzbekistan	13	173.7	311.9	292.4	311.0	291.2	274.4	264.7	277.2	292.3	299.1	310.6	337.3	361.2	354.9	309.6	308.5	316.5	308.8	-

1. Data for the period until 2000 are not comparable with data for 2000-2007. Data since 2000 include children accommodated in specialised institutions under the regulations of the Law for Child Protection.

2. Data for the period until 2000 are not comparable with data for 2000-2007, due to changes in the system. Data include young people 18 years and older.

3. Data since 2005 include children in non-public residential care.

4. Data include young people 18 years and older residing in child care homes.

5. Data are collected every second year.

6. Data include children living in general type boarding schools.

7. Data since 2000 include boarding schools for orphans and children without parental care; data since 1992 do not include Transdnestr.

8. Data for the period 1989-1990 do not include children in infant homes.

9. Data since 2004 include children living in general type boarding schools and children in temporary distribution centres.

10. Since 1992 data include children living in boarding schools.

11. Since 2002 data include children living in boarding schools and boarding facilities to the general schools. Include children aged 3-18 placed in temporary distribution centres.

12. Data since 2000 include children in boarding schools.

13. Since 1990 data include children living in boarding schools (under full state support).

Source: TransMONEE database 2009

F. Number of children in infant homes

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
South Eastern Europe																			
Bulgaria	1	4,030	3,803	3,633	3,632	3,712	3,771	3,578	3,756	3,711	3,448	3,375	3,563	3,141	2,906	2,882	2,960	2,743	2,715
Romania	2	-	8,558	8,028	7,878	8,245	10,950	8,715	8,950	8,810	-	-	-	-	-	-	-	-	-
Albania		-	-	-	-	-	174	226	228	242	154	168	168	154	159	118	124	148	134
Bosnia and Herzegovina	3	-	-	-	-	-	-	-	-	-	-	328	353	330	343	371	330	193	207
Croatia		-	144	-	132	-	117	138	-	-	-	-	-	-	-	-	-	-	-
Montenegro		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Serbia		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TFYR Macedonia		65	62	64	74	80	99	80	96	84	83	70	51	64	92	120	99	95	106
Western CIS																			
Belarus		1,102	1,047	990	973	996	1,037	1,048	1,053	1,165	1,250	1,301	1,295	1,212	1,207	1,268	1,250	1,214	1,083
Moldova	4	640	591	585	522	520	537	406	314	318	421	414	398	405	378	363	361	388	361
Russia		19,344	18,506	17,783	17,657	17,749	18,021	18,346	18,498	18,097	19,250	19,289	19,356	19,337	19,113	19,962	20,621	20,342	18,480
Ukraine		-	-	4,181	4,007	4,045	4,205	4,437	4,629	4,620	5,049	5,104	4,775	5,132	5,205	5,387	5,200	4,946	4,398
Caucasus																			
Armenia	5	60	54	50	60	55	58	60	65	63	65	80	81	72	73	70	74	77	80
Azerbaijan		248	241	235	191	193	191	166	159	181	181	197	191	173	152	144	156	142	105
Georgia		277	254	205	125	134	99	103	152	124	168	187	197	179	160	170	224	222	-
Central Asia																			
Kazakhstan		1,886	1,791	1,764	1,576	1,780	1,880	2,048	2,236	2,230	2,549	2,676	2,436	2,341	2,120	2,120	2,095	2,105	2,134
Kyrgyzstan		-	236	236	236	206	238	223	232	217	217	229	234	243	261	259	258	258	238
Tajikistan		463	439	439	435	287	232	197	162	145	156	165	175	188	157	154	174	163	169
Turkmenistan		290	287	255	230	232	215	239	161	179	201	239	202	214	216	220	232	219	-
Uzbekistan		909	923	868	891	859	847	776	776	763	740	766	727	794	743	701	706	732	-

1. Children residing in homes for medical and social care, 0-3 year olds.
2. Since 1998 infant homes are included in child homes.
3. Data refer to children aged 0-3 residing in public and non-public institutions.
4. Data for the period 1992-2007 do not include Transdniestr.
5. Data include children aged 0-5.

Source: TransMONEE database 2009

G. Rate of children in infant homes (per 100,000 population aged 0-3)

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	
South Eastern Europe																				
Bulgaria	1	894.7	880.1	887.9	962.1	1,037.9	1,115.7	1,121.1	1,236.2	1,307.7	1,334.9	1,280.8	1,243.9	1,360.1	1,177.3	1,096.1	1,077.4	1,095.0	990.2	956.2
Romania	2	-	610.9	639.6	682.2	790.6	1,099.1	900.9	962.9	960.7	-	-	-	-	-	-	-	-	-	-
Albania		-	-	-	-	-	62.4	80.2	79.9	87.7	69.7	58.8	78.2	80.0	74.3	78.3	59.8	64.9	78.3	75.2
Bosnia and Herzegovina	3	-	-	-	-	-	-	-	-	-	-	-	180.1	200.8	199.3	217.2	240.9	216.0	125.6	133.0
Croatia		-	62.1	-	59.5	-	52.0	-	62.5	-	76.6	-	-	-	-	-	-	-	-	-
Montenegro		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Serbia		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TFYR Macedonia		49.1	47.3	50.0	59.7	66.2	81.1	88.0	65.5	80.4	73.1	76.9	68.0	50.8	65.9	128.2	108.3	104.7	117.9	117.9
Western CIS																				
Belarus		170.3	168.5	167.1	175.0	192.4	215.5	233.8	253.2	299.9	337.8	356.0	356.1	352.3	333.4	336.0	357.5	353.3	335.2	286.9
Moldova	4	185.1	179.2	186.8	178.1	186.9	203.4	163.3	136.0	168.5	237.5	247.0	222.5	264.4	279.2	264.0	251.1	247.4	260.1	240.9
Russia		206.7	209.2	217.0	236.1	262.7	288.3	313.9	333.3	335.0	366.4	378.8	383.4	380.1	373.9	355.0	356.7	358.1	347.7	308.5
Ukraine		155.6	154.6	153.4	155.0	165.5	183.4	207.2	230.4	244.1	281.6	301.7	308.5	305.8	343.8	337.1	340.0	318.1	290.2	248.8
Caucasus																				
Armenia	5	19.9	17.7	16.5	19.9	18.9	21.6	25.0	30.3	32.1	35.5	38.0	32.5	33.4	30.5	32.2	31.6	33.9	35.5	37.1
Azerbaijan		35.9	34.6	33.3	27.1	28.3	29.2	26.0	26.6	30.7	33.5	36.9	42.2	42.4	38.5	34.1	31.2	31.7	26.7	18.5
Georgia		76.3	71.1	59.3	39.6	48.2	38.0	41.7	65.2	55.5	78.9	81.2	96.1	103.1	96.9	89.1	92.7	120.7	118.8	-
Central Asia																				
Kazakhstan		123.4	121.4	123.1	114.9	136.6	153.2	178.7	209.4	226.0	276.2	304.4	285.9	282.0	270.1	235.6	222.4	206.9	193.5	183.9
Kyrgyzstan		47.4	45.4	44.6	44.2	51.5	59.1	54.5	55.9	51.4	50.6	55.2	63.4	59.6	62.5	66.9	64.4	62.5	59.9	53.3
Tajikistan		61.4	57.6	57.2	57.2	39.0	32.3	27.4	23.0	20.4	22.1	23.7	27.8	25.7	28.1	23.6	22.8	25.4	23.4	23.4
Turkmenistan		61.4	59.4	51.3	45.1	44.3	40.2	45.4	31.6	35.8	41.5	50.0	48.8	43.2	46.7	47.9	49.2	51.7	48.2	-
Uzbekistan		34.8	35.3	32.8	33.3	31.8	31.8	29.5	30.2	30.5	30.8	33.4	35.2	34.8	38.3	36.5	34.2	34.1	34.9	-

1. Children residing in homes for medical and social care, 0-3 year olds.

2. Since 1998 infant homes are included in child homes.

3. Data refer to children aged 0-3 residing in public and non-public institutions.

4. Data for the period 1992-2007 do not include Transdniestr.

5. Data include children aged 0-5, rate is estimated per population of corresponding age group.

Source: TransMONEE database 2009

H. Total number of children with disabilities in residential care

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
South Eastern Europe																			
Bulgaria	-	15,493	13,117	12,869	11,730	11,358	10,753	11,086	11,560	10,685	13,183	4,144	5,310	3,019	2,918	2,998	3,052	3,025	-
Romania	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,909	7,100	-	10,108
Albania	1	-	-	-	-	-	-	-	-	277	229	288	297	354	338	331	315	345	316
Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-	-	-	1,238	1,245	1,318	1,493	1,451	1,482	1,553	1,511
Croatia	-	3,348	-	2,728	-	2,961	-	3,047	-	2,455	-	2,777	-	3,266	-	3,090	-	3,283	-
Montenegro	-	-	-	-	-	-	-	-	-	-	-	390	-	388	-	342	-	366	-
Serbia	-	-	-	-	-	-	-	-	-	-	-	3,362	-	3,395	-	3,296	-	3,612	-
TFYR Macedonia	942	1,132	920	1,032	842	877	853	849	856	826	650	649	622	592	575	566	552	521	502
Western CIS																			
Belarus	18,875	18,849	16,189	15,987	14,606	14,290	14,454	13,792	13,616	14,327	14,152	13,880	13,874	12,934	11,552	10,792	10,179	9,408	8,451
Moldova	2	12,239	11,381	9,694	6,599	5,550	5,253	5,400	5,310	5,340	5,178	4,788	4,701	4,770	5,389	5,506	5,316	5,003	4,674
Russia	264,579	255,484	235,563	218,430	206,744	205,626	201,030	202,305	199,166	194,785	192,897	183,976	180,424	174,432	167,238	162,221	156,479	149,409	141,848
Ukraine	10,911	10,458	9,657	9,099	8,716	8,618	8,525	8,276	8,121	8,024	7,947	7,977	7,865	7,781	7,856	7,716	7,475	7,304	7,158
Caucasus																			
Armenia	-	4,145	3,915	3,511	3,498	3,245	3,397	3,445	4,215	5,124	4,567	4,875	3,654	3,456	3,698	2,043	2,250	1,935	1,707
Azerbaijan	3,503	3,326	2,932	2,544	2,464	2,219	1,878	2,166	2,394	2,661	2,798	2,979	3,079	3,219	3,299	3,705	3,213	3,051	4,290
Georgia	3	2,164	2,293	2,098	1,868	2,306	1,821	1,912	1,982	2,111	2,223	2,245	2,219	2,295	2,294	2,016	2,400	2,600	2,824
Central Asia																			
Kazakhstan	-	-	-	-	-	-	-	-	-	-	-	16,010	22,785	15,562	17,908	17,406	16,582	15,477	15,282
Kyrgyzstan	-	-	-	5,117	4,087	3,162	3,389	3,419	3,245	2,945	3,504	3,536	2,984	2,993	3,221	3,050	3,126	3,088	3,084
Tajikistan	3,940	3,877	3,612	3,101	2,392	2,126	1,339	1,400	2,059	2,246	1,441	1,537	1,731	1,892	2,060	1,937	1,986	2,140	1,774
Turkmenistan	142	197	201	216	299	193	278	247	238	240	251	2,775	2,756	2,721	2,709	2,732	2,648	2,568	-
Uzbekistan	15,628	15,645	15,030	14,934	14,142	13,442	12,948	13,612	14,575	14,956	15,797	16,961	18,781	18,079	16,159	16,133	17,246	16,694	-

1. Data include disabled children aged 0-16 years residing in child homes, orphanages, boarding schools.

2. Data for 1992-2007 exclude Transnistria.

3. Data for 2005-2006 are UNICEF IRC estimates.

Source: TransMONEE database 2009

I. Children in care of foster parents or guardians (in thousands)

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
South Eastern Europe																			
Bulgaria	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4.1	5.6	6.0
Romania	2	-	-	-	-	-	-	-	-	-	-	26.9	37.6	43.1	46.6	50.2	47.7	48.1	46.2
Albania	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-	-	-	3.8	1.9	5.1	3.2	3.2	3.3	4.0	3.3
Croatia	-	-	-	-	-	-	-	-	-	-	-	4.4	4.3	4.2	4.0	3.9	3.8	3.6	3.6
Montenegro	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Serbia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2.7	2.9	3.4
TFYR Macedonia	1.1	0.6	0.6	1.4	1.2	1.2	1.2	1.4	1.4	1.3	1.1	1.1	1.1	1.1	1.0	1.0	1.2	1.1	1.1
Western CIS																			
Belarus	5	11.4	10.6	10.4	10.6	6.1	7.1	8.4	9.7	11.5	12.3	12.7	13.4	13.9	14.3	15.0	15.8	16.3	16.9
Moldova	6	-	5.0	4.0	3.9	3.9	4.0	4.0	4.2	4.3	4.1	4.4	4.9	5.0	5.2	5.6	5.3	6.2	6.3
Russia	5	174.0	180.3	190.5	201.4	225.5	252.5	278.1	293.5	303.9	312.3	333.4	352.7	366.3	379.6	386.0	390.5	399.7	422.5
Ukraine	7	38.1	38.5	40.2	41.3	42.6	47.1	50.4	53.7	56.9	59.5	61.7	62.8	65.5	66.6	65.5	64.6	65.3	66.2
Caucasus																			
Armenia	8	-	-	-	-	-	-	-	-	-	-	0.01	0.01	0.01	0.01	0.01	0.01	0.03	0.03
Azerbaijan	9	6.5	6.7	7.2	7.6	8.2	8.0	8.1	8.4	8.7	8.8	24.1	24.1	24.3	24.0	23.1	21.0	18.4	-
Georgia	10	-	-	-	-	-	-	0.4	0.8	0.8	0.9	0.9	0.9	1.2	1.4	0.1	0.1	0.2	0.3
Central Asia																			
Kazakhstan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kyrgyzstan	-	3.9	4.6	5.1	5.4	6.4	5.7	6.1	6.4	6.0	5.9	6.3	7.0	7.8	8.7	-	-	5.2	5.3
Tajikistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7.3	7.9	8.0
Turkmenistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uzbekistan	7	-	-	17.2	17.4	18.0	18.4	19.6	20.9	22.5	23.8	25.1	26.0	27.4	27.6	28.3	26.7	25.5	-

1. Most of these children are placed in the family of relatives or close friends.

2. Data on foster care refer to children cared for by maternal assistants. Due to changes in the system, data since 2000 are not comparable with those referring to the earlier period.

3. In Albania an official system of collecting data on foster/guardian care still does not exist.

4. Data refer to foster care only. A problem in presenting data on guardianship is that the term 'guardianship' includes guardians who live with children and also guardians who only legally represent the child. In 2007, 5,541 children were under guardianship care, some of whom were living in residential care.

5. Data for the period 1989-1999 refer to guardian care only.

6. Data for the period 1992-2007 do not include Transdniestr.

7. Data refer to guardian care only.

8. Data refer to foster care only as information on number of children in guardian care at the end of the year is not available (during 2007, 122 children were placed under guardianship).

9. Data for the period 1989-1999 refer to guardian care only. Due to the changes in data collection system, data for 2007 will be available next year.

10. Data for the period 1996-1999 refer to guardian care, since 2004 to foster care only.

11. Data refer to guardian care only (guardians usually are grandparents or close relatives [about 80%]). Data for 2004-2005 are not available.

Source: TransMONEE database 2009

J. Rate of children in care of foster parents or guardians (per 100,000 population aged 0-17)

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	
South Eastern Europe																				
Bulgaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	302.2	426.0	462.4	
Romania	-	-	-	-	-	-	-	-	-	-	-	537.4	762.7	906.4	1,007.3	1,122.2	1,099.7	1,142.4	1,131.6	
Albania	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-	-	-	401.9	203.1	553.2	349.7	352.1	368.2	454.4	377.9	
Croatia	-	-	-	-	-	-	-	-	-	-	-	469.6	468.6	466.0	452.6	445.3	436.6	425.4	425.4	
Montenegro	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Serbia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	187.1	208.1	240.5	
TFYR Macedonia	189.5	101.6	107.3	231.8	205.6	212.5	209.4	245.3	239.5	229.6	198.5	205.7	213.6	204.5	201.9	205.8	234.8	237.7	238.4	
Western CIS																				
Belarus	5	409.6	379.0	372.6	376.3	384.8	269.5	324.3	385.4	468.7	515.2	543.3	596.4	639.6	684.4	744.6	814.6	872.9	928.1	
Moldova	6	-	-	348.3	285.0	278.9	289.5	302.1	370.6	388.4	383.7	424.3	480.9	519.1	561.1	624.0	613.9	735.7	778.1	
Russia	5	433.0	424.7	450.8	480.5	515.7	664.3	746.1	804.6	853.9	903.1	995.5	1,091.9	1,174.6	1,258.9	1,328.4	1,397.8	1,479.5	1,599.9	
Ukraine	7	285.8	290.1	305.1	314.1	328.5	378.4	414.9	453.7	495.5	534.2	572.6	608.2	665.2	700.8	717.0	734.4	765.5	794.6	
Caucasus																				
Armenia	8	-	-	-	-	-	-	-	-	-	-	0.7	0.8	0.8	0.9	0.9	0.9	3.1	3.4	
Azerbaijan	9	236.6	240.0	253.9	265.9	274.0	273.6	278.5	287.9	289.3	296.8	827.1	842.3	867.0	877.8	862.5	798.2	710.4	-	
Georgia	10	-	-	-	-	-	-	35.2	70.0	67.8	81.0	74.7	75.6	109.7	128.1	7.9	11.9	16.9	26.9	
Central Asia																				
Kazakhstan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kyrgyzstan	11	-	205.2	233.5	260.5	287.2	295.3	308.7	320.6	297.9	292.9	311.3	351.6	390.9	443.1	-	-	268.5	272.4	
Tajikistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	234.4	253.5	255.1	
Turkmenistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uzbekistan	7	-	-	168.4	167.0	170.7	171.6	180.0	190.4	204.4	216.2	228.4	238.4	253.0	257.5	267.5	255.6	246.0	-	

1. Most of these children are placed in the family of relatives or close friends.

2. Data on foster care refer to children cared for by maternal assistants. Due to changes in the system, data since 2000 are not comparable with those referring to the earlier period.

3. In Albania, an official system for collecting data on foster/guardian care still does not exist.

4. Data refer to foster care only. A problem in presenting data on guardianship is that the term 'guardianship' includes guardians who live with children and also guardians who only legally represent the child. In 2007, 5,541 children were under guardianship, some of whom were living in residential care.

5. Data for the period 1989-1999 refer to guardian care only.

6. Data for the period 1992-2007 do not include Transdniestr.

7. Data refer to guardian care only.

8. Data refer to foster care only as information on number of children in guardian care at the end of the year is not available (during 2007, 122 children were placed under guardianship).

9. Data for the period 1989-1999 refer to guardian care only. Due to the changes in data collection system, data for 2007 will be available next year.

10. Data for the period 1996-1999 refer to guardian care, since 2004 to foster care only.

11. Data refer to guardian care only (guardians usually are grandparents or close relatives [about 80%]). Data for 2004-2005 are not available.

Source: TransMONEE database 2009

K. Adoptions (absolute number, including intercountry adoptions)

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
South Eastern Europe																			
Bulgaria	2,715	2,550	2,319	2,191	1,994	2,098	2,100	2,081	2,130	2,058	2,289	2,140	2,229	2,152	1,858	1,094	959	908	793
Romania	1	-	-	-	-	-	2,595	2,320	1,007	2,857	4,285	4,326	2,795	1,753	1,662	1,673	1,138	1,051	975
Albania	2	-	-	-	-	69	86	117	62	78	94	73	88	47	54	54	67	41	57
Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-	-	-	154	177	191	198	201	82	67	87
Croatia	3	282	107	118	220	309	175	180	157	164	161	119	136	119	144	133	132	-	-
Montenegro	-	-	-	-	-	-	-	-	-	-	-	-	-	-	28	33	32	36	23
Serbia	-	-	-	-	-	-	-	-	-	-	-	-	178	220	206	174	133	96	131
TFYR Macedonia	253	280	255	208	198	187	175	207	196	172	185	186	164	175	151	98	75	104	47
Western CIS																			
Belarus	4	831	883	806	800	368	315	301	242	234	344	582	615	688	829	743	370	376	561
Moldova	5	-	-	-	-	349	401	394	375	389	459	147	165	209	161	137	130	157	173
Russia	12,329	12,828	12,964	13,942	15,264	16,310	13,523	12,050	14,270	13,178	13,229	13,683	13,187	14,101	15,183	16,432	14,430	14,431	14,066
Ukraine	6	6,475	5,821	6,461	6,765	7,765	7,567	4,801	5,441	5,479	3,451	4,243	4,671	4,101	3,877	3,573	3,575	2,611	3,454
Caucasus																			
Armenia	538	312	216	184	168	447	521	207	388	318	272	135	163	178	215	150	79	84	126
Azerbaijan	7	697	608	526	462	375	396	455	411	458	368	257	245	293	312	258	-	-	-
Georgia	8	-	-	-	-	-	-	106	435	166	133	109	124	150	150	64	222	195	160
Central Asia																			
Kazakhstan	9	-	-	-	-	-	-	-	-	-	-	4,352	4,483	4,114	4,715	4,397	4,075	3,461	3,822
Kyrgyzstan	-	1,386	1,662	1,382	1,152	911	949	1,098	848	1,205	883	897	888	819	983	854	924	842	916
Tajikistan	-	-	-	-	-	-	-	-	-	-	-	298	340	415	317	351	392	421	472
Turkmenistan	10	-	-	-	-	-	9	16	10	27	1	90	101	115	129	168	-	-	-
Uzbekistan	-	-	-	-	-	-	-	-	-	-	-	2,711	2,790	2,987	2,712	2,771	2,925	2,415	-

1. Data for 2006-2007 refer only to domestic adoptions (no registered cases of intercountry adoptions).

2. Data for 1994-1999 include adoptions within the family.

3. Data for 1989-1999 include step-adoptions.

4. Data for the period 1989-1992 include step-adoptions.

5. Data do not include Transdniestr; data for the period 1994-1999 include step-adoptions.

6. Data for the period 1989-1998 include step-adoptions.

7. Since 2005 data on adoptions are not available; data on adopted children and those placed into guardianship (during the year) are presented together.

8. Data do not include Abkhazia and Tskhinvali.

9. Data include step-adoptions.

10. Data for the period 1995-1999 include only adoptions of children from children homes; since 2000 data refer to adoptions of children from infant homes and children homes.

Source: TransMONEE database 2009

L. Gross adoption rate (per 100,000 population aged 0-3)

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
South Eastern Europe																			
Bulgaria	588.7	577.9	551.3	557.0	542.5	603.2	639.1	668.1	725.0	744.4	850.3	791.8	835.9	814.0	698.6	410.8	356.6	331.8	282.7
Romania	1	-	-	-	-	-	264.3	243.4	107.9	309.9	467.4	471.3	306.3	198.0	193.7	197.9	135.0	123.6	113.7
Albania	2	-	-	-	-	24.5	30.7	41.3	22.1	28.7	35.4	30.6	41.4	22.5	26.3	27.0	34.5	21.6	31.0
Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-	-	-	84.1	97.8	111.9	123.3	129.4	53.7	43.8	56.3
Croatia	3	120.1	101.2	48.1	53.3	137.3	77.7	83.3	71.1	76.1	75.7	57.5	73.1	67.2	85.0	81.0	81.0	-	-
Montenegro	-	-	-	-	-	-	-	-	-	-	-	-	-	-	86.8	101.0	98.9	114.0	74.2
Serbia	-	-	-	-	-	-	-	-	-	-	-	-	62.6	76.0	69.1	56.7	43.1	31.7	44.6
TFYR Macedonia	190.3	212.7	196.8	165.1	161.9	154.0	143.7	169.9	162.3	146.8	166.1	176.4	161.4	177.3	156.3	103.3	81.1	114.2	52.1
Western CIS																			
Belarus	4	127.9	139.2	132.8	139.3	46.0	73.7	67.8	60.2	61.7	93.5	159.3	167.9	188.2	229.4	208.1	104.4	105.0	151.7
Moldova	5	-	-	-	-	128.7	156.4	164.4	178.7	212.6	266.2	89.9	106.4	141.4	111.7	95.2	89.5	106.4	115.7
Russia	129.9	140.9	152.1	177.9	214.5	250.8	223.6	211.5	260.6	247.3	255.7	269.9	260.1	274.8	287.7	299.3	254.2	248.6	237.6
Ukraine	6	217.2	201.1	235.6	243.3	327.9	341.3	231.3	278.9	297.3	198.1	257.0	294.5	268.6	255.3	228.4	222.1	156.4	199.0
Caucasus																			
Armenia	178.2	102.5	71.2	61.1	57.8	166.5	217.2	96.5	197.8	173.8	159.0	85.3	111.8	116.0	147.0	104.7	55.7	58.4	84.8
Azerbaijan	7	100.7	87.6	74.9	65.4	78.0	61.3	73.6	69.3	81.1	70.8	53.3	53.5	65.1	69.7	56.9	-	-	-
Georgia	8	-	-	-	-	-	-	44.2	190.4	76.1	64.1	54.9	64.3	79.8	82.3	35.3	120.3	104.7	85.0
Central Asia																			
Kazakhstan	9	-	-	-	-	-	-	-	-	-	-	498.8	518.4	475.5	533.8	474.6	414.6	329.5	340.0
Kyrgyzstan	-	269.0	317.2	260.1	246.8	227.1	233.8	266.3	202.5	283.2	209.3	220.0	223.9	209.7	252.4	215.6	226.9	199.7	208.8
Tajikistan	-	-	-	-	-	-	-	-	-	-	-	43.0	49.5	61.4	47.5	52.4	57.6	60.9	66.5
Turkmenistan	10	-	-	-	-	-	1.7	3.1	2.0	5.5	0.2	18.9	21.4	24.9	28.4	37.4	-	-	-
Uzbekistan	-	-	-	-	-	-	-	-	-	-	-	121.6	130.9	143.7	132.1	135.6	141.8	115.8	-

1. Data for 2006-2007 refer only to domestic adoptions (no registered cases of intercountry adoptions).

2. Data for 1994-1999 include adoptions within the family.

3. Data for 1989-1999 include step-adoptions.

4. Data for the period 1989-1992 include step-adoptions.

5. Data do not include Transnistria; data for the period 1994-1999 include step-adoptions.

6. Data for the period 1989-1998 include step-adoptions.

7. Since 2005 data on adoptions are not available; data on adopted children and those placed into guardianship (during the year) are presented together.

8. Data do not include Abkhazia and Tskhinvali.

9. Data include step-adoptions.

10. Data for the period 1995-1999 include only adoptions of children from children homes; since 2000 data refer to adoptions of children from infant homes and children homes.

Source: TransMONEE database 2009

M. Intercountry adoptions (absolute number)

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
South Eastern Europe																			
Bulgaria	1	28	90	185	263	295	454	550	669	826	1,010	1,005	854	984	635	270	118	96	85
Romania	2	-	-	-	-	-	1,057	1,658	948	2,017	2,575	3,035	1,521	407	279	251	2	-	-
Albania	-	-	-	-	-	-	-	-	-	31	52	35	47	26	26	26	38	25	28
Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Croatia	-	-	-	-	-	-	-	-	-	-	-	10	4	3	3	5	9	-	-
Montenegro	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Serbia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	11
TFYR Macedonia	3	9	4	3	1	4	7	13	13	12	4	12	9	10	1	1	-	-	-
Western CIS																			
Belarus	4	-	-	-	-	39	54	51	45	25	140	420	447	549	714	596	2	39	22
Moldova	5	-	-	-	-	53	63	71	64	76	127	134	9	7	59	83	46	52	95
Russia	-	-	-	-	1,485	2,196	1,497	3,251	5,739	5,647	6,265	6,292	5,777	6,926	7,852	9,419	6,904	6,689	4,536
Ukraine	6	-	-	193	477	433	417	444	731	1,272	1,118	2,200	2,672	2,341	2,242	2,081	2,156	1,134	1,701
Caucasus																			
Armenia	-	-	-	-	-	-	-	-	-	-	-	-	43	62	81	53	32	36	67
Azerbaijan	-	-	-	-	-	-	-	-	-	-	-	-	4	16	1	-	9	24	18
Georgia	-	-	-	-	-	-	-	-	-	-	-	40	56	122	76	39	17	9	5
Central Asia																			
Kazakhstan	-	-	-	-	-	-	-	-	-	-	-	658	817	899	1,022	1,015	893	770	777
Kyrgyzstan	-	-	-	-	-	-	-	12	3	-	8	-	8	11	7	14	20	22	9
Tajikistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	10	2
Turkmenistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uzbekistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	-

1. In 2003 amendments to the Family Code came into force aimed at achieving transparency over the adoption procedures.

2. In 2002 a moratorium to on international adoptions was imposed by the government; in 2004 a new law on adoptions entered into force.

3. In 2005-2007 no cases of intercountry adoptions.

4. In 2005 government control over the international adoption procedure increased.

5. Data do not include Transdniestr.

6. The decrease in 2006 was due to the introduction of new legal regulations on international adoption requirements.

Source: TransMONEE database 2009

N. Intercountry adoption rate (per 100,000 population aged 0-3)

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	
South Eastern Europe																				
Bulgaria	1	6.1	5.0	21.4	47.0	71.5	84.8	138.2	176.6	227.7	298.8	375.2	371.9	320.3	372.2	238.8	101.4	43.9	35.1	30.3
Romania	2	-	-	-	-	-	-	107.7	173.9	101.6	218.8	280.9	330.7	166.7	46.0	29.7	0.2	-	-	-
Albania	-	-	-	-	-	-	-	-	-	-	11.4	19.6	14.7	22.1	12.5	13.0	19.6	13.2	15.3	15.3
Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Croatia	-	-	-	-	-	-	-	-	-	-	-	-	4.8	2.1	1.7	3.0	5.5	-	-	-
Montenegro	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.2	-	-
Serbia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.0	3.7	3.7
TFYR Macedonia	3	6.8	3.0	2.3	0.8	2.5	3.3	5.7	10.7	10.8	10.2	3.6	11.4	8.9	10.1	1.1	-	-	-	-
Western CIS																				
Belarus	4	-	-	-	-	7.8	11.6	11.8	11.2	11.2	6.6	38.1	115.0	122.0	150.2	197.6	167.0	0.6	10.9	5.9
Moldova	5	-	-	-	-	19.5	24.6	29.6	30.5	30.5	41.5	73.6	81.9	5.8	4.7	40.9	57.7	31.7	35.2	63.5
Russia	-	-	-	-	20.9	33.8	24.8	57.1	104.8	104.8	106.0	121.1	124.1	114.0	135.0	148.8	171.6	121.6	115.2	76.6
Ukraine	6	-	-	7.3	19.0	18.3	18.8	21.4	37.5	37.5	69.0	64.2	133.2	168.5	153.3	147.6	133.0	134.0	67.9	98.0
Caucasus																				
Armenia	-	-	-	-	-	-	-	-	-	-	-	-	-	29.5	40.4	55.4	37.0	22.6	25.0	45.1
Azerbaijan	-	-	-	-	-	-	-	-	-	-	-	-	-	0.9	3.6	0.2	-	1.9	4.7	3.3
Georgia	-	-	-	-	-	-	-	-	-	-	-	-	20.2	29.0	64.9	41.7	21.5	9.2	4.8	2.7
Central Asia																				
Kazakhstan	-	-	-	-	-	-	-	-	-	-	-	-	75.4	94.5	103.9	115.7	109.5	90.9	73.3	69.1
Kyrgyzstan	-	-	-	-	-	-	-	2.9	0.7	0.7	-	1.9	-	2.0	2.8	3.5	4.9	5.2	2.1	2.1
Tajikistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.5	1.4	0.3
Turkmenistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uzbekistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.4	-

1. In 2003 amendments to the Family Code came into force aimed at achieving transparency over the adoption procedures.

2. In 2002 a moratorium on international adoptions was imposed by the government; in 2004 a new law on adoptions entered into force.

3. In 2005-2007 no cases of intercountry adoptions.

4. In 2005 government control over the international adoption procedure increased.

5. Data do not include Transnistria.

6. The decrease in 2006 was due to the introduction of new legal regulations on international adoption requirements.

Source: TransMONEE database 2009

UNICEF Regional Office for CEE/CIS
Child Protection Unit
Palais des Nations
1211 Geneva 10
Switzerland

www.unicef.org/ceecis

© The United Nations Children's Fund (UNICEF), September 2010