

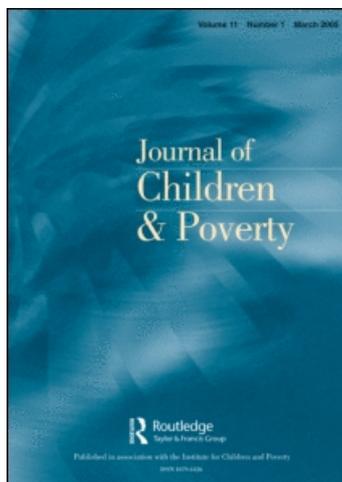
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CARING ABOUT POVERTY

Alternatives to institutional care for children in poverty

Andy Bilson and **Pat Cox**

Entry to institutional care is being used as an ineffective and expensive response to child and family poverty in a number of countries. In this paper, the practice of using institutional care for children in poverty is examined, drawing on case studies from three countries—the Republic of Moldova, Bulgaria, and Sri Lanka. Research findings reveal that poverty is a major underlying cause of children being received into institutional care and that such reception into care is a costly, inappropriate, and often harmful response to adverse economic circumstances. We suggest that alternatives to care may be funded from resources currently committed to institutions by developing a policy of gatekeeping. However, alternative strategies must be responsive to local conditions, and all such strategies need to be developed in consultation with children, their families, and communities.

Introduction: Children and Poverty and the Use of Institutional Care

Research in many countries has established that poverty has an impact on children and their families in myriad ways. Not only is there the daily uncertainty about survival, shelter, water, and food, but the effects of poverty extend into all areas of children's lives, including psycho-social and physical development and educational attainment, as is evidenced by research from North America (Combs-Orme and Cain 2006; Flores 2004; Kilty and Segal 2003), from the United Kingdom (Bradshaw 2002b; Coles and Kenwright 2002; Hendrick 2005; Magadi and Middleton 2005), and from the international arena (Ansalone 2003; Bradshaw 2002a; Vleminckx and Smeeding 2001). Writing about North America, and using words that apply universally, Sites argues: "Nothing places greater moral and economic demands . . . than the urgent need to reduce poverty in our society, especially among families with children" (2005, 169).

Poverty and economic deprivation do not provide children with the security and structures that they require to grow, to thrive, and to develop competence and confidence. Research also provides extensive evidence of the harm caused to children who experience prolonged periods of poverty (Bradshaw 2005). Children's own views are that the experience of poverty contributes to feelings of being marginalized and excluded (Attree 2004; Crowley and Vulliamy 2002; Percy 2003; Ridge 2002).

Given this extensive evidence on the negative effects of being brought up in poverty, entry to institutional care might seem to be a preferable option, one which would be appreciated by children and by their families. However, the United Nations (UN) is

currently considering the adoption of draft UN Guidelines for children without parental care, developed by the International Social Service (ISS) and the United Nations Children's Fund (UNICEF) in cooperation with the UN Committee on the Rights of the Child (UNCRC) (ISS and UNICEF 2006). These guidelines specifically address the use of care for children affected by poverty as follows:

Financial and material poverty alone, or conditions directly and uniquely imputable to such poverty, should never be a justification either for the removal of a child from parental care or for receiving a child into alternative care, but should be seen as a signal for the need to provide appropriate support to the family. (ISS and UNICEF 2006, 4)

This quotation not only reflects the right to be brought up in a family, enshrined in the UN Convention on the Rights of the Child (UNCRC 1989), but also the fact that poverty should not be a basis for institutionalization. In many countries children are institutionalized because of poverty. For example, material poverty at the household level is one of the main reasons cited for placing children in institutions across the countries of Eastern Europe and Central Asia (ISS and UNICEF 2006); in Armenia healthy children are placed in special boarding schools for children with disabilities (Tobis 2000). Richter (2003) discusses how poverty, combined with and produced by the HIV epidemic, is leading to increasing institutionalization in southern Africa.

There is also substantial evidence of poor outcomes for children in care and in particular institutional care. For many children, institutional care has a serious and negative impact on their social and educational development, well-being, and human rights (Green 2000; Jackson 1987, 2001; Sample 2006; UNICEF 2003). Harwin and Forrester summarize existing research in several parts of the industrial world as follows:

Children who have grown up in residential care are more likely to have lower educational attainments and fewer educational qualifications and to have higher rates of unemployment and low-level work status than their peers who have not been in care . . . they are more at risk of . . . becoming parents early, they are over-represented in prison populations, and they are more likely to suffer poverty and homelessness. They also have higher rates of drug abuse and are more likely to commit suicide than their peer group. (Harwin and Forrester 1998, 76)

Similar worrying outcomes are apparent in research in other countries; for example, in Russia, one in three care leavers becomes homeless and one in ten attempts suicide (Harwin 1996). The effects for young children are not simply psycho-social and educational; recent research in Romanian orphanages into the brain development of children aged less than 4 years shows structural changes that may explain the cognitive, socio-emotional, and behavioral difficulties that are observed in many children from such institutional backgrounds (Eluvathingal et al. 2006).

Many countries face the problem of over-use of the institutionalization of children, and a number of countries are developing programs of alternative services. While there are differences in national infrastructures, economies, and the level of social safety nets in each of these countries, the research studies outlined below challenge the perception that entry to care is a preferable option. This belief that entry to institutional care is a preferable

option is one that can be associated with a “rescue mentality” (Fox-Harding 1997). In this paradigm, the work of key actors is organized around a belief that children (in this case children in poverty) are deemed by adults to be better cared for and have better life chances being brought up away from (“rescued from”) their own families. In the western world in the 19th and early 20th centuries this usually meant institutional care, but more recently foster care has become the preferred option (Ferguson 2004; Milligan 2006). Research in North America (Costin, Karger, and Stoesz 1996; Gordon 1989; Swadener and Lubek 1995), Canada (Barter 1994; Rooke and Schnell 1983), Australia (Sherrington and Jeffery 1998), and the United Kingdom (Fox-Harding 1997; Holman 1988; Milligan 2006) demonstrates that this “rescue mentality” has persisted into the 21st century. As additional evidence of the longevity of this mentality, at the time of finalizing this paper in October 2006, the global news media is focused upon issues of whether or not wealthy western celebrities should be able to foster or adopt (“rescue”) children born into poverty in the southern or majority world (Rice 2006).

A factor that interacts with the paradigm of the rescue mentality is that which the authors term “bureaucratic resistance.” The authors use this term to describe the phenomenon of workers responding to organizational policy directives according to their own perceptions about the meaning of change. In endeavoring to alter policy responses to children and families in poverty, including changing the use of institutional care, such “resistance” has an impact on the implementation of policy on the ground. Lipsky (1980) was one of the earliest commentators on this phenomenon of worker responses; more recent work by Gershon (2004) emphasizing the significance of the “delivery chain,” and Riccucci’s (2005) research on local variations in delivery of a centralized welfare program are reflected below in the case study of the Republic of Moldova.

This paper considers three research case studies. The first is research into children in institutional care in Sri Lanka (Jayatilaka and Amarasuriya 2005, summarized with policy recommendation in Bilson and Cox 2005); a major study which gathered both qualitative and quantitative data, identifies poverty as a major factor leading to entry to care, and provides evidence of children’s views about this. It also identifies the factors that led to the use of institutionalization rather than alternatives and how advocacy by Save the Children Sri Lanka based on the recommendations of the authors (Bilson and Cox 2005) is leading to policy changes. Two other qualitative case studies—one in the Republic of Moldova and one in Bulgaria—were conducted by one of the authors as part of the evaluation of programs developing alternatives to institutional care (Moldova: contained in Bilson 2006a,b; Bulgaria: Bilson, Markova, and Petrova 2003). These two studies demonstrate the development of alternatives, and also highlight the need for local planning based on engagement with children and parents rather than the imposition of centralized solutions. Like all research, each study has its limitations; however the focus of this paper is not the research per se, but what analysis of the findings reveals about the continuing use of institutional care for children from poor families and the development of alternative provision. Finally, the paper discusses the implications of these different case studies for policy and practice with children facing poverty and concludes with recommendations for policy and practice.

Sri Lanka

Sri Lanka has only recently emerged from a period in which civil war has caused devastation, followed by the havoc caused by the tsunami of December 26, 2004. Strife and natural disaster have had the heaviest impact upon poor children and their families. As in other fractured parts of the world, some children have become soldiers, with all the concomitant rupture and disruption to their lives this entails (Zack-Williams 2006). Poverty is endemic and has increased over the last decade, with the poorest areas and poorest families most affected by a lack of basic resources and services (Department of Census and Statistics of Sri Lanka 2004). The Sri Lankan government has demonstrated its ability to make innovative responses to poverty-related issues and has already done much to reduce infant mortality. It is widely recognized as "one of the few countries to have achieved remarkable progress in health and social development despite its low-income status" (McNay, Keith, and Penrose 2004, 1).

The study discussed here was undertaken by staff at the Universities of Colombo and Jaffna and the Centre for Women's Research (CENWOR), and detailed findings were published in the report by Jayatilaka and Amarasuriya (2005). The research was undertaken following the government's commitment that children should be institutionalized only in exceptional circumstances. However, the combined impact of the internal conflict and the natural disaster of the 2004 tsunami saw increasing numbers of children entering institutional care, particularly in the province where conflict was rife. A number of government agencies had different responsibilities in relation to Sri Lanka's children. There was a lack of coordination between agencies, and no single agency had overall responsibility for a child's welfare in total (Jayatilaka and Amarasuriya 2005).

The objectives of the study included the following: mapping information about institutions in the central, southern, western, and northeastern provinces of Sri Lanka; determining the quality of institutional service provision to meet children's present and future needs; identifying examples of good practice; identifying causes of institutionalization; and, noting preventative practices and alternative forms of care.

The study used a two-stage methodology to achieve these objectives. The first stage consisted of a mapping exercise, beginning with identifying institutions in all four provinces. A questionnaire collected quantitative data of the current in-care population from the chief caregiver in each of the 329 institutions identified. A sample of 86 of these institutions was selected for in-depth study. This sample was selected purposively (de Vaus 2006), according to the sex of the children, location, religious affiliation, and type of home (state homes, voluntary homes, homes for children with special needs). Researchers stayed for five days in each institution undertaking nonparticipant observation and carrying out interviews and focus groups. Caregivers in each selected institution were observed and interviewed. Other stakeholders were interviewed using a semi-structured interview schedule (the research instruments are appended to Jayatilaka and Amarasuriya 2005); these included child-rights-promotion officers, probation officers, teachers, heads of institutions and of schools, workers with knowledge and experience of childcare and protection, religious leaders, and people from local households. Almost 2,500 institutionalized children were involved in focus groups. Parents and families were not included in

the research. However, parents' views were reflected through children's testimony. In three regions (Central Region would not release files to the researchers) the researchers read files at the home to produce profiles of a random sample of 25 percent of the children. This was used to collect information regarding their family, causes of institutionalization, and the children's current situation.

Key aspects of the study were children's involvement and contributions, consistent with a rights-based approach (Laws and Mann 2004). A Children's Research Advisory Group participated in training research assistants and commented on preliminary findings. Child-friendly research techniques were used throughout, and researchers were able to establish positive relationships with children in the institutions.

The mapping exercise in this study identified 329 institutions accommodating 15,068 children in the four provinces surveyed—more than the official figure of 11,500 for the whole country (Duly 2005). Despite a policy that children should not remain in institutions any longer than three years, it was found that in three of the provinces, between 33.7 percent and 50.3 percent of children had been in care for longer periods than this. The study found that conditions in many institutions were poor:

In many state institutions there was poor sanitation, inadequate sleeping arrangements, and children were not provided with a nutritious diet. The emotional needs of children were rarely met and some fundamental rights were violated. Conditions in voluntary homes were variable with examples of good practice alongside poor conditions similar to those in state institutions. Children strongly resented the lack of privacy, and felt they were not allowed dignity and individuality. (Bilson and Cox 2005, viii)

A key theme identified from the focus groups with children was that they wanted, above all, to be with their families. Despite the fact that some (although not all) were materially better provided for in institutions, most of them stated a preference for remaining with their parents and siblings. Examples of children's statements that illustrate this theme include: "We receive comforts here. But children should be with their parents. When I go home for vacations I visit my friends . . . I visit my relatives. Mother prepares nice things to eat. Both home and the institution are good." And: "My home is far away. Therefore my mother cannot come to see me. Here we do not have anyone to tell our sorrow. Even at a time of sickness when we tell they scold us. My father and mother are not like that." Children also missed their siblings: "Here I receive food, clothes, medicines, everything. I have much better comforts here. But I have a burning sadness (*nonimena dukkak*). I do not know where my younger brothers are; I want to find them."

Other themes in children's accounts echoed the findings of international research undertaken over a period of almost 20 years, which shows that for many children institutional care has had a serious and negative impact on their social and educational development, well-being, and human rights (Green 2000; Jackson 1987, 2001; Sample 2006; UNICEF 2003). For example, commenting on social isolation and lack of preparation for life in the community, one child said: "We learn only from books. We do not get to know about society." The study provided clear evidence of how the practice of removing children from their families can lead to emotional distress, undermining children's rights (UNCRC 1989), and doing nothing to resolve the underlying issues of poverty and social exclusion.

So why did children enter and remain in care? The study shows that the reasons children entered care often were associated with poverty and family breakdown, but less often due to them having committed crimes or having been abused. Half the children were admitted to institutions primarily due to poverty (Jayatilaka and Amarasuriya 2005). In these cases, despite a positive policy framework that should have prevented such admissions, the probation staff (who are the responsible professionals) did not provide alternative support as suggested by Sri Lanka's own policies and procedures. The interviews with probation staff and community leaders suggest two main reasons for this. The first reason related to lack of knowledge about, and lack of commitment to accessing alternative provision; the second concerned a rescue mentality amongst relevant staff.

While there were at least four social assistance programs and a small range of alternatives intended to support Sri Lankan families in difficulties, the study found that these were not used widely to prevent institutionalization, due to the lack of adequate promotion and dissemination of information about them (some programs were not even translated into the languages used by professionals in different communities). This was combined with practical and logistical difficulties in implementing these alternatives, including delays due to bureaucratic and legal procedures, and lack of resources. This study also identified a rescue mentality manifested in an organizational culture in the probation service that discouraged consideration of alternatives and encouraged an approach in which institutions were seen as the only option for children in poverty. There was little evidence of planning or work undertaken to resolve family problems or facilitate children's return home, and government policies that stated that no child should enter care without full consideration of alternatives were not adhered to.

At the time of finalizing this paper (October 2006), Save the Children Sri Lanka continues to advocate for changes in the ways that families and children currently receive support. The government of Sri Lanka has endorsed the recommendations resulting from the study (Bilson and Cox 2005), including implementing a gatekeeping strategy (details of gatekeeping are discussed in the sections below on Bulgaria and Moldova) and is holding a series of meetings to develop new regulations in each of the provinces. In a preface to the advocacy document (Bilson and Cox 2005), a representative of the Ministry of Women's Empowerment and Social Welfare has written the following:

We are in agreement with the recommendations of the Save the Children in Sri Lanka publication *Home Truths: Children's Rights in Institutional Care in Sri Lanka*. The document virtually identifies all the issues and a number of initiatives for improvement in that regard and they are most welcome . . . The research study also sees very correctly the reasons for sending children to institutions in both state and voluntary institutions. Though ideally this must be the last option in a civilized society, the naked truth is poverty in many instances. While we lift capacity and competence in the . . . [relevant] staff there must be some enticing monetary entitlement to the family to keep the child within the family. We have to pursue these alongside our other recommendations lest the talk of the community becomes a mere platitude. (Soysa 2005, vi)

The following sections of the paper discuss the evaluation of attempts to reform the child-care systems in Bulgaria and Moldova by implementing a series of policy and practice changes at the local level that challenge the rescue mentality.

Bulgaria

Like other countries in Central and Eastern Europe, since 1989 Bulgaria has been a country in transition to a capitalist economy. During this process, social and economic conditions have declined, particularly affecting children and ethnic minorities (Gantcheva 2001). Despite more recent improvements in economic growth, researchers have found that large numbers of children have remained in poverty (UNICEF 2004).

Compared with the population as a whole, the Roma population (sometimes called Gypsies or Romany—a people who migrated initially to Central and Eastern Europe from Northern India in the 14th century) in Bulgaria is disproportionately afflicted by poverty and by unemployment (World Bank 2001). A large proportion of children in institutional care, estimated to be between 60 and 80 percent (World Bank 2001), are from the Roma minority who constitute around 4 percent of the total population. [Figures are taken from UN statistics cited in the Bulgaria State Agency for Child Protection 2003.]

Tobis (2000) asserts that prejudice against minority ethnic peoples, such as Roma, also finds expression in practices in the child-care systems. He suggests that staff in institutions are likely to discourage contact with parents and families and that access to foster care, adoption, and community-based services is less available for minority ethnic peoples, particularly Roma. These findings about the over-representation of Roma children in institutional care in Bulgaria are similar to findings in a number of other countries in Central and Eastern Europe, the Commonwealth of Independent States, and the Baltic States (Tobis 2000).

The Government of Bulgaria applied to the World Bank for a loan of €8.8 million to reform child welfare systems in 2001 (World Bank 2001). This loan was intended to reduce the need for institutional care and the alternatives that were to be funded from the loan in pilot sites fell into two categories.

The first category included reform of institutions and alternative care arrangements (including small group homes, selective restructuring and rehabilitation of key residential facilities, foster care) that provide more humane forms of state care. While such reform is clearly necessary, this focus on reforming institutional care does not challenge the rescue paradigm and maintains existing practices, namely the removal of children from their families, albeit within a more community-oriented framework (Bilson and Markova 2005). A recent report on Romania where considerable expenditure (€100 million by the European Union alone on similar reforms) has not reduced child abandonment demonstrates the limitations of such an approach (Stativ et al. 2005).

The second category included community alternatives such as daycare centers, family counseling and support, parental education, and mother-and-baby units. The latter provided temporary shelter for young single mothers and their babies, with the stated aim of promoting attachment and of supporting young mothers by providing counseling. These alternatives offered little support in dealing with the problems associated with

poverty—children’s poor health, and lack of access to education—which the loan document’s own research identified as causes of institutionalization:

The major problems faced by these families are a poor quality of life, their environment, and access to education. Financial incomes have a major influence on the quality of life of socially disadvantaged families. In only 2 percent of the interviewed families, both parents have a permanent job. Unemployment benefit only minimally alleviates the economic situation in the families. The average monthly income per household member is BGN 33 [€17], but it is greatly influenced by the ethnic and cultural origin of the mother and by the number of children in the family. It is lowest in Roma families and in families with more than three children (BGN 23 [€12]). (World Bank 2001, 93)

In the face of the document’s own evidence that the key problems are poverty, illness, and lack of access to education, the authors argue that the document’s focus on counseling and parental education reflects a blaming of parents—often consistent with the rescue paradigm.

The paper next reviews an attempt to address these issues in a local program that was running in one of the proposed World Bank pilot sites at the time of the government’s application for the loan. The project arose from a local planning initiative informed by research undertaken by Dachev et al. (2003) into the 75 families who in 2001 placed their child in the local institution for children under 4 years old. This research confirmed the World Bank findings that large families from among the Roma community were most at risk. Despite the popular belief that children had been “abandoned” by young or single mothers (note the World Bank proposal for mother-and-baby units), the research revealed that this was not the case; only 2 percent of mothers were less than 20 years of age, with an average age of 26. Approximately 41 percent of the families had four or more children, and 88 percent of the families included the father of the baby.

The predominant reasons given by parents for their children’s entry to care were lack of food, heating, and supplies. Two focus groups of these mothers discussed what would have helped prevent the need for admission. Their list included: changes to the ways in which benefits were paid; benefits to be paid punctually; help with housing, hot food and clothing; and help with finding paid employment (Dachev et al. 2003). These needs were unlikely to be met by the proposed World Bank alternatives.

With interministerial involvement, a project which was informed by Dachev and colleagues’ study was set up to establish the concept and practice of community-based care as an alternative to institutional care. The work of the project focused on the institution for very young children (infant institution), endeavoring to support children and families in their own communities, and the strategy included both targeted social benefits and services. The project workers were based in the newly established social assistance team (this provided social work and welfare benefits), where two social workers were trained and employed to work for the project. The social workers established regular contact with the local maternity ward and interviewed all mothers who were considering institutional care for their children. Because families in poverty often have financial and practical difficulties, a special fund was established to provide cash assistance in situations of urgency.

This project was evaluated within the first six months of its implementation (Bilson, Markova, and Petrova 2003). The researchers interviewed six families with whom the project personnel had worked; they also interviewed staff and managers at the project, staff at the infant institution, staff on the maternity ward, staff from the social assistance office, and representatives of health and education services. Following Kvale's (1996) qualitative interview methodology, interview subjects were encouraged to reflect on their experiences of involvement with, or working for, the project; to evaluate strengths and any other issues; and, to offer their views about improvement. To obtain additional relevant data, the researchers also read a sample of social work files.

When the project began, there were 210 children in full-time care at the institution. Six months later, there were only 140 children; another 15 children received day-care services, and 15 received weekly care. Day care and weekly care were two new initiatives, begun in response to the project, which allowed children at the institution to maintain links with their parents. The efficacy of the project's diversion of children from entry to full-time care was underpinned by national financial policy changes, which entitled mothers to receive their maternity benefits without first having to work for seven days. The social workers assisted parents, who elsewhere would have great difficulty in accessing this benefit. Furthermore, payment of benefits was dependent on the child not being institutionalised. The single payment of approximately €52 was sufficient to enable a number of parents to provide permanent care for their own children. This payment to parents contrasted favorably with the average weekly cost of €191 for keeping a child in institutional care, thus demonstrating both how expensive such care is, and what a difference even small financial payments at the level of family income can make in maintaining children with their families in the community.

The researchers found that while there were a number of limitations in the project's work, its overall effectiveness was due to its focus on the situations and the concerns of parents, its emphasis on financial and practical support, its offers of help for parents in claiming benefit entitlements, its encouragement of parents, and its fundamental belief that parents want to care for their own children whenever possible. This project demonstrates that children can be diverted successfully from entry to institutional care if support is provided to families, and if the concerns and needs of families are addressed. The fact that a team of only two social workers was able to divert 70 children from full-time care demonstrates the cost-effectiveness of focused community-based services.

The Republic of Moldova

Like Bulgaria, Moldova has inherited a problem of over-use of institutionalization of children, made worse by the declining economy following the end of state communism. In 2004, the European Union program of Technical Assistance to the Commonwealth of Independent States (TACIS) responded to the Moldovan Government's request for support by funding an EveryChild project entitled "Capacity Building in Social Reform." A key objective of this project was to support the government to develop working models of alternative childcare and decrease the reliance on institutional care. Central to this was the implementation of a gatekeeping strategy. Gatekeeping involves the targeting of services

such as institutional care to ensure that they are only provided to those for whom they are intended. The four minimum requirements for gatekeeping identified by the UNICEF and World Bank project “Changing Minds, Policies and Lives” (Bilson and Harwin 2003, 19) are:

- *a range of services in the community* to provide help and support to children and their families;
- *decision-making based on assessment and review* of children’s needs and family circumstances;
- *an agency responsible for co-coordinating the assessment* of the child’s situation—the process of assessment is complex and requires an organizational structure to employ staff to carry out assessments, to provide or purchase services, to keep records, and to review plans for children; and,
- *information systems* to monitor and review decisions and their outcomes and to provide feedback on the operation of the system.

The EveryChild project aimed to implement gatekeeping in three Raions (local government regions) before disseminating them across the country. Prior to the EveryChild project and across the rest of the country, entry to institutional care was not based on a thorough assessment of the best interests of the child. In order to implement decision-making based on assessment, EveryChild had developed legislation that could be passed by the Raional Council. This established the Commission for Child Protection, whose members were independent people with an expertise in child care. Staff responsible for admissions to the various institutions were required to refer children to the project social work team and to take advice from the commission before making a decision to place a child. In order to make its recommendation, the commission received a report from a social worker assessing the child’s best interests and held a hearing to which parents and children could be invited. This innovative idea to establish a decision-making process using local regulations had its limitations (principally that the Commission was an advisory body rather than decision making). However, it legitimized the new process without the need for the lengthy delays that would be required to establish national legislation, and, in fact, decisions were rarely overturned during the period under review.

One of the authors undertook an interim evaluation of the project (Bilson 2006a) and later evaluated the impact of the Commission for Child Protection set up by local legislation to oversee decisions to place children in care (Bilson 2006b).

The evaluation found that in the pilot Raions the project had established a limited range of services. Social workers were trained to provide family support and financial assistance. The project had initiated foster family care. For the first time ever, staff had reviewed children in the institutions—generally, once admitted children remained until they aged out of the system—and were in the process of providing support services to return children home. In each Raion, social work teams were established and the project aided in the development of management, procedures, recording, and information systems.

These pilot projects had focused primarily on the residential schools for children aged 7–15. They had been operating for between one year and 18 months and had

successfully diverted many children from entry to the institutions. The social workers undertook assessments of all children referred, who otherwise either would have been admitted or placed on a waiting list. At the time of the evaluation, figures were available for the Raion that had been operating the project for longest. In this Raion, 120 children were referred following requests to place children in care. Of the families, 21 (17.5 percent) needed advice only, and a further 25 (20.8 percent) were happy with alternatives offered by the team and were not referred to the Commission. The remaining 74 (61.7 percent) cases were considered by the Commission. Of these, 40 (33.3 percent) had a social work recommendation for community-based services, and this was supported by the panel's advice. Half of the remaining 34 (28.3 percent) who went to the Commission with a recommendation for foster care or institutional placement were turned down, as it was felt that more could be done to provide alternatives. Thus, the gatekeeping system was instrumental in successfully diverting 103 (85.8 percent) of the children from entry to care.

One of the authors also undertook a study of files (children's records) held at the institution (Bilson 2006a) on the 14 children admitted to the first year of the school since the team came into operation. All children were aged 7 and most came from broken families (eight lived with single parents and three lived with grandparents). Despite the newly established regulations, six children were admitted without being assessed (two from another Raion; two transferred from another institution, and two that somehow had missed the social work system). All but one of these families faced severe poverty, but only four children had any recorded child protection issue. In the opinion of the first author, none of these four children had any identified needs or safety issues that could be met by institutional placement only. It is interesting to note that in two of these cases, younger siblings remained at home without protection, as entry to care in Moldova is age related. Thus, even after substantial diversion of children from institutional care, the majority of children who entered institutions still did so because of poverty. In a focus group with the head of this home and five members of staff, the continued commitment to rescue was evident. This bureaucratic resistance to changes, from rescuing practices focusing on institutional care to community-based alternatives, had resulted in efforts to recruit children to the institution, bypassing the gatekeeping system. While such resistance may be due in part to protecting their jobs—staff in residential schools receive higher pay than equivalent staff in community-based services—evidence from the focus group indicates that it also was informed by a view that blames and labels parents.

Two key issues are raised by this case study. The first is that the majority of parents only required advice or short-term support to maintain children within their family. When the importance of parents to their children, rather than the benefits of institutionalization, was emphasized, they did not wish to place their child in care. The second is that for those children for whom poverty was associated with other difficulties, the input of the independent panel was needed to ensure that social workers put sufficient effort into finding alternatives. Even the teams who had undertaken extensive training found difficulty in maintaining the focus on community-based support, and an independent viewpoint was needed to achieve this. Where policy changes not only require new practices, but also threaten livelihoods, such as for the staff in institutions, resistance can take more active forms.

As part of the project's work, a financial review of the institutional system has been undertaken by EveryChild. This review shows that there are sufficient resources tied up in the institutional sector not only to fund alternatives, but also to improve educational services as a whole. However, it requires a period of dual funding to release the resources and the political will to close institutions that are still widely seen by the general public as the best way to support children. President Voronin has recently acknowledged the part poverty plays in driving children into institutional care and committed the government to widespread reform of the type promoted in the pilot sites (Voronin 2006).

Discussion

The research undertaken in these three countries illustrates the way that poverty is a major factor in the use of institutional care. In Sri Lanka the research demonstrates that, even where physical conditions are good, children still want to be with their parents and families. In Bulgaria and Moldova the work with families shows that in the main they want practical support to maintain their children with them. The research from all three countries shows that community-based alternatives cost far less than institutional care—and yet its use persists. Where countries are over-using residential care, large amounts of resources can be tied up in it. The World Bank (cited in Fox and Götestam 2003, vi) calculates that countries in Eastern Europe spend up to 1 percent of gross domestic product on institutional care for vulnerable individuals including children. Where this is used to support children who enter care primarily because of poverty, as in the case studies reported here, the resources can be far better and more effectively used in alternatives.

The three case studies also reveal that the rescue paradigm remains hegemonic and is a key factor in maintaining the practice of using institutional care. This paradigm includes the following elements: first, a belief that the state knows best and cares best (e.g., Gomart 1998); second, a belief that the state's role is to rescue and provide for poor children; and third, an apparently well-established canon amongst policy makers, residential staff, and children's workers that children in poverty are better off in an institution. Such beliefs lead to practices that are not necessarily paternalistic in intent, but which can be so in effect, and which can have the outcome of devaluing the care that can be provided by parents, extended families, and communities. Policies based on this rescue paradigm usually ignore the significance of causal factors such as poverty, often focusing instead on the perceived inadequacies of parents. While there is widespread acknowledgment of the disadvantages of institutional care (Hilweg and Posch 2005; ISS and UNICEF 2006; U.K. Select Committee on Health 1998; UNICEF 2003), a number of child-care systems across the globe continue to operate within the rescue paradigm, with long-term repercussions for children, families, and communities. As shown above in one of the case studies, bureaucratic resistance combines negatively with the rescue paradigm, forming barriers to challenging the use of institutional care, and hesitation and reluctance in the translation of new policies into the development of alternative strategies and practices.

National and international research affirms that living in poverty has negative effects on children's physical and emotional development and life chances (Attree 2004;

Bradshaw 2002a, 2005; Kilty and Segal 2003; Lindsey 2004; Vleminckx and Smeeding 2001). The research undertaken in these three countries demonstrates that the practice of using institutional care, with its (often) poor conditions and high cost, does nothing to alleviate this. The rescue paradigm maintains its hegemonic position despite the abundance of research into both short-term and long-term negative effects of institutional care on children's psycho-social, physical, and educational development (Jackson 1987, 2001; Save the Children 2003; U.K. Select Committee on Health 1998; UNICEF 2003).

Recommendations for Policy and Practice

The case studies presented in this paper demonstrate that resources committed to institutions can be more effectively used to combat poverty if provided to alternative, community-based support organizations for children and families. This type of reform is not simple and, in an organizational culture dominated by a rescue mentality, responses tend to be framed in terms of welfare initiatives that replace institutional care with alternative services such as foster care. However, these alternatives often do not address the problems of poverty either. In order to develop effective responses, policy makers, researchers, and practitioners need to address two key issues: firstly, ensuring that reform addresses the whole child-care system and secondly, challenging the rescue mentality paradigm.

Reform is often attempted through pilot projects that set up isolated new services such as support for kin care. Such services, whether national or local, are likely to become additions to institutional care rather than replacements if they do not address the whole child-care system. A strategy intended to avoid this problem is outlined in the World Bank/UNICEF toolkit on gate-keeping (Bilson and Harwin 2003). Research by Herzog, Nemenyi, and Wells (2000) also highlights the need for active gate-keeping. Our recommendation for policy and practice include: (i) developing inclusive planning systems that ensure that services are responsive to local assessment of need; (ii) decision-making based on assessment and review of children's needs and family circumstances; and (iii) transferring resources now tied up in institutions. Involving children, families, and communities in the planning process will help to focus services on the underlying problems of poverty. In recognition of the issues integral to translating policy changes into practice (Gershon 2004; Lipsky 1980; Riccucci 2005), such a transfer of resources involves ensuring that staff in institutions who so desire can transfer their skills into community-based services. Those who do not wish to make that change need to be given the opportunity to enter retraining programs or to find alternative employment. Also, more training must be provided to develop a workforce capable of undertaking the community-based services needed to support children and families. A toolkit to address resource transfer has been developed by UNICEF and the World Bank (Fox and Göttestam 2003).

Secondly, these recommendations will be difficult to achieve if the rescue mentality paradigm maintains its dominant position in thinking and practice. To implement the strategies recommended here, this rescue mentality needs to be challenged. The case studies presented in this paper show how local research studies highlighting excluded

groups living in poverty can provide a basis for advocacy, particularly if they are presented in combination with research on the negative effects of institutionalization. Dissemination of local studies and storytelling about the lives and experiences of children and their parents can be powerful tools to challenge the rescue mentality.

Conclusion

At the start of the 21st century, children's well-being is a major concern of countries across the globe (Balen, Cox, and Jackson 2006). Few parents want to abandon their children, but if experiencing poverty and social exclusion, they may feel that this is the best alternative for their child. The body of work discussed here shows how the needs and views of parents and children can be made "visible" through research. Many countries face the problem of over-use of institutionalization of children. There will always be some children in need of alternative care or protection, but this should be provided, wherever possible, in the child's family and community. The practice of institutionalization does not strengthen these traditional support networks.

The case studies show how the use of institutional care in Sri Lanka, Bulgaria, and Moldova has been a harmful response to poverty, and demonstrate the possibility of developing alternatives that are sensitive to the needs and problems of parents and families. They show the importance of engaging children, parents, and families in identifying the nature of their experiences and problems before making changes to policies or practice. This process is neither simple nor short-term; as Tolfree (2002) notes, it requires changes in philosophy and approach, such as the authors' analysis of the rescue paradigm—the less tangible aspects of change strategies that are sometimes difficult to achieve (Davis 2005). Such a change is needed not only on the part of policy makers, but also by international donors who, with good intentions, have supported institutional care. This change of philosophy includes the willingness to see the real plight of parents and children living in poverty and to develop services that are sensitive to their needs. It requires an examination of assumptions about what kind of care is best for children and a political and financial commitment on the part of governments, policy makers, and children's workers to assist parents to care for their children.

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