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Paris, le 27 janvier 2005

Monsieur le Président,

Votre lettre du 13 janvier m'est bien parvenue et je vous en remercie.

Cette lettre m'a navré tant elle est déconnectée de la réalité roumaine.

L'objet de la correspondance que je vous ai adressée le 22 novembre dernier était d'attirer votre attention sur le cœur du sujet : le fléau des abandons d'enfants continue à sévir en Roumanie.

S'il vous plait trouvez ci-joint un rapport de l'Unicef qui confirme ce que je vous ai écrit : « child abandonment in 2003 and 2004 was not different from that occurring 20 or 30 years ago ».

Pour prendre en compte cette situation dramatique, la Commission ne devrait-elle pas changer de politique et aider la Roumanie à mettre en œuvre une double action :

- d'une part une action pour prévenir l'abandon, par le planning familial et l'aide sociale ;
- d'autre part une action pour respecter le droit de chaque enfant à une famille, consacré par la Convention des Nations Unies sur les droits des enfants, en organisant un système honnête et efficace d'adoption internationale en conformité avec la Convention Internationale de La Haye.

L'association SERA, qui a une expérience de 15 années sur le terrain, se tient à votre disposition si la Commission voulait bien, sous votre autorité, s'engager dans cette double direction.

Je vous prie d'agréer, Monsieur le Président, à l'assurance de ma considération distinguée.

François de Combret

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PRESS RELEASE

Embargoed until: 10.00 (Geneva time), 11.00 (Bucharest time)
 Thursday, 20 January, 2005

Babies still abandoned in Romanian Hospitals Pattern unchanged for 30 years, says UNICEF

BUCHAREST / GENEVA, Thursday, 20 January 2005: As new child rights legislation enters into force in Romania, a report finds that babies are just as likely to be abandoned in the country's maternity and pediatric hospitals as they were three decades ago.

According to a survey supported by the Ministry of Health and UNICEF and carried out in over 150 medical institutions, around 4,000 newborn babies were abandoned in Romanian maternity hospitals immediately after delivery in 2004, or 1.8% of all newborns.

The *Situation of Child Abandonment in Romania* report finds that many of the mothers who abandon their children are very young, poorly educated and living in extreme poverty. The percentage of abandoned babies who are born underweight (34%) is four times higher than the norm for Romania (8.5%).

"Unfortunately, young mothers going into hospitals are confronted with conservative attitudes and practices. The system remains very traditional and penalizes the poor and marginalized," says Pierre Poupard, UNICEF Representative in Romania.

The report cites the confusion of a 17 year-old single mother who did not know where to go or what to do with her newborn baby after giving birth in a maternity hospital. Far from helping her, she says, "a nurse told me that it would be better not to see the child too much, to leave him there and start a new life, and try not to get attached to him, because otherwise it will get difficult for the child".

The survey and report follow a commitment by UNICEF, the Government and NGOs to identify the problem, reveal its underlying causes and suggest solutions to drastically reduce the phenomenon and its consequences. The findings confirm that this challenge is not insurmountable and, though complex, can be overcome.

Young unmarried mothers, for example, who face disapproval from their families, need support to take on their new responsibilities, including access to community services. Mothers without shelter or living in poor conditions who decide to leave their children in pediatric hospitals for protection are unaware of the negative impact of long-term separation from families.

The report recommends that urgent measures be taken on birth registration, in line with the child's right to a name, nationality and a family. Because of gaps in the birth registration system, a striking 31.8% of children abandoned in pediatric hospitals have no identity papers. This makes them "invisible" in legal terms, and therefore extremely vulnerable to such dangers as trafficking.

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For every child
 Mission: PROTECTION, EQUITY, PARTICIPATION
 TOWARDS A BETTER WORLD



PRESS RELEASE

The report also calls for immediate implementation of the new legislation promoting joint responsibility for child rights protection across such sectors as health, social welfare and education, and the integration of services at community level. Finally, it calls for the development of appropriate indicators and effective monitoring and evaluation measures to ensure steady improvements in the quality of basic services for children and families – a bulwark against child abandonment.

"The new legislation is in line with the spirit of the Convention on the Rights of the Child, and UNICEF stands ready to play its part," says Poupard. "We are offering support to the institutions that will be putting the new legislation into practice, and for desperate situations – such as the institution housing more than 230 children under one year of age – we can immediately support individual evaluations and develop tailor-made plans to protect each child. We will also help Romania develop what we call a protective environment for all children – an environment that shields all children from this kind of harm in the same way that good nutrition and health care shield them from disease."

– Ends –

The **Situation of Child Abandonment in Romania** report will be launched (in Romanian only) by UNICEF Representative Pierre Poupard at the UNICEF offices in Bucharest at 11.00 (local time) on Thursday, 20 January.

For further information, please contact:

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Situation of child abandonment in Romania



EXECUTIVE SUMMARY

January 2005

1. Context

Much progress has been made in Romania in the past eight years in the area of the protection of child rights. New central and local institutional structures have been created, as have services for children and families in difficulty, and the prevention of their ending up in difficulty.

In spite of these significant achievements, the problem of child abandonment, which came into being and persists in Romania, a problem which appeared and worsened prior to 1990. More or less successful child protection reforms did not act in this regard, leading to the spreading and increasing complexity of this phenomenon.

Even in 2004 unwanted children are abandoned at birth in maternity wards, hospitals and pediatric wards, or simply "left" by their parents for indefinite periods of time in these medical units.

The following conditions lead to these actions, at such a scale, to be classified as a phenomenon: the absence of community services for the prevention of child abandonment, and the consent, tolerance, and indifference on the part of institutions in which these events take place or those directly responsible for child protection.

The abandonment of children in health care institutions results in some of the most perverse effects, including a variety that affect the development of the child at a time considered to be the most important in his life.

The separation of the child from his mother soon after birth or at a very early age in a health care institution exposes the child for long and significant periods of time to an existence in which his development needs are ignored. Likewise the child is often moved to various unsatisfactory locations until temporary measures are taken and stable protection measures are enforced.

2. Justification

The persistence of this phenomenon in all its forms, and the direct long-term effects on the rights of the child to a normal development, justify the initiation of a project which aims to understand what and who makes this possible, and what can be done to decrease this phenomenon.

It is necessary to understand the magnitude of this phenomenon in order to assign a measure of urgency and have a reference point to evaluate the possible programs for intervention.

The objectives of this study also include the understanding of the prevalence of the child abandonment phenomenon by more rigorous conceptual delimitations, and the diagnosis of the most important dimensions of this phenomenon.

3. Methodology

A retrospective transversal study was conducted over a period of three months in 2003 and 2004 to carry out these objectives, and the reference population was made up of children under five years of age temporarily or definitely abandoned/left, and their mothers.

A cluster sampling technique was used to obtain a random group of abandoned children and their mothers, based on the total number of these in the reference period. The following selection method was used:

Of the eight Romanian development areas (one of which is the area of Bucharest and Ilfov) two counties (and two sectors, respectively) were selected at random. All health care institutions in these counties and sectors were studied (70 maternity wards, 89 hospitals/pediatric and recovery wards) and 25 emergency placement centers.

Some 2,000 patient charts of under-five children were selected, based on criteria adopted by each institution in part to define an abandoned child.

The working definition of the concept of an *abandoned child* refers to a child whose biological parents have relinquished their responsibility to care for and satisfy his basic development needs, and who have physically separated themselves from him before this responsibility was taken over by an authorized institution.

This methodology was based on the fact that it would be possible to identify all children who had been exposed for any length of time to abandonment, on condition that a record thereof existed.

Source of information

In addition to studying the medical records and, where appropriate, the files of the children, investigations/interviews were conducted with the mothers of children selected in our sample.

Focus groups were set up among health care and social welfare institution professionals to verify, supplement and study the findings based on the quantitative data; detailed interviews were conducted with key individuals at various representation and decision-making levels; case studies on child abandonment.

Tools

Questionnaires, nine different forms, and interview and focus group guides were used to record the data obtained from the documents and the above-mentioned individuals.

Data collection

The collection of quantitative data took place from August–September 2004, while that of qualitative data took place between October–November 2004.

Data processing

The data was processed using the Statistical Package for the Social Sciences (SPSS).

4. Summary of participants in the evaluation process

The UNICEF Office in Romania supported this project, based on an institutional partnership, whose mission is considered to be just at the beginning. The partnership includes government and non-governmental institutions, of which we would like to mention the following: the Mother and Child Protection Institute, the National Authority for Child Protection and Adoption, the International Foundation for the Child and Family, the "Community supporting the Family" Association, the "Step by Step" Association, and the "Youth" Association.

5. Conclusions, lessons learned, recommendations, use made of the evaluation to make timely adjustments in program design and improvements in program performance, possible wider relevance of the evaluation

Lessons learned

Although improperly considered as lessons learned, we would like to point out that the data collection teams faced a number of difficulties resulting from a lack of or disregard for archival regulations for medical records, or the incoherence of regulations on the safekeeping of the files of children by County Child Protection Departments.

In some counties the filing of charts is based on admission date, while in others it is according to date of discharge. Some Child Protection Departments keep the files of children in their own headquarters, while in other counties such files are scattered among the various protection units. These inconsistencies impeded the planning of work time and material resources for data collection, although the working methodology had been pre-tested in two counties.

This study led to the establishment of a comprehensive database containing factors relating to the medical and social welfare systems, other institutional factors, as well as to the human and social behavior of the players directly or indirectly involved in the occurrence of the phenomenon of abandonment. Much of this information exceeds the delimitations strictly set by the objectives of the study.

Conclusions

Child abandonment in 2003 and 2004 was no different from that occurring 10, 20, or 30 years ago. The magnitude of the phenomenon was determined by the rate of child abandonment (the number of abandoned children per 100 births/hospital admissions). The rate of child abandonment in maternity wards was 1.8% in 2003 and 2004, translated to an estimated number of 4,000 children, while in hospitals and pediatric wards, the child abandonment rate was 1.5% and 1.4% in 2003 and 2004, respectively, or 5,000 children.

The percentage of abandoned babies who are born underweight (34%) is four times higher than the norm for Romania (8.5%).

A striking number of abandoned children have no identity when discharged from hospital. According to data included in this study, the percentage of such children can reach 64% at discharge from maternity wards, 30% from pediatric hospitals, and under 10% for children in emergency placement centers.

Regarding various aspects relating to the organization and operation of maternity wards, which could encourage the observance of the rights of the child, it was found that most maternity wards follow traditional patterns (no rooming-in/mother and child wards), which encourages the separation of the mother from the child. Another observation is that more than half of the institutions do not respect the rules applicable to them by the Joint Ordinance of the Ministry of Health and the National Authority for Child Protection and Adoption 2003, for the hiring of a social worker, and the reporting/recording of new-borns on family physician lists.

Based on the succession of institutions the child has been in and the protection measures it has had access to indicates that two thirds of children abandoned in maternity wards are transferred at least once to pediatric/recovery wards before any protection measures are taken. A mere third of all children abandoned in 2003 and in the first three months of 2004 were benefiting by the end of August 2004 from a final protection measure (with their biological or foster family), which shows that the child is subject to various temporary protection measures for a prolonged period. Furthermore, it was found that the hospital/pediatric ward is the most available substitute for accessible social welfare service, both for the parents who want to abandon their child "temporarily" or "definitively," and paradoxically for the child protection

services that use such institutions to host children in difficulty while they look for and find protection measures.

An analysis of the characteristics of mothers who have abandoned their children revealed that 42% are illiterate, and 27% have not completed Junior High School (grades 5-8); some 80% are low socio-economic level mothers, 85% of mothers have unsure income; 28% were under 20 at the birth of the child.

The rejection of the child is much more pronounced in the case of mothers who resort to abandonment in maternity wards, as they have already firmly made up their mind to put their child up for adoption. Rejection is less severe in mothers who abandon their children in pediatric hospitals, as they consider these to be better alternatives for the upbringing of the child, believing that their presence with the child is facultative.

Mothers who abandon their children in pediatric hospitals are poorer and less educated, are part of an unstable couple, and are mainly of Roma ethnic origin. They "choose" the hospital as an alternative for the upbringing of their child, not necessarily as a form of abandonment. Oftentimes both parents are convinced that the child will be better off in hospital and that their presence is facultative. They often "forget" about the child, and come to see him only at the insistence of child protection services.

And last, but not least, more than half of the mothers have heard of at least one modern method of birth control to prevent unwanted pregnancies. The pill, the intra-uterine device (IUD), and injectable contraceptives are the most widely known methods (in that order). Use thereof is very low. Roma women are less familiar with contraceptive methods.

Recommendations

In the definition adopted in this study for the *abandoned child*, the status of abandonment was not conditional upon its duration. If the systematic and unitary reporting of child abandonment cases will be considered necessary and useful, this will require the acceptance of a single term for abandonment.

- In this sense, it is felt that the systematic and unitary reporting of abandonment cases is necessary and useful, and that there is a need to have acceptance on a single term for abandonment and abandoned child. The immediate and strict implementation of the new child rights legislation could lead to the statistical reporting of cases at the level of maternity wards.

The observance and implementation of legislative regulations is supported by scientific arguments of child development theories, which can be debated and assimilated by the staff in the course of continuing education and training.

- As such, the initiation of professional and institutional capacity development is recommended in relation to the effective and efficient enforcement of new legislative regulations.

Children's files are incomplete and difficult to locate. There are fewer social investigations than there are established protection measures, which raises numerous questions on the way in which protection measures are periodically re-evaluated.

- In this context, there is a need to come up with an operational computerized management system of cases subject to child protection social services, so that all children can be located at any time based on up-to-date information.

The prolonged retention of low birth-weight children without their mothers in health care institutions is not in the best interest of the child. It is highly unlikely that these children will grow up at a normal rate in health care institutions, without the presence of their mothers.

- It is thus recommended that a low birth rate prevention program be initiated and supported; such a program would decrease the risk of early separation of the mother and child and, implicitly, of child abandonment.

One of the reasons given for leaving healthy children in health care institutions was their lack of identity papers.

- In this sense, it would be desirable to make mandatory the declaring of the personal numeric code of the child to the maternity ward in which the child is born, and the registration of this code on the child's chart. Only after the child's identity has been established can the chart be filed.
- In connection with the identity of the child, there is a need to strictly regulate the complete filling out of all columns in the chart, especially in our case the names, address, and identity papers of the parents.

The current organization of maternity and pediatric wards still offers insufficient opportunity for the development of an early bond between mother and child, which is necessary for the establishment in the child of basic mental health and normal socio-affective development.

- The sustained promotion of the rooming-in system is recommended, but the mother is unlikely to instantly change her mind about abandoning her child, because this decision is often made before she is admitted to the maternity ward. The rooming-in system should be coupled with new practices and attitudes for the mother and child to encourage constant contact, support breastfeeding, and help the new twosome to identify ways of forming attachment and mutual support.
- It is also recommended to initiate and support contact with the mother or both parents, as is a more flexible approach over old practices which are today scientifically invalidated.

In the case of children abandoned in or brought to these institutions for social protection reasons, it is essential that the staff understand that admission to hospital is not in the child's best interests.

- The competency of professionals at various decision-making levels must be increased, to shorten the periods of transfer abandoned children are submitted to before reaching stable and final protection measures.
- It is recommended that new, integrated services be developed to guide mothers to choose alternative protection measures, and eliminate the habit of believing that the hospital is an emergency shelter for any type of difficulty which the child may encounter. The acceptance and perpetuation of such situations not only constitutes a violation of the law, but also an acute lack of understanding of the child's developmental needs.
- This calls for the recommendation to provide support to community services that can focus their efforts on sustaining the retaining of the child in his family environment.
- The diversification of various mother and family support services is recommended, aimed at meeting the needs of children. Existing day-care centers (not now available in rural areas) could also develop services for disabled children, to prevent their separation from their families, justified on the basis of such services not existing in the community. In rural areas, kindergartens (and even schools) not presently used to their full capacity because of the drop in birth rate, could extend their activities by providing services needed to keep children in the family.
- And not least, an important method for the prevention of child abandonment is the promotion of family planning programs, to reach high-risk populations, including those with special health issues: alcohol, mental problems, disabilities.

According to Law 272/2004 on the Protection and Promotion of the Rights of the Child, which stipulates the obligations of local administration authorities to guarantee and promote the rights of the child, it is recommended to support the strengthening of professional capacities:

- of staff working in the local institutions and services, through whom the importance of early childhood and necessary child development conditions can be transmitted;
- of the specialists working in the Child Protection Commission, through whom the values of childhood and the child can be transmitted.
- for the solidarity among the members of the Commission for the promotion of common values based on the recognition of the rights of the child; to make them responsible for issuing protection measure proposals; to enforce the law in a specific and favorable manner for every child, so that the law in fact supports the child to offer optimal satisfaction in terms of his developmental needs, instead of regulations which complicate his evolution.

In accordance with the law, the following should be functional, rather than merely formal:

- the individual child protection plan by which individualized and personalized care for each child is ensured; and
- the service plan to prevent the separation of the child from his family.

In such circumstances, the UNICEF Office in Romania is prepared to provide the technical and financial support needed to strengthen those institutional capacities responsible for the implementation of this new approach legislated not only by Law 272, but also by the Convention on the Rights of the Child. UNICEF is also ready to ensure the monitoring process of the rights of the child, including the evolution of this phenomenon in time, and to promptly sound an alarm when needed.

The UNICEF Office in Romania wishes to initiate and support programs which are adapted to the Romanian reality in terms of the development of certain indices, the promotion of the monitoring system, and the support of evaluations for continuous improvement of basic services for child and family. This initiative also includes a program focusing on the registration of the birth of all children, thus fulfilling the rights of a child to acquire a name, a citizenship, and to know and be cared for by his parents.

The new program of the UNICEF Office in Romania for the period 2005-2009 has as its basis the principle of ensuring and promoting a protective environment for the child and his family, which requires a global and comprehensive approach of all issues. As such, the program proposes the general framework for stage two in the child protection system reform process.