

GAZDASÁG & TÁRSADALOM

Journal of Economy & Society

A TARTALOMBÓL:

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Alternative Approaches of Corporate Valuation Methods
for Small and Medium Sized Enterprises

Eleonóra Marisová – Zuzana Ilkova – Tomás Malatinec – Eva Lazarova
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core indicators of child protection in selected CEE-countries

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Pataki László – Léglér Nikoletta
A tőkehelyzet és a tőkeszerkezet változása, s annak hatásai
a GYSEV Zrt. gazdálkodására

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Children in Formal Care between 2000 and 2010: Core Indicators of Child Protection in Selected CEE-countries²²

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ABSTRACT: Children living without their biological parents are an especially vulnerable group. Preventing such children from entering public care and providing sensitive substitute care programmes are among the most challenging tasks of any society. The welfare of children deserves special attention, trends in the use of public care can tell us great deal about levels of social cohesion in society as a whole. Supporting the reform of childcare systems has been a priority for UNICEF in CEE and CIS countries for the last two decades. Countries committed to reforms highlight the importance of family-based care and of deinstitutionalization. This article aims to analyze the situation of formal care in selected CEE (Central and Eastern European) countries: Hungary, Czech Republic, Poland, Slovakia and Romania in the context of the core indicators for children in formal care (according the TransMonEE database). This study focuses on two types of formal care: children living in residential or family-based care.

KEYWORDS: child protection, formal care, TransMonEE database, Central and Eastern Europe

Introduction

The United Nations Convention²⁴ on the Rights of the Child (UNCRC, shortly Convention) was the first international treaty to state the full range of rights²⁵ belonging to children. The Convention deals with the child-specific needs and rights. It requires that states act in the best interests of the child. The Convention

22 A tanulmány a TÁMOP - 4.2.2. B - 10/1 - 2010 - 0018. számú projekt keretében valósult meg.

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24 Adopted in 1989. It came into force on 2 September 1990, after it was ratified by the required number of nations. Currently, 193 countries are party (have ratified, accepted, or acceded) to it, including every member of the United Nations. The United States has signed the UNCRC, but is one of three UN members not to have ratified it (other non-ratifying members being Somalia and South Sudan). Source: www.unicef.org

25 These rights are economic, social, political, civil and cultural.

acknowledges that every child has certain basic rights²⁶. The Convention obliges states to allow parents to exercise their parental responsibilities, and also obliges signatory states to provide separate legal representation for a child in any judicial dispute concerning their care and asks that the child's viewpoint be heard in such cases. The Convention stipulates that the family has primary responsibility for raising children and providing them with living conditions suitable for healthy development. It also recognizes the duty of the state and society to provide the family with such support as may be needed in order to fulfill these obligations. The provisions of the Convention concerning „the family as the ideal setting for satisfying the needs of children” (Unicef 2007: 51). The family is the fundamental group unit of society and the natural environment for the growth of children, efforts should primarily be directed to enabling the child to remain in or return to the parental care, or other close family members. The state should ensure that families have access to forms of support²⁷. „Every child and young person should live in a supportive, protective and caring environment that promotes his/her full potential. Children with inadequate or no parental care are at special risk of being denied such a nurturing environment” (Guidelines 2010: 4).

Many reasons and circumstances leading to children falling out of family care: orphanhood, poverty, poor social skills, family crisis, drug or alcohol problem, lack of parenting skills, psychological / psychiatric problems, behavioral problems, physical and sexual abuse, child neglect. (Unicef, 1997: 63; KSH, 2004: 12; Krámer–Szotyori, 2005: 9, etc.) Browne et al (2005) also mention other social reasons (family ill health and capacity, parents in prison), abandonment, disability and (according SOS, 2005: 3; SOS, 2007:3-4) HIV/Aids, migration, violence and wars/emergency situations, especially in CIS countries. 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 care²⁸. Single parenthood, migration, deprivation of parental rights, disability of the child are other factors which are often mentioned as causes.

26 Including the right to life, his or her own name and identity, to be raised by his or her parents within a family or cultural grouping, and to have a relationship with both parents, even if they are separated.

27 According OECD (2011: 11), „countries differ considerably, however, in the types and intensity of support provided.” These differences are rooted in countries' histories, their attitudes towards families, the role of government and the relative weight of the family policy objectives. We do not discuss them in this study, nevertheless we highlight that the main aim of child protection system over Europe is to ensure that children grow up in a family. The state must help support the family in the child rearing. These supports are largely provided by the state and their main aim is to help children growing up in a family (Rózsás 2008: 22).

28 „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 (Unicef 2010: 4).

Where the child's own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the state is responsible for protecting the rights of the child and ensuring appropriate alternative (substitute) care, with or through competent local authorities and duly authorized civil society organizations. It is the role of the state to ensure the supervision of the safety, and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided. All decisions should be to ensuring the child's safety, and must be grounded in the best interests and rights of the child concerned.

Most children live at home in own family, but a few live with other (foster) families or guardians and a few live in institutions. Removal of a child from the care of the family should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration. The alternative care for children should be provided in family-based settings. Generally, when children need to live away from their families, they will stay with foster parents. Foster care is preferable option over residential care, because it enables a child to be cared in a family-like environment. Nevertheless, residential care and family-based (foster) care complement each other in meeting the needs of children. Alternatives should be developed in the context of an overall deinstitutionalization strategy²⁹. (Guidelines 2010: 2-6)

Background, key definitions and objectives

„Two twin pyramid” model of child protection and welfare services

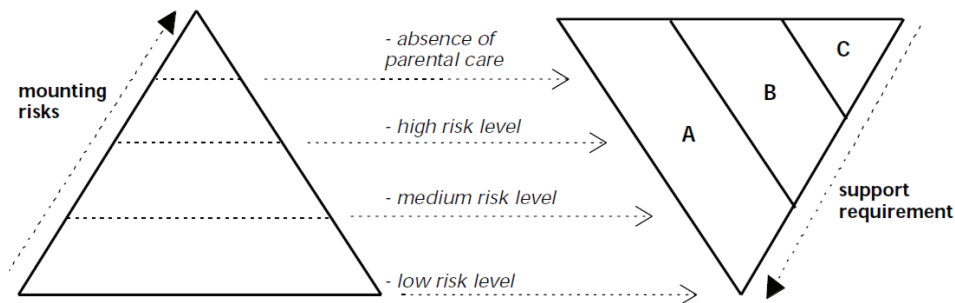
It presents a model for addressing children's needs. (see Figure 1) Children may be loosely categorized into one of four tiers in a pyramid of needs for support. The level of need faced by a child, and hence the tier occupied in the pyramid, depends on the degrees of risk resulting from the child's personal circumstances, the capacity of the family to respond, and the availability of benefits and services to support the child and family. The model assumes that risks are not static, children may move between the four levels as their life circumstances change. Children at the top of the risk triangle are those in the most acute and desperate need, for example those without parental care, with major disabilities, or with severe behavioral and mental problems.

Corresponding to the pyramid of needs is an inverted pyramid of support requirements. Children at the base of the needs pyramid require only general support (family allowances, education and health services). Children higher up

²⁹ „De-institutionalisation is much more than closing institutions or orphanages” (Eurochild 2011: 6). It is about systemic reform including investment in universal family-support, early intervention and prevention, gatekeeping, as well as high quality alternatives.

require more support (targeted benefits and services for special need children and families) and those at the top of the needs pyramid require crisis intervention (short-term and/or crisis benefits and services for acute needs of children and families) and the most intensive services (permanency planning: adoption, foster families, residential care – at last resort).³⁰

Figure 1 „Two twin pyramids” model



Family and personal assets

(Family cohesion, parental health, skills, jobs, child health, ability, etc.)

Family and child support measures

- 'A' Universal family and child benefits and services
- 'B' Specialized family support services
- 'C' Substitute care services (adoption, foster care, residential care)

Source: Unicef (1997), p.102.

There are two primary options for *substitute care*³¹ services (out-home placements): foster care and residential care.³² In this present article we concentrate on our international comparison of these two first (primary) options.

30 The challenges for policy in CEE-countries are to overhaul the general support, to reform the nature of the crisis-level intervention, and to increase the medium level of support. These reforms should be aimed at preventing children moving up the risk pyramid and enabling them to move back down. (Unicef 2010: 4)

31 Article 20 of the CRC sets forth the right of children who have no family, who have been abandoned or who cannot be cared for by their parents, to special protection and alternative care (vid. formal care). Article 20 (Part 2) mandates that *alternative care* be provided when a child is deprived of his or her family environment.

32 A third option is the adoption, changes the legal status between the child and his or her new family. A fourth option is the placement in daygroup care where the children come home only in the evening. This option differs significantly from the other forms of placement. (Unicef 2007: 57)

Key definitions

Two forms of alternative care under the Guidelines: (see Figure 2)

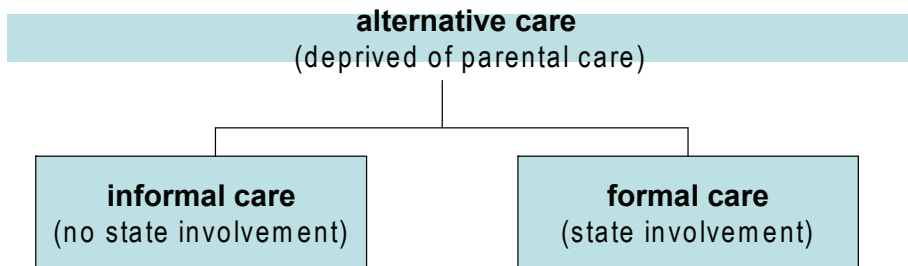
- *informal care* is defined as „any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body”;

- *formal care* is defined as „all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures” (formal care refers to all children in residential care or family-based care).

Formal care may be (with respect to the environment where it is provided):

- *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 foster families rather than in institutions.
- *guardianship* is a care arrangement for underage children and legally recognised disabled persons. (Unicef 2010: 11)

Figure 2 Two forms of alternative care



Source: under the Guidelines (2010)

Objectives

This article aims to analyze the situation of formal care in selected CEE (Central and Eastern European) countries: Hungary, Czech Republic, Poland, Slovakia and Romania. What are the trends in formal care in these countries? That is the main question of this study. Therefore, two core indicators (Unicef 2009c) for children in formal care are discussed below, namely rate of children living in formal care

and proportion of all children in formal care (ratio of children in residential versus family-based care).

For the analysis used data come from the Unicef TransMonEE 2012 database. In this present study, we analyze the data between 2000 and 2010, because data for the period until 2000 are not comparable with data for 2000-2010 due to changes in the methodology.

Data sources

Data coverage

The annually updated TransMONEE database³³ contains a range of statistical information from 1989 to the present in the countries of CEE and CIS. Data generally covered the period 1989 to 2010 and presented are official government statistics. The latest version of TransMonEE database released in April 2012, contains 164 economic and social indicators divided into 10 topics: population, natality, child and maternal mortality, life expectancy and adult mortality, family formation, health, education, *child protection*, crime and economy. The child protection topic contains data for children in formal care and adoptions.

The monitoring the socio-economic situation of children in transition countries was initiated by the UNICEF Innocenti Research Centre (IRC)³⁴ in 1992 as part of the project on Public Policies and Social Conditions (MONEE Project³⁵).

The database is updated every year thanks to the collaboration of national statistical offices. The data represents an important tool, inter alia, for governments, civil society organizations, international organizations in considering their decisions, policies and programmes (Unicef 2007).

Data comparability and table notes

Since UNICEF began monitoring the situation of children in transition countries in the early 1990s there have been several changes which have led to tools for data collection. In general, the availability of information for studying the condition of children has improved, and the country-level capacity for analysis has increased. National statistical offices have strengthened their ability to collect and analyse data especially through increasing the use of survey, and country reports on the condition of children have been published.

33 TransMonEE (Transformative Monitoring for Enhanced Equity) is a database of relevant social and economic indicators on the well-being of children, young people and women. TransMonEE database on the Internet: www.unicef-irc.org/database/transmonee/

34 In 2009, the database migrated to the UNICEF Regional Office for CEE/CIS countries.

35 Project on the living conditions of children and adolescents in the countries of CEE/CIS.

UNICEF has supported attempts to improve and standardize definitions used in administrative data on child protection. There have been several attempts to develop analytic frameworks to study and assess child well-being (Unicef 2009a: 8). The MonEE project is an unique source of international data on key child protection indicators.³⁶ The Unicef's databases are very useful in the sense that collects data from each country, but during the analysis of the data in many cases we need to look at the table notes³⁷. As with any cross-national statistical database, concepts and measures may differ widely across countries. Despite these concerns, MonEE offers an unparalleled opportunity to examine historical trends spanning three decades (Unicef 2010: 4 and 10).

Geographical coverage

The CEE/CIS is a heterogeneous region, but the countries within it share the common inheritance of centrally planned economies and, since 1989–1991, all of them have been engaged in a process of transition³⁸ to the market economy. (Unicef 2009a: 9)

The term CEE (World Bank, 2008) includes all the Eastern bloc countries west of the post-World War II border with the former Soviet Union, the independent states in former Yugoslavia (which were not considered part of the Eastern bloc), and the 3 Baltic states that chose not to join the CIS with the other 12 former republics of the USSR. The transition countries in Europe are thus classified today into two political-economic entities: Central and Eastern Europe (CEE) and Commonwealth of Independent States (CIS).

The CEE/CIS region consists of 28 countries (TransMonEE 2012 data is from these countries), all of which are United Nations Member States and are parties to the UNCRC.

For the present analysis involved CEE (and EU members) countries: Czech Republic, Hungary, Poland, Romania and Slovakia (later it's referred to as CEE-5).

Analysis and results

Since child protection in Central-Eastern European countries have more similarities we first delineate traits that characterize countries in the analysis. Before the change of regime in these countries - today's terminology referred to as former

36 There are several surveys (Unicef 1997; Unicef 2009a; Unicef 2009b; Unicef 2010) used the TransMonEE database for their comparative analysis. These literatures were a basis for our own analysis.

37 In case of Romania, data include children 18 years and older.

38 According to the World Bank, "the transition is over" for the countries that joined the European Union.

Socialist – giant institutions were traditionally operating. The majority of state-cared children - who are abused and neglected, and those with disabilities – were housed in institutions. (Rácz 2009, Rakó 2010, Unicef 1997; 2010)

In the early 1990s, during the transition from the Soviet period, restructuring the institutional system was put on the agenda. Conditions for childcare have changed.³⁹ Factors behind restructuring were inefficiency due to high operational costs and financial difficulties of big institutions on the one hand and a shift to more family oriented options in professional ideas relying on western experiences. (Hellinckx 2002; Carter 2005, Nowackia–Schoelmerich 2010, Unicef 1997; 2010). In the beginning institutions were aiming to establish smaller family type housing then foster care was coming to the front as alternative for institutional care. On changes of institutional system and on emerging foster care, also in international aspects (vid. Domszky 2004, Herczog 2007, Rózsás 2008, Rácz 2009, Rakó 2010). The authors agree that restructuring was necessary due to the changing social environment and the need of children.

The shift in paradigm can be seen not only in institutional restructuring but in changing attitudes towards families. Childcare must be considered primarily as family task so breeding in family must have preference. However, if out-of-home care is the only solution a substitute care must be provided for children abused that is as close to family care as possible. Instead of institutional housing the opportunities of family type care and housing should be looking for that are also priorities in child protection laws⁴⁰ in several countries according to UNCRC guidelines.

From the 90's CEE countries made efforts to propagate foster care system and to reduce the numbers of institutional housing. The reform progressively continued in the years of 2000 as stated also by Unicef reports. As a result in child housing the family based care came into prominence. In rest of this study we show and prove the aboves also by data.⁴¹

39 According to SOS (2005; 2007), there are many studies about the negative effect of institutional upbringing, and the studies on placements seem to point to a positive outcome of foster-family upbringing.

40 Acts on Child Protection in some European countries: England 1989, The Netherlands 1989, France 1990, Germany 1990, Estonia 1993, Hungary 1997, Czech Republic 1999, Bulgaria 2000, Romania 2004, Slovakia 2005, Poland 2005. These CEE-countries have adopted measures designed to encourage fostering, in order to reduce over-reliance on institutional care, and much of the legislation adopted since 1989 recognizes the principle that institutionalization shall be a last resort. Countries have also amended their legislation to prevent unwarranted removal of children from their families and to reduce resort to institutional placement (Unicef 2010).

41 Note here the absolute number and proportion of children in formal care are analyzed but it is worth examining the distribution (for example: gender, age, type of institution) of children within formal care or even reasons of housing, proportion of home care etc. in a further study.

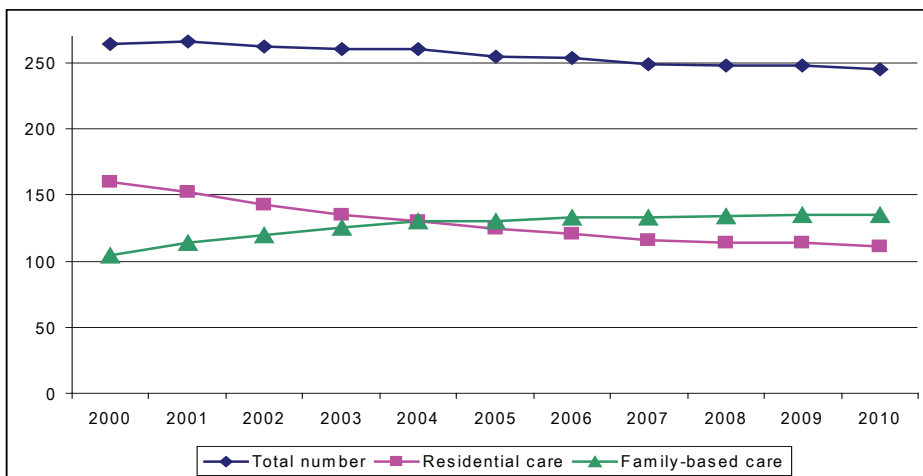
Trends in formal care (2000-2010)

Examining absolute number of children we found that total number of children in formal care decreased in the last decade. In the five reference countries the total number of children in formal care was 264,3 thousand in 2000 and 245,5 thousand in 2010. It means that close to 19 thousand children had to be cared in family-substitute way. This decreasing is higher compared to 2001, in this year most children attended formal care (266,3 thousands).

An analysis of trends suggests that the total number of children in residential care⁴² in the selected 5 CEE-countries has fallen between 2000 and 2010, from 159,9 to 110,9 thousands children. In parallel with, the total number of children in family-based care has increased in the same period, from 104,3 to 134,6. It should be also noted that the increase was slower after 2004, and seemed to stagnate between 2008 and 2010.

It can be observed that in the last decade until 2004 the majority of children within the formal care was in residential (institutional) care. The turning point was in the mid-decade and as a result since 2005 the number of children in family-based care has increased the number of those living in residential care. (see Figure 3)

Figure 3 Trends in formal care in CEE-5, 2000-2010
(total number of children in care, in 1000s, at the end of the year)



Source: own edition from TransMonEE 2012 database

⁴² 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. In case of Romania, data include 18 years and older residing in child care institutions. (TransMonEE 2012)

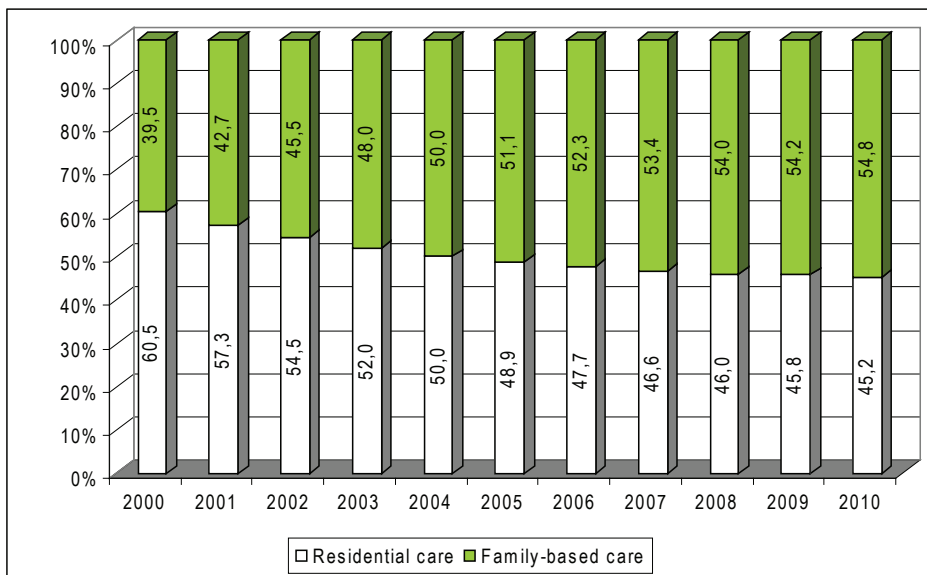
It is seen that while the number of children living in residential care has decreased the family-based care (guardian and foster care) has gradually emerged as a viable alternative in CEE-countries. So, there is a tendency to place children into foster families⁴³.

Residential versus family-based care (2000-2010)

In 2000 on the basis of proportion of two types of formal care 60,5% of children lived in residential care. By 2010 the number of children in residential care⁴⁴ decreased compared to 2000 but in spite of this nearly half of the children are still growing up in institutions. All in all, it can be favorable that the proportion of children in family-based care increased in the last decade.

The number of children living in family-based care in 5 CEE-countries has gone up from 39,5 per cent of all children in formal care in 2000, to 54,8 per cent of all children in formal care in 2010. (see Figure 4)

Figure 4: Proportion of all children in formal care⁴⁵ in CEE-5, 2000-2010



Source: own edition from TransMonEE 2012 database

43 But the placement chosen depends on a variety of factors, like the availability of foster parents or the consent of the biological parents to foster family placement (Unicef 2009a).

44 All residential care institutions should be included, whether private or government-run.

45 Ratio of all children in residential versus family-based care (Unicef 2009c). Numerator: number of children in residential care, denominator: total population of children in formal care (residential care + family-based care).

In 2000 the proportion of children in residential care was high in the Czech Republic (79,2%) and in Romania (68,4%) and they were also in majority of formal care in Slovakia (59,7%) and in Poland (54,9%). At the same time in Hungary the number of children in family-based care was above 60% (exactly 64,3%).

One decade later in 2010 all CEE countries in question proportionally less children were in residential care than before and parallel with it the proportion of family-based care has increased everywhere. Among the analyzed countries the proportion of children in residential care has to a large degree decreased in Romania (in 2010 was 35,7 per cent, down from 68,4 per cent in 2000).

According to the 2010 data family-based care is most popular in Hungary (74,8%). The next is Romania (64,3%) where the proportion of children in family-based care has increased in the highest degree since 2000. Then come Slovakia (56,8%) and Poland (51,6%) with relatively high proportion of family-based care. In the Czech Republic the number of children in residential care is traditionally high, this is the case in 2010 (70,8%) as well. The latter leads to a conclusion that state support to families is still not enough and institutional intervention is needed. (see Table 1)

Table 1 Number of children in formal care in selected CEE-countries 2010

	Total number of children aged 0-17	of which:			
		in residential care	share of total (%)	in family-based care	share of total (%)
Czech Republic	33 076	23 414	70,8	9 662	29,2
Hungary	27 062	6 818	25,2	20 244	74,8
Poland	104 325	50 527	48,4	53 798	51,6
Romania	64 950	23 175	35,7	41 775	64,3
Slovakia	16 091	6 945	43,2	9 146	56,8

Source: own edition from TransMonEE 2012 database

Ratio of all children in foster care

Now, we are including another indicator, which is not among the two Unicef indicators but this is important to cite. This indicator shows the proportion of children placed with foster parents.

In 2010, in 3 countries (Hungary, Poland and Slovakia) the proportion of children in foster care actually also were higher than in institutions, compared with other 2 countries (Czech Republic and Romania) in which the children were placed mostly in residential care.

Children were placed with foster parents in the largest proportion (60,7%) in the region in Hungary. Slightly more than half of the children were living with foster families in Slovakia (55,2%) and in Poland (51,6%), in Romania almost half of them (46,2%). In Czech Republic the proportion of all children in foster care was 23,1%. (see Table 2). There are similar trends in transforming the childcare system in the West-European countries (Germany, Netherlands, France, United Kingdom) that are examples to be followed by the CEE-5 countries. The fundamental difference is the reform processes initiating to restructure childcare system have already started in the 70's. As a result foster care is preferred in every country. In the beginning of the 90's the proportion of foster care is about 70% in the United Kingdom, more than 50% in the Netherlands, and close to 50% in Germany and in France respectively (Madge, 1994: 71). Similar proportions are published by Pat Petrie at al (2006) in their paper overiewing childcare in Europe (quoted by Rakó, 2010: 60).

Table 2 Proportion of all children in foster care⁴⁶ in selected CEE-countries, 2010

	Total number ¹ of children aged 0-17	of which:		Proportion of foster care (%)
		in residential care	in foster care	
Czech Republic	30 435	23 414	7 021	23,1
Hungary	17 362	6 818	10 544	60,7
Poland	104 325	50 527	53 798	51,6
Romania	43 092	23 175	19 917	46,2
Slovakia	15 491	6 945	8 546	55,2

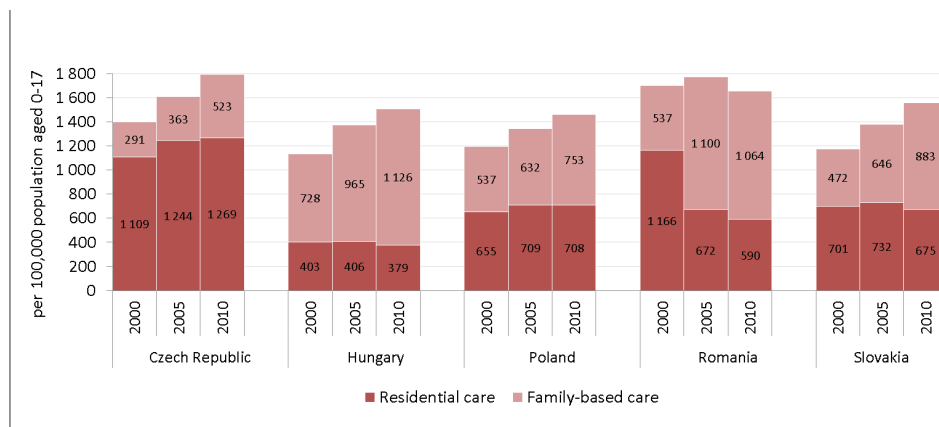
Source: own edition from TransMonEE 2012 database

46 Ratio of all children in foster care versus residential care. Numerator: number of children in foster care, denominator: total population of children in formal care without guardians (residential care + foster care). In the KSH's publications it is the professional child protection provision, as a „specialist care” in the child protection system.

Rates of children in formal care (2000-2010)

A more appropriate and realistic picture is presented with the use of *rates*⁴⁷, accounting for the impact of demographic change. (see Figure 5)

Figure 5 Rates of children living in formal care in selected CEE-countries, 2000-2010



Source: own edition from TransMonEE 2012 database

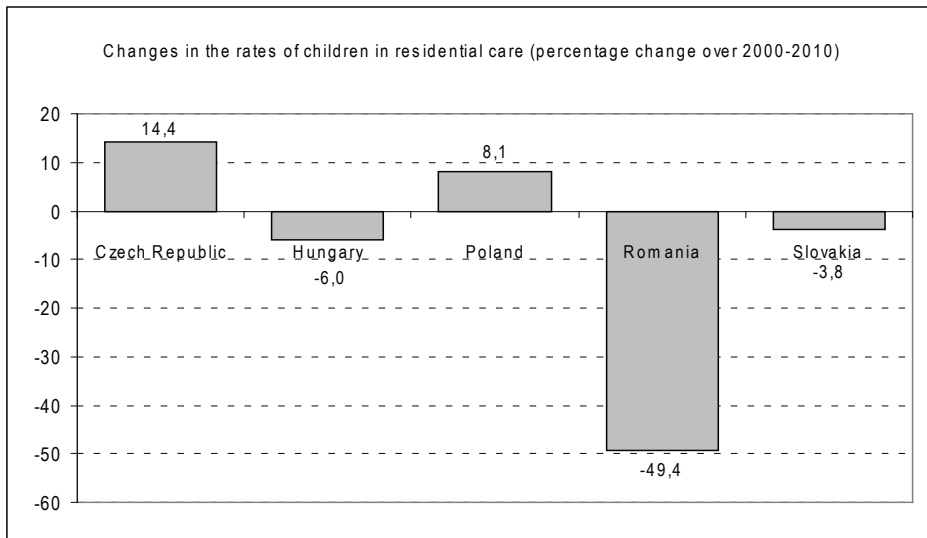
The *rate of children in formal care* is increasing. The data analyzed confirms that despite reforms to the child care systems that have begun in all the countries in the region, there has been no decrease in formal care between 2000 and 2010 in most countries of the CEE (Unicef 2010: 5). Now the global economic crisis is creating further economic vulnerability for the families and is likely to also impact on the rates of children going into formal care (Unicef 2010: 4).

On regional average, the number of children living in formal care in the analyzed CEE-countries in 2010 was 1594 (in 2005 was 1494) children per 100.000, up from 1320 children per 100.000 in 2000.

On average, the *rate of children in residential care* in CEE-5 has decreased since 2000. 724 children per 100.000 were living in residential care in 2010, while same rate was 807 in 2000. The regional average hide differences between countries (see Figure 6).

⁴⁷ Number of children living in formal care on a given date per 100.000 child population.

Figure 6 Changes in the rates of children in residential care
(percentage change over 2000-2010)



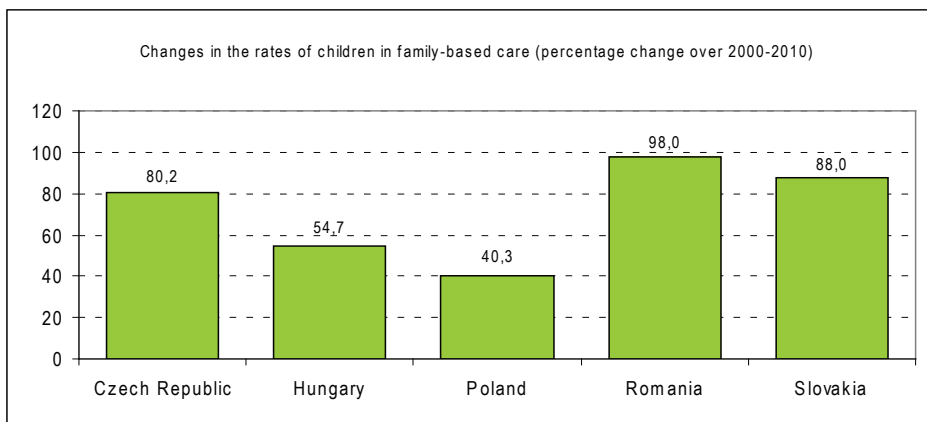
Source: own edition from TransMonEE 2012 database

A closer look reveals that in Romania the rate of children in residential care decreased between 2000 and 2010 (percentage change -49,4), compared with in Czech Republic it increased. In the Czech Republic the rate of children in residential care grew between 2000 and 2010, but there was also an increase in the rate of children being placed in family-based care. This means that despite ongoing reforms, residential care is still frequent in Czech Republic. The number of children in institutional care per 100.000 also has increased in Poland (+8,1%), but it seems to stagnate over 2005 (see Figure 5). Despite the increase in family-based care, there are no clear or consistent signs of a reduction in the rates of children being placed in institutions. In cases of Czech Republic, there has been an increase in residential care, where the number of children living in institutions is traditionally high. This suggests that alternative family-based forms of childcare may be expanding, but are not necessarily replacing the previous reliance on institutional care. (Unicef 2009a: 32)

The rate of children in residential care did not increase in case of Hungary (-6,0%) and Slovakia (-3,8%), but this decrease is much smaller than in Romania, where this rate has halved in the last decade (see Figure 6). In Romania, the increase in the rate of children in family-based care almost entirely compensated for the decline in residential care (see Figure 7 with compared Figure 5 and 6).

Rates of children living in family-based care grew in all selected countries between 2000 and 2010, reflecting the promotion of alternatives to institutionalization in selected CEE-countries. (see Figure 7)

Figure 7 Changes in the rates of children in family-based care
(percentage change over 2000-2010)



Source: own edition from TransMonEE 2012 database

Conclusions

In this article we analyzed two core indicators of child protection, using UNICEF TransMonEE 2012 database. For the analysis we chose five Central and Eastern European countries, which has similarities to the child protection in several ways. Every country in the CEE region has been engaged in the reform of child protection system since 1989. The reform articulates the importance of deinstitutionalization and family-based care. Due to the reform efforts a recent progress in alternative childcare is that the countries analyzed have preferred child-friendly solutions.

The findings of this analysis reveal that residential care is decreasing, the alternative family-based care is expanding in the analyzed CEE-countries. Within the formal care there is a tendency to place children into foster families. The foster care is viable alternative to institutionalization. At the same time, it's very important that the basic supply (child welfare and family support services) and also the different forms of state subsidies (especially cash grants to families with infants to cover household costs and also to support endangered families with social services) are to be provided for families, which can prevent an unwarranted removal of children from their families.

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