

INSTITUTE FOR SOCIAL RESEARCH

EVERY CHILD COUNTS

(REVIEW OF THE HEALTH AND WELFARE OF CHILDREN UNDER
3 IN RESIDENTIAL INSTITUTIONS TOWARDS PREVENTION OF
INSTITUTIONALISATION AND THE EXPANSION OF FAMILY CARE
ALTERNATIVES IN THE REPUBLIC OF LITHUANIA)

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Contracting authority – Ministry of Health of the Republic of Lithuania. Coordinator of the Study – Chief Specialist Division of Personal Health Mother and Child Health Care Subdivision Genovaitė Paulauskienė, M.D., MPH. Vilnius str. 33, LT-01119 Vilnius, e-mail: genovaitė.paulauskiene@sam.lt, ph.: (8~5) 266 14 73, fax: (8~5) 266 14 02.

Research organization – Institute for Social Research, Saltoniskių str., 58, LT-08105 Vilnius, ph. (8~5) 275 86 67, ph./fax. (8~5) 2 75 48 96. e-mail: sti@ktl.mii.lt

Scientific head of the Study – Prof., Hab. Dr. Arvydas Virgilijus Matulionis, e-mail: matulionis@ktl.mii.lt

Head of research group – Eduardas Kešutis Sviklas, sviklas@ktl.mii.lt

Research group: Lilija Kublickienė, Loreta Kuzmickaitė, Arvydas Virgilijus Matulionis, Algimantas Alfonsas Mitrikas, Eduardas Kešutis Sviklas, Agnė Vingelienė, Laimutė Žalimienė.

Science editor- Arvydas Virgilijus Matulionis

Compiler - Eduardas Kešutis Sviklas

Translator - Daiva Gridziūsaite.

Editor - Eglė Geštautaite.

Layout developer - Rimantas Adominis

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FOREWORD

In April 2005 the international scientific-practical conference “Every Child Counts” took place in Vilnius. At this conference the study “Review of the Health and Welfare of Children Under 3 in Residential Institutions towards Prevention of Institutionalisation and the Expansion of Family Care Alternatives in the Republic of Lithuania”, conducted by the Institute for Social Research in 2004, was introduced in Lithuania for the first time. The aim of the study was to examine the health status of infants and children under the age of 3 years living in state guardianship institutions, to analyse their social demographic characteristics, as well as to identify the reasons for their placement, the period of stay in state institutions and the problems of guardianship.

The conference was aimed at attracting attention of Lithuanian society, politicians and specialists to infants and children under the age of 3 years, who had been living without parents or guardians in state institutions, since their birth, as well as at considering the alternatives to institutional care in order to ensure the right of the child to be raised in a family.

The conference was organized by the Ministry of Health, the Committee on Health Affairs of the Seimas and the Institute for Social Research. It was supported by the UNICEF Regional Office for Central and Eastern Europe, the Commonwealth of Independent States and the Baltics, represented by the project manager Ms. Marty Rajandran. The conference was also attended by representatives of the Seimas of the Republic of Lithuania, the Controller for Protection of the Rights of the Child of the Republic of Lithuania, the National Health Council, the Ministry of Social Security and Labour, the Ministry of Education and Science and other Ministries, agencies, public bodies, county infant care homes for infants with developmental disabilities, non-governmental organisations, Vilnius University, Kaunas University of Medicine, the University of Birmingham (Prof. Kevin Browne) and employees of different research institutes.

The sociological study “Review of the Health and Welfare of Children Under 3 in Residential Institutions towards Prevention of Institutionalisation and the Expansion of Family Care Alternatives in the Republic of Lithuania “ was ordered by the Ministry of Health of the Republic of Lithuania, and funded by the UNICEF Regional Office for Central and Eastern Europe, the Commonwealth of Independent States and the Baltics. It was carried out by the Institute for Social Research.

As the first such study in Lithuania, this provided important information on the situation of the infants, the reasons for their placement, their health situation, the type of care and services provided, the governing legislation, and feedback by professionals who provide support for the children.

The conference discussed the measures for improving the health of infants and children under the age of 3 years who live in state institutions as well as the alternatives to institutional care (family guardianship, adoption and family-type care). It stressed the necessity of developing a local, communal system of prevention in Lithuania and giving particular attention to families while providing them with methodological and financial support and teaching them to solve problems independently.

It is a pleasure for me to introduce the book written by the scientists’ team of the Institute for Social Research on the basis of the national study results and reports of the conference.

I hope that this book will be of great interest to scientists and specialists of European countries because, as Prof. Kevin Browne (Birmingham University, UK) stated, “the study is among the best on this subject and the report must be widely shared”.

Minister of Health of the Republic of Lithuania



Žilvinas Padaiga

INTRODUCTION

At the conference “Mapping the number and characteristics of children under 3 in institutions across Europe at risk of harm” (Copenhagen, 2004) it was recognized that babies and children under 3 years of age, being into institutions without parents or foster-parent for a period longer than 3 months, could provoke the slowdown of their intellectual, emotional and physical development, which really threatens children’s health and infringes on their rights. A child should be removed from the family only in extreme cases when threat for his health or life is unavoidable.

The above-mentioned Copenhagen conference has declared the key principle (vision) of child health care and welfare: **children under 3 years of age should not be placed into children care institutions for more than 3 months without parents or guardians**. In Lithuania, 46 of 10 000 infants and children under 3 years of age are placed into state institutions. By this indicator, of 32 countries that took part in the research Lithuania was the fifth. By the number of children placed in state institutions Lithuania was outran by the Czech Republic (60 children), Belgium (56), Latvia (55), and Bulgaria (50). Meanwhile in Estonia the number was only 26 and in Poland it was only 9.

A key point was also proclaimed that money must follow a child, and the child must grow up under the care of those who observe his rights and satisfy his interests more properly.

The research of the health and care state of Lithuanian children under 3 years of age placed in state institutions was based on the key provisions of the above-mentioned conference.

The object of the research is infants and children under 3 years of age placed in six state care institutions: **5 infant medical care state institutions-homes for infants with development disorders** (in Vilnius, Kaunas, Klaipėda, Alytus and Šiauliai) and a **care home** (Algimantas Bandza infant and children care home of Panevėžys), i.e. the crop of this age group institutionalised children is covered. In Lithuania the greatest number of infants and children under 3 years of age under state care are placed in the medical care institutions. The *notion infant home* will be used further in the text.

During the research, socio-demographic characteristics (age, gender) of the institutionalized infants and children under 3 were analyzed; besides, the reasons for and the period of their institutionalization, and their health state on their arrival to the institution and on November 1, 2004 (the date registered during our research) were examined. The level of wellness of infants and children under 3 and the factors that have influence on their state of health, the need for health services and care were assessed.

The following was identified: the reasons for infant and children placement in state institutions; the duration and frequency of placement in a care institution; visiting of a child (who of the family and how often come to visit a child), status of an infant or a child with regard to care establishment or prospects of his/her adoption.

The research also analyzed the key indicators of the infants homes: change in the number of inmates of infant home (arrivals and departures in 2002 –2004, distribution by the reasons of arrival and departure), financing of infant home, sources of financing, expenditure and its structure, staff structure.

It also analyzed the health care and education services; material basis for these services, general material basis and state of infant homes.

“The tendency to place children from dysfunctional families in specialised institutions is still strong. In Lithuania, the number of such children is about 14 thousand. It is like a delayed-action bomb” (daily paper *Lietuvos rytas*/February 1, 2005, No.26). “The isolated sooner or later come back to society but usually they fail to readjust. They become victims, criminals or just losers”.

This is also illustrated by the data of our research: mothers of many respondents (inmates of state care institution) grew not in a family but in a care institution. Thus, it is important not to take a child from his or her parents but to help such a family to get out of a crisis. Reduction in the number of inmates of state care institutions is not possible in the near future; however, the State and various public organisations should strive for that.

Another major problem is early rehabilitation and correction of development disorders of inmates of infant and children homes, also intensive nursing and special early education of children. The earlier the sample of possible disorders, assessment of risk factors, and application of certain ways of correction, the bigger probability that those disorders will not show through.

In such way, the research had the following key goals:

- To analyse the existing situation of health service rendering and the need for such services at infant homes;
- To work out recommendations for the improvement of this situation by foreseeing both short-term and long-term goals and orienting towards the principle goal of modern European society – “A child must not experience poverty, perceiving it as a shortage in the satisfaction of the basic needs (wholesome food, a safe permanent home, clothing, educational measures and health-support services), or social separation, deprivation of an opportunity to realise natural talents and helplessness in adapting to changing conditions” (Concept of State Policy on Child Welfare, 2003).

Researchers are grateful to the employees of Mother and child’s Health Care Subdivision of Division Personal Health of the Ministry of Health, to the heads and employees of the infant homes for their sincere and important help.

Research on the causes of institutional care of infants, factors for their placement for longer than 3 months and alternative mechanisms for their care and protection in a family environment is completed and the results utilized in a process to review national policies and services towards reducing the number of infants under the age of 3 living in institutional care for periods of longer than 3 months without parents or guardians.

KEY FINDINGS OF THE STUDY

The youngest mother who abandoned her child was only 13 years of age, whereas the eldest one was 46 years old. The age of the majority (more than one third) of mothers ranged from 30 to 39. The majority of mothers are unemployed. 4% of them are supported by the state and receive an disability pension. As the research data show, the education of only one third of mothers is secondary or high which differs from the general level of education of Lithuanian women. Only a few women have higher or uncompleted higher education.

Even less is known about fathers of infants placed in infant homes: information is available only about one third of them (34%). Only 8% of fathers work, 2% of them are supported by the state, 8% are involved in another activities and 14% are unemployed. Nothing is known about the rest. The education level of fathers is even lower than that of mothers.

On November 1, 2004, six infant homes had 365 infants and children under 3.

The most frequently stated reason was a disharmonious family. This accounts for 53% of all reasons indicated. Clearly, these cases can be supplemented by the following ones: restricted parental rights (9%), parents themselves renounced their child (5%), parental violence (1%). Another reason close to the above-mentioned ones is imprisonment of parents (2%). Thus, 7 out of 10 infants were placed in infant homes due to problem families.

Another group of reasons is related to poverty. This was indicated even in 21% of questionnaires. Definitely, this reason can be correlated with a situation in problem families, in which family members are alcohol abusers and inflict violence.

Clearly, these groups of reasons may be related to the long-term illness of parents (indicated in every tenth questionnaire), single parent families (most often consisting of a single mother) (9%) and the request of a mother to accept an infant (12%).

Only one percent of infants were total orphans, i.e. having no parents at all.

This may be the reason for different nature of infant guardianship: one fourth of infants in Vilnius and Klaipėda are under permanent guardianship, whereas there is only 1% of such infants in Šiauliai.

The most dynamic situation is in Alytus and Šiauliai, where the majority of infants have good prospects for adoption whereas more than half of infants in Panevėžys and Klaipėda have no prospects. This is determined by the health state of children because, as it was mentioned before, disabled children have few chances to be adopted in Lithuania. In addition, it should be stressed that few infants have been adopted abroad.

41% of infants and children under the age of 3 were placed in infant homes from health care institutions, 34% – from the department of neonatology of a hospital, 18% – from their parents' family, 3% – from another guardianship institution, 2% – from their relatives' family and 2% – other.

45% of infants and children under 3 placed in infant homes are not visited by anybody, 32% are visited by their parents, relatives or other people less than once per month, 11% are visited once per month. 4% of infants and children under 3 are visited every two weeks, 6% – every week and even more often.

The developmental quotient lower than 70 was determined to 27% of infants and children after their placement in infant homes. The developmental quotient of 48% of children accommodated in infant homes was higher than 70. However, it should be noted that the developmental quotient of every fourth child placed in infant homes was not indicated.

As of November 1, 2004, there were 21% of children in all infant homes whose developmental quotient was lower than 70.

Upon the accommodation in infant homes diagnoses were made for infants and children under the age of 3 years. Only one disease was diagnosed to 25% of children, two diseases to 32%, three diseases to 18%, four diseases to 11% and five diseases to 10%.

The main funding source of infant homes is the state budget. The budgetary funds account for between 95% and 98% of all funds of the institutions. Funds allocated for the implementation of special programmes, such as „Vaccination of Children“, “Be healthy“, “Protect Yourself and Your Friends“ also make up a certain proportion (quite a small one) of the funding.

In addition, infant homes receive part of funding as support (charity) both from natural and legal persons from abroad and Lithuania. However, it is not a stable source of funding; the amount of funds received differs every year (in 2002 it made up LTL 377 thous, in 2003 – LTL 766 thou, in 2004 – LTL 324 thous).

The major part of expenditure consists of expenditure for wages and salaries (in individual infants homes then are from 88% (Vilnius) to 60% (Panevėžys). Another major groups of expenditure is expenditure for nutrition, which on the average accounts for 8% of all expenditure; however this expenditure in different years and in individual care homes fluctuate from 4,6% to 14,6%. Expenditure for pharmaceuticals accounts only for about 1,5% of the total expenditure; although, in different infants homes it fluctuates from 0,4% to 3,1%. Such an unevenness occurs due to the difference in the use of the support funds: in some infants homes the funds of support (charity) are used for nutrition, or for acquisition of pharmaceuticals or of medical (rehabilitation) equipment, while in others they are used to satisfy other needs.

Each year of the period in question, maintenance costs of infants and children under 3 have been on the average growing by 1,8 percent. In 2002, maintenance of one inmate amounted to 19 200 Litas, in 2003 to 19 500 Litas, and in 2004 (our estimate) it will amount to 20 000 Litas.

The education level of the personnel working with children complies with the qualification requirements (in some cases, e.g. children’s nurses (5) and nannies (9) have higher education that surpasses the job requirements).

All doctors, 53% of specialists and pedagogues have higher education, 87% of children’s nurses have special high education.

I. GOALS OF RESEARCH AND METHODOLOGY

1. 1. GOALS AND TASKS OF RESEARCH

At the conference “Mapping the number and characteristics of children under 3 in institutions across Europe at risk of harm” (Copenhagen, 2004) it was recognized that babies and children under 3 years of age, being into institutions without parents or foster-parent for a period longer than 3 months, could provoke the slowdown of their intellectual, emotional and physical development, which really threatens children’s health and infringes on their rights. A child should be removed from the family only in extreme cases when threat for his health or life is unavoidable.

The above-mentioned Copenhagen conference has declared the key principle (vision) of child health care and welfare: **children under 3 years of age should not be placed into children care institutions for more than 3 months without parents or foster parents.** In Lithuania, 46 of 10 000 infants and children under 3 years of age are placed into state institutions. By this indicator, of 32 countries that took part in the research Lithuania was the fifth. By the number of children placed in state institutions Lithuania was outran by the Czech Republic (60 children), Belgium (56), Latvia (55), and Bulgaria (50). Meanwhile in Estonia the number was only 26 and in Poland it was only 9.

During the research social demographic characteristics (age, gender) of infants and children under 3 placed in the infant homes will be analyzed, the reasons for their placement will be defined, the period of stay in state institutions as well as the health state upon arrival and at present.

Factors determining the health state of infants and children under 3 in institutional care will be assessed and possible indicators of health state monitoring will be prepared. The need for health care services by infants and children under 3 with disorders will be determined (how many and what health care services are necessary by infants and children under 3 placed under guardianship in state institutions, what proportion of these infants and children needs health care services and what proportion needs only guardianship services).

The reasons for placement in and departure from infant homes during the last 3 years will also be set out (2002-2004): return to parents, other relatives, family-type care homes, state institutions, non-state institutions or adoption of the child.

The analysis of factors due to which children were placed in infant homes will be carried out during the research. Factors that could and should encourage the reintegration of children in the biological family as well as placement of children in other families, family-type care homes or adoption will be analyzed too.

1.2. METHODOLOGY OF RESEARCH

Object of the research is infants and children under 3 in infant homes.

Sample of the research is medical care state institutions – infant homes for Infants with development disorders in 5 counties (Vilnius, Kaunas, Klaipėda, Alytus and Šiauliai) and one care home (Panevėžys Algimantas Bandza Infant and Child Care Home). The sample covers all population of the above mentioned age group placed in infant homes.

METHODOLOGY:

1. Analysis of documents – collection and analysis of objective data of infant homes on social demographic characteristics of foster children, the need for health care services and the degree of its satisfaction, social, economic, financial, domestic, working, work organization and other conditions in infant homes;

2. Analysis of individual, objective data on foster children – recording of social demographic reasons, the reasons for the loss of parental care of each foster child, his/her health indicators and other parameters in the individual record card and the social analysis of these parameters. It is planned to collect analogical data about infants and children under 3 who left state institutions in 2004.

3. Survey of experts – an interview-based survey of experts (heads and employees of infant homes, agencies for the protection of the rights of the child, NGO's) conducted in order to determine the political, legal, economic and social factors that could and should improve the provision of health care services in state institutions and to establish the factors as well as provide for the means that would encourage children's reintegration in the biological family, adoption or placement of children in other families and family-type care homes.

1.3. THE MAIN TRENDS OF THE RESEARCH

1.3.1. Socio-demographic characteristics of infants and children under 3 placed in infant homes.

The research will find out age, gender, nationality, place of birth and socio-demographic characteristics (age, education, social status) of mother (and father if, possible).

1.3.2. Assessment of child's health state.

The below methods will be used for the assessment of the state of health of infants and children under 3 placed in infant homes.

1.3.2.1. Assessment of child's physical state

The physical state of a child will be assessed on two recorded dates, namely the date of arrival to an institution and on November 1, 2004. A diagram sheet is used for the assessment of physical state of a child that gives curves of child's height and growth (PERCENTAGE METHOD)*. These methods recommend the following variants to assess the physical state:

a. Harmonious growth (HA), when the height is normal (N), i.e. it corresponds to the age or it is deviant from the average one within the permitted limits. This variant includes children of average height, rather short and rather high children, also high and short children (i.e. their height is within 3 and 97 percentiles), when all the rest indicators of their growth are proportionate to their height, the rate of growth is normal or is moderately deviated from the average one (i.e. the rate of growth is within 3 and 97 percentiles), pubertal growth jump is normal, a child has no complaints about bad health, he/she is active, his/her overall status of health is without any vivid deviations. The physical state of children falling within this variant could be defined as follows:

HAN: of average height,

HAN: rather short,

HAN: rather high,

HAN: high,

HAN: short.

b. Harmonious growth, when the height is marginal (HAK) and clearly fails to correspond to the age: exceeding 97 percentile (HAK: very high) or lower than 3 percentiles (HAK: very short), and all other indicators correspond to the height, their formation is proportional, functional indicators do not feature any clear deviations.

c. Disharmonious (disproportionate) growth (NHA), when one or more indicators of a child develop out of proportion to the height. In case of such disharmonious growth variant, the indication of the height should be accompanied by the nature of disharmonious growth alongside with the height, e.g.: NHA: average height, great weight, or NHA: very short, very great weight, etc.

1.3.2.2. Diagnosis of a disease. ICD-10 (International Classification of Diseases, Tenth Revision) will also be used for the assessment of infant and children health care.

With the help of ICD-10, the diagnosis of child's disease will be established on two fixed dates: arrival to an institution and November 1, 2004.

1.3.2.3. Group of wellness.

Another indicator that defines wellness of a child is attribution of child to one of 5 wellness groups established on the two fixed dates: arrival to an institution and November 1, 2004.

- The 1st health group includes children without any defects or functional disorders, children who have good organism reactivity and who are rarely ill with acute diseases.
- The 2nd health group includes children who are practically healthy but have certain functional disorders, lower organism reactivity, children who are often ill with acute diseases and who have insignificant morphological deviations that have no impact on their daily activities, also children with deviations of physical development that are not related to endocrine system diseases, children who were ill with different diseases and are in the period of re-convalescence.
- The 3rd health group includes children ill with chronic diseases in compensation stage, children who have physical shortcomings, remnant occurrences after traumas, without vivid motor function disorders. Such children are able to normally adjust to normal living conditions.
- The 4th health group includes children who are ill with chronic diseases in sub-compensation stage and who have morphological disorders that aggravate their daily activities.
- The 5th health group includes disabled patients in decompensation stage, also patients who have to stay in bed.

1.3.2.4. Development coefficient.

This method is comparatively new and it is applied not in all infant homes. This indicator will be established only in those infant homes that use it. In such infant homes it will be established on the two fixed dates: arrival to an institution and November 1, 2004.

1.3.3. Reasons for placement in an state institution.

Reasons for placement of infants and children in institutions, duration and frequency of such placement, frequency of visits of relatives of children (who and often come to visit a child), status of a child with regard to care establishment and prospects of adoption will also be established.

1.3.4. Activity indicators of infant homes.

Change in the number of inmates of infant home (arrivals and departures in 2002 –2004, distribution by the reasons of arrival and departure).

Financing of infant home, sources of financing, expenditure and its structure.

Staff: education and salaries.

Health care and education services rendered at institutions; material basis for these services, general material basis.

II. DEMOGRAPHIC SITUATION

The analysis of socio-demographic facts enables conclusion that the present day Lithuania suffers from a demographic decline and rapid aging of the population; it has lost demographic balance, and an institute of a family undergoes transformations, which is also proved by the data on rapid decrease in birth-rate during the last two decades that fails to secure change of generations, also on outspreading cohabitation without getting married and on the increase in the number of extra marital children, etc. Changes in family creation and giving birth to children get wider recognition in the public as normal ones. Stereotypes of families approving of family deinstitutionalisation, and of devaluation of having children increasingly prevail. Although in Lithuania changes in the assessment of family life more or less correspond to those in other European countries, the speed of changes in assessment is one of the greatest (data of European Value Survey, 1990-2000).

Demographic situation is certainly related to the number and with formation of the structure of children placed under guardianship. The key circumstances and factors of demographic situation that condition formation of the need for child guardianship are the following: general situation and trends of its changes in such spheres as births, marriage, family stability, etc.

2.1. Birth rate

In Lithuania, the highest birth-rate was recorded in 1950-1960, i.e. 23 births per 1000 inhabitants (60-62 thousand births per year). Later, the birth-rate started going down (in 1980, only 52 thousand babies were born). In 1983, the birth-rate started going up but this growth lasted only several years. The speediest decline of the birth-rate was seen in 90 s and at present the birth-rate reaches only 30 thousand newborns per year (Table 1). The average number of children that a woman gives birth to during her life (total fertility rate) has also considerably decreased. In 2003 the birth-rate indicators were a bit better: the number of births in 2003 was 502 higher than in 2002.

Table 2.1.

Dynamics of birth indicators in 1990-2003

Indicators	1990	1995	2000	2001	2002	2003
Number of births	56868	41195	34149	31546	30014	30598
Crude fertility rate (births per 1000 inhabitants)	15,4	11,4	9,8	9,1	8,6	8,8
Total fertility rate	2,03	1,55	1,39	1,30	1,24	1,26
Share of extra-marital live births (%)	7,0	12,8	22,6	25,4	28,4	30,0

Sources: Demographic Yearbook 2002(2003). Vilnius: Department of Statistics. www.std.lt

The change in the number of children is also conditioned by such factors as increase in the number of bachelors (data of Population Census 2001), spread of voluntary childlessness (the data of Family and Births show that in Lithuania about one tenth of young people are not going to have children), etc.

The change in the number of children is not closely related to the dynamics of the need and extent for child guardianship. For example, in spite of the decrease in birth rate, the number of children placed under guardianship in 1995-2001 has increased almost twice (from 9,7 thousand

to 18,7 thousand). The growth in the number of children placed under guardianship is rather conditioned by structural changes in birth rates, as increase in the number of children born extra marriage or in social risk families.

2.2.Extra marital children

In recent years, the share of extra marital children in the total number of births has been rapidly increasing. While in 1990 their number amounted to only 7%, in 2003 it reached 30% (Table 2.1). The increase in the share of extra marital children is conditioned by the increase in the number of cohabiting couples and of women who want to raise their child alone.

The specific data on the spread of unregistered marriages is not available (statistic data is not available and some data is received from socio-demographic studies). The results of the study “Family and Births” revealed that about 15-16% men and women born in early 70 s had experience of cohabitation at the age of 25; while the corresponding indicates of marital life of twenty year older people were about 6-8%.*

Basing on socio-demographic studies it could be stated that the attitude towards cohabiting couples and towards marriage has been significantly changing.

The data of European Value Survey (EVS) reveal that in 1990 – 2000 the opinion that **marriage is a relic** has become stronger (In 1990 in 20 countries of Europe 14% were in favor of such opinion, while in 1999 20% of respondents were in favor of such opinion). Such tendency of marriage assessment is characteristic of all those countries, only the degree of changes in assessment differs: the most rapid formation of the opinion that marriage is a relic was seen in Lithuania, Ireland, Northern Ireland, Belgium, and the slowest one was seen in Poland, Czech Republic, Hungary, Italy, Spain and Portugal. In 1999, in Lithuania such opinion was approved of by 21% of respondents (which corresponds to the average of European countries).

Another important factor related to family formation is an increasing opinion that a child **does not necessarily need both parents** for normal growth and development, and the wish to have children is decreasingly linked to marriage. During the period in question, this opinion has undergone rapid formation in certain countries: in Sweden the number of those in favor of such opinion has increased by 26% (in 1999 it was supported by 40% of Swedes), in Portugal by 21%, in Ireland by 15%. In Lithuania (the same as in the Netherlands) the change in the spread of such opinion reached 13%, but in 1999 the number of respondents in favor of opinion was 19%.

The opinion that a woman **wanting to raise a child alone** should be justified has become stronger, too. During the last decade, in Lithuania the justification of a woman wanting to raise a child alone has increased only by one tenth, but the spread of such opinion was one of the biggest in Europe (Lithuania with its 62% was outrun only by Spain with its 66%).

Table 2.2.

Dynamics of family indicators in 1990-2003

Indicators	1990	1995	2000	2001	2002	2003
Number of marriages	36310	22150	16906	15764	16151	16975
Total rate of marriages (marriages per 1000 inhabitants)	9,8	6,1	4,8	4,5	4,7	4,9
Number of divorces	12747	10221	10882	11024	10579	10599
Total rate of divorces (Divorces per 1000 inhabitants)	3,4	2,8	3,1	3,2	3,1	3,1
Marriage/divorce ratio (Divorces per 100 marriages)	35,1	46,1	65,5	69,9	65,5	62,4

Sources: www.std.lt

* Lithuanian Inhabitants: 1990-2000, Vilnius: LFSI, 2002, p. 36.

The growth in the need for child guardianship is determined by the increase in the number of single women having small children rather than by women who want to raise children alone. The number of such women is increasing because of death of a spouse and because of **divorce**.

2.3. Divorce

Basing on official statistics of such facts the dynamics of the registered marriages and divorces becomes vivid, although we know that cohabitation is spreading. The official statistics shows that during the period in question the number of divorces with regard to marriages has been increasing. While in 1990, 35,1 divorces fall to 100 marriages, in 2003 the number reached 62,4, and in 2001 it reached 69,9. The number of divorces falling to 1000 inhabitants relatively decreased, as the number of marriages decreased. In 1990, in Lithuania 36,310 marriages (9,8 marriages per 1000 inhabitants) and 12,747 divorces (3,4 divorces per 1000 inhabitants) were registered; while in 2003 the number of marriages was 16 975 (4,9 per 1000 inhabitants) and that of divorces was 10 599 (3,1 per 1000 inhabitants).

Similar processes are also noticed in other countries of Europe. For example, in the Baltic States the number of divorces falling per 1000 of inhabitants was as follows: In Latvia in 1990 it was 4.0; in 2001 it was 2.4; in Estonia in 1990 it was 3.7; in 2001 it was 3.2.*

During the period in question, the attitude towards divorces has also changed and has become more liberal. In 1999, 19% of respondents thought that divorce could not be justified in any case (in 1990 – 24%), and in 20 countries of Europe – 14% (in 1990 – 11%). The countries, in which divorce was not approved to the highest extent were the following (%): Ireland – 27, Poland – 26, Latvia – 25. The same countries were among the first ones by the same indicator in 1990, too (%): Ireland – 30, Poland – 29, Northern Ireland – 27.

At the end of the last decade, divorce was mostly justified in (%): Denmark and Sweden – 41 each, the Netherlands, Spain and Germany – 22 each (the average of 20 countries of Europe – 15%, in Lithuania – only 6%).

2.4. Social risk families

The greatest probability that children will need guardianship arises due to **social risk families**.

Social risk family is a family with prevailing crisis due to the fact that one or more members of the family abuse psychoactive substances, are dependent on gambling, fail to take care of children, allow vagrancy and beggary of children, are not able to take care of children because of disability, poverty, lack of social skills, use psychological, physical or sexual violence against children, use state support not for the interest of the family.

According to the available data, the number of social risk families and children raised in them is increasing (Table 2.3.).

Table 2.3.

**The number of social risk families
and children growing in them (thousand)**

Indicators	1995	1996	1997	1998	1999	2000	2001	2002	2003
Number of children	25,6	29,9	34,3	34,4	36,9	40,3	42,8	40,0	41,9
Number of families	9,7	12,6	14,9	15,1	16,0	18,1	18,7	18,5	17,9

Sources: Statistical Yearbook of Lithuania. Vilnius: Department of Statistics, 2003, p.288.

* Recent demographic developments in Europe 2002, Council of Europe, December 2002.

III. CHILDREN GUARDIANSHIP SYSTEM AND ITS TRENDS IN LITHUANIA. SITUATION REVIEW BASED ON RESEARCH RESULTS *

3.1. RATIO OF INSTITUTIONAL AND COMMUNITY GUARDIANSHIP

In Lithuania, a number of different sphere institutions are responsible for the organisation of children guardianship and special education, namely: the Ministry of Social Security and Labour, the Ministry of Education and Science, the Ministry of Health; regional departments of social affairs, education, health; municipal sub-divisions of agencies of protection of the rights of the child and of social assistance. Services of children guardianship and education are rendered by a range of establishments of different profile: child care (temporary care) homes, special boarding schools, general education boarding schools, special child care homes, state care are placed in the medical care institutions, child care groups, family-type care homes or guardians' families. Alas, in Lithuania community services, including care in families and family-type care homes, lack predominance in the structure of social services intended for children if compared with institutional care services. Although, in recent years, this ratio has been changing towards predominance of community care services, we are not able to state that we have an advanced system of services that meets the needs of a child in the best way, especially in the case of infants. Lithuania has faulty practice when an infant deprived of mother's care (or abandoned by mother) is usually placed in the infant home. Cases when a baby under 3 is placed into families or family-type care homes. This is conditioned by a number of reasons; first of all, by the fact that municipalities, which are delegated a function of establishing guardianship in case of necessity, usually prefer state institutional guardianship services at municipal or county institutions. Placing a child in county child care home is free of charge for a municipality. A tendency has been noticed that municipalities that have state child care home within their territory are reluctant to establish municipal child care home, family-type care homes or to look for guardian families, as placing a child in a county institution needs lower costs.

Administration of most municipalities lacks proactiveness and is even against expansion of child guardianship in families and family-type care homes. Most probably it is related to financial problems of municipalities but insufficient understanding of the importance of community guardianship for welfare of children is also the issue. The data of the research carried out in 2001 reveal that almost half of municipalities attempt to maintain and support the expansion of child guardianship in families and family-type care homes; however, some municipalities even impede establishment of child guardianship and agencies represented interests of children are required to organise child guardianship in state institutions.

It could be presumed that if the state could provide at least partial support for the expansion of care at family-type care homes, the number of places of institutional guardianship could be reduces.

The predominance of institutional services in the sphere of child guardianship has also been conditioned by stereotypes and long-term practice. State child guardianship institutions and special education institutions have created an isolated system of child guardianship. Efforts are laid to preserve this system and usually no possibilities are seen (or there is no wish to see any possibilities) to place an institutionalised child in a family or family-type care homes.

The opinion of the leaders of child guardianship institutions and special education institutions reflects their low motivation to look for an alternative guardianship for their inmates and even sometimes resistance of the leaders is felt. Only half of representatives of child guardianship

institutions and special education institutions have indicated that they are continuously looking for possibilities to place their inmates in families or family-type care homes. Thus, about 50% of child guardianship institutions and special education institutions efface themselves and take a passive position with regard to organisation of alternative guardianship and are reluctant to join the process³.

Table 3.1.

Opinion of leaders of agencies for protection of the rights of the child under the administration of municipalities on the attempts to establish the alternative guardianship³

Attitude of municipal administration to establishment of alternative care in families and family-type care homes	Number of respondents	Share of respondents %
1. Stimulate doing that	20	33
2. Are not against when the necessity if proved	11	18
3. Impede care in families and family-type care homes	5	8
4. Refuse to see the importance of such guardianship form	10	17
5. Stimulate placement of children in state institutions	7	12
6. No respond	7	12
Total	60	100

Table 3.2.

Opinion of leaders of child guardianship institutions and special education institutions on the necessity to look for alternative guardianship for their inmates

Are possibilities for child's placement in families and family-type care homes looked for	Number of respondents	Share of respondents%
1. Continuously	61	46,9
2. In case of specific proposals	45	34,6
3. No actions, other institutions should take care of that	21	16,2
4. No respond	3	3,3

According to the data presented by agencies for the protection of the rights of the child, it could be judged that a number of children who are placed in families and family-type care homes (about 11%) is twice as high as the number of such children from county guardianship institutions (only about 5%).

At present, guardianship in families and family-type care homes usually expands when proactive persons occur who want to give care for children. But in most cases it is not easy for them to get support from municipality both due to the lack of funds and lack of trust in them, which is conditioned by a negative opinion of the public on those who want to take care of children, absence of guardianship standards, selection of guardians, non-existence of the system of training and control, etc.

Active on-site work with social risk families could serve as a preventive measure to reduce the need for institutional guardianship. However, social services centres of municipalities and agencies for the protection of the rights of the child (APRC) encounter difficulties when organising help to problem (social risk) families. APRC do not have sufficient staff so that they were able

to organise individual work with families that have social problems. In 2001, on the average, 166 children from problematic families fell to one employer of APRC³.

Table 3.3.

Placement of children from institutional child guardianship institutions in families and family-type care homes, 2000

Counties	Children from state institutions placed in families and family-type care homes		Children from municipal care home placed in families and family-type care homes	
	Number of children	Share (%), compared to the number of children in state institutions	Number of children	Share (%), compared to the number of children in municipal care home
Alytus	33	6,6	6	33,3
Kaunas	50	6,9	48	10,8
Klaipėda	40	7,9	17	10,0
Marijampolė	4	1,2	35	12,6
Panevėžys	12	5,0	25	11,5
Šiauliai	34	11,7	25	10,9
Tauragė	54	28,0	39	30,2
Telšiai	20	6,7	13	6,0
Utena	20	5,6	23	13,1
Vilnius	48	3,8	75	14,7
Total	275	5,8	280	11,7

3.2. SITUATION OF GUARDIANSHIP IN FAMILY-TYPE CARE HOMES AND FAMILIES

3.2.1. Family-type care homes as an institution of child guardianship

Family-type care home is one of possibilities for a child deprived of parental care to be accommodated. Family-type care homes create living conditions for a child much closer to those of home that at a child guardianship institution. In Lithuania, the number of such family-type care homes is about 50, and they take care of more than 400 children. However, they do not play a major role in the organisation of child guardianship first of all due to the fact that their activities lack regulation and create distrust of authorities and the public. According to the data of the survey of representatives of family-type care homes³, only about 50% of family-type care homes enjoyed support of municipalities for the establishment of family-type care homes. Representatives of one third of municipalities did not want that such an institution were established. According to the data of the research, the average number of children placed in one family-type care home is 11. Usually 6-7 children are placed in family-type care homes. An average family-type care home consists of 13 persons: 11 children (two of them are usually their biological children) and 2 grown-ups.

The education level of fathers and mothers of family-type care homes, the same as that of

Table 3.4.
**Distribution of the number
of family-type care homes by a number of
inmates³**

A number of inmates in family-type care homes	A number of family-type care homes	A share in the total number of family-type care homes (%)
2	1	2,0
5	1	2,0
6-7	25	49,0
8-9	9	18,0
10-11	8	16,0
13-15	7	13,0

Table 3.5.
**Education of family-type care homes
parents (%)**

Education	Mothers	Fathers
1. Higher	17,6	17,8
2. College	35,3	28,9
3. Vocational	9,8	20,0
4. Secondary or lower	35,3	31,3
5. No reply	2,0	2,0

employees of child guardianship institutions, is rather low: fathers and mothers of one third of family-type care homes have not undergone even vocational training and have only secondary education, if any.

In such a context there is no doubt that patents of family-type care home need systematic and methodical support of specialists of APRC or other institutions in order to safeguard successful guardianship. Moreover, one fifth of family-type care homes have indicated that lack of methodical help is one of the key problems when taking care of children in family-type care homes. Special emphasis is laid on problems related to education of adolescents, also on the need for psychological help (knowledge) in the process of children education. Contact of family-type care homes with the relatives of children also reveals shortcomings in the guardianship quality. About 70% of family-type care homes said that they had no contact or hardly any contact with the relatives of children; 43% had no contact at all.

Basing on the presented information, living conditions of family-type care homes are close to those of an average family of the country or even better to some extent. The total area falling per person at family-type care home is 14.6 m², while the living area equals to 10 m² per person: at some family-type care homes

(25%) the living area falling per person is 8 m², and in 43% of family-type care homes more than 10 m² fall per person. A living house of family-type care home on the average has 10 rooms, i.e. 1 room per 2 persons.

In 2000, the average monthly income of family-type care home was LTL 6,700.00 or LTL 517.00 per person. Thus, it could be stated that the income of family-type care home is higher than the average income disposed by inhabitants of Lithuania, which in 2000 was LTL 410.00 per person.

3.2.2. Guardianship in Families

In Lithuania, family guardianship of children deprived of parental care is not a sufficient alternative for the prevailing institutional guardianship. The supply of caregivers is very low and for specialists of municipalities it is not easy to find families wanting to be caregivers for children. The “reserve” of caregivers, such as in other countries of Europe, hardly exists. In practice, nearest relatives (grandparents, brothers, sisters, aunts, etc.) become guardians. According to the data of the research¹, only 16% of guardians are not relatives.

The factors impeding expansion of guardianship in families are insufficient promotion of this type of guardianship, negative attitude of the public towards people who want to act as guardians,

poor financial potential of municipalities, and lack of the system selection, training and control of guardians.

According to the survey of families acting as guardians of children¹, the material situation of most of the families that want to become guardians is poor, which does not mean that they do not need social support but their income level is close to that of families getting social support. As general procedure or methodologies for assessment of income, health state, etc. of families wanting to act as guardians are missing, it is difficult to decide whether such family is capable of giving the child all that is necessary. The regulation of child's allowance is not sufficient; thus sometimes it seems that families want to become guardians only because of the allowance. Thus, poor families usually are not allowed to act as guardians, which results in the situation that the number of families wanting to become guardians is low.

A number of families wanting to become guardians is low as everyone is afraid of adolescence-related problems. Most families want to become guardians of small children.

Besides, everyone usually wants to take care of healthy children that have no parents and no behaviour-related problems, and no one usually wants to become a guardian of children having disabilities or whose parents are alive. Even relatives refuse to take care of older children or children who have behaviour-related problems. Families are afraid of taking responsibility for an adolescent. Their fear is conditioned by the fact that the system of consultation and support for such families is missing.

Several main aspects related to the quality of guardianship in a family could be singled out: usually elderly persons (relatives) become guardians of children and they usually are not able to guarantee comprehensive education of a child, as they themselves usually are low-incomed and poorly educated; families that become guardians of children usually are not well-off thus they are not able to ensure good living conditions for children, often part of

the allowance is spent for general needs of the family. The present system does not guarantee effective control of allowance use.

It is difficult to control the quality of guardianship in a family as no mechanism has been worked out, especially in cases when relatives become guardians of children.

Socio-demographic characteristics of families acting as guardians of children

Usually families are guardians of one child (75% of families); 19% of guardians take care of two children, while 5% of guardians take care of three to five children. Half of the families acting as guardians are spouses (a couple), while half of the families that are guardians of children are one-adult families. Cases when a grandmother is a guardian of her grandchildren are often. Another peculiarity of families acting as guardians should be noted: when a child is taken care of not by a couple, such family usually consists of a guardian and another grown-up member of a family (usually a father or a mother of the child who is under guardianship when parents are not married).

Table 3.6.

Distribution of guardians by age (%)¹

Age groups	Share of certain age guardians,%
Under 30	10,1
31- 40	9,9
41-50	21,4
51-60	22,4
Over 60	35,5
No response	0,7

Table 3.7.

Distribution of guardians by education (%)¹

Education	TOTAL
Primary and lower	13,3
Basic	18,8
General education	29,0
College	23,8
Higher	14,1
No response	1,0

In the sense of education, members of families usually lack vocational education. Only less than half of guardians have college or higher education.

As it could be seen from the collected information, usually women act as guardians. According to the data of survey, 87% of guardians are women, while 13% of them are men.

More than half of guardians are over 50. Persons over 60 account for more than one third of all guardians. A great number of guardians are elderly people.

Assessing job-related situation of guardians' families, it is obvious that most of guardians have a job but some guardians are retired or unemployed. Before becoming guardians, about 14% of those who at present are unemployed were workers, tailors, knitters, teachers, store assistants or accountants. Thus, most guardians are unemployed or are workers.

Most of guardian families (more than 70%) are families taking care of 7-16 year old children. Only about 5% of families take care of children under 3.

Assessing the material situation of guardians, it is obvious that most of families have their own housing (81%), 64% of families have a separate apartment. The average net income per one family member was LTL 439.00, i.e. corresponded (or even exceeded) the average disposable income (in the first half of 2002, the average disposable income per one member of a family was LTL 422.00).

On one hand, income of families are normal, but on the other hand this average allows hypothesis that by the size of their income is smaller than the child allowance (LTL 500.00). So it could be presumed that the child allowance is used not for the needs of the child, this is especially characteristic of relatives that act as guardians.

3.2.3 Motivation and incentives of guardians to take care of children

A decision to take care of a child is usually related to the fact that guardians feel sorry for children and do not want the children to be placed in child state care homes. These children usually are their grandchildren or other close relatives. Other guardians take care of children whose parents are dead and the guardians, being relatives of those children, assumed responsibility for children. Some guardians said that they became guardians because they never had their biological children or their biological children are grown-ups or their link their decision to love for children.

Taking into consideration presumptions and circumstances, it could be concluded that most guardians base their decision on the circumstances of their life, moral duty, pity for children, no biological children, self-realisation, etc.

Most guardians do not see difference in taking care of a boy or a girl but in the opinion of one fifth of guardians, it is more difficult to take care of boys. Boys, in their opinion, are more active, less obedient and of worse temper. While girls are more amenable, obedient, kinder, but their needs are higher and they need more care and protection.

Table 3.8.

Distribution of opinions of guardians on the incentive to take care of children

Why people become guardians?	Share of guardians
They think it is their moral duty	44,7
They feel sorry for children	51,5
They are made to act so by circumstances	52,9
They do not have their biological children and want to compensate that	19,8
For some it is a possibility of self-realisation	6,1
It is one of the possibilities to improve the material situation of the family	6,5
They were asked or stimulated by child care and protection institutions to become guardians	4,2

It could be considered that insufficient supply of guardians' families as an alternative for institutional guardianship is conditioned by a negative attitude of the public towards such persons. Guardians feel a negative attitude of the public with regard to them as guardians. However, 44% of guardians think that the public opinion of them is positive and supportive. To one third of guardians the public opinion seems neutral.

About one sixth feel hostility of the public (they first of all relate this hostility to the size of child allowance, the public thinks that guardians take care of children only because of money). In the opinion of some guardians, the public does not perceive that children can be taken care of not only in institutions but also in families.

Such opinion of the public should be taken into consideration when thinking about the perspective of expansion of child guardianship in families and promotion occurrence of guardians. Formation of the public opinion should be one of directions of child guardianship in a family.

3.3. INFANT HOME

The system of infant guardianship inherited from the Soviet period, which mainly consisted of state infant homes, is still predominant in Lithuania. Some municipalities attempt to establish infant care units at temporary child care homes in order to moderate damage cause on a child by institutional care. However, that only reduced the problems but does not solve it. The present conception of child guardianship unconditionally emphasises the priority of a non-institutional guardianship when the best interests of a child are safeguarded and the needs are satisfied – children, especially infants, should be taken care on in the family.

The study of child care institutions, including infant homes, performed in 2001³ leads to a conclusion the infant home is an institution which usually takes care of disabled children and children from risk group families of single mothers.

At the beginning of 2001, the number of infants in infant care homes was 427, one third of which were babies under 1. Most of disabled children are of older (over 1).

Table 3.9.

The number and structure of children in infant home at the beginning of 2001

	Under 6 months,% of total number	6-12 months,% of total number	13-24 months,% of total number	2-3 years,% of total number	Over 3 years,% of total number	Total number of children
1. Number of children	11,9	18,5	27,4	19,2	23,0	421
1.1 boys	9,7	15,3	29,7	19,5	25,8	236
1.2 girls	15,1	23,2	25,4	19,5	20,5	185
2. With minor disability	8,3	15,6	32,8	23,9	19,4	180
3. With major disability	5,2	7,3	20,8	14,6	52,1	96

Most of children (48%) come to infant homes from children hospitals (usually disabled children), one fifth of them (22%) come from maternity home. As many as 28% of infants placed in institutions came from their biological families.

Reasons for placement of children in infant home are mostly related to the dysfunctional behaviour of parents (28%), poverty (20,0%), single motherhood (22,0%). Trends are similar in rural and in urban areas.

But with regard to institutionalised infants who come from the rural areas, many of them are institutionalised due to long-term disease of parents, poverty, and single motherhood.

Almost half (48%) of children are institutionalised because they are abandoned by their parents, and the remaining part on infants are taken away from their parents for different reasons.

Table 3.10.

Reasons for children's institutionalisation, 2000

Reasons for institutionalisation	Town		Urban areas		Total	
	Number	Percent	Number	Percent	Number	Percent
1. Taken away from parents, total:	102	42,0	121	56,5	223	48,8
1.1. because of dysfunctional behaviour of parents, when the rights of parents are temporarily suspended	5	2,1	4	1,9	9	2,0
1.2. because of dysfunctional behaviour of parents, when the rights of parents, when the rights of parents are suspended for unlimited period	5	2,1	4	1,9	9	2,0
1.3. because of dysfunctional behaviour of parents, when the rights of parents, when the rights of parents are not suspended	59	24,3	59	27,6	118	25,8
1.4. because of long-term disease of parents	2	0,8	12	5,6	14	3,1
1.5. violence of parents	8	3,3	3	1,4	11	2,4
1.6. poverty of parents	23	9,5	39	18,2	62	13,6
2. Renounced by parents :	118	48,6	87	40,7	205	44,9
2.1. because of poverty	15	6,2	9	4,2	24	5,3
2.2. because of parents' disease	7	2,9	9	4,2	16	3,5
2.3. because of disability of a child	27	11,1	10	4,7	37	8,1
2.4. a single mother asked for a temporary care for her child	36	14,8	56	26,2	92	20,1
2.5. no motivation	33	13,6	3	1,4	36	7,9
3. Other reasons*	23	9,5	6	2,8	29	6,3
Total	243	100,0	214	100,0	457	100,0

* Became orphans; death of guardians; refusal by guardians; imprisonment of a mother (both parents), unknown whereabouts of parents, etc.

Most of infants (92%) are under permanent or temporary guardianship, for 8% no guardianship has been established (for half of them guardianship could be established, and another half live there for other reasons).

Representatives of APRC of the municipality from which children come and of the institution from which children come (maternity home, hospital, police) are present when placing children in infant home. The health state of newly arriving children is assessed by a team of infant home specialists (medical-pedagogic council): a physician, a special education specialist, a speech therapist, a psychologist.

In 2000, about 60% of infants (percentage of the total number of infants in 2000) left infant home. The main reasons for their leaving were the following: return to their parents (36%), guardianship in a family (23%), guardianship in another institution due to older age (22%).

Taking into consideration changes in children flows in 1998-2000, the following conclusions could be drawn:

- the number of children returning to families increased;
- the number of children adopted in Lithuania decreased twice;
- the number of children adopted by foreigners increased three times;
- the number of children taken for guardianship to families and family-type care homes increased twice;
- the number of children taken to other care institutions remained unchanged.

The trends of guardianship of infants deprived of parental care show that their assessment is rather complicated. On one hand, although the number of children placed in other care institutions from infant home did not go down, the number of infant placed in families and family-type homes increased. On the other hand, the number of adopted children decreased twice, which is assessed as a negative tendency.

Table 3.11.

Number of children in infant home by the nature of guardianship

	Number	% of total number
1. Permanent guardianship	27	6,3
2. Temporary guardianship	367	85,9
3. No guardianship established	33	7,7
3.1. Guardianship could be established	19	4,4
3.2. Live there for other reasons	21	4,9

Table 3.12.

Reasons why children leave infant home, 1998 – 2000

Reasons	1998		1999		2000	
	Number	Percent	Number	Percent	Number	Percent
1	2	3	4	5	6	7
1. Returned to their biological parents	86	29,7	128	38,3	94	35,7
2. Adopted in Lithuania	19	6,6	8	2,4	10	3,8
3. Adopted by foreigners	75	25,9	59	17,7	26	9,9

1	2	3	4	5	6	7
4. Taken under guardianship of relatives	0	0,0	3	0,9	2	0,8
5. Taken under guardianship of a family	33	11,4	57	17,1	60	22,8
6. Left for family-type care homes	3	1,0	6	1,8	7	2,7
7. Left for other institutions	63	21,7	67	20,1	58	22,1
8. Died	11	3,8	6	1,8	6	2,3
9. Other	0	0,0	0	0,0	0	0,0
Total	290	100,0	334	100,0	263	100,0

In the beginning of 2001, more than half of the staff of five infant homes were medical staff (about 29%) and educators (about 50%). Administration and auxiliary staff accounted for about 19% of total staff. Social workers, social educators and other specialists accounted for about 3% of the staff.

Table 3.13.

Number of employees and positions at the beginning of 2001

	Positions		Employees	
	Number	Percent	Number	Percent
1. Total number of employees	793	100	731	100
1.1. Physicians	25,75	3,2	25	3,4
1.2. Nurses	187	23,6	163	22,3
1.3. Other medical staff	15,5	2,0	13	1,8
1.4. General educators	0	0,0	0	0,0
1.5. Special educators	27,5	3,5	25	3,4
1.6. Masters	141,75	17,9	141	19,3
1.7. Night nurses	224,5	28,3	203	27,8
1.8. Social educators, social workers	8,25	1,0	8	1,1
1.9. Other specialists working directly with children	16	2,0	17	2,3
1.10. Administration	28	3,5	28	3,8
1.11. Auxiliary staff	118,75	15,0	108	14,8

The average age of the staff working directly with children is 42, the staff of the retired age accounts for one fifth.

Analysing living conditions and education of children, it could be stated that in infant home groups of infants consist of 8-15 children. A group is served by 8-10 employees. The staff consists of female masters, nurses, night nurses, masseuses, speech specialists, special educators and

other specialists. (An average group consists of 10 children and is served by 9 employees). A group is served by the same female masters and nurses.

In most cases (60%), 6 children sleep in one room. The average living area falling to child is 16.8 m².

The state budget is the main financing source (69.2% in 2000) of infant homes. About 4% of all expenses were covered from charity (70% were from abroad). The average annual budget of infant home is LTL 2.5 million (from LTL 1.4 to 3.0 million). The average costs of maintenance of one infant are 2,233 thousand litas (the maintenance costs are similar in all homes except one home where maintenance costs per one child were LTL 1,800.00; however the number of disabled children was lower in that institution). Staff costs amount to 87% of total costs of these institutions.

From the above-mentioned researches it could be concluded that peculiarities and trends of the system of child guardianship in the family are not very favourable for the best interest of the child. First of all, in Lithuania the extent of children guardianship in family-type care homes and in families as an alternative for institutional guardianship is insufficient. This is conditioned by both objective and subjective reasons, first of all such as lack of understanding of politicians and the public about the damage of institutional guardianship for a child and especially for an infant. That is related the social service system on the whole and peculiarities of its financing. Beside institutions financed by municipalities, child care institutions financed by the state also exist and such institutions are like a temptation for municipalities to save the means of their budget at the expense of children.

The system of motivation, selection, training, support in taking care of a child deprived of parental care has not been formed, thus such infants are placed in infant home. Building up of reserve of guardians would enable realisation of infant care in families. As maintenance of one infant costs over 2 thousand litas per month, guardianship in a family would also mean economy of funds.

* Studies, the data of which were used to make a situation analysis

1. **Assessment of care of children living in the families** // Scientific Research Report. Head of research: L. Žalimienė. Institute of Labour and Social Research. Customer: Ministry of Social Security and Labour. 2002.
2. **Working out of the proposals for the reorganisation of the system of children care in public and non-governmental children care institutions** // Scientific Research Report. Worked out by L. Žalimienė, A. Bunevičienė. Institute of Labour and Social Research. Customer: Ministry of Social Security and Labour. 2002.
3. **Systematic assessment of the activities performed by various types of children care institutions in the region (county, municipality) in the light of applying advanced forms of children care** // Scientific Research Report. Worked out by L. Žalimienė, A. Bunevičienė. Institute of Labour and Social Research. Customer: Ministry of Social Security and Labour. 2001.

Table 3.14.

Number of children in bedrooms

	Number of rooms	Percent
a) 1 – 2 children	0	0,0
b) 3 children	10	16,4
c) 4 children	4	6,6
d) 5 children	8	13,1
e) 6 children	2	3,3
f) More than 6 children	37	60,7
Total number of rooms	61	100,0

IV. CHILDREN'S HEALTH, GUARDIANSHIP AND ADOPTION

In accordance with the Constitution of the Republic of Lithuania the Seimas (Lithuanian Parliament) and the Institution of the President formulate the State policy with regard to protection of the rights of the child, while the Government secures the implementation of this policy. Each minister is responsible for a certain sphere of general government. By Resolution of the Government No. 194, dated February 6, 2003, the Ministry of Social Security and Labor has been charged with the sphere of protection of the rights of the child; besides, the above-mentioned Resolution established competences of other ministries.

4.1. REGULATION OF HEALTH CARE SERVICES FOR CHILDREN IN THE COUNTRY

According to a legal act that has the supreme legal force in the Lithuanian legal system, the Constitution of the Republic of Lithuania, "the State shall take care of people's health and shall guarantee medical aid and services in the event of sickness. The procedure for providing medical aid to citizens free of charge at state health care institutions shall be established by the Law" (Article 53).

Article 12 of the main legal act regulating the health system, the Law on the Health System of the Republic of Lithuania (*Valstybės žinios* (Official Gazette), No. 63-1231, 1994; No. 112-3099, 1998), lays down the levels of activities organisation of the Lithuanian national health system (municipal, county, and national) and three levels of health care: primary, secondary and tertiary. Local authority executive institutions shall organise primary individual and public health care. The procedure for organising primary health care shall be laid down by the Government or the institution authorized by it. County governors shall organise secondary individual and public health care, the scope and profiles whereof shall be determined by the Ministry of Health.

Article 14 regulates the types of health activities, which are the following: individual health care, public health care, pharmaceutical activities and other health activities.

Article 25 regulates social services provided while carrying out individual health care.

In compliance with Article 49 of this Law, the procedure for providing individual health care services guaranteed by the State (free), the patient's right to choose the preferred health care institution and the physician have been set forth. The Law stipulates health care accessibility and acceptability.

Patients may choose the institution of primary individual health care, the physician who can provide all the services within his/her competence. Child's doctors provide the services of primary individual health care under the Medical Norm of Paediatrician to patients under 18 years of age, if they are not registered with a general practitioner (a family doctor). According to the Medical Norm of General Practitioners, if the service that does not belong to the competence of general practitioners is needed, the patient is referred to a professional without giving the name of a specific health care institution.

The Law on Health Insurance of the Republic of Lithuania (hereinafter referred to as "The Law on Health Insurance") regulates the principles of the compensation of individual health care services, medicines and means for medical assistance to persons from the Compulsory Health Insurance Fund budget. The above-mentioned services of health promotion to are covered to a person from the Compulsory Health Insurance Fund budget if the person is insured under compulsory health insurance. Article 6 of the Law on Health Insurance defines the group of persons, the insured, who are covered by compulsory health insurance at the expense of the State.

Paragraphs 6 and 7 of the same Article set forth that persons under 18 years of age as well as full-time students of comprehensive, vocational training, high and higher schools are insured under compulsory health insurance at the expense of the State.

Article 9 of the Law on Health Insurance regulates the individual health care services covered from the Compulsory Health Insurance Fund budget: preventive medical assistance, restorative medical assistance, medical rehabilitation, nursing, social services and care attributed to individual health care, and individual health organisation.

The Law specifies the following preventive medical assistance that shall be covered:

- 1) provision of information on the issues of disease prevention;
- 2) preventive medicine health check-ups of the insured prescribed by the Ministry of Health Care;
- 3) services of individual primary, secondary and tertiary health care, etc.

Article 10 of the Law on Health Insurance regulates reimbursement to the insured of purchasing expenses of medicines and medical aids. Paragraph 2 of the Article mentioned above provides for that the basic cost of reimbursed medicines, included in the List of Diseases and Reimbursed Medicines for Their Treatment and in the List of Reimbursed Medical Aids, shall be reimbursed in full to persons under the age of 18 years that need out-patient treatment.

Article 11 of the same Law establishes that the basic cost of medical rehabilitation shall be reimbursed in full to persons under the age of 18. 90% of the basic cost of treatment in sanatoriums (antirecurrence therapy) shall be reimbursed to these persons as well.

The Law on Health Care Institutions of the Republic of Lithuania (Valstybės žinios (Official Gazette), No. 66–1572, 1996) (Valstybės žinios (Official Gazette), No. 63-1231, 1994; No. 109-2995, 1998) lays down the classification of health care institutions, the principles of their establishment, reorganisation, liquidation, operation, state regulation thereof, control measures, etc.

Article 20 lays down the conception and founders of the Lithuanian National Health System Budgetary Institution.

Article 23 lists Individual Health Budgetary Institutions of the Lithuanian National Health System that include medical care state institutions – Homes for Infants with development disorders. County governors are their founders.

The Minister of Health of the Republic of Lithuania approved services of primary out-patient individual health care and the basic cost thereof by Annex 1 to Order No. 327 of June 14, 2000 on the List, Basic Cost, Organising and Payment Procedure of Out-Patient Primary Individual Health Care Services, and the procedure of organising and payment of out-patient primary individual health care services by Annex 2.

The list of out-patient primary individual health care (hereinafter referred to as OPIHC) services is paid per capita and the annual basic cost thereof (in points) have been approved by the Order mentioned above.

The same Order provides for that no less than 20% of funds the Compulsory Health Insurance Fund budget are allocated to the reimbursement of OPIHC services. The value of the basic cost point is calculated according to the formula indicated therein. The funds for reimbursement of the services are distributed to the Territorial Patient Funds according to another formula indicated therein. Being aware of the value of the basic cost point of OPIHC services, a Territorial Patient Fund calculates, according to another formula, funds allocated to individual health care institutions it has concluded a contract on the provision of OPIHC services with.

Primary individual health care services of preventive medicine health check-ups are provided in accordance with the Lithuanian Medical Norm MN 14:1999 “General Practitioner. Rights, Duties, Competence and Responsibility” as well as the Lithuanian Medical Norm MN 66: 1999 “Paediatrician. Rights, Duties, Competence and Responsibility”.

While performing preventive health check-ups, primary and secondary health care services are provided in compliance with The Procedure of Check-ups of Children and Teenagers Health specified in Annex 3 to the Minister of Health of the Republic of Lithuania Order No. 301 of May 31, 2000 on Prophylactic Health Check-ups in Health Institutions (*Valstybės žinios* (Official Gazette), No. 47-1365, 2000).

Order of the Ministry of Health of the Republic of Lithuania No. 149-k of 15 May 1997 on Remuneration of Work of Employees of Health Care Institutions (*Valstybės žinios* (Official Gazette), No.55-1280, 1997).

At present bonus payments along with the remuneration of work are paid only to the pedagogic staff of an institution (Order of the Minister of Education and Science of the Republic of Lithuania No. 1565 of December 17, 1998 (*Valstybės žinios* (Official Gazette), No. 112-3115, 1998).

Order of the Minister of Health of the Republic of Lithuania No. 172 of 23 March 2000 on the Approval of Exemplary Regulations of Individual Health Care Budgetary Institutions of the Lithuanian National Health System (*Valstybės žinios* (Official Gazette), No. 27-741, 2000). The regulations (in paragraph 8.5.) provide for granting the right to the founder of an institution to establish financial standards of institution's work, services, management and positions of supporting staff, reserves of material values, inventory stock, nutrition, and medicinal products.

Order of the Minister of Health of the Republic of Lithuania No. 604 of 7 November 2000 on General Requirements of Provision of In-Patient Services of Children's Diseases Profile (*Valstybės žinios* (Official Gazette), No. 104-3286, 2000).

Order of the Minister of Health of the Republic of Lithuania No. 728 of 14 December 2000 on Requirements for the Principles of Organising, Description and Provision of Secondary and Tertiary Services of Rehabilitation of Children with Developmental Disorders (*Valstybės žinios* (Official Gazette), No. 109-3488, 2000) sets forth the principles of organising Early Rehabilitation of Children with Developmental Disabilities (hereinafter – ERCDD) services, general (minimum) requirements for, indications and the procedure of provision of out-patient secondary ERCDD services, general (minimum) requirements for tertiary ERCDD consultation and in-patient services, indications and procedure of the provision of consultation and in-patient services.

The Lithuanian Hygienic Norm HN 124:2004 “Guardianship Institutions. General Health Safety Requirements” was approved by the Order of the Minister of Health of the Republic of Lithuania No. V-17 of January 23, 2004 HN 124:2004 (*Valstybės žinios* (Official Gazette), No. 45-1492, 2004).

In performing preventive vaccinations, the Order of the Minister of Health of the Republic of Lithuania No. V-646 of September 16, 2004 on the Approval of the Prophylactic Vaccination Calendar of Children of the Republic of Lithuania (*Valstybės žinios* (Official Gazette), No. 142-5210, 2004) shall be observed.

4.2. FACILITIES AND HEALTH CARE AND EDUCATION SERVICES PROVIDED IN INFANT HOMES

After the generalisation of the information collected during the research about the services provided in infant homes it is possible to divide them into the following groups:

Prophylaxis of children's diseases (prophylactic examinations, vaccination);

Diagnostics and treatment of children's diseases (specialist (orthopaedist-traumatologist, children's neurologist, oral hygienist) consultations;

Intensive care nursing (for disable children);

Early rehabilitation of developmental disorders (functional assessment, application of individual measures of therapy);

Early childhood special education (creation of conditions for children's education: physical and mental development and social adaptation);

Additional education;

Protection of the rights of the child and their representation.

Although the volume of services in different infant homes slightly varies, according to the information collected, it is possible to provide a general description of activities of infant homes.

According to employees of infant homes, the health care activities are pursued by specialists who have relevant education and professional licences. The team of health care specialists consists of paediatricians, a children's neurologist, nurses and different specialists of early correction. A specially prepared nurse vaccinates children. A nutritionist takes control over the nutrition of children. A laboratory assistant and a clinical biologist are engaged in activities related to diagnostics.

Upon the infant's arrival to the institution, a paediatrician immediately examines him/her and assesses his/her health state: children under 1 are assessed according to the Munich functional diagnostics test scale (Munchener Funktionelle Entwicklungsdiagnostik, Hellbrugge, 1968) and children over 1 are assessed according to the child development assessment scale (DISK methodology; Diagnostic Inventory for Screening Children, Mainland and al., 1993). Depending on the age, health status and development of the child, his/her place of residence is selected and a plan of treatment, nutrition and observation is drawn up. If during the assessment of the development of the child a developmental disorder is determined, an individual education programme is drawn up, the implementation of which involves the above mentioned specialists, kinesitherapists, ergotherapists, speech specialists, masseurs, special pedagogues, psychologists and teachers. Additional education combining music and art therapy is also provided.

Infants and children of early age (under 14-18 months of age) are under constant supervision and care of qualified nurses. Elder children are supervised by teachers and nannies. Ill children are treated in the living room or in the isolation ward. Every day they are examined and undergo treatment by a physician who therapy.

Pedagogues and special pedagogues who have high professional education are involved in educational activities. They adapt education curricula and draw up detailed education plans for children aged 1-2 and 3-4. The education of the youngest children (aged 0-1) is planned and organised by teachers. Individual education curricula are designed for children with special needs according to the Portale programme devoted to such children of early age. The programmes are designed for a quarter of the year.

It is sought to individualise the education of children while consulting specialists of different fields (psychical therapist and psychiatrist). The employment of children is organised according to the schedule of activities, taking into account the age of children and their individual needs. Special attention is paid to the physical training of general and fine motor ability, the training of language understanding, encouragement of independence, sensory and musical training and expression of individual abilities.

During the early socialization process of children the priorities are given to early correction, education, formation of children's life skills and encouragement of positive emotions. The plan of festivals and entertainment activities is drawn up (calendar and non-traditional festivals are organised, performances are given and trips are organized in order to extend the children's knowledge).

The staff of infant homes also represent the rights of foster children in courts during hearings related to restriction of parental rights, adoption or establishment of guardianship in the family. Social workers maintain constant contacts with other institutions, such as agencies for the protection of the rights of the child, courts, health care institutions, guardianship institutions, etc.

The majority of infant homes in Lithuania are qualified as medical care state institution-homes for Infants with development disorders, therefore, general requirements for part of functions performed by these institutions, in particular for the provision of services of early rehabilitation of children with developmental disorders are set forth and regulated by Order No. 728 of the Minister of Health of the Republic of Lithuania of 14 December 2000 “On the Requirements for Organisation Principles, Description and Provision of Secondary and Tertiary Services of Early Rehabilitation of Children With Developmental Disorders”.

Thus, the activities of infant medical care state institution-homes for infants with development disorders are regulated by the requirements set forth in the law and imposed on one of the main functions of institutions of this nature, i.e. early rehabilitation of children with developmental disorders.

The Order of the Minister of Health establishes that the services of early rehabilitation of children with developmental disorders are provided by a team of specialists consisting of a doctor who has a professional licence of a paediatrician, a children’s neurologist or a doctor of physical medicine and rehabilitation and the certificate of social paediatrician, as well as a medicine psychologist, a speech specialist, a kinesiologist, a special pedagogue, an ergotherapist, a nurse and a social worker. The doctor acts as the head of a team of specialists who coordinates the work and is responsible for the quality of activities.

The team of specialists of early rehabilitation of children with developmental disorders performs the following functions:

In cooperation with other agencies coordinates early identification of children with developmental disorders and the risk group;

- designs and implements an individual programme for early rehabilitation of children with developmental disorders while involving the child’s parents/guardians in this process. Parents/guardians have the right to take part in the development of the programme for early rehabilitation of the child and commit themselves to implementing of it together with the specialists. The programme includes scientifically founded means of diagnostics and therapy applied by the specialist in a professional way. Each intervention, including communication with parents and educational activities, lasts one hour. Part of time of specialist team meetings is devoted to the design and finalization of an individual rehabilitation programme of the child;
- under suspicion of or in cases of violations of the rights of the child, emotional neglect, physical or sexual abuse or in cases of refusal of parents to cooperate while implementing an individual programme for early rehabilitation of the child, informs the Agency for the Protection of the Rights of the Child about that;

analyses the distribution of developmental disorders of children in the region served and provides offers to founders on the improvement of efficiency of complex support for children with developmental disorders.

According to the Order of the Minister of Health (of 14 December 2000), the following (minimal) requirements are imposed on infant homes as pursuant to the foundations of the State Service of Accreditation under the Ministry of Health medical care state institution-homes for Infants with development disorders are licensed to the performance of in-patient and out-patient activities of secondary medical help by providing services of early rehabilitation of children with developmental disorders:

I. Personnel

1. Physician (paediatrician, children's neurologist or psychiatrist, physical therapist and members of rehabilitation), them having the certificate of social paediatrician*.

2. Medicine psychologist.
3. Speech specialist.
4. Psychological therapist or assistant psychological therapist.
5. Social worker (having special secondary education).
6. Nurse.

II. Premises

Premises in which secondary services of early rehabilitation of children with developmental disorders are provided have to comply with the sanitation and hygiene requirements established for health care institutions.

1. Consulting rooms of the following specialists:
2. Physician;
3. Psychologist;
4. Speech specialist;
5. Psychological therapist;
6. Social worker.

III. Methods of diagnostics and treatment

Methods of diagnostics:

1. Clinical diagnostics of developmental disorders;
2. Means of developmental and psychological examination:
 - 2.1. One of two standard methods for developmental examination:
 - 2.1.1. Child development assessment scale (Diagnostic Inventory for Screening Children, DISC, Mainland and al., 1993, 1984),
 - 2.1.2. Test of Munich functional diagnostics (Munchener Funktionelle Entwicklungsdiagnostik; Hellbrugge, 1968);
 - 2.2. Means of clinical observation of development, behaviour and relations between a mother and a child;
3. Examination of pre-linguistic skills and language;
4. Examination of movement skill development;
5. Examination of the psychosocial status of the family.

Methods of treatment and family assistance:

1. Methods of psychological therapy:
 - 1.1. Individual games therapy;
 - 1.2. Counselling;
2. Speech therapy:
 - 2.1. Speech correction;
 - 2.2. Group activities of speech therapy;
3. Psychological therapist:
 - 3.1. Classical massage;
4. Social rehabilitation of the family;
5. Psychological education programme for parents;
6. Medicinal treatment.

Order of the Minister of Health "On the Requirements for Organisation Principles,

Description and Provision of Secondary and Tertiary Services of Early Rehabilitation of Children With Developmental Disorders” of December 14, 2000 also regulates the provision of secondary out-patient services of early rehabilitation of children with developmental disorders as it lays down the procedure of consultations and the provision of complex services.

Describing the **facilities** of infant homes, the employees of these institutions often talked about consulting rooms for medical specialists and rooms for educational activities. Medical services provided (consulting rooms for medical specialists) in many infant homes meet and even surpass the minimal requirements set forth by the law. Apart from the provision of services of health care and early infant rehabilitation much attention is paid to education and social services oriented to children’s integration in the society. Services that ensure the comprehensiveness of children’s education are also provided in infant homes: at least one of the activities of the above mentioned sensory training, speech therapy, art and musical training take place in different institutions. Some infant homes have sports halls, halls for entertainment and games, rest rooms and swimming pools (or other water procedures).

Discussing the disadvantages of facilities heads of infant homes mentioned the shortage of methodological resources related to didactics, sensomotor system and children’s developmental assessment, and special equipment for consulting rooms, such as a table-couch for massage and infant psychical therapist (indicated by Panevėžys Child Care Home). Some employees indicated the lack of qualified specialists (physicians, psychologists and social workers). This problem is especially acute in smaller towns like Alytus. Financial insufficiency was blamed for larger numbers (up to 10) of children in the groups.

However, describing the facilities of infant homes, most of the time employees stressed the technical condition of buildings. Employees of many infant homes evaluated the condition of buildings as satisfactory, except for Klaipėda Infant Home the buildings of which are in good condition after renovation. For example, the personnel of Alytus County Infant Home complained that it was cold in the premises in wintertime. Heads of Šiauliai and Kaunas infant homes claimed that the condition of all or at least part of the buildings is poor or even very poor.

Nevertheless, after the assessment of the facilities in general, i.e. the comparison with the ideal facilities, the conditions in most infant homes were said to be close to ideal by 50-70%.

4.3. GUARDIANSHIP

The purpose and objectives of child guardianship/curatorship

The purpose of child guardianship/curatorship is to ensure the child’s upbringing and care in an environment, which would facilitate the child’s growing up, development and progress as per Article 3.248, Chapter XVIII, Part VII, Book III, Civil Code of the Republic of Lithuania.

Objectives of child guardianship/curatorship:

1. To appoint for the child a guardian whose duty it will be to take care of the child, bring him up, represent the child and protect his rights and legitimate interests;
2. To provide the child with living conditions which would be adequate for his age, state of health and development level;
3. To prepare the child for independent life in a family and in the society.

Principles of establishing child guardianship/curatorship:

1. First consideration must be given to the interests of the child;
2. Priority in becoming the child's guardians (curators) must be accorded to his close relatives, provided this is in the child's best interests;
3. The child's guardianship/curatorship in a family;
4. Non-separation of siblings, except when this is contrary to the child's interests. (CC, Article 3.249).

Kinds and forms of child guardianship/curatorship

Kinds of child guardianship/curatorship:

1. Temporary guardianship/curatorship;
2. Permanent guardianship/curatorship.

Temporary child guardianship (curatorship) means care for and upbringing of a child temporarily deprived of parental care, also representation and protection of the child's legitimate interests in the family, social family or institution (CC, Article 3.253). The purpose of temporary child guardianship (curatorship) is to return the child into the child's natural family. A child shall be placed under temporary child guardianship/curatorship if the child's:

1. Parents or single parent are missing and attempts are made to trace them (pending the court judgment declaring them missing or dead);
2. Parents or single parent are temporarily incapable of taking care of the child because of the parents' (the father's or the mother's) illness, arrest, imposed sentence, or due to other compelling reasons;
3. Parents or single parent do not take care of the child, neglect him, do not look after him, do not bring him up properly, use physical or psychological violence thereby endangering the child's physical, mental, spiritual or moral development and safety (pending the court order separating the child from the parents).

Temporary child guardianship (curatorship) shall end when the child:

1. Is returned into his family;
2. Attains majority or emancipation;
3. Permanent guardianship/curatorship is established for him;
4. Is adopted;
4. Enters into a marriage (CC, Article 3.255).

Permanent child guardianship/curatorship shall be established for children deprived of parental care who, under the existing conditions, are unable to return into their natural family, and their care, upbringing, representation and protection of their rights and legitimate interests are entrusted to another family, social family or guardianship/curatorship institution (CC, Article 3.256).

A child shall be placed under permanent guardianship (curatorship) when:

1. Both parents or single parent of the child are dead;
2. Both parents of the child or his single parent have been declared missing or dead by a court judgment;
3. The child has been separated from the parents in accordance with the procedure established by law;
4. The child's parents or close relatives are not identified within a 3-month period after the child's birth;

5. Both parents or the single parent of the child are declared legally incapable in accordance with the procedure established by law.

Permanent child guardianship/curatorship shall end when the child:

1. attains majority or emancipation;
2. Is returned to his or her parents;
3. Is adopted;
4. enters into a marriage (CC, Article 3.258).

Forms of child guardianship/curatorship

The following three forms of child guardianship/curatorship are singled out:

1. Guardianship/curatorship in a family;
2. Guardianship in a social family;
3. Guardianship/curatorship in state care institutions.

In 2000, child guardianship (curatorship) in families amounted to 45% of all cases of guardianship (curatorship) established in that year (2001 – 45%, 2002 – 45%, 2003 – 48%).

Table 4.1.

Child guardianship

	2000	2001	2002	2003
Placement of children deprived of parental care in child guardianship institutions, social families, and families, total	2834	2863	3003	3023
- families	1287	1274	1359	1436
- social families	45	32	36	27
- child guardianship institutions	1502	1557	1608	1560

Data from agencies for the protection of the rights of the child

In 2000, cases of child guardianship (curatorship) at child guardianship institutions amounted to 53% of all cases of guardianship (curatorship) established that year (2001 – 54%, 2002 – 54%, 2003 – 51%).

In 2000, cases of child guardianship (curatorship) in social families amounted to 2% of all cases of guardianship (curatorship) established that year (2001 – 1%, 2002 – 1%, 2003 – 1%).

Table 4.2.

Child guardianship (curatorship) in a family

	2000	2001	2002	2003
The number of children deprived of parental care who were placed for foster in families	1287	1292	1359	1436
The number of children deprived of parental care whose relatives became their guardians (curators)	920	898	965	1031
Including: – grandfather/grandmother	485	524	581	579
– brother/sister of a child	138	141	113	148
– brother/sister of a parent (uncle, aunt)	296	233	271	304
Other persons	367	376	394	405

Data from municipal agencies for the protection of the rights of the child

Analysis of the cases of guardianship established in *families* in 2000-2003 reveals that in 2000 72% of guardians when children guardianship (curatorship) was established in families, were relatives of those children (in 2001 – 70%, in 2002 – 71%, in 2003 – 72%).

Speaking of the cases when relatives started acting as guardians (curators), 52% of them were grandparents, 32% – uncles/aunts of a child, and 15% – brothers/sisters.

In 2001, 58% of guardians were grandparents, 26% – uncles/aunts of a child, 16 pro. – brothers/sisters.

In 2002, 60% of guardians were grandparents, 28% – uncles/aunts of a child, 12% – brothers/sisters. In 2003, 56% of guardians were grandparents, 30% – uncles/aunts of a child, 14 % – brothers/sisters.

Table 4.3.

Children placed for guardianship in families by their age

	2002 per year	December 31, 2002	2003 per year	December 31, 2003
Number of children,	1359	7628	1436	7787
Including:				
0–3 old	203	427	207	448
4–6 old	225	814	185	948
7–17 old	913	6387	1044	6391

Data from municipal agencies for the protection of the rights of the child

In 2002, guardianship (curatorship) *in families* was established for 1359 children, including 68% of 7-17 year old children, 17% of 4-6 old children and 15% of children younger than 3.

In 2003, guardianship (curatorship) in families was established for 1436 children, including 73% of 7-17 year old children, 14% of children younger than 3, 13% of 4-6 year old children.

In 2002, among all children placed under guardianship in families children younger than 3 accounted for 6%, the same as in 2003.

Table 4.4.

The basis for guardianship (curatorship) established for children in 2002

		Number of children	% of the total number of children deprived of parental care in that year
1.	Total number of children	3003	100
2.	Both parents or single parent of the child are dead	267	8,9
3.	The child's parents or close relatives are not identified within a 3-month period after the child's birth	7	0,2
4.	Both parents of the child or his single parent have been declared missing or dead by a court judgment	5	0,2
5.	Both parents or single parent of the child are declared legally incapable in accordance with the procedure established by law	17	0,6
6.	Parents or single parent are missing and attempts are made to trace them	97	3,2
7.	The child has been separated from the parents in accordance with the procedure established by law	699	23,3

8.	Parents or single parent do not take care of the child, neglect him, do not look after him, do not bring him up properly	1388	46,2
9.	Use physical or psychological violence	81	2,7
10.	Uparents or single parent are temporarily incapable of taking care of the child	442	14,7
10.1.	Because of the parents' (the father's or the mother's) illness,	174	5,8
10.2.	Because of the parents' arrest, imposed sentence, or	128	4,3
10.3.	due to other compelling reasons	140	4,7

Data from municipal agencies for the protection of the rights of the child

In 2002, guardianship (curatorship) was established for 3003 children. The basis for 46% of the cases of guardianship (curatorship) establishment were failure of parents or a parent, in case of a single parent, to take care of a child; in 23% of cases a child was taken from parents under the procedure set by laws; in about 15% of cases parents or a parent, in case of a single parent, were not able to temporarily take care of a child.

Table 4.5.

The basis for guardianship (curatorship) established for children in 2003

		Number of children	% of the total number of children deprived of parental care in that year
1.	Total number of children	3023	100
2.	Both parents or single parent of the child are dead	275	9,1
3.	The child's parents or close relatives are not identified within a 3-month period after the child's birth	7	0,2
4.	Both parents of the child or his single parent have been declared missing or dead by a court judgment	3	0,1
5.	Both parents or single parent of the child are declared legally incapable in accordance with the procedure established by law	16	0,5
6.	Parents or single parent are missing and attempts are made to trace them	92	3,0
7.	The child has been separated from the parents in accordance with the procedure established by law	521	17,3
8.	Parents or single parent do not take care of the child, neglect him, do not look after him, do not bring him up properly	1630	53,9
9.	Use physical or psychological violence	72	2,4
10.	Parents or single parent are temporarily incapable of taking care of the child	407	13,5
10.1.	Because of the parents' (the father's or the mother's) illness,	160	5,3
10.2.	Because of the parents' arrest, imposed sentence, or	89	2,9
10.3.	Due to other compelling reasons	158	5,2

Data from municipal agencies for the protection of the rights of the child

In 2003, guardianship (curatorship) was established for 3023 children. The basis for 54% of the cases of guardianship (curatorship) establishment were failure of parents or a parent, in case of single parent, to take care of a child; in 17% of cases a child was taken from parents under the procedure set by laws; in about 14% of cases parents or a parent, in case of a single parent, were not able to temporarily take care of a child.

In 2002, 281 guardians (curators) were replaced, of them 36 guardians died, 84 guardians refused to further be guardians (curators) of a child, 120 guardians were dismissed from their position, 41 guardian were removed form their position following the procedure set forth by laws.

In 2003, the total number of replaced guardians (curators) was 391, of them 41 guardian died, 83 refused to take care of a child, 242 guardians were dismissed form their position following the procedure set forth by laws, 25 guardians were removed form their position following the procedure set forth by laws.

Table 4.6.

End of guardianship (curatorship) of a child in 2000-2003

	2000	2001	2002	2002
Total	1693	1874	1804	2129
Returned to parents	788	696	720	810
Attained majority or emancipation	636	773	967	1150
Adopted	38	67	109	156
Married	12	4	8	9

Data from municipal agencies for the protection of the rights of the child

In 2000, guardianship (curatorship) ended for 1693 children: 636 persons attained majority, 788 children were returned to their parents, 38 children were adopted. Thus, almost 47% of children, whose guardianship ended, were returned to parents, 38% of children attained majority, about 2% of children were adopted.

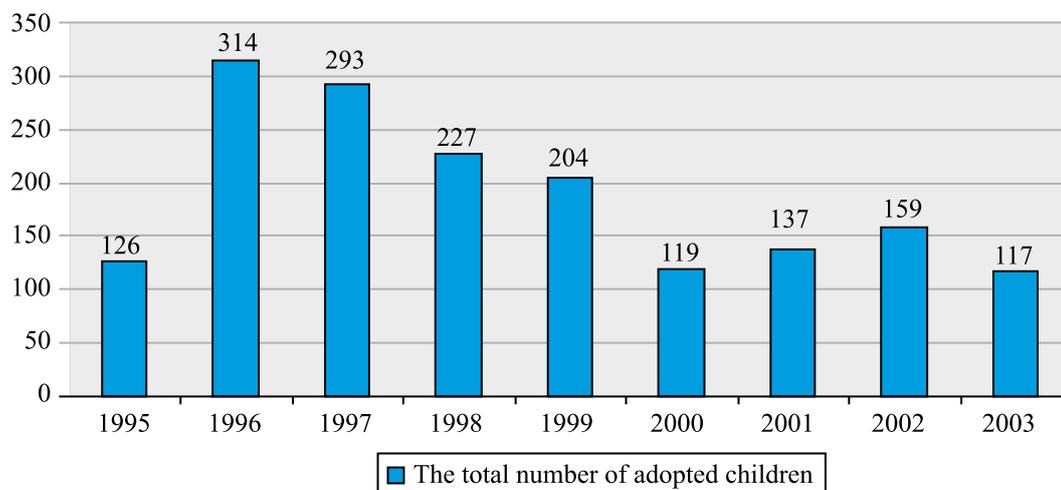
In 2001, child guardianship (curatorship) ended for 1874 children: 773 persons attained majority, 696 children were returned to their parents, 67 of children were adopted. Thus, almost 37% of children, whose guardianship ended, were returned to parents, 41% of children attained majority, about 4% of children were adopted.

In 2002, child guardianship (curatorship) ended for 1804 children: 967 persons attained majority, 720 children were returned to their parents, 109 of children were adopted. Thus, almost 40% of children, whose guardianship ended, were returned to parents, 53% of children attained majority, about 6% of children were adopted.

In 2003, child guardianship (curatorship) ended for 2129 children: 115 of children attained majority, 810 children were returned to their parents, 156 of children were adopted. Thus, almost 38% of children, whose guardianship ended, were returned to parents, 54% of children attained majority, 7% of children were adopted.

4.4. ADOPTION

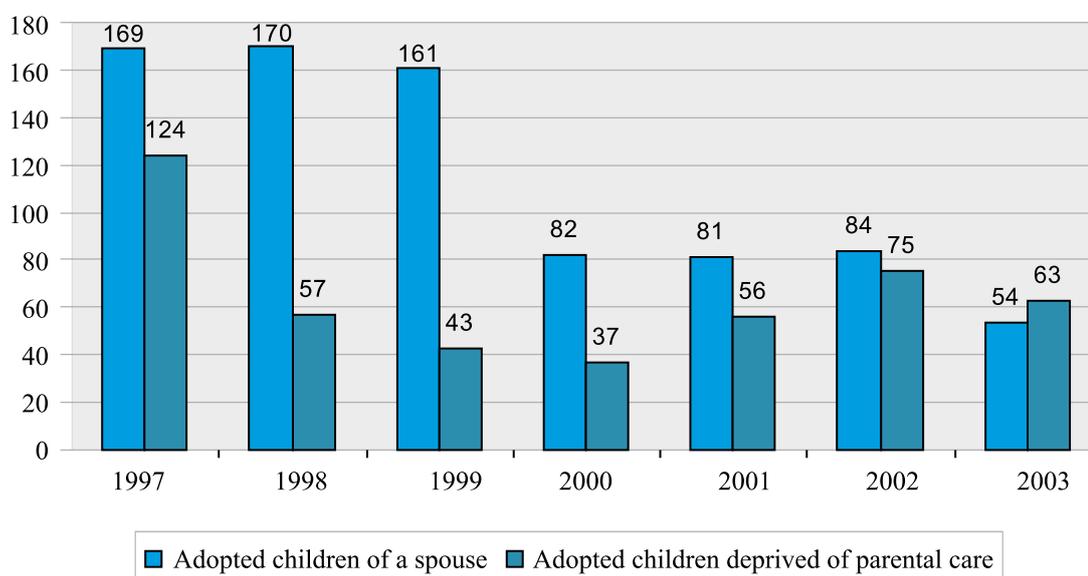
Figure 4.1.



Number of children adopted in Lithuania in 1995 –2003 According to the data of the Ministry of Social Security and Labor, (<http://www.ivaikinimas.lt/index.php4?id=>), in 1995 citizens of the Republic of Lithuania adopted 126 children, in 1996 – 314 children, in 1997 – 293 children, in 1998 – 227 children, in 1999 – 204 children, in 2000 – 119 children, in 2001 – 137 children, in 2002 – 159 children, in 2003 – 117 children.

Figure 4.2.

Adopted children of spouses and children deprived of parental care in 1997-2003



As seen from Figure 2, before 2003, the cases of adoption of children deprived of parental care were rarer than those of children of spouses.

In 1997, the total number of children adopted by citizens of the Republic of Lithuania was 293, of which 169 were children of spouses, 124 were children deprived of parental care.

In 1998, the total number of adopted children was 227, of them 170 were adopted by one of spouses and only 57 children deprived of parental care were adopted by citizens of the Republic of Lithuania.

In 1999, the total number of adopted children was 204, 161 of them children were adopted by one of spouses and only 43 children deprived of parental care were adopted by citizens of the Republic of Lithuania.

In 2000, the total number of children adopted by citizens of the Republic of Lithuania was 119, of which 82 children were adopted by one of spouses and only 37 children deprived of parental care were adopted by citizens of the Republic of Lithuania.

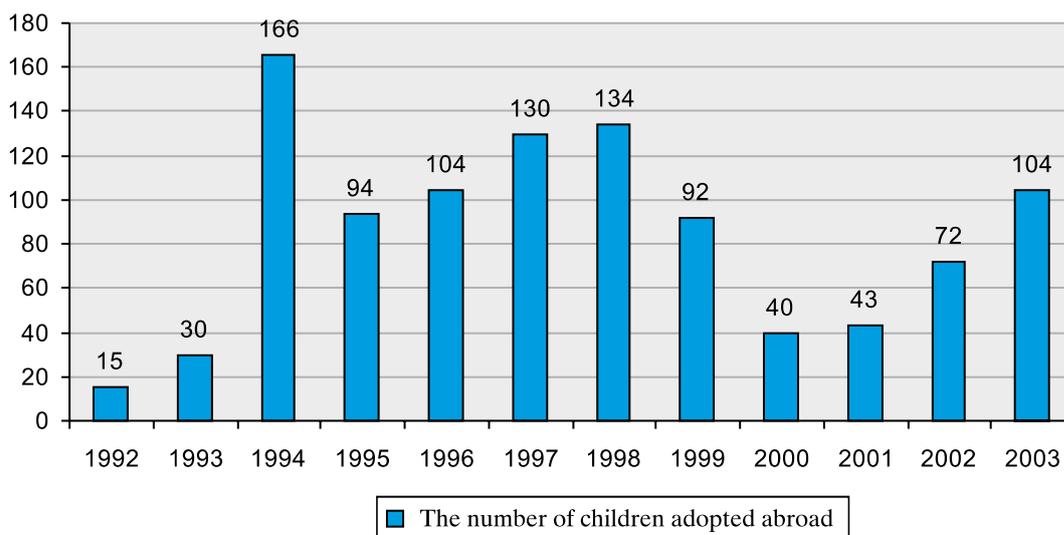
In 2001, the total number of adopted children was 137, of which 81 child was adopted by one of spouses, 56 children deprived of parental care were adopted by citizens of the Republic of Lithuania.

In 2002, the total number of adopted children was 159, of which 84 children were adopted by one of spouses, 75 children deprived of parental care were adopted by citizens of the Republic of Lithuania.

In 2003, citizens of the Republic of Lithuania adopted 117 children, of which 54 children were adopted by one of spouses, and 63 children deprived of parental care were adopted by citizens of the Republic of Lithuania.

Figure 4.3.

The number of children adopted abroad in 1992-2003



According to the above data and figures, the lowest number of children adopted by foreigners was in 1992 and 1993 (respectively, 15 and 30); while in 2000 and 2001 the number respectively was 40 and 43.

In 1994, foreigners adopted 166 children; in 1995 – 94 children; in 1996 – 104 children; 1997 – 130 children, in 1998 – 134 children, in 1999 – 92 children.

In 2002, foreigners adopted 72 children, and in 2003 – 104 children.

V. DATA OF THE HEALTH AND WELFARE OF CHILDREN UNDER 3 IN RESIDENTIAL INSTITUTIONS

5.1. SOCIAL CHARACTERISTICS

While analysing the problems of infant socialisation it is necessary to define not only the health state of infants but also to highlight their social characteristics. In Lithuania, different from Western countries, adopters or guardians are more concerned about the infant's health. However, while formulating the policy of infant socialisation it is important to define social characteristics of infants living in infant homes. To this end, the present social research was conducted. A special questionnaire was drawn up and experts were surveyed.

The questionnaire was filled in by employees of infant homes for each infant. It included both questions about the infant's health and his/her mother and father. At first glance an easy task of recording social characteristics seemed to be not feasible as sometimes it was not possible to define not only indicators of a father but of a mother as well (in cases related to abandoned infants). The data is recorded as of November 1, 2004. At that time there were 365 infants for whom the questionnaires were filled in at 6 infant homes. The questionnaires were also filled in for 105 children who had left these homes between January 1, 2004 and October 31, 2004. In addition, experts, including employees of infant homes, Agencies for the Protection of the Rights of the Child and other offices, were surveyed using an interview-based method.

5.1.1. SOCIAL CHARACTERISTICS OF PARENTS

The youngest mother who abandoned her child was only 13 years of age, whereas the eldest one was 46 years old (see figure 5.1).

The age of the majority (more than one third) of mothers ranged from 30 to 39. As the survey of experts shows, these mothers have more than one child. On the eve of the research stage conducted in Klaipėda, a three-week old girl was abandoned in the infant home of this city. The reason for that indicated by the family was that it already had another one-year old child and there were no conditions for raising one more child. The mother was a young woman (20 years of age) but the percentage of parents who abandon one of their children is rather high.

Special attention should be paid to the youngest and the eldest mothers. There are 4% of the first ones (under the official marriageable age), whereas every eleventh woman is over 40. Clearly, it is not easy to raise children when mothers themselves are almost children (the youngest mother is aged 13) but what do mature women think? More than 40% of women who abandon their children in infant homes are over 30.

The degree of responsibility for a child is low as only 7% of these women work and have means of subsistence (see figure 5.2).

Figure 5.1

Age of Mothers Who Abandoned Their Infants (percentage)

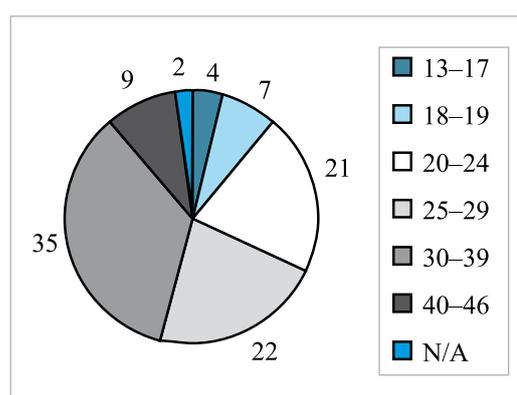
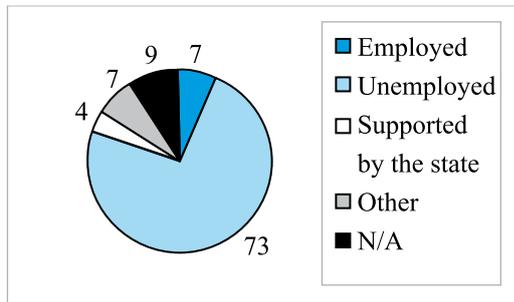


Figure 5.2

Social Status of Mothers (percentage)



The majority of mothers are unemployed. 4% of them are supported by the state and receive an disability pension. Child allowances are means of subsistence for part of unemployed women. However, according to experts, even this means (living at the expense of children) becomes not important to mothers who abandon their children in infant homes. Their degree of indifference is extremely high; therefore, children are placed in infant homes. More attention should be paid to the part of diagram called "Other": employees of infant homes included prostitutes under this category.

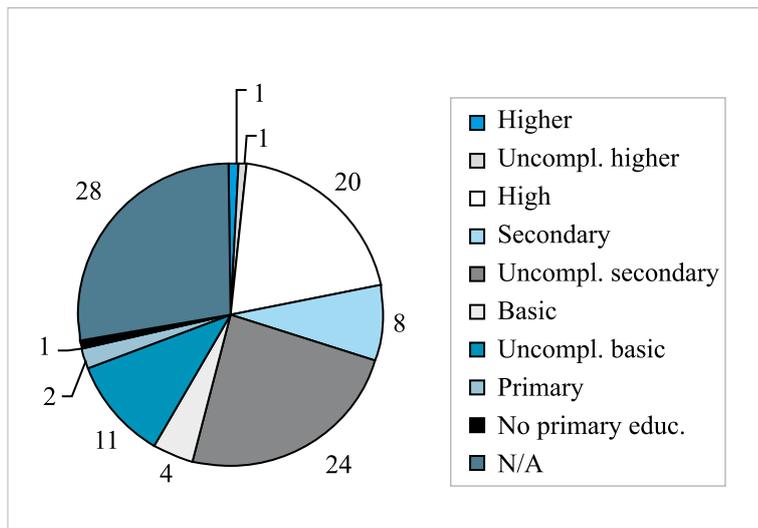
Clearly, children are obstacles to the "occupation" of such mothers.

As the research data show, the education of only one third of mothers is secondary or high which differs from the general level of education of Lithuanian women (see figure5.3).

Only a few women have higher or uncompleted higher education. It is indicated that every fifth mother has high education, including both women who have graduated from vocational schools and technology schools (present colleges). More than 40% of mothers have not been able to acquire secondary education that not long ago was the lowest level of standard education.

Figure 5.3

Education of Mothers (percentage)



It should be stressed that infant homes had no information about almost one third of mothers who abandoned their children in state institutions. It is likely that finding out such information would not make the present situation look better but may even worsen it.

Even less is known about fathers of infants placed in infant homes: information is available only about one third of them (34%).

Only 8% of fathers work, 2% of them are supported by the state, 8% are involved in another activities and 14% are unemployed. Nothing is known about the rest.

The education level of fathers is even lower than that of mothers: only a few fathers have higher education or uncompleted higher education (0,6%) and high education (only 7%). It should be noted again that this number includes those who have graduated from vocational or former technology schools. Only 6% of fathers have a graduation certificate of a secondary school. 4% of them have not graduated from the secondary school, 1% are graduates of a basic school, 3% have not graduated from a basic school, 1% have graduated from the primary school and 0,2% have not graduated even from a primary school. As mentioned before, there is no information available about the education of 78% of fathers.

The majority of employed mothers live in Vilnius (see figure 5.4).

A little bit more employed mothers live in Kaunas.

Figure 5.4

Employment of Mothers (percentage)

A larger proportion of infants whose fathers is known are in Šiauliai and Panevėžys whereas the smallest proportion of such infants is in Klaipėda (see figure 5.5).

To compare, the number of identified fathers was substantial only in Vilnius and Šiauliai (see figure 5.6).

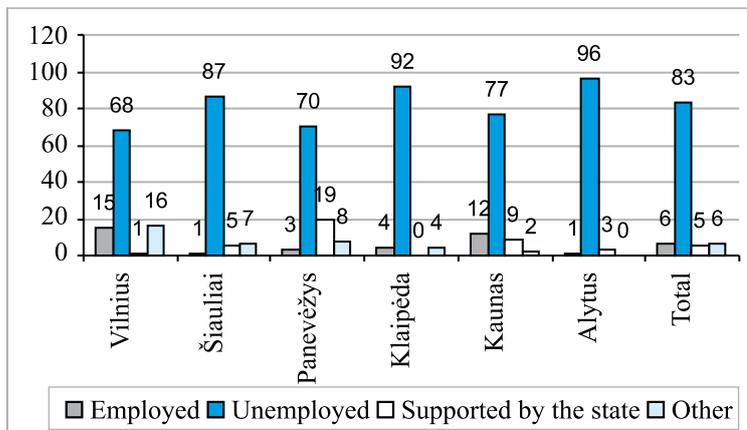


Figure 5.5

Identification of Fathers (percentage)

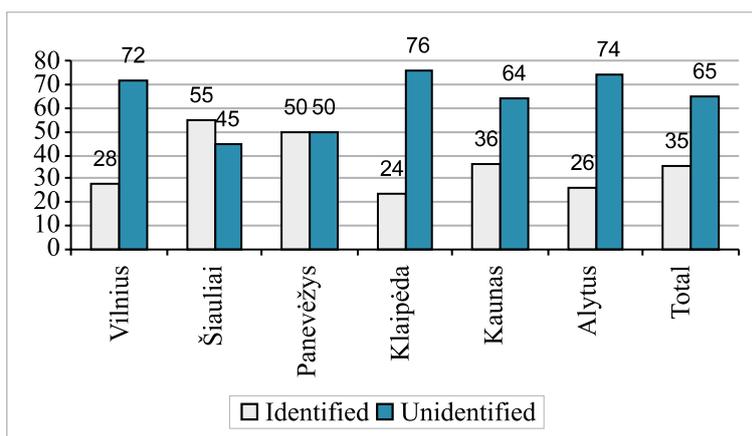


Figure 5.6.

Employment of Fathers (percentage)

Only every fifth father residing in Vilnius was unemployed.

There were more mothers having high education in Vilnius (see figure 5.7).

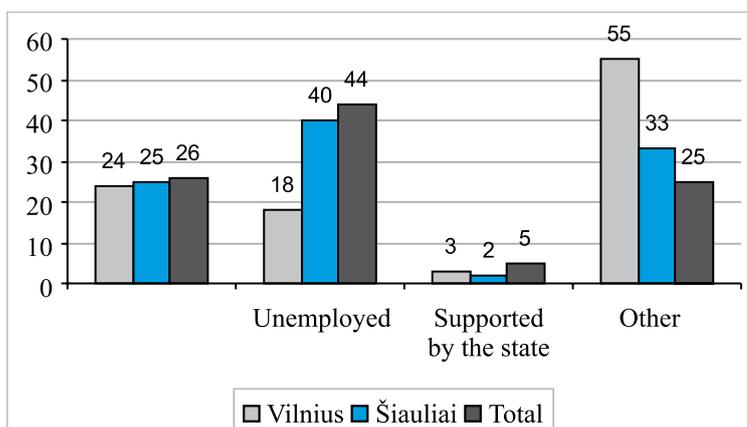
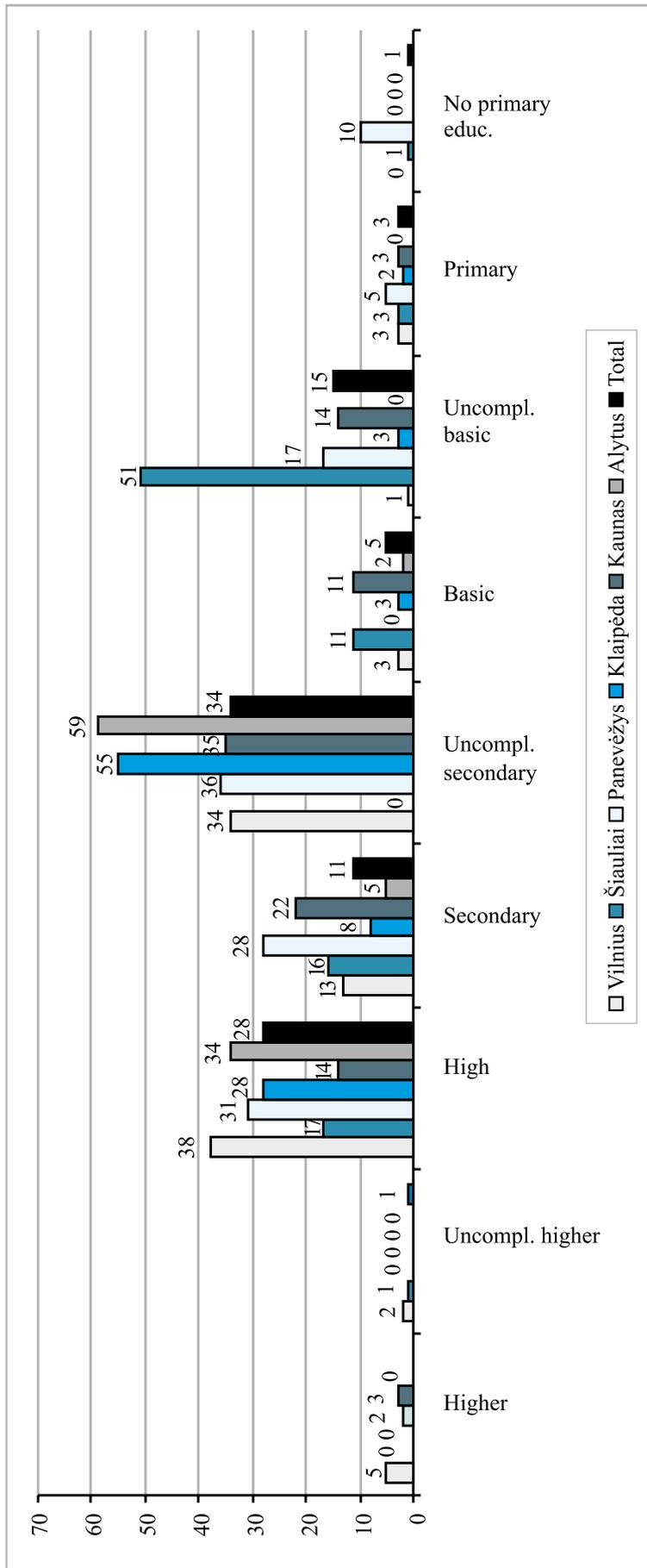


Figure 5.7

Education of Mothers (percentage)



In Šiauliai almost half of identified fathers (48%) have secondary education.

It is practically impossible to collect more social information about mothers and fathers of infants placed in infant homes.

5.1.2. SOCIAL CHARACTERISTICS OF CHILDRENS

On November 1, 2004, six infant homes had 365 infants and children under 3. The number of such children in Vilnius infant home was 78, in Šiauliai – 58, in Panevėžys – 36, in Klaipėda – 56, in Kaunas – 64, Alytus – 73.

First of all, it was necessary to find out the reasons why an infant was placed in infant home.

As there was more than one possible reason indicated in the questionnaire, the total percentage exceeds one hundred.

The most frequently stated reason was a disharmonious family. This accounts for 53% of all reasons indicated. Clearly, these cases can be supplemented by the following ones: restricted parental rights (9%), parents themselves renounced their child (5%), parental violence (1%). Another reason close to the above mentioned ones is imprisonment of parents (2%). Thus, 7 out of 10 infants were placed in infant homes due to problem families.

Another group of reasons is related to poverty. This was indicated even in 21% of questionnaires. Definitely, this reason can be correlated with a situation in problem families, in which family members do not work but drink and inflict violence.

Clearly, these groups of reasons may be related to the long-term illness of parents (indicated in every tenth questionnaire), single parent families (most often consisting of a single mother) (9%) and the request of a mother to accept an infant (12%).

As interviews with experts show, women engaged in prostitution often ask to accept their children to infant homes when an infant becomes an obstacle to their “occupation”.

As the interviews of experts show, former inmates of infant homes, child care homes or state institutions tend not to take care of and not to raise their own children. There is an infant inmate of the “third generation” living in one infant home whose grandmother and mother were raised in a state care institution.

As the interviews of experts show, domestic violence also breeds violence. One case has been widely covered by the national press: a boy’s life was saved after he was forced to starve at home (at present he is being adopted by a French family). His mother takes care of two daughters but in her childhood she was sexually abused by her brother which led to the formation of a negative, diseased attitude towards men.

A disease (usually mental one) often produces negative attitudes towards one’s own children. In Soviet times it was sought to reduce the possibilities of birth giving of such mothers (e.g. by using a coil), whereas at present it is not the case anymore as the human rights cannot be violated.

Another group of reasons for placement in infant homes can be distinguished: disability of the child (5%) and the necessity of intensive care nursing (4%). As the survey of experts shows, a disabled child (in particular having a mental illness, dispersion-related or several diseases) is a burden for the family, first of all, in terms of financial status. Earlier many such children used to die during birth or shortly thereafter that whereas now many of them survive and live. However, often families having more children renounce such children as parents do not want to make a sacrifice for them or they do not want to impair the living conditions of other children.

Thus, different from Western countries, where living standards are much higher and where a disabled child is adopted in order to help him/her to survive and be educated as much as possible, during the transitional period of the post-communist country an opposite tendency can be observed, when families try to solve their problems at the expense of such children (in particular childless families). Taking this fact into account it is not possible to implement the adoption models that are successfully applied in democratic societies in Lithuania at once. Currently it is simply not

possible to set the limit of three months of stay in infant homes for infants (in particular disabled ones) so that their psychological development would not be disturbed because there would be no adopters for them yet.

Only one percent of infants were total orphans, i.e. having no parents at all. Thus even 99% of them are more or less orphans in a social sense, although most often both parents are alive (of course, part of parents are unknown).

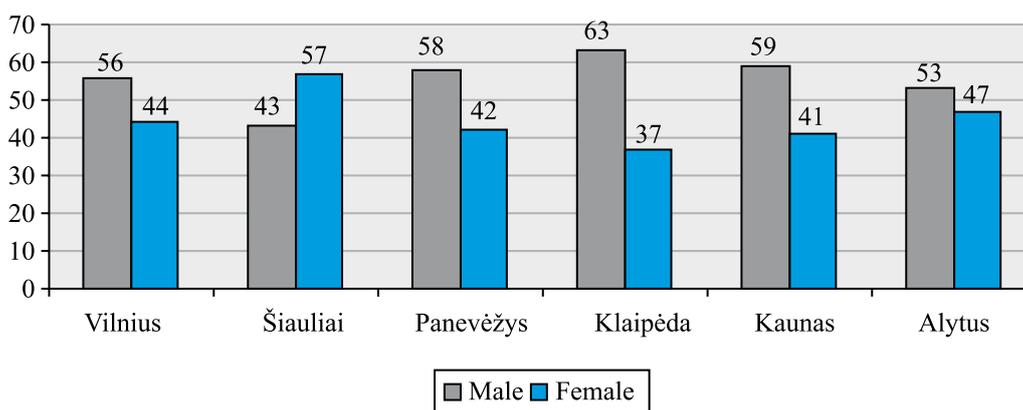
After the second World war many children become actual orphans, whereas at present Lithuania (and, definitely, other post-communist countries as well) became the member of the European Union with such a number of social orphans.

Obviously, monitoring is necessary in the future for observation how the society matures and becomes more democratic.

As of November 1, 2004 there were 55% of male infants and 45% of female infants or children under the age of 3, living in infant homes (see figure 5.8).

Figure 5.8

Infants and Children under 3 According to Gender (percentage)

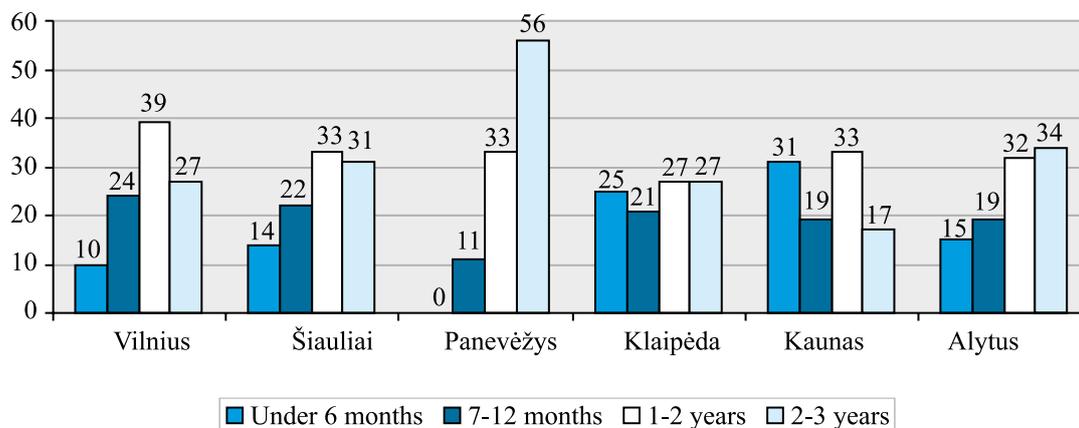


As the data of the research provided in Figure 4.8 show, there are more female infants than male infants only in Šiauliai infant homes (57% and 43%, respectively). There are a bit more male infants than female ones in all the rest infant homes.

17% of children living in infant homes are under the age of 6 months. The age of 20% of children ranges from 7 months to 1 year, 33% – from 1 to 2 years and 30% – from 2 to 3 years (see figure 5.9).

Figure 5.9

Infants and Children under 3 According to Age (percentage)



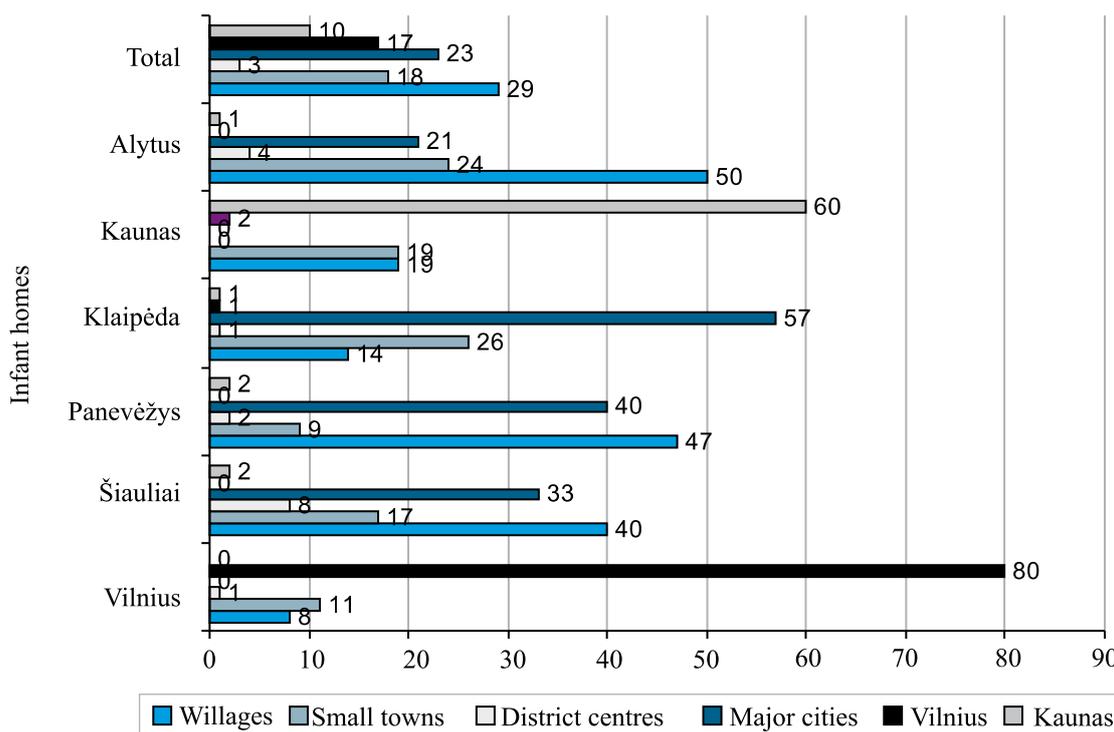
There are no infants under 6 months in Panevėžys. Only 10% of such infants live in infant homes in Vilnius, 14% – in Šiauliai, 15% – in Alytus, 25% – in Klaipėda and 31% – in Kaunas. The majority of infants ranging in age from 7 months to 1 year are in Vilnius (24%), the least number of them is in Panevėžys (11%).

There are 22% of infants of this age in Šiauliai, 21% – in Klaipėda, 19% in Kaunas and in Alytus. 39% of children ranging in age from 1 to 2 years live in Vilnius, 33% – in Šiauliai, Panevėžys and Kaunas, 32% – in Alytus, 27% in Klaipėda. The majority of children ranging in age from 2 to 3 years are in Panevėžys (56%), the smallest number of them is in Kaunas (17%), 34% – in Alytus, 31% – in Šiauliai, 27% in Vilnius and Klaipėda.

Almost one third (29%) of infants in infant homes come from rural areas. The majority of such infants are in Alytus infant home (half of all infants in this institution) (see figure 5.10).

Figure 5.10

Infants from Different Areas (percentage)



8 out of 10 inmates living in Vilnius infant homes are from Vilnius.

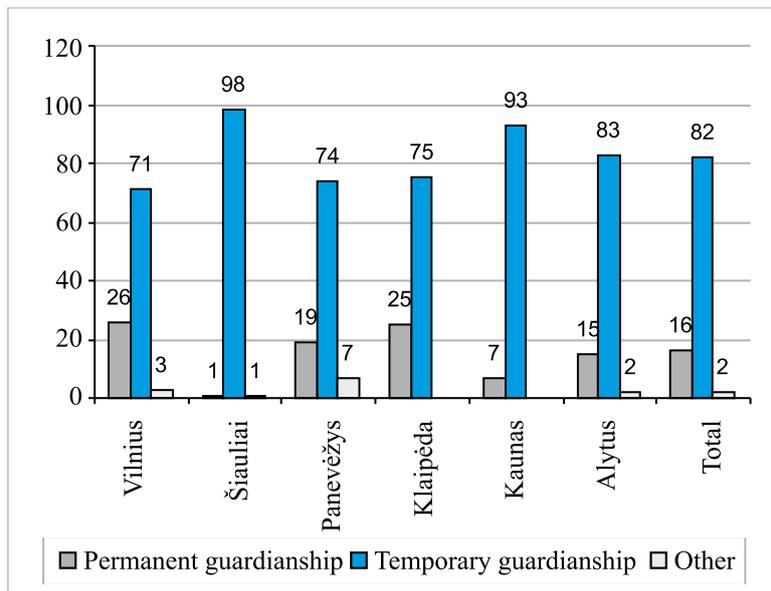
All children from Panevėžys infant home are Lithuanian whereas in Vilnius infant home – 59% are Lithuanian, 26% Polish, 10% Russian and 4% infants of other nationalities. In Klaipėda infant home every tenth infant is Russian. Thus, the population in infant homes reflects the specific features of the region.

5.1.3. TYPES OF GUARDIANSHIP AND PERSPECTIVES OF ADOPTION

This may be the reason for different nature of infant guardianship: one fourth of infants in Vilnius and Klaipėda are under permanent guardianship whereas there is only 1% of such infants in Šiauliai (see figure 5.11)

Figure 5.11

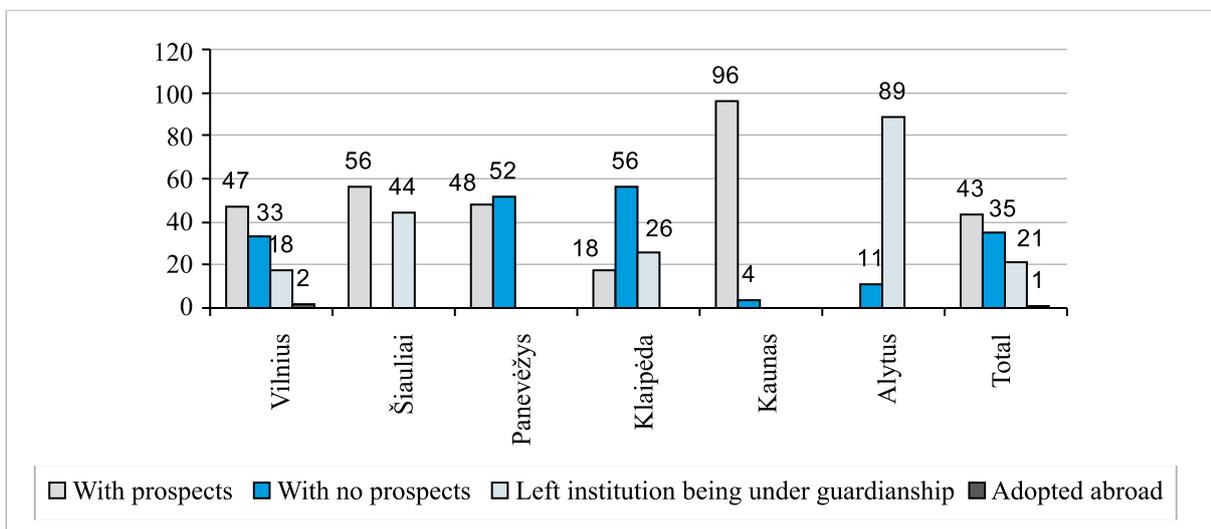
Infants Status in Terms of Guardianship (percentage)



The analysis is finished by the prospects (perspectives) for child adoption (see figure 5.12).

Figure 5.12

Prospects for Infant Adoption (percentage)



The most dynamic situation is in Alytus and Šiauliai where the majority of infants have good prospects for adoption whereas more than half of infants in Panevėžys and Klaipėda have no prospects. This is determined by the health state of children because, as it was mentioned before, disabled children have few chances to be adopted in Lithuania. In addition, it should be stressed that few infants have been adopted abroad.

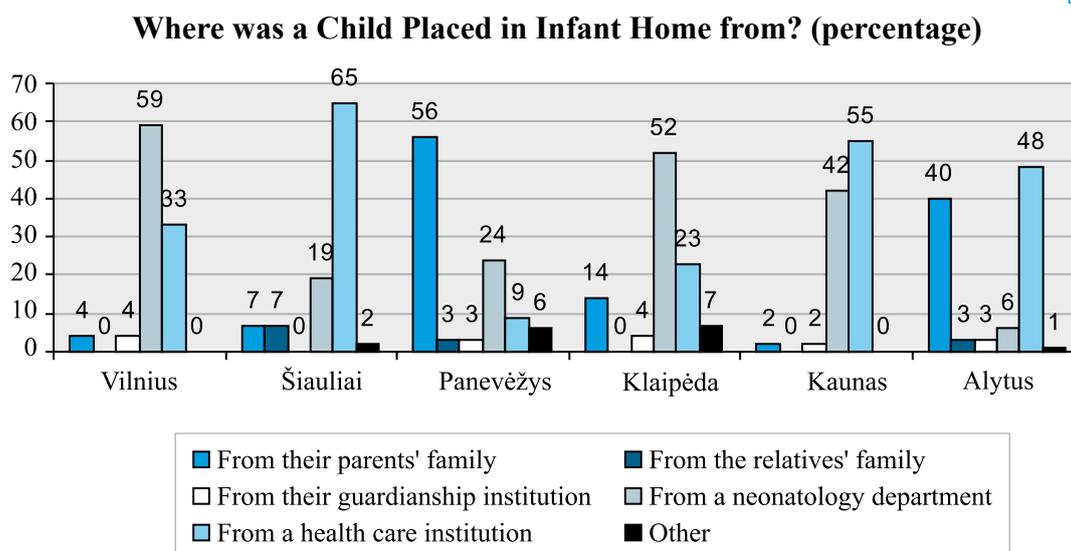
5.2. CHILDREN'S PLACEMENT AND LIVING IN INFANT HOMES

As of November 1, 2004 there were 365 infants and children under the age of 3 in infant homes.

5.2.1. PLACEMENT IN INFANT HOMES

41% infants and children under the age of 3 were placed in infant homes from health care institutions, 34% – from the department of neonatology of a hospital, 18% – from their parents' family, 3% – from another guardianship institution, 2% – from their relatives' family and 2% – other (see figure 5.13).

Figure 5.13



Even 56% of infants and children under the age of 3 have arrived to Panevėžys infant homes from their parents' family. There are 40% of such children in the town of Alytus. The smaller number of infants and children under the age of 3 arrived from their parents' family to the rest infant homes: 14% in Klaipėda, 7% in Šiauliai, 2% in Vilnius and 2% in Kaunas. 59% of infants arrived to Vilnius infant homes from the departments of neonatology of hospitals, 33% – from health care institutions. 65% of children were sent to Šiauliai infant homes from health care institutions, 19% – from the departments of neonatology of hospitals. As it was mentioned before, the majority of children arrive to Panevėžys infant homes from their parents' families, 24% – from the departments of neonatology of hospitals, 9% – from health care institutions. 52% of children arrive to Klaipėda infant homes from the departments of neonatology of hospitals, 23% – from health care institutions. 55% of children arrive to Kaunas infant homes from health care institutions, 42% – from the departments of neonatology of hospitals. 48% of children arrive to Alytus infant homes from health care institutions and only 6% – from the departments of neonatology of hospitals. Only a small proportion of infants and children under the age of 3 come from the family of relatives or other fostercare institutions.

5.2.2. FREQUENCY OF CHILD'S PLACEMENT AT INFANT HOME

It was sought to determine how many times a child has been placed in the infant home. It should be noted that the absolute majority of children have lived in infant homes for the first time (97%). Only 3% of children have been placed to infant homes for the second time and only one child (0,3%) – for the third time. It should be also noted that although the proportion of children who have been placed to infant homes for the second time is not high, we were also interested in the time span after which they were returned to infant homes: one child was returned after 3 days, one child – after 12 days, three children were returned after the period of 72 and 76 days, two children – after almost 4 months, one child – after 5 months, one child – after 7 months and one child – after almost a year.

5.2.3. CHILD'S AGE WHEN HE/SHE/ HAS BEEN PLACED AT INFANT HOME FIRST TIME

Even 76% of infants and children under the age of 3, living in infant homes, were placed there for the first time when they were under 6 months, 10% were between 7 and 12 months of age. 13% of children were placed in infant homes for the first time when they were between 1 and 2 years of age and 1% – over the age of 2.

5.2.4. DURATION OF LIVING IN INFANT HOMES

We found out the period of living in infant homes.

- Infants under 6 months: 21% of infants under 6 months have lived in infant homes for less than one month.
49% – between 1 and 3 months.
30% – between 3 and 6 months.
- Infants ranging in age from 6 to 12 months:
7% of them have lived in infant homes for less than one month. 8% – between 1 and 3 months, 28% – between 3 and 6 months, 57% – between 6 and 12 months.
- Children ranging in age from 1 to 2 years:
3% of them have lived in infant homes for less than one month, 13% – between 1 and 3 months, 8% – between 3 and 6 months, 25% – between 6 and 12 months, 52% – between 1 and 2 years.
- Children ranging in age from 2 to 3 years:
1% of them have lived in infant homes for less than one month, 5% – between 1 and 3 months, 2% – between 3 and 6 months, 10% – between 6 and 12 months, 34% – between 1 and 2 years, 49% – between 2 and 3 years.

Thus, it could be noted that the majority of infants over 6 months and children under 3 years have lived in infant homes for longer than 3 months.

5.2.5. CHILD’S VISITING BY PARENTS AND OTHER RILETATIVES IN INFANT HOME

45% of infants and children under 3 placed in infant homes are not visited by anybody, 32% are visited by their parents, relatives or other people less than once per month, 11% are visited once per month. 4% of infants and children under 3 are visited every two weeks, 6% – every week and even more often.

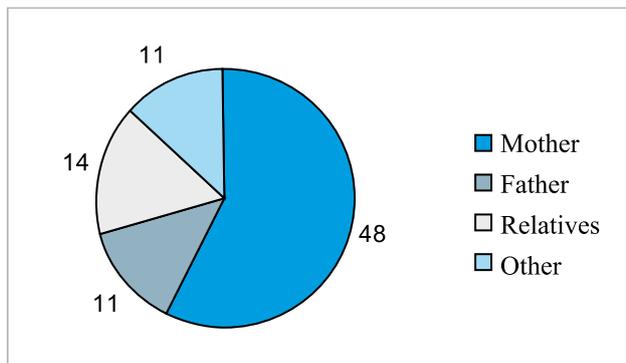
Less than half of mothers and only every eleventh father visit their infants. In addition, it should be emphasized that even 84% of infants are visited by someone (it was found out after the calculation of visitors). Some children are not visited at all. It is obvious that “care“ of some mothers and fathers is rather symbolic as some of them visit the children in accordance with the instruction so that their parental rights would not be restricted. Only 15% of infants were under permanent guardianship and 87% under temporary guardianship.

Thus, the visiting frequency of infants is very important (see figure 5.15).

The visiting frequency of both mothers and fathers is almost the same: only every eleventh mother (and every tenth father) visits the children often enough and 4 out of 10 parents do not visit them at all.

Figure 5.14

Visiting of infants (percentage)



This was a general analysis. Now we will discuss some main correlative relations.

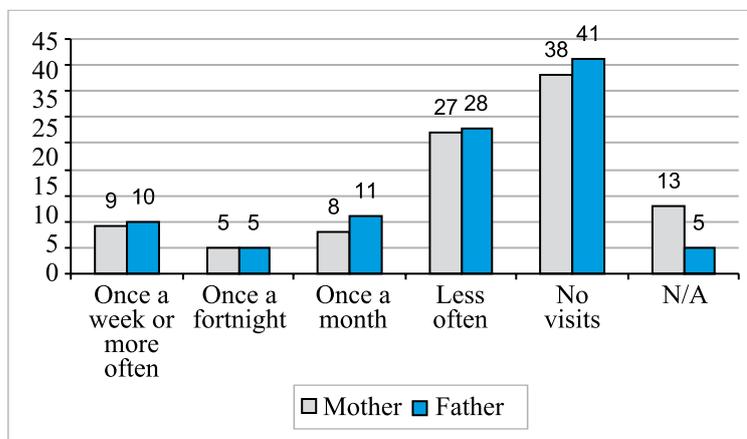
After the correlation of social status of parents we can see that either a mother or a father does not work at least in 55% of families.

Three thirds of employed mothers visit their children whereas only 48% of unemployed ones pay visits.

Every third employed mother visits her infant every week or even more often whereas

Figure 5.15

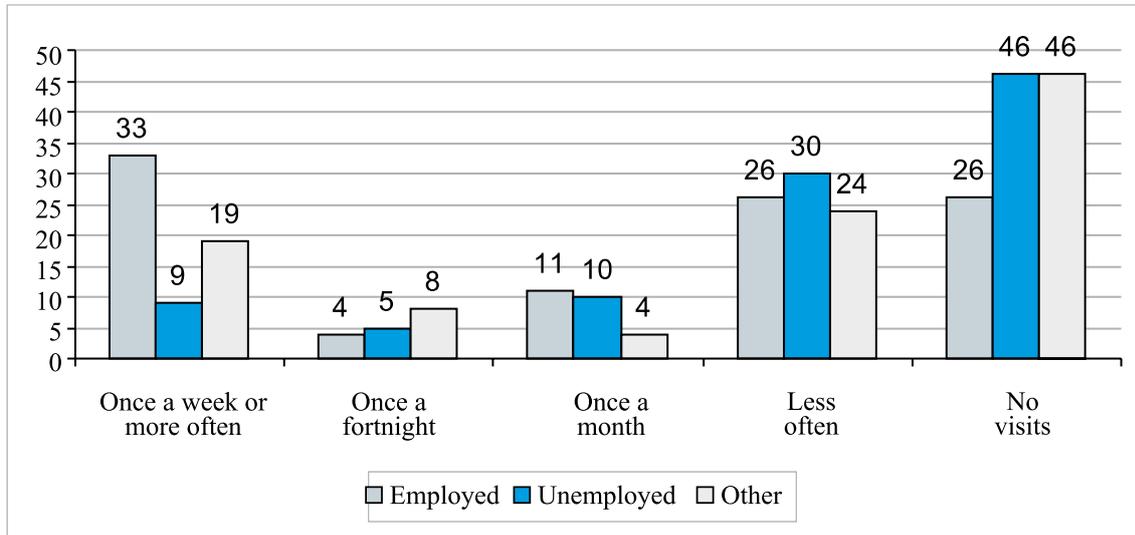
Visiting Frequency of Children (percentage)



the visiting frequency of only every eleventh unemployed mother is the same (see figure 5.16).

Figure 5.16

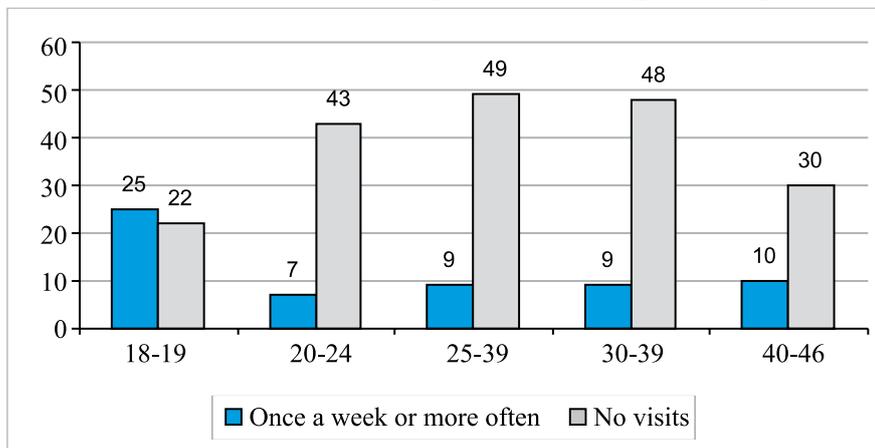
Correlation of Social Status of Mothers with Visiting Frequency of Infants (percentage)



The youngest mother, aged 13, does not visit her infant at all. Other young mothers also visit their infants seldom whereas mothers between 18 and 19 years of age visit their children most

Figure 5.17

Relation between Visiting Frequency of Infants and Age of Mothers (percentage)



often, i.e. every forth week or even more often (see figure 5.17).

A small number of mothers ranging in age from 18 to 19 do not visit their infants at all (the number is smaller in the group of the eldest mothers). In Klaipėda three fourths of mothers visit their infants whereas only one third of mothers residing in Vilnius pay visits (see figure 5.18).

Every fourth father visits his infant in Panevėžys whereas such fathers account for only 2% in Vilnius.

Every fifth mother visits her child once a week or more often in Klaipėda whereas only 2% of mothers do that in Alytus (see figure 5.18).

Even two thirds of mothers do not visit their infants at all in Vilnius whereas in Klaipėda even 55% of mothers pay visits very rarely.

Figure 5.18

Visitors of Infants (percentage in each group)

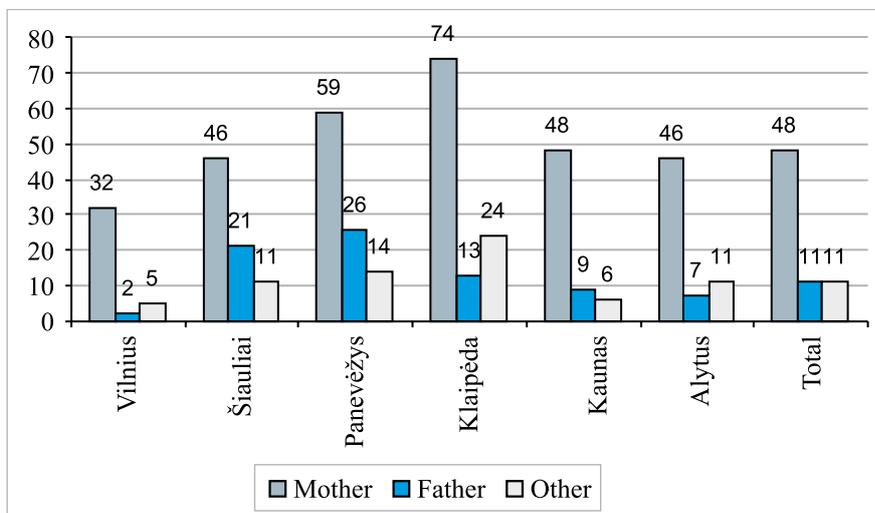
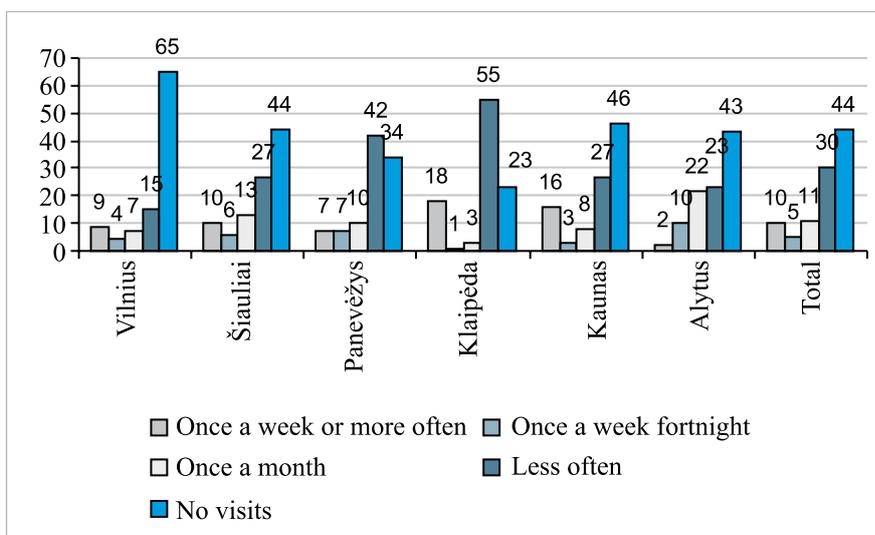


Figure 5.19

Visiting Frequency of Infants (percentage)



A number of mothers with secondary school education who come to visit their children every week or even more often is slightly higher; while half of mothers with the unfinished secondary education do not visit their children at all.

5.3. HEALTH STATUS

5.3.1. DEVELOPMENTAL QUOTIENT

Developmental Quotient (DQ) is determined while assessing the development of infants and children under 3 years of age. If the developmental quotient is lower than 70, it is considered that the development is delayed.

The developmental quotient lower than 70 was determined to 27% of infants and children after their placement in infant homes. The developmental quotient of 48% of children accommodated in infant homes was higher than 70. However, it should be noted that the developmental quotient of every fourth child placed in infant homes was not indicated.

Even 63% of children whose developmental quotient was higher than 70 were accommodated in Vilnius infant homes. There were 56% of such children in Panevėžys infant homes and 77% – in Alytus infant homes.

As of November 1, 2004, there were 21% of children in all infant homes whose developmental quotient was lower than 70. Thus, the majority of children living in infant homes cannot be defined as backward. However, it should be stressed that the developmental quotient of every fifth child living in infant homes was not indicated.

There are even 83% of children whose DQ is higher than 70 in Vilnius infant homes, 69% of children in Panevėžys child care home and 79% in Alytus infant home.

5.3.2. PHYSICAL STATUS

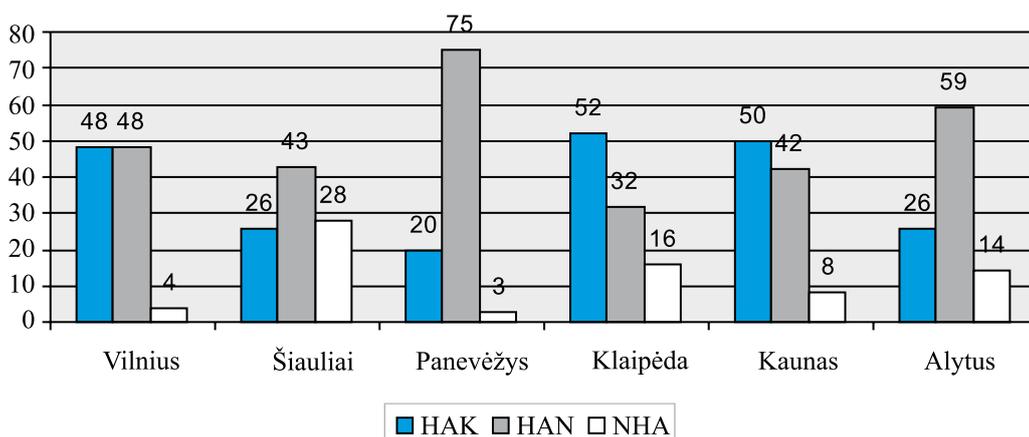
The following criteria were used for the assessment of physical status:

- Harmonious growth, when the height is normal, i. e. corresponds to the age group or derogates from the average height within permissible limits (HAN).
- Harmonious growth, when the height is marginal and clearly does not correspond to the age group (HAK).
- Disharmonious (disproportionate) growth (NHA).

After the placement in infant homes harmonious growth was determined for 49% of infants and children under the age of 3, when the height was normal (HAN), for 38% – harmonious growth when the height was marginal and clearly did not correspond to the age group (HAK), for 12% – disharmonious growth (NHA).

Figure 5.20

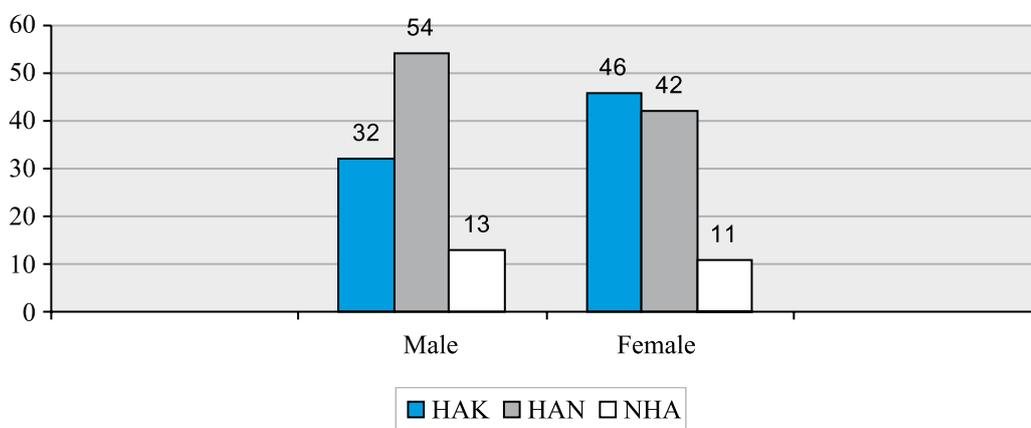
Assessment of Physical Status of Children upon Placement According to Infant Homes (percentage)



Disharmonious growth was determined to 28% of children placed in Šiauliai infant homes, 16% – in Klaipėda infant homes, 14 % – in Alytus infant homes, 8% – in Kaunas infant homes, 4% – in Vilnius infant homes, 3% – in Panevėžys infant homes. Harmonious growth was determined even to 75% of children placed in Panevėžys child care homes when the height was normal (HAN), 59% – in Alytus infant homes, 48% – in Vilnius infant homes, 43% – in Šiauliai infant homes, 42% – in Kaunas infant homes, 32 % – in Klaipėda infant homes. Harmonious growth was determined to 52% of children in Klaipėda infant homes when the height was marginal (HAK). There were 50% of such children in Kaunas infant homes, 48% – in Vilnius infant homes, 26% in Šiauliai and Alytus infant homes and 20% in Panevėžys child care homes.

Figure 5.21

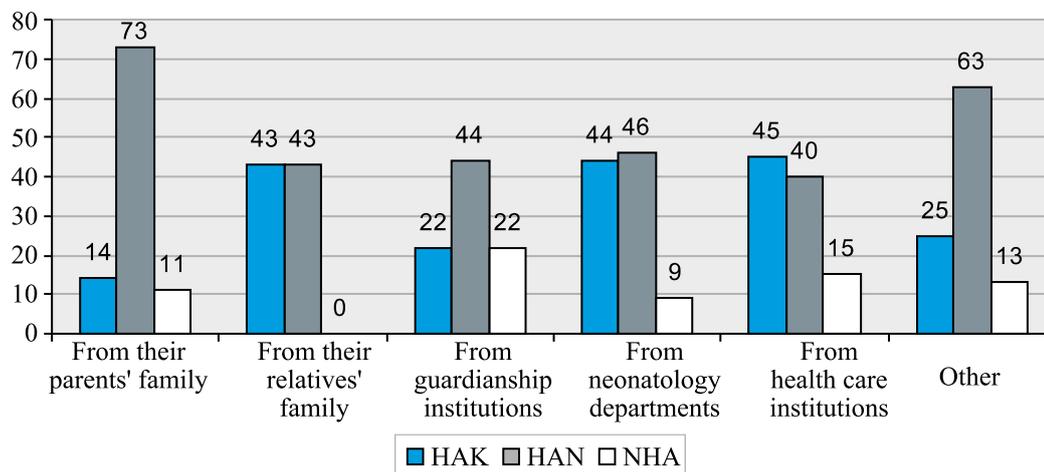
Assessment of Physical Status of Children upon Their Accommodation According to Gender (percentage)



According to the research data, the physical status of male infants upon their accommodation in infant homes is a little bit better than that of female infants: harmonious growth was determined to 54% of male infants when the height was normal (HAN), and to 42% of female infants. Harmonious growth when the height was marginal (HAK) was determined to 46% of female infants and 32% of male infants. Disharmonious growth did not depend on the gender of a child; there were 13% of such male infants and 11% of female infants upon the placement in infant homes.

Figure 5.22

Assessment of Physical Status upon Their Accommodation According to Previous Places from which Children were Placed in Infant Homes (percentage)

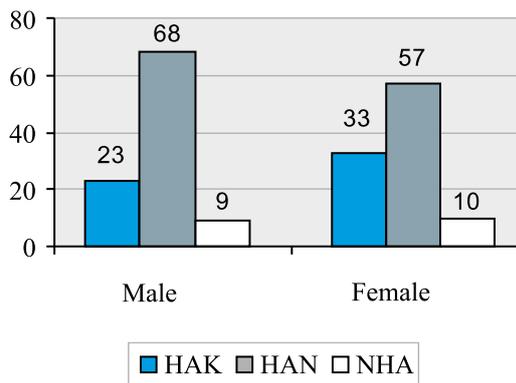


In the terms of the assessment of physical status, infants and children under the age of 3 years who have been placed in infant homes from their parents' family distinguish from other groups: harmonious growth was determined even to 73% of children of this group when the height was normal (HAN). There was a smaller number of such children in other groups: 43% – among children arriving from their relatives' family, 44% – from guardianship institutions, 46% – from neonatology departments of hospitals, 40% – other. Disharmonious growth (NHA) was determined to the greater part of children who were placed in infant homes from other guardianship institutions (22%) than in other groups.

Harmonious growth when the height was normal (HAN) was determined to 49% of infants and children under the age of 3 years, upon their placement in infant homes. As of November 1, 2004 there were 63% of such children in infant homes. There were fewer children for whom the harmonious growth was determined when the height was marginal upon their accommodation than on November 1, 2004 – 38% and 28%, respectively. The number of children for whom disharmonious growth was determined (NHA) also decreased: there were 12% of such children upon the accommodation and 9% on November 1, 2004.

Figure 5.23

Assessment of Physical Status According to Gender as of 1 November 2004 (percentage)



As of November 1, 2004 there were 68% of male children for whom harmonious growth was determined when the height was normal (HAN), 23% – harmonious growth when the height was marginal (HAK) and 9% – disharmonious growth (NHA) in infant homes. There were 57% female children whose growth was harmonious when the height was normal (HAN). Harmonious growth was determined to every third female child when the height was marginal (HAK) and disharmonious growth (NHA) to every tenth female child.

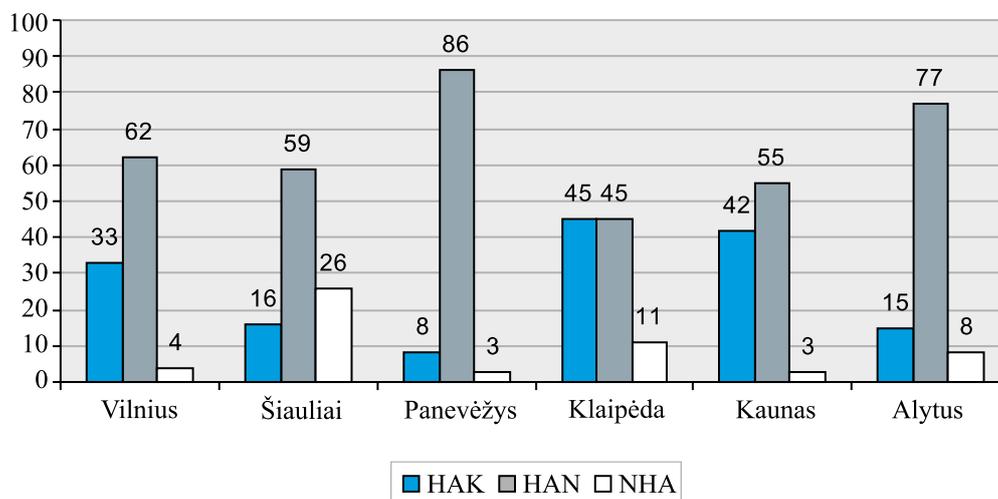
It should be noted that the proportion of boys for whom harmonious growth was determined when the height was normal (HAN) was greater on 1 November 2004 than upon their accommodation, 68% and 54%, respectively. The same tendency was rather strong among female children: there were 57% of them whose growth was harmonious when the height was normal (HAN) as of November 1, 2004 and 42% of girls upon their accommodation.

The research data show that as of November 1, 2004 there were 86% children whose growth was harmonious when the height was normal (HAN) in Panevėžys child care homes, whereas upon the accommodation there were 75% of such children; on November 1, 2004 77% of such children were (59% upon the accommodation) in Alytus infant homes, 62% (48% upon the accommodation) in Vilnius infant homes, 59% (43% upon the accommodation) in Šiauliai infant homes, 55% (42% upon the accommodation) in Kaunas infant homes and 45% (23% upon the accommodation) in Klaipėda infant homes.

Disharmonious growth (NHA) was determined to the smaller percentage of children: 26% – in Šiauliai infant home (28% upon the accommodation), 11% – in Klaipėda infant homes (16% upon the accommodation), 8% – in Alytus infant homes (14% upon the accommodation), 3% – in Kaunas infant homes (8% upon the accommodation), 4% – in Vilnius infant homes (4% upon the accommodation), 3% in Panevėžys infant homes (3% upon the accommodation).

Figure 5.24

**Assessment of Physical Status by to Infant Homes
as of November 1, 2004 (percentage)**



5.3.3. GROUPS OF HEALTH

Five groups of health are used for the complex assessment of children's health status. The main criteria for this distribution are the status of the child's organism, functional disorders, morphological disorders and the degree of clinical symptoms of chronic diseases.

- Healthy children with no defects or functional failures, having good reactivity of the organism and rarely falling ill with acute diseases are attributed to the Health Group I.
- Rather healthy children having functional disorders, reduced reactivity, slight morphological disorders that are of no importance in their daily activities, often falling ill with acute diseases and children with disorders of physical development that are not related to diseases of the endocrine system, who have fallen ill with different diseases and who are in the period of recovery (reconvalescency) are attributed to the Health Group II.
- Children ill with chronic diseases in the compensation stage, having physical deficiencies, residual phenomena after traumas, having no obvious disorders of motor function are attributed to the Health Group III. Such children can adjust to normal living conditions without any difficulties.
- Children ill with chronic diseases in the stage of subcompensation, having morphological disorders that aggravate their daily activities are attributed to the Health Group IV.
- Severe patients in the stage of decompensation are attributed to the Health Group V. These are disabled children, patients who are prescribed bed rest.

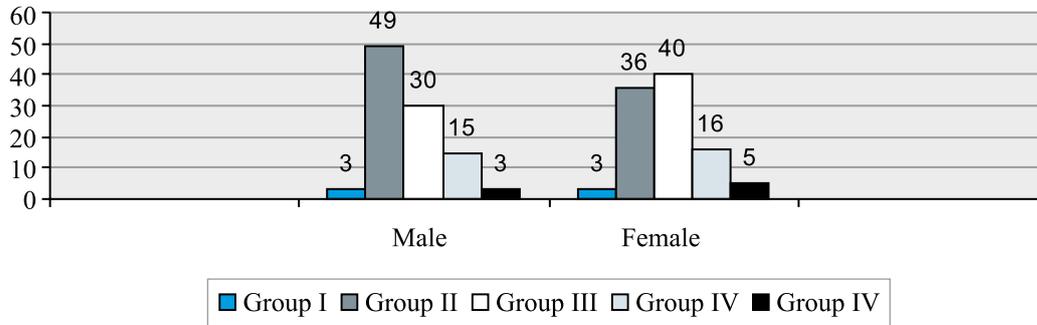
Upon the accommodation only 3% of children living in infant homes were attributed to the Health Group I, i. e. were healthy. 43% of children had functional disorders, reduced reactivity, slight morphological disorders, often falling ill with acute diseases and disorders of physical development. 33% of children having physical disorders, residual phenomena after traumas, disorders of motor function. 15% of children ill with chronic diseases, having disorders of motor function that aggravate their daily activities. 4% of children were disabled patients children were prescribed bed rest.

As of 1 November 2004 there were 3% of children living in infant homes whose health status was attributed to the Group I, 46% of children had functional disorders, reduced reactivity, strong morphological disorders and disorders of physical development, often falling ill with acute diseases. 35% of children had physical deficiencies, residual phenomena after traumas and

disorders of motor function. 13% of children were ill with chronic diseases and had disorders of motor function that aggravated their daily activities. 4% of children were disabled patients, who had been prescribed bed rest.

Figure 5.25

Health Status upon Accommodation by to Gender (percentage)

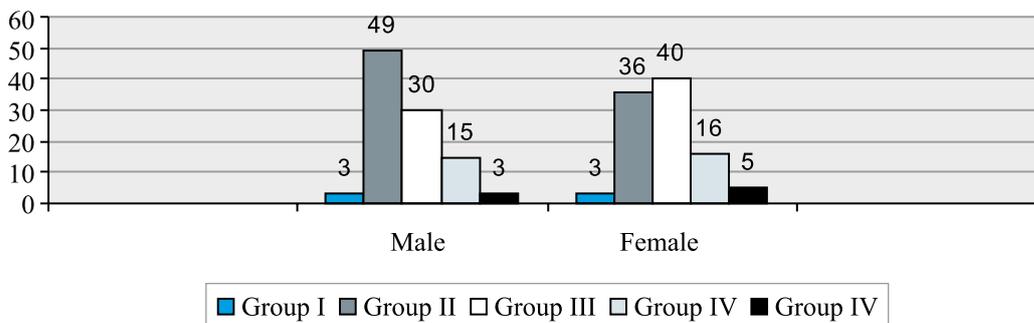


According to the research data, upon the accommodation more male children than female ones were attributed to the Health Group II (49% and 36%, respectively), whereas more female children were attributed to the Group V.

Only two infant homes had children whose state of health was attributed to the 1st health group – in Kaunas and Panevėžys infant home (respectively, 16% and 3%). Four infant homes had children whose state of health was attributed to the 5th health group (disabled patient) – in Šiauliai infant home (12%), in Alytus (6%), in Kaunas (2%) and in Vilnius (2%). The state of health of 84% of children placed in Klaipėda infant home was attributed to the 2nd health group, 16% to the 3rd health group. The state of health of 57% of children placed in Kaunas infant home was attributed to the 2nd health group, 16% to the 3rd health group, and 10% to the 4th health group. The state of health of 9% of children placed in Šiauliai infant home was attributed to the 2nd health group, 53% to the 3rd health group, 26% to the 4th health group. The state of health of 33% of children placed in Vilnius infant home was attributed to the 2nd health group, 42% to the 3rd health group, 23% to the 4th health group. The state of health of 44% of children placed in Panevėžys infant home was attributed to the 2nd health group, 42% to the 3rd health group, and 11% to the 4th health group. The state of health of 38% of children placed in Alytus infant home was attributed to the 2nd health group, 40% to the 3rd health group, and 16% to the 4th health group.

Figure 5.26

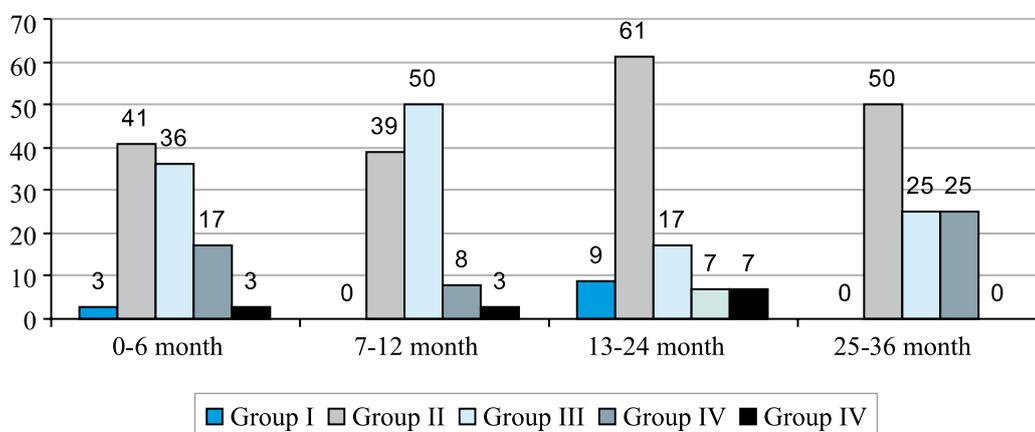
Health Status upon Accommodation by to Gender (percentage)



According to the research data, upon the accommodation more male children than female ones were attributed to Health Group II (49% and 36%, respectively), whereas more female children were attributed to Group V.

Figure 5.27.

State of health on arrival to an institution, by age (percentage)



On arrival, the state of health of 3% of infants under 6 months of age was attributed to the 1st health group, 41% to the 2nd health group, 36% to the 3rd health group, 17% to the 4th health group, and 3% to the 5th health group. Among infants 7 to 12 months of age none was attributed to the 1st health group, the state of health of 39% was attributed to the 2nd health group, 50% to the 3rd health group, 8% to the 4th health group, and 3% to the 5th age group. The state of health of 9% of infants 1 to 2 years of age was attributed to the 1st health group, 61% to the 2nd group, 17% to the 3rd group, 7% to the 4th group, and 7% to the 5th health group. The state of health of every second child older than 2 was attributed to the 2nd health group, that of every fourth child was attributed to the third and the fourth health group.

5.3.4. DIAGNOSES

Upon the accommodation in infant homes diagnoses were made for infants and children under the age of 3 years. Only one disease was diagnosed to 25% of children, two diseases to 32%, three diseases to 18%, four diseases to 11% and five diseases to 10%.

After a certain period of living in infant homes the situation tends to change: only one disease is diagnosed to every second child, two diseases to 26% of children, three diseases to 12% of children, four diseases to 7% of children and five diseases to 6% of children.

Upon the accommodation more than half of infants and children under the age of 3 years were ill with the diseases of perinatal period (57%), mixed specific developmental disorders were diagnosed to every fifth child, endocrine, nutritional and metabolic diseases were diagnosed to 19% of children, congenital diseases of formation of the blood circulation system were diagnosed to 18% of children, anaemia was diagnosed to 13% of children.

5.3.5. THERAPY

Psychological therapy was applied to 26% of children living in infant homes. The speech therapy was applied to 74% of children, psychical therapy – to 85%, ergotherapy – to 16%, methods of special pedagogy – to 34%, medicinal treatment – to 93%. It should be noted that several therapeutical methods are usually applied to children and therapy is combined with medicinal treatment. It can be related to the fact that every third child living in infant homes has mixed specific developmental disorders, specific disorders of language and speech development are diagnosed to 15% of children, ocular diseases are diagnosed to 13% of children and otic diseases – to 14%.

5.4. SOCIAL, ECONOMIC AND FINANCIAL INDICATORS OF INFANT HOMES

5.4.1. NUMBER OF CHILDREN

As of November 1, 2004 there were 650 foster children in 5 infant medical care state institutions-homes for infants with development disorders (in the cities of Vilnius, Kaunas, Klaipėda, Šiauliai and the town of Alytus) and in Panevėžys A. Bandza Infant and Children Care Home; 365 of them were infants and children under 3.

The majority of them (even 261 child) came from the departments of neonatology and health care institutions, which accounted for 72% of all children who were placed in 2004.

91 infants and children under 3 came from the parents' family (25%). Table 5.1. shows the distribution of infants and children under 3 according to the previous place of residence.

Table 5.1.

Distribution of infants and children (aged 0-3) according to the previous place of residence, 2001-2004

	Placed in 2002	Placed in 2003	Placed in 2004	1/11/2004
Total	317	279	256	365
Including these coming from	0	0	0	0
Parents' family	94	69	62	91
Relatives' family	2	1	4	4
Guardians	1	0	1	1
Guardianship institutions	3	3	9	8
Departments of neonatology	115	83	95	130
Health care institutions	132	133	85	131
Other	0	0	0	0

According to the above data, the main places of residence of children before their placement in infant homes practically do not change.

The analysis of reasons for children of this age group leaving infant homes shows that the majority of them returned to parents (50% in 2002 and 38% in 2004), 19-21% of children were adopted, 22-27% of children were placed under guardianship of families.

The table below provides detailed data.

Table 5.2.

	Left in 2002	Left in 2003	Left in 2004
Total	233	228	179
Returned to parents	116	91	68
Placed under guardianship of relatives	0	0	1
Placed under guardianship by family	51	59	49
Left to family-type care home	0	2	0
Left to another guardianship institution	20	19	14
Adopted in Lithuania	21	18	26
Adopted abroad	23	30	12
Died	2	9	9
Other	0	0	0

5.4.2. FUNDING OF INSTITUTIONS

The main funding source of infant homes is the state budget. The budgetary funds account for between 95% and 98% of all funds of the institutions. Funds allocated for the implementation of special programmes, such as “Vaikų skiepai” (Vaccination of Children), “Būk sveikas” (Be healthy), “Apsaugok save ir draugus” (Protect Yourself and Your Friends) also make up a certain proportion (quite a small one) of the funding.

In addition, infant homes receive part of funding as support (charity) both from natural and legal persons from abroad and Lithuania. However, it is not a stable source of funding; the amount of funds received differs every year (in 2002 it made up

Table 5.3.

Funding of institutions, 2002 – 2004 (LTL thous.)

Sources of funding	2002	2003	2004
State budget	13 646,80	14 197,60	15 052,30
Funds for programmes	142,20	43,85	25,80
Foreign support	226,80	639,70	182,50
Support from Lithuania	149,90	125,90	141,70
Total	14 165,70	15 007,05	15 402,30

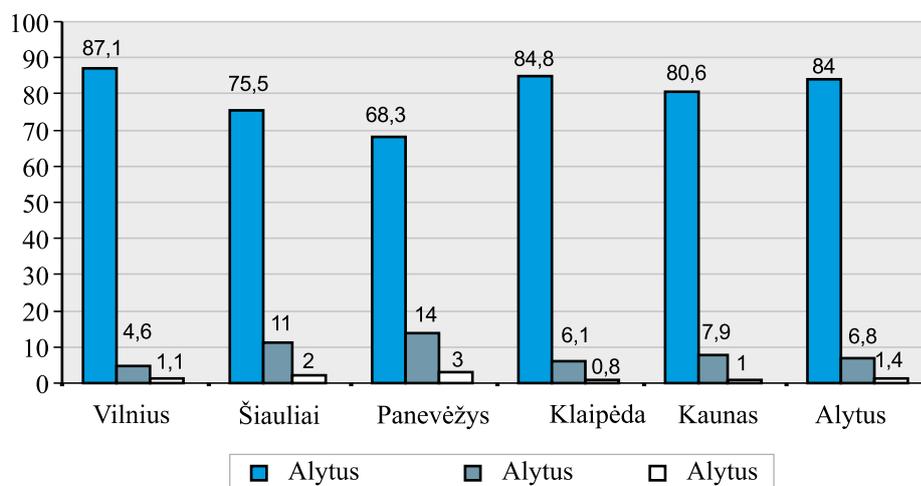
and Lithuania. However, it is not a stable source of funding; the amount of funds received differs every year (in 2002 it made up LTL 377 thou, in 2003 – LTL 766 thou, in 2004 – LTL 324 thou).

5.4.3. EXPENDITURE OF INSTITUTIONS

The major part of expenditure consists of expenditure for wages and salaries (in individual infant homes then are from 88% (Vilnius) to 60% (Panevėžys). Another major groups of expenditure is expenditure for nutrition, which on the average accounts for 8% of all expenditure; however this expenditure in different years and in individual care homes fluctuate from 4,6% to 14,6%. Expenditure for pharmaceuticals accounts only for about 1,5% of the total expenditure; although, in different infants homes it fluctuates from 0,4% to 3,1%. Such an unevenness occurs due to the difference in the use of the support funds: in some homes the funds of support (charity) are used for nutrition, or for acquisition of pharmaceuticals or of medical (rehabilitation) equipment, while in others they are used to satisfy other needs.

Figure 5.28.

Main expenditure in percents



In such way, the latter infants homes allocate a major part of financing for wages and salaries and for payment of social insurance payments. In this case, the comparative weight of wages and salaries relatively grows up. The below diagram gives the expenditure of the homes of infants showing retarded development (% of the total major expenditure).

More explicit expenditure of infants home in 2002 –2004 by individual homes of children showing retarded development is given in the tables below.

Calculating expenditure of infant homes, the following expenditure was not taken into consideration:

- printing expenditure,
- business trip expenditure,
- qualification improvement expenditure,
- construction expenditure,
- long-term assets acquisition expenditure,
- long-term assets rent and repairs expenditure.

This expenditure, in our opinion, are not directly related to the number of inmates and their inclusion would distort the actual economic view.

Besides, calculating the number of inmates in different years, the following formula was used:

$$V = Vm + Va - Vi, \text{ where}$$

V is a number of children placed in infant homes

Vm is the number of children at the beginning of the year,

Va is the number of arriving children,

Vi is the number of departing children per year.

Table 5.4.

**Expenditure of infant homes by the items
of expenditure in 2002 (thousand LTL)**

Expenditure / Infant home	Vilnius	Šiauliai	Panevėžys	Klaipėda	Kaunas	Alytus	TOTAL
Wages and salaries, social insurance payments	2 376,6	825	1486	1 666,8	1 494,2	2085	9 933,6
Heating	106,1	47,5	184,0	90,8	113,0	91,0	632,4
Electricity	47,1	24,0	48,0	43,7	34,6	33,0	230,4
Water supply and sewerage	38,4	10,8	20,0	21,2	18,4	25,0	133,8
Communication services	16,1	4,5	9,0	6,4	16,9	7,0	59,9
Transport maintenance	15,5	2,0	17,0	3,5	8,5	7,9	54,4
Other goods	30,0	30,0	34,0	9,4	72,5	19,1	195,0
Other expenditure	6,1	3,0	25,0	16,3	27,1	11,5	89,0
Nutrition	148,5	122,4	324,5	130,2	159,0	195	1 079,6
Pharmaceuticals	34,8	26,5	65,0	8,8	18,6	31,0	184,7
Clothes and footwear	0,7	11,5	8,0	5,7	6,5	12,0	44,4
Total:	2 819,9	1 107,2	2 220,5	2 002,8	1 969,3	2 517,5	1 2637,2
Number of children	173	68	150	77	77	113	658
Expenditure per 1 child	16,3	16,3	14,8	26,0	25,6	22,3	19,2

Table 5.5

Expenditure of infant homes by the items of expenditure in 2003 (thousand LTL)

Expenditure / Infant home	Vilnius	Šiauliai	Panevėžys	Klaipėda	Kaunas	Alytus	TOTAL
Wages and salaries, social insurance payments	2 407,7	828,2	1 478,8	1 696,7	1 508,5	2 107,4	10 027,3
Heating	91,3	63,8	150,0	85,5	93,9	94,0	578,5
Electricity	39,6	21,1	52,0	49,5	36,5	34,0	232,7
Water supply and sewerage	36,4	14,6	21,0	26,2	24,6	29,0	151,8
Communication services	15,3	14,6	9,0	7,1	14,9	7,1	68,0
Transport maintenance	14,0	3,0	22,0	5,1	9,1	8,0	61,2
Other goods	31,5	28,3	61,9	17,4	71,4	22,7	233,2
Other expenditure	21,1	3,0	36,4	24,6	15,9	9,2	110,2
Nutrition	145,8	115,8	326,0	140,8	160,3	184,0	1 072,7
Pharmaceuticals	36,9	24,2	69,0	12,2	20,2	33,0	195,5
Clothes and footwear	7,6	12,0	18,0	4,0	6,0	10,0	57,6
Total:	2 847,2	1 128,6	2 244,1	2 069,1	1 961,3	2 538,4	12 788,7
Number of children	173	68	159	77	71	108	656
Expenditure per 1 child	16,5	16,6	14,1	26,9	27,6	23,5	19,5

Table 5.6.

Expenditure of infant homes by the items of expenditure in 2004 (January-October, thousand LTL)

Expenditure / Infant home	Vilnius	Šiauliai	Panevėžys	Klaipėda	Kaunas	Alytus	TOTAL
Wages and salaries, social insurance payments	2 091,4	889,3	1 629,2	1 504,0	1 640,3	2 258,6	10 012,8
Heating	66,1	48,2	142,0	51,9	93,0	92,0	493,2
Electricity	30,3	17,9	48,0	39,5	38,0	35,0	208,7
Water supply and sewerage	23,8	12,2	22,0	18,9	22,0	30,0	128,9
Communication services	13,7	12,2	9,6	4,7	11,6	8,6	60,4
Transport maintenance	9,9	3,0	23,0	4,5	6,5	8,0	54,9
Other goods	16,4	28,9	54,4	16,1	29,6	19,0	164,4
Other expenditure	11,1	3,8	39,0	11,4	6,6	8,4	80,3
Nutrition	111,3	129,6	335,0	107,9	161,5	183,0	1 028,3
Pharmaceuticals	25,7	24,0	72,0	14,8	20,0	37,0	193,5
Clothes and footwear	0,3	9,3	12,0	0,0	5,2	10,0	36,8
Total:	2 400,0	1 178,4	2 386,2	1 773,7	2 034,3	2 689,6	12 462,2
Number of children	174	71	140	79	76	110	650
Expenditure per 1 child	13,8	16,6	17,0	22,5	26,8	24,5	19,2

Each year of the period in question, maintenance costs of infants and children under 3 have been on the average growing by 1,8 percent. In 2002, maintenance of one inmate amounted to 19 200 Litass, in 2003 to 19 500 Litass, and in 2004 (our estimate) it will amount to 20 000 Litass.

The data of the audit performed by the National Audit Office in 2004 reveal that in 2003 LTL 13.9 were spend for the maintenance of one inmate at state (county) institutions, and LTL 12 thousand at municipal institutions (<http://www.vkontrole.l>). Therefore, it could be stated that the costs of maintenance of an inmate of an infant home is 40 percent higher than that of an inmate of a public care home.

Similar trends are seen in other countries of Europe. For example: according to the data of the research of Prof. Browne carried out in 2003, the costs of disabled children in state institutions were 23% higher. In different countries these costs are different: in Austria – 59% higher, in Island – 125%.

In Estonia these costs account for EUR 3.7 thousand and EUR 4.3 thousand (for disabled children).

In Latvia, the costs of maintenance of an infant at a state institution amount to EUR 33.1 thousand, while maintenance of a disabled child amounts to EUR 40.1 thousand. (Daphne Programme – Year 2002, Project No: 2002/017/C “Mapping the number and characteristics of children under 3 in institutions across Europe at risk of harm”).

Table 5.7.

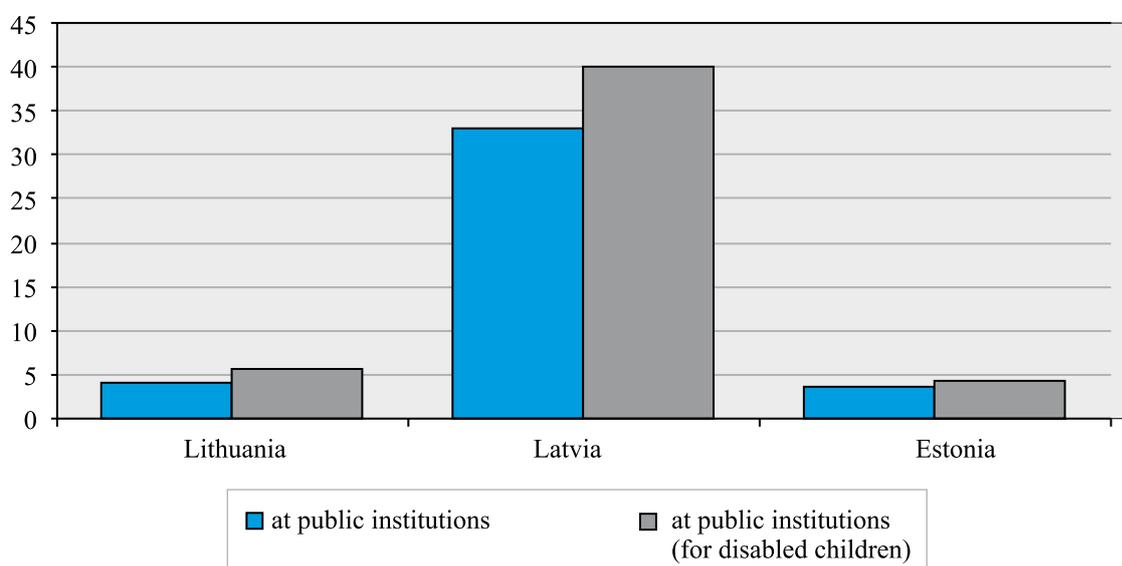
Annual costs of child care at state institutions in the Baltic States, 2003 (thousand Euros)

Form of care	Lithuania	Latvia	Estonia
Public institutions	4,0	33,0	3,7
Public institutions (disabled children)	5,7	40,1	4,3

*The table is based on the data of Daphne Programme, Lithuanian National Audit Office and this research

Figure 5.29.

Annual costs of taking care at state institutions in the Baltic States, 2003 (thousand Euros)



In Estonia these costs account for EUR 3.7 thousand and EUR 4.3 thousand (for disabled children). In Latvia, the costs of maintenance of an infant at a public institution amount to EUR 33.1 thousand, while maintenance of a disabled child amounts to EUR 40,1 thousand.

More explicit data on the costs of care in the infant homes in 2002–2004 are given in the below table and diagram. As we see, the costs per one inmate largely differ. In 2002, the lowest costs were seen in Panevėžys (14,8 thousand Litas), the highest costs were seen in Klaipėda (LTL 26 thousand). In 2003, the lowest costs were seen in Panevėžys (LTL 14.1 thousand), and the highest costs were seen in Kaunas (LTL 27.6 thousand). In 2004, the lowest costs were seen in Vilnius and Šiauliai (LTL 14.8 thousand each), and the highest costs were seen in Klaipėda (LTL 27 thousand).

Table 5.8.

Expenditure per 1 inmate per year
(*thousand Litas and thousand Euros*)

Year		Vilnius	Šiauliai	Panevėžys	Klaipėda	Kaunas	Alytus	Total
2002	LTL	16,3	16,3	14,8	26,0	25,6	22,3	19,2
	EUR	4,7	4,7	4,3	7,5	7,4	6,5	5,6
2003	LTL	16,5	16,6	14,1	26,9	27,6	23,5	19,5
	EUR	4,8	4,8	4,1	7,8	8,0	6,8	5,7
2004	LTL	16,6	16,6	17,0	27,0	26,8	24,5	20,0
	EUR	4,8	4,8	4,9	7,8	7,8	7,1	5,8

Analysing the annual growth of costs for inmate maintenance in infant homes we see that the growth of the annual expenditure is insignificant, and the annual increase in financing is only about 1,8%, but in individual infant homes this growth is very different.

Table 5.9.

Annual growth of expenditure per 1 inmate in 2002 – 2004
(*percentage*)

	Vilnius	Šiauliai	Panevėžys	Klaipėda	Kaunas	Alytus	Total
2002	100,0	100,0	100,0	100,0	100,0	100,0	100,0
2003	2,1	2,1	1,0	4,0	8,1	4,6	1,8
2004 (foreseen)	0,0	0,0	19,5	0,0	0,0	4,4	1,8

5.4.4. PERSONNEL WORKING WITH CHILDREN

The education level of the personnel working with children complies with the qualification requirements (in some cases, e.g. children's nurses (5) and nannies (9) have higher education that surpasses the job requirements).

All doctors, 53% of specialists and pedagogues have higher education, 87% of children's nurses have special high education.

Table 5.10

Distribution of personnel according to education level

Personnel group	Having higher education	Having high education	Having vocational education	Without vocational education
Doctors	47			
Specialists	38	52	4	
Pedagogues	65	36		
Children's nurses	5	165	20	
Nannies	9	56	33	133

5.4.5. FACILITIES OF INFANT HOMES

Infant homes are established in buildings suitable for this purpose. However, these buildings were built in different periods of time. The buildings of Kaunas Child Development Clinics "Lopšelis" was built in 1932, Vilnius and Šiauliai infant homes were built in 1966, Panevėžys Algimantas Bandza Infant and Child Care Home was built in 1967, Klaipėda Infant Home – in 1972 and Alytus Infant Home – in 1979. A partial reconstruction, running repairs, construction of extensions and reconstruction of heating economies were carried out in some infant homes between 1994 and 2004. Overall, heads of infant homes assessed the condition of facilities as satisfactory. The head of Šiauliai Infant Home assessed it as poor and only heads of Klaipėda Infant Home assessed it as good. The majority of heads mentioned the following drawbacks: necessary roof reconstruction, window reconstruction, reconstruction of local heating networks and heating installations (radiators), installation of floor heating in infants' playrooms and preparation of storerooms. A large total area of infant homes was mentioned as a disadvantage: most of them have wide and long corridors, spacious lobbies but lack storerooms very much. This can be illustrated by the following table providing data about the total and living areas assigned to each inmate.

Table 5.11.

Area assigned to each inmate

Infant home	Total area (m ²)	Living area (m ²)
Vilnius	34,0	20,8
Šiauliai	21,3	10,3
Panevėžys	25,3	13,2
Klaipėda	24,5	12,3
Kaunas	30,5	16,5
Alytus	35,3	7,8

5.5. SURVEY OF EXPERTS

The following employees took part in the survey: infant home employees (six physicians, four social workers, two directors), four employees of the agencies for the protection of the rights of the child and two employees of non-governmental organisations. The survey was held in October-November 2004.

Reasons for which child guardianship should be established

All respondents said that reasons for which child guardianship should be established are related to parents and families of children. The number of real orphans, i.e. those whose parents are dead, is rather low. A major part of children for whom guardianship is established come from dysfunctional families in which a child is neglected, is not being brought up, no normal living conditions are maintained for a child.

“Without doubt, these are families in which parents do not take care of a child, neglect him/her, they do not take care of child’s health and welfare.” (An employee of the agency for the protection of the rights of the child).

In most cases, the respondents spoke of families in which parents abuse alcohol and drugs. The most common respond used to sound as follows:

“A major part of children come to guardianship institutions from the families in which parents abuse alcohol, drugs and live as tramps.” (A social worker).

Social inactivity of parents, conditioned by the natural setting in which they themselves grew up, in most cases was mentioned as the main reason for which children are placed in guardianship institutions:

“However, such parents who do not have any skills of parenthood or skills of social life, who have no idea of laws, who are not able to arrange payment of allowances for themselves and their children also exist. Usually such parents either come from, guardianship institutions or from dysfunctional families. How can they take proper care of their children if they never have been taken care of themselves, as they grew up in public institutions or dysfunctional families?” (An NGO employee).

Cases of women giving birth to children of different men were also frequently mentioned.

“Women who in our society are usually called single mothers should also be mentioned. They usually have more than one child and fathers of those children are different... They live with cohabitants. Such women themselves suffer from violence of their cohabitants nothing to say of their children... Such women usually do not ask for help...” (An NGO employee).

Poverty was also indicated as a reason for child’s refusal or placement in guardianship institutions.

“Many women giving birth to a child do not have means of subsistence, they are not supported by their relatives, they do not have job and place for living. Such women usually spent a year at temporary home for mothers and children but then they have to start living on their own. So many of them consider possibility of leaving a child at child guardianship home, as there a child would be properly supported. Such women have no hope of getting a job as they have a baby, as babies are frequently ill and no employer wants to hire a mother with a baby. Housing is also a problem for such women as no one wants to have a tenant with small children...” (An NGO employee).

“There is a number of families in our town which are indebted for utilities and live in poor state apartments. Many people are unemployed and are socially excluded.” (An NGO employee).

Almost all respondents indicated more than one reason.

“Reasons for which children are placed in guardianship homes are different. I would even say that they are complex. Mostly, children of dysfunctional families and alcohol-abusing parents are placed in here. But cases when parents are not able to give maintenance to their children, as they are unemployed, also exist. Some parents are imprisoned, and some are ill.” (An employee of an infant home).

Assessment of state child guardianship institutions

Assessing state child guardianship institutions, all respondents said that life in such a home was mostly far off the life in a family. This is first of all conditioned by a big number of children placed in this type home and a low number of employees taking care of children, which results from poor financial situation.

“Sure, every child should grow in a family... But the number of children without parental care is very big and they would have no place for living if public guardianship institutions were closed. Naturally, creation of living conditions similar to those in a family is hardly possible. Public guardianship homes place too high number of children... Recently, efforts have been made to reform public guardianship homes and to place siblings together... One employee takes care of a big number of children. Each baby should be noticed, cuddled, understood, etc., but it is hardly possible when one person takes care of 20-30 children.” (An employee of an agency for the protection of the rights of the child).

Assessment of infant home

No respondents said that under the present situation infant home is not necessary in Lithuania. It is noted that children, placed in infant home, suffer from health problems solution of which is difficult even for “normal” families, while children placed in infant homes usually come from social risk families in which parents do not take care of their children, abuse alcohol and drugs, have financial and social problems.

Respondents frequently spoke of mothers who either fail to take care of their children or just leave their children in hospital.

“I think that a considerable part of mothers of infants living in infant homes have mental problems. Usually, no mental diseases or disability are diagnosed to them but they graduated from special education schools. They would be willing to take care of their children but they are not able to do that, they, for example, forget to feed their baby... I would say that they even are not able to take care of themselves, and they themselves need care.” (A social worker of infant home).

“Often, infants who get in our infant home are left in hospital by their mothers. Usually such a mother disappears and attempts are made to trace her. Time passes by and a child keeps growing in hospital.” (A physician of infant home).

“Speaking about mothers of our children, i.e. of children living in infant home, usually they are single, uneducated, unemployed, homeless women.” (A social worker).

“Children are placed in our infant home usually from hospitals where they are left by their mothers. Women leave their children in hospital maybe because they do not have an instinct of motherhood and poverty is only a cover for an excuse. Such mothers usually themselves come from guardianship institutions and do not have a model of a family.” (A social worker).

“Normal” families from which children get into infant home because of illness or development disorders were also mentioned. According to respondents, sometimes parents are not able to raise such children at home but some parents do not want to take care of a disabled child.”

“A very small part of children placed into infant home come from good and normal families. Sometimes a state of health of a child requires special intensive nursing, which is not affordable

for a family. We have a girl who needs an oxygen apparatus. The girl's mother takes good care of her and comes to see her frequently. She stays a lot with the girl and they really have an emotional relationship. But the mother lives in a village. The girl was taken home but then she caught cold and complications started again." (A physician of infant home).

"Sometimes children are placed in our infant home from normal families that have no problems and do not suffer from poverty. When speaking with parents it turns out that they were expecting a different baby and that they are ashamed of the disorders their baby suffers from." (A social worker).

Employees of infant home who have been working in infant home for a long time say that living conditions in the Soviet period and now are different and they note that in the Soviet period children living in infant home were only nursed. The first specialists and speech therapists started working in infant homes only 20 years ago. At present different rehabilitation therapies are being applied.

In the opinion of respondents, in infant homes children are given not only medical treatment but also education. However, a number of employees of infant homes fears that it is not possible to show children the life outside the walls of infant home:

"Even when they are there, children have never been to a store" (A social worker).

"We do not have possibilities for going out with children so that we could "show them the world"" (A physician and social worker of infant home).

Assessment of non-governmental organisation

Assessing the activities of non-governmental organisations, the respondents noted that guardianship homes of NGO are of different types, for example, homesteads, children villages, temporary mother and children care home, children day care centres, etc. A positive fact is that NGO child guardianship homes are small and place an optimal number of children; besides, they try to simulate a family setting.

The work of volunteers at these homes was also emphasized:

"It is a very positive thing that the number of non-governmental organisations is rather big. They actually improve the system of child guardianship. Their child guardianship homes are small and besides that they have good specialists they also have volunteers. Thus, children are taken care by a greater number of staff and relationship with children is warmer" (An employee of an agency for the protection of the rights of the child).

Giving a positive assessment of children day care centres, respondents fear that the number of those centres is insufficient, they are small by their extent and are concentrated in bigger towns of the country.

"Its good that we have Caritas children day care centre in our town. We have close cooperation with this centre. The centre takes care of children from dysfunctional families, arranges feeding of children and charity to dysfunctional families. It's a shame that the centre is not able to take care of a greater number of children from dysfunctional families" (An employee of an agency for the protection of the rights of the child)

"You know that at present even for a normal and fully provided family to arrange occupation of children and to create conditions for children to attend different clubs, as it costs. The existence of children day care centres is a positive fact, as they enable education of children from dysfunctional families." (A physician of infant home).

"Children get food at day care centre, which is very good" (An employee of an agency for the protection of the rights of the child).

"Naturally, the fact that children get food at day care centres and can do their homework and have a warm place to stay is of significant importance... I think that the greatest advantage of

such centres is that children have a chance to see different life from that they see in their families... Drunken parents, fight, row, hunger... A chikd does not have to stay on the street, to steel, to tramp... ” (an employee of NGO).

“There is no doubt that a greater number of day care centres is necessary. And although the issue of financing is always topical, municipalities could and should support establishment of children day care centres to greater extent. Maybe then less money would be spent for programmes of juvenile crime prevention?” (An employee of NGO).

Assessment of social families

In the opinion of all respondents, living conditions for a child in a social family are much closer to those of a usual family. But often it was noted that many guardians lack special training or are low educated. In the opinion of respondents, a tougher selection of guardians is necessary to see whether guardians are ready for proper taking care and education of children.

“I think that often people who establish social families are not ready for that” (An employee of infant home).

“When they live in a village and take 4-5 children, may be they do that in order to get child allowances...” (A social worker).

“Some social families are really good and they take proper care of children. But sometimes different maladies occur, such as conflicts and violence. Selection of guardians should ensure that only proper people establish social families” (An employee of infant home).

“Although agencies for the protection of the rights of the child arrange courses for guardians, I think that those courses should be more practical and they should be led by people who have practical experience of working with children, and may be guardians could help each other and share their experience.” (An employee of infant home).

“People who have pedagogical education should be promoted to establish social families, as some of them are unemployed and that would be a good possibility for them.” (An employee of infant home).

Assessment of guardianship in a family

Child guardianship in a family was given a positive assessment; however certain problems related to search for and selection of proper guardians were mentioned. Cases when grandparents become guardians of children are frequent and can result in misunderstanding of each others due to the age gap.

“Usually children were take for guardianship by their relatives, especially their grandmothers. Smaller children cause fewer problems. But dealing with adolescents many problems occur. Sure, adolescences are problematic in normal families, too, nothing to say of cases when a grandmother is a guardian of her grandchild... An age gap is often a problem. We, of course, make efforts to look for younger guardians. Sometimes siblings become guardians of a child but such cases are rather rare. It s even more difficult to find guardians among people who are not relatives. Those who have possibilities and have enough money to take care of a child do not wish to be guardians of children who are not relatives. And those who want to take care of a child usually live in a small apartment and have low salaries. So who will allow them to become guardians of children?” (An employee of an agency for the protection of the rights of the child).

“We also make efforts to look for guardians, we have worked out a special questionnaire, our specialists assess the motivation of child guardianship, we go to visit future guardians in their home and to speak to other members of the family. But finding guardians is not easy. Usually relatives take children under guardianship.” (An employee of NGO).

“Sometimes we put an advertisement in the local paper that we are looking for guardians” (An employee of an agency for the protection of the rights of the child).

Another problem mentioned was related to reluctance of guardians to allow children meet their biological parents.

“Guardians often do not want that biological parents of children under their guardianship come to visit their children. They try to find out how they could prohibit biological parents from coming to see their biological children as, in the opinion of guardians, they might have a negative influence on their children. Thus, problems arise not only with children under guardianship but also with biological parents of children.” (An employee of an agency for the protection of the rights of the child).

What should be done to increase the number of children under guardianship in families and adopted children?

The respondents said that the attitude of the public towards children under guardianship and towards guardianship as a whole should change, especially with the help of mass media:

“It is widely thought that children deprived of parental care have “bad genes”. I heard that at school children living in guardianship institutions are mocked at by other children. Thus, educative work should be started at school.” (An employee of an agency for the protection of the rights of the child).

“Mass media should play a more dominant role in the formation of positive attitude towards child guardianship and adoption. Naturally, it is nice that different promotion actions are arranged to support children placed under guardianship financially. But positive sides of child guardianship should also be demonstrated by showing that by making a child happy you may be happy too” (A social worker).

“Mass media often looks for scandals. For example, the public is immediately informed if something bad happens in a social family. More positive examples should be given to the public.” (An employee of NGO).

“More articles should be published on positive experience. Although the number of articles on adoption is not high, at least those articles are always positive. But cases of guardianship are usually showed negatively.” (An employee of infant home).

“In poor society, many people who are wealthy enough prefer having a dog or a cat to becoming guardians or adopters of a child. Mass media should write more about taking a child to a family and raising him/her, making him/her happy” (An employee of NGO).

Only one respondent said guardianship would be more popular if it were considered to be a job:

“Child guardianship could be equated to a job for which a person is paid certain salary. Let’s suppose that a person takes 3-5 children under guardianship, thus a working place should be created for such a person. Maybe then educated people having knowledge of pedagogy and psychology and doing their job honestly would occur” (An employee of an agency for the protection of the rights of the child).

What should be done to increase the number of children returned to their biological parents ?

Emphasizing that a child could be returned only to families that change their attitude towards a child and create normal conditions for a child, the respondents said that social work hard to be carried out with them.

The respondents mentioned the lack for preventive work with social risk families:

“Financial support in the form of allowances, free meals at school, charity, etc, is rendered, which is very necessary. But preventive work is also necessary. Problems of a family should be pointed out by showing that they could be solved by joint efforts and people should be taught to solve their problems independently. Naturally, such activities need skilled and properly trained social workers and psychologists” (An employee of NGO).

The number of social workers at municipalities and subdistricts should be increased by reducing their work load and promoting their narrower specialisation:

“Subdistricts have too little social workers, their work load is big and the number of families falling to one worker is too big. It is difficult to tackle such work volumes” (An employee of an agency for the protection of the rights of the child).

“Social workers need better training and profiling of their work nature. Some should work with old people, while others – with problematic families, and the number of such families should be 5-6 but not 20. Social workers should not exert control over families but rather carry out social work.” (An employee of infant home).

A need for coordination of the work of different organisations and departments was also mentioned:

“There is a lack at coordination among different departments. Social workers are employed by municipalities, psychologists work at schools, nothing to say of different agencies, NGOs, who deal with the problems of children and dysfunctional families. That work should be coordinated, and special long-term programmes should be worked out and implemented jointly.” (An employee of NGO).

Special programmes should be worked out and implemented at labour exchange:

“At present, the level of unemployment is rather high. Maybe we need special programmes for employment of people who have children.” (An employee of infant home).

“Special attention is necessary for solution of problems of single mothers who are unemployed. Labour exchange could help them.” (An employee of NGO).

5.6. ATTITUDE OF LITHUANIAN INHABITANTS TOWARDS ADOPTION AND GUARDIANSHIP OF CHILDREN DEPRIVED OF PARENTAL CARE

On January 13-16, 2005, VILMORUS, market and opinion research centre, carried out a survey of adult inhabitants (18 year old and older). Respondents were asked what in their opinion could stimulate adoption of children deprived of parental care by citizens of the Republic of Lithuania. Besides, respondents were asked to assess the care of children deprived of parental care state care institutions and family-type care homes. The total number of surveyed adults of the republic of Lithuania was 1064.

Methods of the research

Number of respondents: N = 1064

Object of the research: 18 year-old and older inhabitants of the republic of Lithuania.

Type of the survey: interview at the place of respondent

Method of sampling: multi-stage, probability sampling. Sampling of respondents was prepared in such a way as to give equal probability for each inhabitant of Lithuania to be surveyed.

The survey was held in Vilnius, Kaunas, Klaipėda, Šiauliai, Panevėžys, Marijampolė, Druskininkai, Visaginas; Švenčionys, Alytus, Šakiai, Plungė, Pakruojis, Šilutė, Kėdainiai, Utena, Tauragė, Šalčininkai and Rokiškis regions. The survey was held in 19 towns and 59 villages.

Estimation of a statistical error

Sampling of 1000 respondents gives a rather explicit result; however, a statistical error should be taken into account.

For example, if it has been established that 50% of people chose the “A” answer, then it is 95% probable that the real value is between 47% and 53%.

The precision of estimation reduces with the reduction in the group of people in question. For example, if it has been established that the “A” answer was chosen by 50% of village inhabitants, 300 of which were surveyed, then the real value (95% probability) is between 44% and 56%. Thus, caution should be taken in the interpretation of such results when small groups of people are analysed.

Results of the survey

To the question “**What in your opinion could stimulate adoption of children deprived of parental care by inhabitants of Lithuania?**” respondents could choose only one variant of the offered answers:

1. Strict requirements for adopters provided by laws should be changed
2. TV, press and radio should form positive attitude towards adoption
3. The state should give more information on the possibilities of adoption
4. The state should stimulate and support people that want to adopt children
5. Families that adopt children deprived of parental care should be paid the same allowance as guardians (500 Litas)
6. Poverty and unemployment should be reduced then parents themselves would take care of their children
7. I have no idea

What in your opinion could stimulate adoption of children deprived of parental care by inhabitants of Lithuania?

No.	Answer	Percent
1.	Strict requirements for adopters provided by laws should be changed	12,3
2.	TV, press and radio should form positive attitude towards adoption	3,4
3.	The state should give more information on the possibilities of adoption	4,0
4.	The state should stimulate and support people that want to adopt children	15,0
5.	Families that adopt children deprived of parental care should be paid the same allowance as guardians (500 LTL)	15,5
6.	Poverty and unemployment should be reduced then parents themselves would take care of their children	43,6
7.	I have no idea	6,1

43,6% of the surveyed think that poverty and unemployment should be reduced then parents themselves would take care of their children. 15.5% of the surveyed think that families that adopt children deprived of parental care should be paid the same allowance as guardians (LTL 500.00).

Almost the same number of the surveyed (15%) have indicated that the state should give more information on the possibilities of adoption. 12.3% thought that strict requirements for adopters provided in laws should be changed.

A largely smaller part of Lithuanian inhabitants thinks that the state should give more information on possibilities of adoption (4%) or mass media could promote adoption of children deprived of parental care by forming a positive attitude towards adoption (3.4 proc.).

Asked to assess the care of children deprived of parental care in public care institutions (infant homes, boarding schools, etc.) and family-type care homes, four of ten respondents gave a positive assessment of the child care at public care institutions (40%), while only every third inhabitant of Lithuania gave a positive assessment of the child care at the family-type care home (33,9%).

Assessment of the care of children deprived of parental care in state care institutions and family-type care homes.

No.	Assessment	Child care at state institutions		Child care at family-type care home	
		Number of respondents	Percent	Number of respondents	Percent
1.	Highly positive	31	3,0	41	3,9
2.	Positive	392	37,1	319	30,0
3.	Neither positive, or negative	502	47,4	447	42,1
4.	Negative	119	11,2	227	21,4
5.	Highly negative	14	1,3	28	2,6
			100.0		100.0

47.4% of inhabitants of Lithuania were not able to give either positive or negative assessment of child care at state institutions. Assessing care of children deprived of parental care at family-type care homes, the number of such respondents reached 42.1%.

Besides, comparison of negative assessment of child care at state institutions and at family-type care homes reveals that 24% of respondents gave negative assessment of the care at

family-type care home, while only 12.5% of respondents negative assessment of the care at state institutions. Thus, in general, inhabitants of Lithuania give more positive assessment to the care of children at state institutions rather than to the care at family-type care homes

5.7. CONCLUSIONS

5.7.1. GOVERNMENT POLICY AND ACTIVITY OF MINISTRIES

The activities of the Ministry of Social Security and Labour, the Ministry of Health, the Ministry of Education and Science, the Ministry of Justice, counties, municipalities, non-governmental organisations lack coordination.

Up to now the Strategy of Child Care System Reorganisation has not been drafted (under the Government Resolution No. 171 of February 6, 2002 the Ministry of Social Security and Labour, in cooperation with the Ministry of Education and Science and the Ministry of the Interior, had to draft this Strategy in the second quarter of the year 2002).

Guided by Resolution of the Seimas (Lithuanian Parliament) of the Republic of Lithuania No. IX-1569 of May 20, 2003 the Ministry of Social Security and Labour, in cooperation with the Ministry of Education and Science and the Ministry of Health, have prepared the draft Strategy of the National Child Welfare Policy and the Action Plan for its implementation. This draft Strategy provides for:

- the preparation of the Strategy of the Child Care (Welfare) System Reorganisation and the Action Plan for the implementation thereof during 2005-2006 in strengthening the priority of the child care (welfare) in the family and the reorganisation means for the institutional child care (welfare) system;
- the preparation and implementation of the target programme during 2006-2012 that would be devoted to the development of alternative forms of social services provided to counties' infant homes.

In 2004 the Government of the Republic of Lithuania approved the Programme of Support of Orphans and Children Who have Lost Parental Guardianship and Their Integration into Society for 2005-2008. The aim of the Programme is to create favourable conditions for social integration into society of the persons who have lost parental guardianship, and develop independence skills in the person (the priority is given to persons who live or have been raised in infant homes and who have lost parental guardianship).

Although quite a lot of social workers are trained in Lithuania, many non-specialists work in Agencies for the Protection of the Rights of the Child, who are not competent enough for the work with problem families whose infants make up the majority of children living in infant homes; therefore the possibility of safe infant return to the biological family is minimal.

5.7.2. SITUATION IN INFANT HOMES

On November 1, 2004, six infant homes had 365 infants and children under 3.

5.7.2.1. SOCIAL CHARACTERISTICS OF PARENTS

The youngest mother who abandoned her child was only 13 years of age, whereas the eldest one was 46 years old. The age of the majority (more than one third) of mothers ranged from 30 to 39. The majority of mothers are unemployed. 4% of them are supported by the state and receive an invalidity pension. As the research data show, the education of only one third of mothers is secondary or high which differs from the general level of education of Lithuanian women. Only a few women have higher or uncompleted higher education.

Even less is known about fathers of infants placed in infant homes: information is available only about one third of them (34%). Only 8% of fathers work, 2% of them are supported by the state, 8% are involved in another activities and 14% are unemployed. Nothing is known about the rest. The education level of fathers is even lower than that of mothers.

5.7.2.2. FACTORS RESULTING IN INSTITUTIONALIZATION OF INFANTS

The most frequently stated reason was a disharmonious family. This accounts for 53% of all reasons indicated. Clearly, these cases can be supplemented by the following ones: restricted parental rights (9%), parents themselves renounced their child (5%), parental violence (1%). Another reason close to the above mentioned ones is imprisonment of parents (2%). Thus, 7 out of 10 infants were placed in infant homes due to problem families.

Another group of reasons is related to poverty. This was indicated even in 21% of questionnaires. Definitely, this reason can be correlated with a situation in problem families, in which family members do not work but drink and inflict violence.

Clearly, these groups of reasons may be related to the long-term illness of parents (indicated in every tenth questionnaire), single parent families (most often consisting of a single mother) (9%) and the request of a mother to accept an infant (12%).

Only one percent of infants were total orphans, i.e. having no parents at all.

5.7.2.3. PLACEMENT IN INFANT HOMES

41% infants and children under the age of 3 were placed in infant homes from health care institutions, 34% – from the department of neonatology of a hospital, 18% – from their parents' family, 3% – from another guardianship institution, 2% – from their relatives' family and 2% – other.

5.7.2.4 HEALTH STATUS OF INFANTS IN STATE CARE

The developmental quotient lower than 70 was determined to 27% of infants and children after their placement in infant homes. The developmental quotient of 48% of children accommodated in infant homes was higher than 70. However, it should be noted that the developmental quotient of every fourth child placed in infant homes was not indicated.

As of 1 November 2004, there were 21% of children in all infant homes whose developmental quotient was lower than 70.

As of 1 November 2004 there were 3% of children living in infant homes whose health status was attributed to Group I, 46% of children had functional disorders, reduced reactivity, strong morphological disorders and disorders of physical development, often falling ill with acute diseases. 35% of children had physical deficiencies, residual phenomena after traumas and

disorders of motor function. 13% of children were ill with chronic diseases and had disorders of motor function that aggravated their daily activities. 4% of children were disabled patients, who had been prescribed bed rest.

Upon the accommodation in infant homes diagnoses were made for infants and children under the age of 3 years. Only one disease was diagnosed to 25% of children, two diseases to 32%, three diseases to 18%, four diseases to 11% and five diseases to 10%.

5.7.2.5. FUNDING SOURCES

The main funding source of infant homes is the state budget. The budgetary funds account for between 95% and 98% of all funds of the institutions. Funds allocated for the implementation of special programmes, such as “Vaikų skiepai” (Vaccination of Children), “Būk sveikas” (Be healthy), “Apsaugok save ir draugus” (Protect Yourself and Your Friends) also make up a certain proportion (quite a small one) of the funding.

In addition, infant homes receive part of funding as support (charity) both from natural and legal persons from abroad and Lithuania. However, it is not a stable source of funding; the amount of funds received differs every year (in 2002 it made up LTL 377 thous., in 2003 – LTL 766 thous., in 2004 – LTL 324 thous.).

The major part of expenditure consists of expenditure for wages and salaries (infant homes then are from 88% (Vilnius) to 60% (Panevėžys). Another major groups of expenditure is expenditure for nutrition, which on the average accounts for 8% of all expenditure; however this expenditure in different years and in infant homes fluctuate from 4.6% to 14.6%. Expenditure for pharmaceuticals accounts only for about 1.5% of the total expenditure; although, in different infant homes it fluctuates from 0.4% to 3.1%. Such an unevenness occurs due to the difference in the use of the support funds: in some infant homes the funds of support (charity) are used for nutrition, or for acquisition of pharmaceuticals or of medical (rehabilitation) equipment, while in others they are used to satisfy other needs.

Each year of the period in question, maintenance costs of infants and children under 3 have been on the average growing by 1.8 percent. In 2002, maintenance of one inmate amounted to LTL 19,200.00, in 2003 to LTL 19,500.00, and in 2004 (our estimate) it will amount to LTL 20,000.00.

5.7.3. THE PROBLEMS OF STATISTIC'S INFORMATION

There is no reliable information about the number of children who are not under guardianship in infant homes.

The Ministry of Social Security and Labour has no sufficient information about children who are under guardianship in guardianship institutions and child care institutions because:

- it has no information about the number of children living in separate guardianship institutions that are under guardianship (care) according to the type of guardianship;
- the data the Ministry has are obtained from different institutions according to different forms of reports;
- the majority of the data about guardianship institutions are obtained consolidated, therefore, further processing of the statistics is problematic.

5.7.4. THE PROBLEMS OF LEGAL REGULATION

The legal regulation of activities of infant homes and social services provided in them is not sufficient:

- standard regulations of the state and municipal infant homes have not been approved;
- the procedure of referral of children who are under guardianship to infant homes has not been approved;
- general minimum requirements to infant homes have not been set, except for general health safety requirements for infant homes;
- standards of social services provided in infant homes have not been provided for;
- the quality assurance system of social services provided in infant homes has not been set; the procedure of accreditation of infant homes has not been approved.

VI. CONFERENCE “MAKE EVERY CHILD COUNT”

In April 18, 2005 the international scientific-practical conference “Make Every child count” took place in Vilnius. At this conference the study “Review of the Health and Welfare of Children under 3 in State Institutions of the Republic of Lithuania”, conducted by of the Institute for Social Research in 2004, was introduced in Lithuania for the first time. The aim of the study was to examine the health status of infants and children under the age of 3 years living in state institutions, to analyse their social demographic characteristics, as well as to identify the reasons for their placement, the period of stay in state institutions and the problems of guardianship.

The conference was aimed at attracting attention of Lithuanian society, politicians and specialists to infants and children under the age of 3 years, who since their birth had been living without parents or guardians in state institutions, as well as at considering the alternatives to institutional care in order to ensure the right of the child to be raised in a family.

The conference was organized by the Ministry of Health, the Committee of Health Affairs of the Parliament and the Institute for Social Research. It was supported by the UNICEF Regional Office for Central and Eastern Europe, the Commonwealth of Independent States and the Baltics, represented by the project manager Ms. Marty Rajandran. The conference was also attended by representatives of the Parliament of the Republic of Lithuania, the Controller for Protection of the Rights of the Child of the Republic of Lithuania, the National Health Council, the Ministry of Social Security and Labour, the Ministry of Education and Science and other Ministries, agencies, public bodies, Leadership of the County Homes for Infants with development disorders, non-governmental organisations, Vilnius University, Kaunas University of Medicine, the University of Birmingham (Prof. Kevin Browne) and employees of different research institutes.

6.1. SUMMARY OF KEYNOTE PRESENTATION AT THE CONFERENCE “MAKE EVERY CHILD COUNT” ON ‘ALTERNATIVES TO INSTITUTIONALISATION OF INFANTS AND CHILDRENS UNDER 3’

A minority of children are without parents. This may be because their biological parents have died or have abandoned them for a variety of reasons. Other children are removed from their parents as it is judged that their parents do not have the capacity or the means to care for them appropriately. Thus, most countries need to provide or assist in substitute care, temporarily or indefinitely. The type of substitute care offered varies from country to country, ranging from residential care in institutions to some form of family-based care, such as guardianship by relatives or friends, fostering or adoption. This may change over time influenced by research and social policy.

John Bowlby’s attachment theory emphasised the negative consequences of institutional care compared to family-based care. This led to a decline in the use of institutional care in placement centres or large children’s homes in some parts of Europe during the last quarter of the 20th century. In other parts of Europe, child-care policy has been less influenced by the writings of Bowlby in terms of meeting the psychosocial needs of children. Instead, an emphasis has been placed on the physical needs of children and controlling their environment. This led to a reliance on institutions rather than the development of substitute parenting, such as foster care and adoption.

Furthermore, advances in child protection policy and procedures that can remove parental rights have sometimes progressed at a faster rate than the development of community services to maintain children’s rights to be supported and/or rehabilitated into their families of origin (UNCRC) or offered alternative family based care. Therefore, children have been placed in hospital or residential care institutions as a place of safety, often on a long-term basis.

Background to the project

Young children (0 to 3 years) placed in residential care institutions without parents are at risk of harm in terms of attachment disorder, developmental delay and neural atrophy in the developing brain. The neglect and damage caused by early privation of parenting is equivalent to violence to a young child.

This 15-month project, sponsored by the European Union Daphne Programme 2002/03 and the World Health Organisation Regional Office for Europe, surveyed 33 countries across Europe and identified the number and characteristics of children under three placed in residential care institutions without their parents for more than 3 months in 2003. A more in-depth investigation into the quality of institutional care was conducted in 9 partner countries: Denmark, France, Greece, Hungary, Poland, Romania, Slovakia, Turkey and United Kingdom. The project also identified the extent and cost of alternative services for young children in need of care and protection (e.g. surrogate family care) and the use of national and inter-country adoption as a response to family poverty or the child being abused, neglected or abandoned.

Two methods of data collection were employed. First, Departments of Health (or equivalent Ministries) in Europe were contacted and asked for official data using sources at the World Health Organisation Regional Office for Europe to support this endeavour. Second, to give a more in-depth view of institutional care and the impact on children, a sample of institutions were visited in the nine 'partner' countries.

Findings

For the 32 European countries who responded (Switzerland could not respond because of a lack of national data on this topic), it was estimated that 23,099 children under 3 are institutionalised in residential care across Europe. Considering the estimated population of children under 3 in the 32 European countries (20.6 million), this represents 11 children per 10,000 under 3 living in institutions for more than three months in 2003.

There was great variation between different countries for the proportion of children under 3 in institutional care. Four countries had no or less than 1% of children under 3 in institutions, twelve countries had institutionalised between 1 and 10 children per 10,000, seven countries had between 11 and 30 children per 10,000 in institutions and alarmingly, eight countries had between 31 and 60 children per 10,000 in institutions. Luxembourg could not provide information on the rate of children in institutions.

A comparison of the reasons for children being taken into care showed significant differences. In the 15 EU member states in 2003, the vast majority (69%) of children were placed in residential care institutions because of abuse and neglect, 4% due to abandonment, 4% because of disability and 23% for social reasons, such as parents in prison. No biological orphans (i.e. without living parents) were placed in institutions. In contrast, in other surveyed countries, 14% were placed in institutions due to abuse or neglect, 32% were abandoned, 23% because of disability, 25% were social 'orphans' placed because of family ill-health and incapacity, and 6% because they were true biological orphans.

An in-depth study of the quality of institutional care demonstrated large variations in the numbers of available staff, physical environment, overcrowding, cleanliness and hygiene, bathroom, play and recreational facilities and carers job satisfaction/ enjoyment. There was a significant positive correlation between high ratings for these factors and the levels of stimulation and individualised care the children received.

There was also vast variation in the availability of alternative services from having no foster care and family rehabilitation to the exclusive use of these approaches to children in adversity.

This is despite the fact that institutional care costs between 2 and 3 times as much as surrogate family care in all the countries surveyed.

In 16 countries, children were adopted straight from institutional care, and five of these countries had intercountry adoptions. Looking at all adoptions within countries, in 7 countries a proportion of adopted children were adopted intercountry. Conversely, 12 EU member states in 2003 received hundreds (and in some cases thousands) of intercountry adoptions per year from around the world, in addition to promoting national adoptions.

Conclusions

This constitutes the first international attempt across Europe to measure and compare the reasons, number and characteristics of children subject to early institutionalisation and privation of parenting, mainly as a result of disability, family poverty, child abuse, neglect and abandonment. It is also the first time that the extent of alternative practices to institutional care has been explored across Europe. The amount of intercountry adoption, rather than foster care and national adoption practiced by some countries should generate concerns for both donor and recipient countries.

The project raises awareness about the conditions and consequences of early privation for children under three years, including those with disabilities and from ethnic minorities. It is recommended as an overriding principle for child care and protection that ***NO child under three years should be placed in a residential care institution without a parent/primary caregiver.*** When high-quality institutions are used as an emergency measure, it is recommended that the length of stay should be no more than 3 months.

Reference

Browne, K.D., Hamilton-Giacritsis, C.E., Johnson, R. (In association with Agathonos, H., Anaut, M., Herczog, M., Keller-Hamela, M., Klimakova, A., Leth, I., Ostergren, M., Stan, V., Zeytinoglu, S.) (2005). Mapping the number and characteristics of children under three in institutions across Europe at risk of harm. Birmingham, England: University of Birmingham Press (in collaboration with EU/WHO) ISBN: 0-704-42502-5.

6.2. RESOLUTION OF THE CONFERENCE “MAKE EVERY CHILD COUNT“ HELD ON APRIL 18, 2005

At the Parliament of the Republic of Lithuania, the Members of the Parliament of the Republic of Lithuania, representatives of the Office of the President of the Republic of Lithuania and of the Government of the Republic of Lithuania, the Institution for the Controller for Protection of the Rights of the Child of the Republic of Lithuania, UNICEF, Lithuanian Representation of the World Bank, different Ministries, WHO Regional Office for Europe in Lithuania, NGOs, therapists, employees of infant homes, agencies for protection of the rights of the child of municipalities, scientists, representatives of press and other institutions have listened to the presentation of the results of the research carried out by the Institute of Social Researches “Review of the Health and Welfare of Children under 3 in State Institutions of the Republic of Lithuania” (the research has been ordered by the Ministry of Health; it has been financed by UNICEF Regional Network for Children in Central and Eastern Europe, Commonwealth of Independent States and Baltic States located in Geneva (Switzerland) and state as follows:

72% of infants and children under 3 years have come to the Infant Homes from health care institutions (also 50% of them from newborn’s department);

85% of 6-12 month age infants and 33% of children 1 to 2 years age stay in the County Homes for Infants with development disorders 3 to 12 months;

According to the data of November 1, 2004, all the County Homes for Infants with development disorders have only 21% of children whose development coefficient is lower than 70;

4% of infants under 6 months during their settlement were disabled, 15% of children were ill with chronic diseases and had motor disorders that made daily life difficult for them;

According to the data of November 1, 2004, all the County Homes for Infants with development disorders had 4% of disabled children, 13% of children were ill with chronic diseases and had motor disorders that made daily life difficult for them;

Most children staying at the County Homes for Infants with development disorders do not require 24-hour health care services;

Parents or other family members of most of these children are alive and only 1% of infants were absolute orphans;

Two of three children who get there usually are returned to their parents or are placed to other families which take care of them;

In 2003, 62% of infants and children under 3 were taken care of at state institutions, 37% were placed into families, while only 1% were placed into family type care homes.

Irrespective of efforts of employees of state institutions and provision with necessary equipment, health care and education services rendered to infants and children under 3 in these institutions cannot create family environment which would guarantee their mental, physical and social development.

Results of the research contain important data for a discussion on the necessity of rearrangement of activities of in-patient health care institutions (homes for infants with development disorders and children care homes) and on safeguarding the right of the child to grow in a family or in a family environment.

The Government of the Republic of Lithuania has undertaken to implement the Convention of the Rights of the Child (ratified at the Seimas of the Republic of Lithuania in 1995) and to secure the right of the child to grow and develop in a family or in family environment and have already agreed upon principle provisions that all children who need special care due to a crisis in a family or improper care given to them by their parents are placed into a family and guardianship should be established for them. It is a result of joint activities of the state, multiple municipalities and NGO's.

The Conference has resolved:

1. To apply measures for prevention of placement of infant and children under 3 into state institutions by strengthening inter-departmental cooperation through complex assistance and support to families before childbirth and when a child is born (especially when a disabled child is born), a single mother or a mother who after giving a birth to a child has other problems so that children are not left in a state institution and could grow in a biological family:
 - 1.1. To arrange training of the staff that renders health care services for children and their families so that the staff could recognise psychological and social problems of a family and could give advice to a family on how to solve those problems;
 - 1.2. To create and implement targeted development programmes intended for risk group families by giving them methodical and financial support and teaching how to independently solve problems;
 - 1.3. To expand the system for support and promotion of services rendered to families with infants and children by social workers within municipalities.

2. To establish care models alternative to institutional care by improving child care in a family and/or in family environment:
 - 2.1. To foresee development of alternative care models within the field of support to a family and children and to entrench it in the Law on Social Services, other legal acts that regulate rendering of social, psychological, health care and education services within municipalities so that infants do not stay in public institutions for more than 3 months and that they are placed into families or family environment;
 - 2.2. In cooperation with an incorporator of a pilot institution and responsible employees of municipalities (agency for the protection of the rights of the child, social support division, municipal therapist), to establish a new type model of an institution targeted towards implementation of goals raised at this Conference;
 - 2.3. To draft recommendations on standard criteria of the arrival of infants and children under 3 (together with mothers) to public institutions and leaving of such institutions so that a child is taken from the family only when threat for his/her health and life could not be avoided;
 - 2.4. To train families which give temporary care and to provide for the remuneration for such services;
 - 2.5. To analyse the potential of establishment of “a service basket of a foster-child” aiming at more effective use of budget funds;
 - 2.6. The main support (network of services) should be related to the development of services rendered to children and families within a municipality, i.e. day time care, temporary care, out-patient health care services to the disabled, etc., rather than with institutional care and health care.
 3. To improve adoption procedure (priority should be given to national adoption):
 - 3.1. To propose that courts have judges for children and family matters, that cases on these issues are solved more urgently after submission of claim, that the period of coming into effect of a judgement is minimal (in case of child adoption);
 - 3.2. To propose that agencies for protection of the rights of the child together with social workers conclude a plan of visits for mother (father) whose children stay in public institutions and to take account of it when a mother is not interested in the matter of her child and to set a shorter period for the procedure of limiting her power over a child and to change the form of child care.
 4. To improve public information system so that infants and children grow in a family or family environment by emphasising that the state support to these children and their families is going to be rendered in alternative ways.
 5. To secure that during the transitional period the rights of the child are acknowledged, protected and exercised.
 6. To form an inter-departmental working group for conclusion of the plan and to provide for the measures to solve the problems raised and discussed at this Conference.
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