

**WHO IS CARING FOR THE CHILDREN?
AN EXPLORATORY SURVEY
conducted in
Hungary, Poland, Bulgaria and Romania**

by

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PREFACE

The conduct of this study has been a profound learning experience. I naively assumed that because Central and Eastern European countries are *European*, the work conditions, work ethic, and understanding of how to formulate a research study was similar to what is found within North America. Time and again over the course of the 18 months of this study I was shown that this was not the case. While it was ultimately possible to locate individuals and institutions who were able to undertake the study, the beginnings were slow and fraught with frustration. Those people who ultimately took on responsibility for the studies in their country had considerable exposure to Western Europe and North American scholarship, and thus they were able to undertake the task with skill, persistence and clarity.

In developing the timeline for this study it was impossible to anticipate the events that would delay the delivery of final reports. In Hungary, for example, there was a shift to a different institution in the middle of the study, which put pressure on the Hungarian Institute to complete their report in time with the others. As they were finalizing the report their computer crashed and the entire report had to be recreated.

The rapid changes occurring within the countries has also affected the results of the study. As research teams were finalizing their reports policy changes were being proposed. Thus conclusions and recommendations were constantly in the process of change. As the report was being finalized in Hungary there was a major policy change proposed that would have a profound effect on families, so the time of institute staff, quite rightly, was taken with attempting to moderate the proposed change.

The working conditions have been challenging, at best. The team in Bulgaria had considerable difficulty getting access to data, and when it was made available, it was reviewed with skepticism. In Romania the research institute has such little computer capacity that researchers are required to keep their data on floppy disks. Further, there is a great scarcity of disks. Researchers dare not keep their disks in the office, so they carry them home. The primary researcher for this study was mugged (for the fourth time) during the course of the study and her purse was stolen and along with it all the data for the study and the final report.

At the time of the writing of this report it is clear that explicit changes in social policy are being put into place that will exacerbate the informal changes that have already occurred. It is quite safe to say that the situation for families and children will grow considerably worse over the next five years. Thus there is a need to develop strategies that will provide appropriate financial and technical assistance as these countries continue to take on new ideologies and practices.

It has been an enormous pleasure to work with the individuals involved in the study. Their dedication to the children in their country is evidenced by the efforts they have devoted to collecting research data that helps tell the story of developments in their country, and by the time they put into working with young children and their families. It is hoped that the picture they have portrayed will find its way to those who are able to provide assistance.

Judith L. Evans
September 1995

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**WHO IS CARING FOR THE CHILDREN?
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Executive Summary

As a result of changes in economic policy within Central and Eastern Europe there have been changes in the quality of people's lives, including the lives of children. Because of the long-term impact of early experiences, children's needs in the changing economy cannot be overlooked. This report is about the changes in the lives of young children and their families that have come about as a result of economic reforms. The report, based on a study begun in 1994, provides a description of the context within which children live in Poland, Hungary, Romania and Bulgaria. It attempts to answer the specific question: In the shift to a market economy, **who is caring for the children?**

The specific objectives of this study were to: (a) provide a systematic assessment of the changing child care situation for young children, in terms of who is caring for the children and the quality of that care; and (b) make recommendations regarding future programming for children and their families, given shifts to a market economy.

Those involved in the countries studies were: the National Institute for Day-care Centres in Hungary, the Institute for Educational Research in Poland, the Institute for Education Studies in Romania, and the Counseling and Psychotherapy Centre in Bulgaria. The organizations in Hungary, Poland and Romania are all State-supported. In Bulgaria the lead institution is a non-governmental organization.

A Summary of Results

Prior to reforms in the early 1990s, within Eastern and Central European countries resources were devoted to providing appropriate care and stimulation for children in center-based programs, from the earliest months of life until they entered primary school. The provision of formalized childcare had two purposes. First, it allowed women to participate fully in the workforce. Second, it provided a way for the State to assure that all children were being cared for according to the standard set by the State. In some countries this standard was high and the quality of care provided a model for others to follow in terms of caring for children. In other countries, however, childcare centers were places where children were kept but not cared for nor stimulated.

As social policies began to change as a result of economic reforms there was a fear that there would be a decrease in children's opportunities to participate in quality early childhood programs, and that this would have a negative impact on children's development, particularly if these programs were not replaced by adequate parenting support and alternative forms of care and stimulation. Thus there was an interest in understanding more fully the impact of the changes on children's lives.

The four countries in the study are all experiencing a rapid rise in poverty, and at the present time families are under great stress. They are being forced to move from what was a secure world to one that presents challenges and unknowns never before imagined. They are struggling to survive with unreliable and insufficient incomes; housing is inadequate; food supplies are unpredictable; and families are faced with the issue of how to provide for their children. There has been a shift in ideology away from the State taking responsibility for the children to a focus on the importance of the *family*, and an emphasis on the role of the mother, in particular, in providing appropriate support for the child's growth and development.

While it is easy to be cynical and say that the focus on the family is just the State's way to justify limiting women's participation in the workforce, to keep people from being distressed about high unemployment rates, and to justify the decreasing State support for childcare facilities, the reality is that responsibility for the care of young children has been shifted to families. Thus a critical question is, what supports are available to families in their parenting role?

To put the supports available to families today into context, it is important to have an understanding of the situation prior to the shift to a market economy. An extensive system of allowances, benefits and leaves was created that provided both appropriate care and stimulation for young children and opportunities for women who were already in the work force to maintain their employment and income during the early years of a child's life. Support for families and children took several forms. While these differed somewhat from country to country, the basic supports available in the countries included in the study consisted of:

maternity and child health services- health services were available free of charge as part of a comprehensive social service system to those employed full-time by the State and cooperative sector or through membership in State-controlled associations. Coverage was high: close to 100% of deliveries were attended by trained personnel; immunization rates were high; and nearly all women had access to prenatal health care.

childbirth grants/maternity aid - a one-time payment was given to families on the birth of a child.

child/family allowance - a monthly allowance was provided to families from birth until the child was 16-21 years of age, depending on the country and whether or not the child was still in school. This was meant to compensate families for the additional expenses incurred as a result of having children.

maternity leave - a paid leave was provided to employed mothers before and after delivery of the child. It was paid from social security funds for a period of 4 to 7 months. The amount was between 50 and 100% of the mother's salary, depending on how long she had been employed and where the new baby was in the birth order. (For each subsequent child the time available and/or the amount she was paid was greater.)

parental leave - an extended leave, sometimes available to either parent, paid or unpaid, was granted until the child was at least 2 and sometimes until the child was 3. Eligibility for this leave was based on employment history, with the amount of the benefit based on a variety of formulas.

Sick child allowance - paid leave was provided for employed parents to care for a sick child at home. Eligibility in terms of number of days that could be used each year and the age of the child difference from country to country.

Housing - subsidies, payments and/or preferences were given to families with children.

childcare:

nurseries/creches - center-based programs were provided for children from a few months after birth to three (four) years of age. These were generally operated by the Ministry of Health, thus staff were health-care providers.

preschools/kindergartens - center-based programs were provided for children from three (four) to six (seven) years of age. These were operated by the Ministry of Education and had a much greater focus on educational activities.

When quality provision existed, children attending the programs benefitted. Within the center-based programs provided for the children they received health care, 3-5 meals a day and, in the best situations, an educational program.

Enrollment in nurseries/creches (for children from several months after birth to 3 years of age) and preschools/kindergartens for 3-6 year olds) was voluntary, and for the most part it was provided by the State. Attendance in creches/nurseries was low due to the childcare allowance provided by government, which made it possible for women to stay home with their children for the first two to three years of the child's life. Many women took advantage of this. Thus there was not a great demand for creches/nurseries. For example, childcare attendance was highest in Bulgaria where in 1992 it was serving 14% of the 0-2 population. In the other countries in the study it was lower. With the exception of some rural areas where there was inadequate coverage, this level of provision appears to have been meeting the need.

On the other hand, center-based programs for the 3-6 year olds (preschool and kindergartens) began in the early 1800s. They were widely used and increased in popularity and coverage until 1980. Historically a large percentage of the population took advantage of preschools/kindergartens, although they were never mandatory.

As a result of the movement to a market economy, the social support systems are changing. In all the countries included in the study the State employs fewer people, social services have been decentralized (with the exception of Romania) and privatization is underway, leading to the restructuring of enterprises and changes in the provision of social supports. During the early years of the transition governments did not make changes in the social support policies in relation to the health, education, and social services. Nonetheless, overall fiscal austerity and the shift of

responsibility from the State to local authorities has affected all social sectors, including what is provided for children. In 1994, governments began to put forward changes in family support policies, and in 1995 we are seeing the first implementation of some of these changes.

Conclusions

One of the initial motivations for the study came out of data that indicated that unemployment rates are higher for women than for men, particularly for women in the early childbearing years. Data also indicated that childcare places were being closed. Putting these data together the question was asked: "Are women, for whom the ethos has been to work full-time, now choosing to stay home and raise their children, thus leading to their unemployment and a decreased need for childcare?" Looking at the reality of a family's life through this study has made it abundantly clear that families in most of the Central and Eastern European countries cannot survive on only one wage. Both parents have to work to meet even the most basic of needs.

Women's higher unemployment rates are not because women want to stay home and raise a family, they are the result of economic policies which make women of childbearing age less desirable to hire. For example, companies that employ women full time are then responsible for paying maternity benefits. In order to avoid this, companies put women on short-term contracts that don't include maternity benefits, or they hire men instead. An indication of the reality of the situation is that in Bulgaria women under the age of 30 (prime childbearing years) constitute 70% of the group of unemployed women. (UNICEF, 1994, pg. 46)

So, if women need to work, and do so when they can find employment, why are childcare places closing? There are several reasons:

1. *A decentralization of responsibility for child care.* In Poland, Hungary and Bulgaria responsibility for funding and supporting child care has been shifted from central government to local authorities/municipalities. In Romania these functions remain centralized. One of the problems with decentralization is that local authorities are unable to finance and/or manage child care and kindergartens at the level previously provided by the State. Thus while some local authorities have maintained childcare services, others have given higher priority to other social services that they are required to provide. A strategy that local governments have adopted to compensate for the loss of State support is to introduce substantial user fees.
2. *The introduction of user fees.* In most countries prior to the shift, childcare (nurseries and creches for children 0-3) and preschools/kindergartens (for children 3-6 years of age) were free. (The exception was Poland where a minimal fee was charged, and even this could be waived if the family was unable to pay it). Today user fees can be disproportionately high because of changes in income.
3. *The deterioration of real income.* Money earned is buying much less. This coupled with the fact that families are now required to pay fees for a variety of services previously provided by

the State, is forcing families to make choices among the services they need. The impact of these choices has already been seen in relation to child care. Growing numbers of parents are not able to pay the fees being charged and are withdrawing their children from child care and kindergartens. Families where only one parent is working cannot afford these fees; even in two-worker families the fees constitute a significant portion of family income. When parents cannot pay the fees, children cannot attend childcare programs.

4. *A decrease in the birthrate.* Fewer and fewer children are being born. The age cohort that would be eligible to receive these services has been shrinking. Thus, even though facilities are being closed, in many places the relative percentage of children within a given age group that is being served has remained more or less the same.
5. *Privatization.* Emerging small-scale businesses and private industry are not offering the child care supports previously available to families. They can neither support long-term leaves nor provide subsidized daycare at the work place. Thus women working in these businesses do not have access to organized child care.
6. *Current forms of childcare are not meeting the need.* Center-based childcare, as currently structured, does not meet women's needs. Even if they could afford it, many families are not eligible for childcare provided by local authorities, given the criteria that must be met in order to make use of these services. Thus women seek childcare elsewhere. In some instances this is provided through the extended family, and/or within the neighborhood.

In terms of the quality of care being provided, across all the countries there is a sense that standards are slipping. When central government was responsible for the provision of funding and support, standards could be maintained. As control for the delivery of services has shifted to local governments, where the investment in the provision of child care in fiscal and human terms is decreasing, there is a belief that the quality of care will be affected negatively. In some countries it is already possible to see a deterioration in services.

The preservation and improvement of the institution of parental leave has contributed considerably to lessening tensions between work and early child care in most countries in transition. (ICDC, 1993, pg. 59) But these leaves are only of value *if* women are guaranteed employment upon return from leave, and *if* professional women are not penalized in terms of career opportunities by being out of the workforce for three years. An indication that these guarantees are not yet in place is the fact that in Bulgaria only 32% of parents of children ages 0-2 are on parental leave. This has been the rate since 1989. In Hungary in 1989, 69% of the parents took parental leave. This has been decreasing steadily, with it being 53% in 1991 and only 43% in 1992. (ICDC, 1993, pg 60) In Poland there is an increase in demand for creches/nurseries.

Thus families continue to seek childcare alternatives. With the introduction of privatization and self-employment opportunities there is the possibility of more flexibility in terms of schedules. Theoretically this would allow parents more time for childcare. But with the need for a minimum of

two incomes for families to survive, parents are not able to take advantage of this flexibility. Rather, parents are more likely to be seeking alternative, more flexible forms of childcare as they try to mesh family responsibilities with unpredictable work schedules.

One option is privatized child care, particularly at the preschool/kindergarten level, but this is costly and not accessible to poor or middle-income families. Nonetheless, there are an increasing number of private childcare programs and kindergartens, but at present they are unregulated.

Family or neighborhood-based child care is another option being explored by some. But at this point there is little experience with this alternative, and there is no legal framework which would support the development of this alternative. However, it should be explored as it would create an employment opportunity for the woman providing the care and offer a necessary service for women who are employed outside the home.

The relative importance and impact of the variables that have affected both the quantity and quality of child care listed above differs among the countries included in the study. The reports of the individual country studies which follow provide a picture of what is occurring specifically in Poland, Hungary, Romania and Bulgaria.

In sum, from the data available it can be concluded that:

- ◆ The majority of children 0-3 years of age are still being cared for within the family -- whether or not women are on paid leave, on unpaid leave, or unemployed.
- ◆ The percentage of children within the 3-6 year age cohort that are attending preschools/ kindergartens has not changed dramatically since the reforms, but it is on the decline. In Poland there are more children seeking places than there are places available, but in the other countries the existing places are not full, although the distribution of places does not always match children's needs.
- ◆ Parents would like to have their children attend preschool/kindergartens, but the fees now being charged--for meals and a variety of activities--make the costs prohibitive. As a result, many children are being deprived of these early childhood experiences. There are no clear data on how parents are providing for the children who are no longer attending preschools/kindergartens. In some instances there is much greater reliance on the extended family; in other instances there are informal care networks within neighborhoods, but the bottom line is that we don't know what is happening for these children.
- ◆ With the introduction and/or increase in fees there will be increasing inequities within the culture in terms of who is able to have access to early childhood programs. The preschool/ kindergarten experiences that have been available to all children, putting them all on an equal footing when they enter the primary school, will increasingly become something that only middle-class parents can afford. They will not be available to children living in poverty. This

will lead to greater inequalities in terms of children's performance in primary school, setting those children who have had the early childhood experiences on the road to school achievement, while those without preschool will not be fully prepared to take on the challenge.

- ◆ The quality of care within center-based programs is declining. Resources are no longer available to maintain the necessary professional staff, and the maintenance of facilities is largely dependent on the commitment of local authorities to the provision of childcare.

Recommendations

The specific recommendations that arise from these findings are as follows:

1. Alternative forms of child care need to be developed. The most logical approach is to develop family-based child care within the community and to strengthen a sense of community responsibility for the upbringing of children.
2. Investment should be made in the development of parent education materials and classes. Young parents of today were raised under an ideology that emphasized the importance of the State and did not emphasize the value of the family as an important unit within society. Thus the parenting they experienced did not provide them with a model that is appropriate today where there is a renewed emphasis on the importance and value of family. As a result, young parents need access to information that will prepare them for the role of parenting.
3. As the services offered by government are declining--in scope and quality--there is a need for human capacity-building in general, but specifically within the NGO world. NGOs are an emerging phenomenon that need to be supported appropriately--financially and in terms of technical assistance to build management and administrative skills. Further, NGOs need to be encouraged to develop culturally-appropriate family support models that will enhance the family's capability to raise children and address directly the needs of young children.
4. Further research needs to be conducted to assess the experiences of children in these countries today on a more micro-level.
5. The changes in government policy should be monitored closely, with an assessment of their impact made early on, in order to anticipate what that will mean in the lives of families and children.
6. The needs of young children and their families should be brought to the attention of policy-makers, making them aware of the importance of the early years for the development of the child and ultimately for the development of the society as a whole.

WHO IS CARING FOR THE CHILDREN? AN EXPLORATORY SURVEY

Starting from late 1989, practically all centrally-planned countries of Central and Eastern Europe (CEE) began introducing radical political and economic changes aimed at transforming their nations into pluralistic, market-based democracies. However, the pervasiveness, suddenness, extent and speed of these reforms and the radical changes they seek to bring about--particularly in the economic sphere--are without historical precedent. Even the most fertile imagination could not have envisaged the profoundness of the changes to be introduced.

(ICDC, 1993, pg. 1)

The *profoundness of changes* has not been limited to the economic sphere. As a result of changes in economic policy there have been changes in the quality of people's lives, including the lives of children. Because of the long-term impact of early experiences, children's needs in the changing economy cannot be overlooked. This report is about the changes in the lives of young children and their families. It provides a description of the context within which children live in Poland, Hungary, Romania and Bulgaria. It attempts to answer the specific question: In the shift to a market economy, **who is caring for the children?** This report is based on a study begun in early 1994 designed to provide some answers to the question for the children in the four countries mentioned above. It is presented in two parts. The first part provides an overview and synthesis of what was discovered within the four countries. The second part contains the full reports from each of the individual countries.¹

I. INTRODUCTION

Why the focus on young children? There are two reasons for looking particularly at the needs of young children. The first has to do with the fact that what happens during the early years for young children, in terms of their health, nutrition, and psycho-social development provides the basis for their well-being and their ability to learn, and it lays the foundation for how they live their adult

¹ At the time this report was written the full final report had not been received from Romania, so only the preliminary data from that country has been included in the analysis.

lives. This suggests the second reason for a focus on children, which is that children are the future of the country. The quality of their early years and the way they are raised will determine the kind of contribution they can make when they take on the responsibility of continuing the society. Inadequate child care, as defined by the lack of appropriate child and parent interaction and/or lack of environmental stimulation, can cause serious delays in the psychological and cognitive development of children, which can have immediate and long-term effects, including increased delinquency among adolescents and reduced productivity in adults. (Myers, 1995) Thus it is important that children's needs for health, nutrition and stimulation be addressed during the early years. The question is, how is this best done?

The needs of young children can be addressed in a range of settings--at home and in early childhood programs. Before the recent reforms, within Eastern and Central European countries resources were devoted to providing appropriate care and stimulation for children in center-based programs, from the earliest months of life until they entered primary school. The provision of formalized childcare had two purposes. First it allowed women to participate fully in the workforce. Second, it provided a way for the State to assure that all children were being cared for according to the standard set by the State. In some countries this standard was high and the quality of care provided a model for others to follow in terms of caring for children. In other countries, however, childcare centers were places where children were kept but neither cared for nor stimulated.

As social policies began to change as a result of economic reforms there was a fear that there would be a decrease in children's opportunities to participate in quality early childhood programs, and that this would have a negative impact on children's development, particularly if these programs were not replaced by adequate parenting support and alternative forms of care and stimulation. This concern derives from the fact that there are questions about the extent to which parents are prepared and able to take on greater responsibility for raising their children, given the role that the State has played in people's lives. An analysis of the situation is provided in the ICDC Report which states:

The centralization, paternalism and lack of popular participation typical of socialist social policies engendered a strong sense of passivity and dependence among the population and contributed to the weakening of the family's role in the socialization, upbringing and education of children. Indeed the need to rely on two full-time salaries to ensure adequate living conditions, the erosion of the traditional family and the strong role advocated by the State in child socialization have all played a part in the rapid rise of poverty. (1993, pg. 4)

There is indeed a rapid rise in poverty, and at the present time families are under great stress. They are being forced to move from what was a secure world to one that presents challenges and unknowns never before imagined. They are struggling to survive with unreliable and insufficient incomes; housing is inadequate; food supplies are unpredictable; and families are faced with the issue of how to provide for their children. There has been a shift in ideology away from the State taking responsibility for the children to a focus on the importance of the *family*, and an emphasis on the role of the mother, in particular, in providing appropriate support for the child's growth and development.

While it is easy to be cynical and say that the focus on the family is just the State's way to justify limiting women's participation in the workforce, to keep people from being distressed about high unemployment rates, and to justify the decreasing State support for childcare facilities, the reality is that responsibility for the care of young children has been shifted to families. Thus a critical question is, what supports are available to families as they shift their parenting role? To put the supports available to families today into context, it is important to have an understanding of the situation prior to the shift to a market economy.

II. BEFORE THE SHIFT TO A MARKET ECONOMY

The economic and social systems developed in Central and Eastern Europe following World War II were built on an economy that required the full participation of all adults. Several things had to be accomplished. First, mechanisms had to be established that would allow for the full-time participation of all able adults in the economy. Second, there had to be enough support to families that couples felt they could have children and it would not significantly change their quality of life. Thus an extensive system of allowances, benefits and leaves was created that provided both appropriate care and stimulation for young children and opportunities for women who were already in the work force to maintain their employment and income during the early years of a child's life. As noted in the report from Hungary:

The state socialist political system of the past forty years was characterized by the dominance of a "caring state". Families with children were given state support at the expense of salaries, which did not correspond to the full value of the worker's socially useful work, but only to a fraction of it. This was justified by state-financed health care, education, leisure time activities and social services. However, the funds drawn away from the employees this way were increasingly spent for financing an obsolete, deficit-producing economy, with the result that less and less money was spent on the "non-productive" sector: the health services, education, culture and social services. In spite of this process, however, by the end of the 1980s, a wide range of social benefits were established. (Korintus, 1995, pg. 2)

Support for families and children took several forms. While these differed somewhat from country to country, the basic supports available in the countries included in the study consisted of:

maternity and child health services- health services were available free of charge as part of a comprehensive social service system to those employed full-time by the State and cooperative sector or through membership in State-controlled associations. Coverage was high: close to 100% of deliveries were attended by trained personnel; immunization rates were high; and nearly all women had access to prenatal health care.

childbirth grants/maternity aid - a one-time payment was given to families on the birth of a child.

child/family allowance - a monthly allowance was provided to families from birth until the child was 16-21 years of age, depending on the country and whether or not the child was still in school.

This was meant to compensate families for the additional expenses incurred as a result of having children. Benefits were designed to encourage families of a specific size. There were increments in the payments up to the desired family size. The allowance was then lowered for additional children. The benefit varied from 3-20% of the average wage, with eligibility related to full-time employment history.

maternity leave - a paid leave was provided to employed mothers before and after delivery of the child. It was paid from social security funds for a period of 4 to 7 months. The amount was between 50 and 100% of the mother's salary, depending on how long she had been employed and where the new baby was in the birth order. (For each subsequent child the time available and/or the amount she was paid was greater.)

parental leave - an extended leave, sometimes available to either parent, paid or unpaid, was granted until the child was at least 2 and sometimes until the child was 3. Eligibility for this leave was based on employment history, with the amount of the benefit based on a variety of formulas (equal to minimum wage, a percentage of income earned during the previous year of employment, etc.) (In Romania parents were offered unpaid leave until the child was 3. In Hungary even parents who had not been employed could get a minimum benefit. In Bulgaria there were 2 years of paid leave with the third year unpaid. In Poland women were allowed unpaid leave for up to three years.)

Sick child allowance - paid leave was provided for employed parents to care for a sick child at home. Eligibility in terms of number of days that could be used each year and the age of the child differed from country to country. (In Bulgaria it was 60 days/year until the child was 10. In Romania it was available only until the child was 3, but the number of days per year was unlimited.)

Housing - subsidies, payments and/or preferences were given to families with children.

childcare:

nurseries/creches - center-based programs were provided for children from a few months after birth to three (four) years of age. These were generally operated by the Ministry of Health, thus staff were health-care providers.

preschools/kindergartens - center-based programs were offered for children from three (four) to six (seven) years of age. These were operated by the Ministry of Education and had a much greater focus on educational activities.

When quality provision was offered, children attending the programs benefitted. Within the center-based programs provided for the children they received health care, 3-5 meals a day and, in the best situations, an educational program.

Enrollment in nurseries/creches (for children from several months after birth to 3 years of age) and preschools/kindergartens for 3-6 year olds) was voluntary, and for the most part it was provided

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On the other hand, center-based programs for the 3-6 year olds, begun in the early 1800s, were widely used, and increased in popularity and coverage until 1980. Historically a large percentage of the population took advantage of preschools/kindergartens, although they were never mandatory.

As a result of the movement to a market economy, the social support systems are changing. In all the countries included in the study the State employs fewer people, social services have been decentralized (with the exception of Romania) and privatization is underway, leading to the restructuring of enterprises and changes in the provision of social supports. During the early years of the transition, governments did not make overt changes in the social support policies in relation to health, education, and social services. Overall fiscal austerity and the shift of responsibility for social services from the State to local authorities has affected all social sectors, including what is provided for children. The restructuring of government has had a significant impact on the accessibility and quality of social services. Increasingly changes are being made in social policy, most of which have a negative impact on the family and young children. In 1994, governments began to put forward changes in family support policies, and in 1995 we are seeing the first implementation of some of these changes.

III. THE STUDY

In recognition of the changing economic and social situations in the countries studied, the objectives of this study were formulated. In general they were to: (a) provide a systematic assessment of the changing child care situation for young children, in terms of who is caring for the children and the quality of that care; and (b) make recommendations regarding future programming for children and their families, in light of the shifts to a market economy.

The study began with a general literature review. While there are considerable data describing the child care settings under the previous regimes, and UNICEF has done some situational analyses of women and children, there was little information available on current child care and pre-school provision as the study began.²

² The International Child Development Centre in Florence Italy, under UNICEF, was in the process of publishing **Public Policy and Social Conditions: Central and Eastern Europe in Transition, 1993**. This was not available when this study was initiated, but as will be seen, has become a source of some interesting comparative data.

The next step was to identify a lead research institution within each of the four countries included in the study. Those involved in the country studies were: the National Institute for Day-care Centres in Hungary, the Institute for Educational Research in Poland, the Institute for Education Studies in Romania, and the Counseling and Psychotherapy Centre in Bulgaria. The organizations in Hungary, Poland and Romania are all State-supported. In Bulgaria the lead institution is a non-governmental organization.

Early in the course of the study a meeting was held in Budapest, Hungary to determine the extent to which comparable data could be collected in each country.³ At the meeting the situation in each country was described, and it was determined that given the unique characteristics of each country, and the lack of reliable data sets, there would not be a common research design. However, a set of *themes* was identified that all participants agreed would be important to address. To the extent possible, each country attempted to address each of the themes. Given the resources available (financial, human and time) it was not possible to conduct an in-depth review. In essence the study is meant to provide a picture of the situation of young children in *broad strokes*. From the results it is possible to identify research interests and/or possible programming opportunities for which additional funds can be sought.

The major themes explored in each country study included:

1. Demographic data - population, birth rate, household composition, employment of parents
2. Settings - where young children are cared for, and when, as well as changes in child care settings that have occurred since 1989/90
3. Providers - types of caregivers (family, neighbors, trained and untrained workers, etc.) their qualifications and training available
4. Programs/Services - what happens during a child's day
5. Costs and financing - what does it cost and who pays for it
6. Quality of care being provided
7. Parent involvement - information, materials and supports available to parents
8. Availability and use of public awareness materials regarding child development
9. Legislation/policy - what policies are in place and what is being changed
10. The relationship between women's work and child care (i.e. the relationship between decreases in the availability of child care and women's decreasing participation in the work force)

IV. RESULTS

On the surface it would appear that the changes occurring in Central and Eastern Europe are very similar. The timing of the shift to a market economy has been similar. Economic reforms were first introduced in Eastern Europe in late 1989 in the countries studied, with the exception of

³ At the time, Bulgaria had not yet joined the study. They entered in September 1994.

Hungary, which began modifying its price and ownership system in 1968. Specifically, Poland introduced its first comprehensive reform program in 1990. Bulgaria and Romania followed somewhat later. While introducing some initial reforms in 1990, reforms increased in intensity and scope in 1991 in Bulgaria and in 1992 and 1993 in Romania. Thus the shift in economic and social policies has been underway in the countries included in the study for three to five years.

Early on close attention was being paid to the economic impact of policy changes. It was not until later that attention has been focused also on the impact of the shifts on the quality of people's lives. What has been discovered is that economic policies that were created at the stroke of a pen have had profound impacts on people's lives. Thus it is critical to assess the social costs of the transition. These costs have implications for people's personal lives and for the long-term sustainability of the reforms. On the personal level there is unnecessary suffering and a waste of human lives, and on the societal level the stress on individuals and families represents a source of considerable instability that could well jeopardize the reform process.

From a look at tables it is possible to see how the numbers are changing -- in terms of infant mortality rates, unemployment, the percentage of families living in poverty, etc. It is possible to analyze these numbers and make comparative statements about the quality of life in different countries.⁴ But frequently the numbers gloss over the day-to-day reality of people's lives. In the study summarized in this report there was an attempt to pull together some basic statistics that would allow for comparisons -- both within country over time and across countries--and to try to get at what these numbers mean for people. We begin with the data.

The Data

This section presents some of the basic data on each of the four countries included in the study. This allows an analysis of what has been happening over time in each of the countries and it allows comparisons across the countries.

Table 1 presents data on the population and how it is changing. From Table 1 it is possible to see that in Bulgaria and Hungary, since the early 1980's there has been a steady decrease in the population (5% Bulgaria, 4% Hungary). In Poland there has been an 8% increase and in Romania there has only been a 2% increase.

⁴To take a step in the creation of such a monitoring system, the *Public Policies and Social Conditions: Monitoring the Transition to the Market Economy in Central and Eastern Europe Project (MONEE)* was initiated by the Florence-Based UNICEF International Child Development Center (ICDC) in late 1992. Its principle aim is to monitor social conditions and social policy during this time of transition.

	1980	1985	1989	1990	1991	1992	1993
Bulgaria	8862	8961	8877	8719	8657	8540	8472
Hungary	10708	10579	10578	10365	10346	10324	10294
Poland	35578	37203	37964	38119	38245	38365	38459
Romania	22201	22725	23152	23207	23185	22786	22755

Source: ICDC, 1994, pg. 90⁵

One explanation for the decreases in the population in Bulgaria and Hungary is the significant decreases in the birth rate in these countries. (See Table 2). There was a 28.8% decrease in Bulgaria's birth rate and a 19.3% decrease in the birth rate in Hungary between 1980 and 1993. But if crude birth rate were a sufficient explanation, then Poland and Romania should also be seeing population decreases, since the decrease in the crude birth rate was even greater in these countries (34.6% for Poland and 39.2% for Romania).

	1980	1985	1989	1990	1991	1992	1993
Bulgaria	14.6	13.4	12.7	12.1	11.1	10.5	10.4
Hungary	14.0	12.4	11.7	12.2	12.4	11.8	11.3
Poland	19.6	18.3	15.0	14.5	14.4	13.5	12.8
Romania	18.1	15.9	16.1	13.7	12.0	11.5	11.0

Source: ICDC, 1994, pg. 90

Another variable that may be important in explaining a decreasing population is the Crude Death Rate (See Table 3). This has been increasing in all four countries. Between 1980 and 1993 it increased 16% in Bulgaria, 4% in Hungary and Poland and 11% in Romania.

⁵ Many of the tables in this section of the report were taken from the 1993 and 1994 Reports **Public Policy and Social Conditions: Central and Eastern Europe in Transition**, produced by the International Child Development Centre in Florence, Italy. In some instances these data were different from what was given in the country reports. When that has happened, it has been noted.

	1980	1985	1989	1990	1991	1992	1993
Bulgaria	11.1	12.0	12.0	12.5	12.8	12.6	12.9
Hungary	13.6	14.0	13.7	14.1	14.0	14.4	14.4
Poland	9.8	10.3	10.0	10.2	10.6	10.2	10.2
Romania	10.4	10.9	10.7	10.6	10.9	11.6	11.6

Source: ICDC, 1994, pg. 90

Again, these data would suggest a population decrease, especially when these are combined with the data on crude birth rate. However, neither of these data are sufficient to explain the decrease in population. In a search within the country reports for further clarity, emigration rates were analysed. Emigration, in fact seems to be a significant variable in population decreases. For example, it is estimated that between 4 and 4.5 million Hungarians live outside Hungary. The Bulgarian report also indicates high emigration rates.

The data in Tables 1-3 are, as their titles suggest, *crude*. They mask what is going on in terms of fertility, birth and death rates, and the changes that are going on for women in terms of when and how often they conceive and give birth.

Young Children

Since the focus of this study is on the youngest children, it is important to have an understanding of the percentage of young children within the population as a whole. Table 4 presents data on children 0-4 years of age.

	1980	1985	1989	1990	1991	1992	1993
Bulgaria	7.9	6.6	6.5	6.4	6.2	5.8	5.6
Hungary	7.5	6	5.9	5.9	5.9	5.9	5.9
Poland	9	9.1	8.1	7.7	7.4	7.2	6.9
Romania	9	NA	7.8	7.8	7.4	6.9	6.4

Source: ICDC, 1994, pg. 91

As can be seen from the table, the percentage of the population represented by those under 4 has been decreasing since 1980 in all countries. These data are consistent with the general declines in population growth. In essence women are having fewer children. Further evidence of this can be

seen in Table 5 which presents data on fertility rates. The largest change was in Romania, where there was a 41% decrease, followed by Bulgaria at 29%, Poland at 19% and Hungary at 12.5%.

	1980	1985	1989	1990	1991	1992	1993
Bulgaria	2.05	1.95	1.90	1.81	1.65	1.54	1.45
Hungary	1.92	1.83	1.78	1.84	1.86	1.77	1.68
Poland	2.28	2.33	2.05	2.04	2.05	1.93	1.85
Romania	2.45	2.26	1.92	1.83	1.56	1.52	1.44

Source: ICDC, 1994, pg. 93

Characteristics of the Mother

In addition to looking at the fertility rate, there are interesting data provided by an analysis of who the women are that are having children. Tables 6 through 8 help paint the picture. The first things that can be seen is that increasingly younger and younger women are having children in Bulgaria and Romania (see Table 6). In Poland and Hungary the percentage of mothers under the age of 20 has remained more or less the same since 1989: 8% and 12% respectively.

	1980	1985	1989	1990	1991	1992	1993
Bulgaria	19.2	19.5	20.9	21.4	23.5	24.6	24.9
Hungary	14.5	13.8	12.2	12.3	12.3	12.4	
Poland	6.4	6.4	7.4	8.0	8.5	8.5	8.4
Romania	12.8	15.7	15.1	15.2	16.9	17.3	

Source: ICDC, 1994, pg. 93

Table 7 suggests that in all the countries where data are available, more and more of these young women are not married when they have children. The issue is discussed at length within the Bulgaria report.

For decades in the past, society had negative attitudes about extramarital births and it was not a compliment to be called *a single mother*, *a bastard*, or even *an adopted child*. Today, the economic crisis is very severe and it is difficult for single mothers, but the psychological barriers have changed and many women who have extramarital babies prefer to keep them. (Kornazheva, 1995, pg. 23)

The reports indicate that this trend is likely to continue. This means that there is an ever-increasing population of single-parent families. This is particularly frightening when data on family income, which follows, indicates that it takes two parents working for a family to simply survive. There will need to be increased social support for the single-parent families. This is already happening in Poland and Bulgaria, where single parents (mothers or fathers) are provided with larger allowances/child than two-parent families.

	1980	1985	1989	1990	1991	1992	1993
Bulgaria	1.09	11.7	11.5	12.4	15.6	18.5	22.2
Hungary	7.1	9.2	12.4	13.2	14.1	15.6	17.4
Poland	4.7	5.0	5.8	6.2	6.7	7.2	8.2
Romania	2.8	3.7	4.3	4.0	4.2	NA	NA

Source: ICDC, 1994, pg.93

While there are many young mothers who are choosing to have their children and keep them, there are many other women who seek abortions rather than giving birth. A look at the data on abortions (Table 8) provides some indication of how abortion is viewed within the countries included in the study.

	1980	1985	1989	1990	1991	1992	1993
Bulgaria	121.7	111.2	117.6	137.5	144.3	149.1	126.6
Hungary	54.4	63.0	73.4	71.9	70.7	71.5	64.6
Poland	19.9	20.0	14.6	10.9	5.7	2.3	NA
Romania			39.8	315.3	314.9	265.7	234.3

Source: ICDC, 1994, pg. 93

Abortion has never been encouraged in Poland, and in fact, there is an anti-abortion law in effect which keeps the abortion rate extremely low. In Hungary there was a relatively high abortion rate prior to 1992, at which point a law was instituted that makes abortions more difficult, and contraceptives were made more widely available. (UNICEF, 1994, pg. 60) There was a significant decrease in abortions in 1993, and it is anticipated that the rate will continue to decline.

Romania and Bulgaria present quite different social policies in relation to abortion. In both countries abortion is used as a form of contraception. (In Romania there were 1 million abortions in 1990. The cost of an abortion in Romania is less than a 3-month supply of contraceptives. (UNICEF, 1994, pgs. 65-66)) The impact of such high abortion rates can be seen in terms of maternal mortality rates (see Table 9). In Romania maternal mortality rates are very high. One explanation for the high rates in Romania is the fact that abortions were illegal prior to the reforms, yet they were the most common form of birth control. It can be hypothesized that many women died as the result of abortions that took place under conditions that put the women at great risk. The same does not appear to be the case in Bulgaria. Since the maternal mortality rates in Bulgaria are relatively low, it would appear that the conditions under which women abort are not so life-threatening in Bulgaria. However, one can imagine the toll a series of abortions would take on a woman's body and what it would mean in terms of women's ability to conceive when they want to have a child.

	1980	1985	1989	1990	1991	1992	1993
Bulgaria	21.1	12.6	18.7	20.9	10.4	21.3	14.2
Hungary	20.9	26.1	15.4	20.7	12.6	9.9	11.8
Poland	11.7	11.1	10.7	12.8	12.8	9.9	NA
Romania	132.1	NA	169.4	83.6	66.5	60.3	NA

Source: ICDC, 1994, pg. 108

Birth Outcomes

What happens for those children who are born? Data on birth outcomes provide some indication of the health of the population. There are better birth outcomes when women are provided with quality prenatal care and when women have the appropriate nutrition prior to the birth of the baby. One way to look at this is in terms of the Infant Mortality Rate - IMR (Table 10) and the Under-Five Mortality Rate (Table 11). These provide some indication of the health of women when they have children and the conditions under which children are born.

	1980	1985	1989	1990	1991	1992	1993
Bulgaria	20.2	15.4	14.4	14.8	16.9	15.9	15.5
Hungary	23.2	20.4	15.7	14.8	15.6	14.1	13.3
Poland	21.3	18.5	16.0	16.0	15.0	14.4	13.3
Romania	29.3	25.6	26.9	26.9	22.7	23.3	23.3

Source: ICDC, 1994, pg. 104

The data indicate that between 1980 and 1989 there was a decrease in the IMR in all countries. Soon after transition the rates increased somewhat in Bulgaria and Hungary, but subsequently they started to decrease once again. Poland and Romania, for the most part, continue to have decreasing rates. While the rates are decreasing they are still higher than desirable, particularly in Romania.

	1980	1985	1989	1990	1991	1992	1993
Bulgaria	24.0	21.0	18.3	18.7	21.4	20.6	19.6
Hungary	26.0	21.0	18.0	16.8	17.6	15.9	13.3
Poland	25.0	21.0	18.7	18.6	17.2	16.8	15.4
Romania	36.0	31.0	34.9	35.7	30.8	30.5	30.3

Source: ICDC, 1994, pg. 105

The same trends can be seen in the Under-5 Mortality data. In essence, the conditions that produce children who survive and who remain alive during the early years, have been improving. In discussions about the current health care systems in the four countries, however, the researchers indicate that these systems are beginning to deteriorate, and unless there is an infusion of support into the health system, there is likely to be a reversal in IMR and Under-5 Mortality rates. In the report on Poland the following analysis is provided:

An example of a decrease in (health) services is the fact that not long ago the monitoring of the vaccination calendar was done by local health centers. Now, because the centers no longer can afford postal stamps, they cannot send notices to families reminding them of the vaccination dates. This means that it is mothers who have to remember about vaccinating their babies and preschool-age children. One can imagine that, as a result, many small children will not be vaccinated against childhood diseases. The consequences are easy to foresee. (Karwowska-Struczyk, 1995, pg. 7)

What these data show collectively is that given the smaller number of children - both in absolute terms and in terms of the percentage of the population that young children represent - under the previous political and economic system there might well have been a closing of some childcare facilities since there are fewer children. The shift to a market economy is not, in and of itself, an explanation for the closing of facilities. Of great concern, however, is the fact that those children being born into the world today are at much greater risk of delayed and debilitated development, given that they are born to younger and younger women, who are not fully adults themselves, and they are being born to women who are having the children on their own. These young women will

struggle even more than two-parent families to provide the financial underpinning necessary to sustain a family, and they will require more social supports--financial and psycho-social.

The Impact of the Transition on the Family

Clearly families in all four countries are under a great deal of economic stress as a result of economic changes. One indication of the stress is the inflation rate. This is presented in Table 12, with the consumer price index set at 100 in 1989. Poland was hit immediately at the time of transition with high inflation. During the initial transition years inflation was controlled somewhat in the other countries, particularly Hungary. There has been a steady increase in inflation in Bulgaria with a huge jump between 1992 and 1993 (56%). The situation is even worse in Romania. During the same one-year period there was a 338% increase in inflation.

	1980	1985	1989	1990	1991	1992	1993
Bulgaria	89.6	93.7	100.0	123.8	542.7	973.7	1519.3
Hungary	46.4	64.4	100.0	128.9	174.0	214.0	262.2
Poland	2.9	11.9	100.0	685.8	1167.9	1670.1	2259.6
Romania	70.7	93.5	100.0	105.1	271.2	800.3	3500.6

Source: ICDC, 1994, pg. 95⁶

As was noted earlier, allowances and benefits were one way for the state to supplement very low salaries and make the full range of social services available to families. At the same time that inflation is making it impossible for families to purchase even the most basic necessities, the State is decreasing the support that it allocates to various social services. Table 13 presents data on the percentage of the national budget that is being spent on family and maternity allowances. As can be seen, with the exception of Hungary, this is decreasing significantly in the other countries in the study. The individual country reports clearly indicate that, given fiscal constraints, even this amount of support is likely to be cut.

⁶ The Poland report presents a very different picture of inflation than that presented in the ICDC report. Karwowska-Struczyk states: The inflation rate is also falling. In 1989 the inflation rate was 250%. In 1990 it rose up to 586% while in 1991 it went down to 70%. In 1994 the inflation rate was 30% (23% planned). It is forecast that the inflation rate will be 17-19% in 1995. (1995, pg. 4)

	1980	1985	1989	1990	1991	1992	1993
Bulgaria	NA	NA	2.6	2.7	3.3	2.5	1.7
Hungary	2.5	2.7	4.0	4.0	4.6	4.7	NA
Poland	NA	NA	2.1	1.7	2.3	2.2	NA
Romania	NA	NA	3.2	3.1	1.9	1.1	NA

Source: ICDC, 1994, pg. 97

The allowances and benefits under the previous regimes provided a significant share of a family's monthly income. Data on the relationship between the child allowance and the average wage are presented in Table 14. As can be seen, the child allowance constituted as high as 20.5% of the family's income in Hungary in 1989. While this ratio went up in Romania and Bulgaria immediately after the transition, it has been declining ever since. It has been declining steadily in Hungary and Poland.

	1989	1990	1991	1992	1993
Bulgaria	12.8	9.8	13.8	10.7	9.0
Hungary	20.5	21.8	19.9	18.1	17.0
Poland	2.6	5.8	6.5	6.7	5.4
Romania	9.8	8.9	6.6	5.3	4.7

Source: ICDC, 1994, pg. 99

But what if parents are unemployed? As can be seen in Table 15 there is an ever-increasing possibility that at least one parent will be unemployed. It should be noted that the table only includes people who are *registered*. These are people who have been employed by the State or recognised companies. In addition, people are only able to receive unemployment benefits for a restricted amount of time. In Bulgaria, for example, depending on prior length of service and age, the unemployed person receives the benefits for 6 to 12 months after registration at the unemployment office of the local authority. There are a number of cases in which the person cannot receive even these minimal grants. For instance, if he ever registered as a sole proprietor, even if he never got any revenue through this, he is not eligible for unemployment benefits. (Kornazheva, 1995, pg. 15.)

Table 15: Annual Registered Unemployment Rate						
	1989	1990	1991	1992	1993	1994a
Bulgaria	NA	1.7	7.5	13.2	15.9	16.3
Hungary	0.4	0.8	4.1	10.3	12.9	14.8
Poland	0.1	6.1	9.6	12.9	15.0	16.0
Romania	NA	NA	1.8	6.2	9.2	11.1

a - 1st quarter

Source: ICDC, 1994, pg 98

In Poland, it is estimated that in 1994 there were 2.8 million people unemployed (18% of the total labor force), of which 50% did not receive the unemployment benefit (about 33% of average national salary received for a year) and 30% needed social assistance. A growing number of the unemployed are not receiving any benefits since they are only eligible to receive benefits for a year. (Karwowska-Struczyk, 1995, pg. 4)

In Hungary, in 1994 the official unemployment rate was only 10.9% due to the fact that the rate includes only those who are eligible to register. Many of the unemployed are not able to register and those who do register are only able to do so for a limited time. After that time they may still be unemployed but they are not officially registered and cannot receive benefits. (Korintus, 1995, pg 18) Unemployment is growing rapidly in Hungary. The unemployment rate was 25% in January 1995. (pg. 1)

In relation to issues of childcare, it is most significant to look at women's unemployment rates. Up until the 1989-1992 period the size of the working-age female cohort (ages 15-55) was increasing. Participation rates were in the range of 80-90%. Between 1989 and 1992 these dropped, with the exception of Romania where there was an increase in agricultural activity which increased women's employment between 1989 and 1991, with a slight drop in 1992. From 1989 to 1992 female participation in the workforce dropped from 93% to 66% in Bulgaria; from 78% to 66% in Hungary; and from 70% to 60% in Poland.⁷ (ICDC, 1993, pg. 56) Thus many women are unemployed during a time when family survival is dependent on two incomes.

There is no doubt that increasingly families are becoming poorer. As can be seen in Table 16, for all four countries, from 1989 to 1992 there are some rather depressing trends. In Hungary and Romania there are data to differentiate what is happening for children from what is happening for families in general. The data indicate that impact of the trends noted above are all contributing to more and more children being born into poverty.

⁷ Within the report on Poland it was stated that the employment index for women 15-44 years of age was 85.9%. This is considerably higher than what was reported in the ICDC report.

		1989	1990	1991	1992
Bulgaria	Population	NA	NA	NA	53.6
Hungary	Population	10.1	NA	21.3	NA
	Children	14.1		29.1	
Poland	Population	20.5	39.7	38.8	42.5
Romania	Population	27.3	18.5	28.1	51.1
	Children	38.1	30.7	42.1	70.1

Source: ICDC, 1993, Table 1, page 8

At the same time social supports are withering. One of the mainstays has been the childcare system, but that is now undergoing change.

Childcare

As can be seen in Table 17 creches/nurseries for the youngest children have never served a large percentage of the population. The low attendance rates had to do with the fact that women could take leave from their jobs during the early years of the child's life, thus there was little call on center-based child care.

Since 1990 the percentage of children within the appropriate age cohort that are attending creches/nurseries has increased in Bulgaria (9%), remained more or less the same in Romania, decreased significantly in Hungary (21%) and Poland (36%). In Poland, the data on children 0-3 years old indicate a 45% decrease in attendance in creches/nurseries.

	1989	1990	1991	1992
Bulgaria	12.8	11.7	11.7	14.0
Hungary	8.1	7.5	6.7	6.4
Poland	8.5	8.0	6.7	5.4
Romania	4.4	4.3	4.2	4.0

Source: ICDC, 1993, pg. 60

The situation has been quite different for children from 3-6 years of age. When children were three, women had to return to work, so there was a great need for the State to provide care for children. Further there was some understanding of the value of the preschool/kindergarten experience to support the growth and development of children within the 3-6 age group. What is interesting is that the importance of a preschool/kindergarten experience was recognised early on in these

countries. In fact, within Europe, they set a high standard and were strong advocates for kindergartens. Nonetheless, preschool and kindergarten were never mandatory. Table 18 presents data on the percentage of children who attended preschool/kindergartens in the four countries.

	1980	1985	1989	1990	1991	1992	1993
Bulgaria	104.0*	93.0	72.8	67.0	56.1	59.8	NA
Hungary	96.0	91.0	85.7	84.9	85.9	86.5	86.6
Poland**	55.0	51.0	48.7	47.1	43.9	42.6	42.7
Romania	83.0	75.0	63.2	54.3	51.9	53.5	NA

Source: ICDC, 1994, pg. 106

* This reflects the attendance of some children over age (7 & 8 years of age) in the kindergartens.

** For six year olds, well over 90% of the children were attending kindergartens: 1989, 96.3%; 1990, 95.2%; 1991, 94.2% and in 1992, 94%.

What is interesting about Table 18 is that it indicates that regardless of where the countries started in terms of the percentage of children being served in preschools prior to reforms, since then there has been a decline in children's participation in preschool/kindergarten. This is most striking in Bulgaria where there was a 42.5% decrease, followed by Romania with a 35.5% decrease, Poland with a 22.4% decrease, with the least change being in Hungary (9.8%).

These declines can be explained in terms of supply and demand. On the supply side, one reason for the diminishing supply is the shift from centralized control of and support for social services to local authorities, with an attendant reduction in financial resources available for these services. For example, beginning with the enactment of the new Law on Education in 1991, the State of Poland began handing over not only administrative tasks to municipalities but also financing and maintenance of nurseries, kindergartens and primary and secondary schools.

Unfortunately local authorities are sometimes forced to close kindergartens and preschools due to a lack of financial resources to maintain staff and facilities, and to provide centers with appropriate equipment and supplies. As has been noted in the country studies, not only are financial resources lacking, but local authorities frequently lack the administrative and management skills that would allow them to use their resources efficiently and effectively.

It should be noted that there have also been some positive results of decentralization. These were highlighted in the report from Poland.

There were also changes for the better: legal grounds were created for the use of teacher-developed curricula and genuine cooperation with parents; the preschool for 3-6 year old

children and the kindergartens for 6-year-olds⁸ was brought closer to the child's needs; the responsibility for education was shifted to the individual teacher, working in cooperation with the parents. These steps may result in the improvement in the quality of the teacher's work and of the experience gathered by children. (Karwowska-Struczyk, 1995, pg. 13)

On the demand side, demand has been affected by women's unemployment (if they are not working in the formal sector they are available to take care of their children themselves) and the introduction of fees.

Demand has also been affected by the introduction (increase in the case of Poland) of user fees. While the user fees are designed to help local authorities finance kindergartens, they are not high enough to make a real difference in the running of programs. However, fees have made a real difference in terms of parents' abilities to send their children to kindergarten. In Bulgaria, fees more than doubled in 1993 when universal fees amounted to 15% of the average wage. In Poland, fees have risen steadily to where they are 1/3rd of the average wage. In Romania fee increases introduced in September 1993 are now close to 16% of the average wage. (ICDC, 1993, pg. 59) Yet fees are paying less and less of the real costs of the care. For example, in Romania the share of the costs borne by the users has been decreasing since 1989. At that point it was 69%; in 1990, it was 82%; in 1991, 59%; and in 1992, 51% (ICDC, 1993, pg. 60).

Despite the heavy subsidization of childcare by the State in Romania, there has been a continuous decline in occupancy rates. (See Table 19) In essence the number of places available has not changed significantly, while the number of children has been decreasing.

	1989	1990	1991	1992
Places in Kindergartens ('000)	814	812	811	801
Children in Kindergartens ('000)	836	752	742	752
Occupancy rate (%)	103	93	92	94
Overall enrollment rate(%)	63	54	52	53

Source: ICDC, 1993, pg. 28

⁸ In Poland children can attend preschools that are for children 3-6 years of age or they can attend kindergartens which are only for 6-year-olds. Thus some 6-year-olds attend preschools and others attend kindergartens.

Children's Homes

When families are dysfunctional and/or living under conditions of poverty the response under previous regimes was to help the family out by placing the child in an institution. There were no social services that provided support to the family in an effort to strengthen the family as a social unit. The result of these pre-reform policies meant that only a small percentage of those children living in State-operated homes were actually orphans. For example, in Hungary in 1992, only 2% of the children in homes had lost both parents and 12% were fatherless or motherless. (ICDC, 1993, pg. 31)

With a renewed focus on the family, and in attempts to decrease dependence on the State, some of the countries are attempting to shift services to supporting families rather than continuing to institutionalize children. But as noted earlier, this shift in expectations and responsibility is not one easily made. This is evident in Table 20 which presents data on the absolute number of children who are in children's homes. The data indicate that the number of children in institutional care has been decreasing in all instances, except in Bulgaria, where there was a decrease initially after the reforms began, but the numbers are now increasing.

	1989	1990	1991	1992	1993
Bulgaria	13035	12117	11926	12006	12406
Hungary*	19663	17492	16237	14971	14222
Poland	32476	31684	31986	31007	29259
Romania	NA	90688	93799	80441	NA

Source: ICDC, 1994, pg. 107

* Data are quite different in the Hungary Report: 1989, 18274; 1990, 16,610; 1991, 15,027; 1992, 13,518; 1993, 12,758, but in both instances the numbers are decreasing at a regular rate.

There are several plausible reasons for the decreasing numbers. One has to do with the relationship between absolute numbers and the percentage of the age cohort that is represented by children in institutions. For example, in Poland, where there appears to be a significant decrease in numbers, children who were in institutions in 1990 represented 0.26% of the age cohort. In 1993 they represented 0.24% of the age cohort.⁹

Another hypothesis is that more and more children are being placed in foster care rather than in homes. This is a plausible explanation in Hungary. While in Hungary there was a decrease in the absolute number of children in foster care between 1989 and 1992 (8717 in 1989 and 8487 in 1992),

⁹Comparable data were not available from the other countries in the study to know if this also explains the decreases in these countries.

those in foster care represented an increasingly larger percentage of the children under State care. (1989, 32%; 1990, 34%; 1991, 36%; 1992, 39%; and 1993, 40%). In Poland there was a 2.8% increase between 1989 and 1992 in the number of children in foster care (32087 in 1989 and 32968 in 1992).

Another hypothesis is that the decrease in the number of children in children's homes is the results of an increase in the number of adoptions. This was not borne out by the data. In fact, the data suggest that the number of adoptions is decreasing. In Bulgaria there were 1123 adoptions in 1989 and only 905 in 1992. The respective number for Hungary were 982 and 923; for Poland they were 4176 and 3550, with 2810 adoptions in 1993. (Data on Romania were not available.) One reason for the drop in adoption rates is that soon after the reforms people from outside the countries could adopt children. Thus there were high adoption rates in 1989 and 1990. Since then countries have developed much more restrictive adoption policies. Bulgaria is an example:

There are a number of rules that serve as a barrier to the "export" of children. One of them is that only children at least one-year old can be adopted. Another condition is that Bulgarians should have refused several times to adopt the child and only then can the child be offered to foreign applicants for adoption. For example, in Bulgaria today a child has to be rejected a number of times by Bulgarian families before they can be adopted by foreigners. (Kornazheva, 1995, pg. 24)

The most plausible reason for the decrease in numbers has to do with the whole system surrounding children's homes. The system is being affected by the economic crisis. There are fewer funds available to support staffing and maintenance of the homes. The report on Hungary describes the issues in some detail. In Hungary there are fewer professionals in position to make referrals, and the administrative structure currently in place is being overloaded. Thus, previously there would be only a short time before referral and placement. Today that process can be delayed for months. But, as noted in the Hungary report, reforms are underway.

The Government is preparing a law on child welfare and child protection. Within this system of social provision, with regard to the particular rights and interests of children, the Law wishes to establish a system which guarantees welfare provisions and protection for children, which, on the one hand, assists families in the upbringing of children by offering various kinds of support and services, and, on the other hand, ensures the appropriate provisions for and protection of children removed from their families. (Korintus, 1995, pg. 44)

Changes in Benefits

There are constant changes in policy, regulations and laws that have an impact on children and their families. In Box 1 is a summary of some of the changes that occurred in 1993. This indicates some of the complexity that is being dealt with as people attempt to monitor the impact of reforms on people's lives.

Box 1
MAIN FISCAL POLICY CHANGES IN 1993

1. Removal of Subsidies

In Poland:

- cash subsidies for residential rents removed;
- consumer subsidies reduced to 1.4% of state budget.

In Romania:

- elimination of all subsidies on food and industrial products;
- state rents still frozen at 1989 levels.

In Bulgaria:

- drug subsidies abolished except for those under poverty line.

2. Expenditure on Health, Education and Social Welfare

In Bulgaria:

- government expenditures on social services to decline to 30.1% from 32.2% of overall public expenditure.

In Romania:

- government expenditures on social services as % of total expenditures to increase to 28.2% in 1993 from 21.2% in 1992.

In Hungary:

- combined health and education expenditure projected to drop from 15.9% of total expenditures in 1992 to 14.6% in 1993.

3. Structural health care reform

In Hungary:

- movement toward insurance-based health care system.

4. Increase in user fees

In Bulgaria:

- user fees for universal child care equal to 15% of costs.

5. Changes in cash benefit policy

In Poland:

- family benefit extended to children up to age 20 as well as to students and children of the unemployed;
- unemployment benefits extended to seven months.

In Hungary:

- tightening of cap on unemployment benefits - maximum duration reduced to 12 months;
- family allowance benefits increased, and their provision extended to pregnant women;
- means-tested social benefits provided to long-term unemployed whose benefits had expired;
- special child-care allowances provided to mothers with three or more children.

In Bulgaria:

- unemployment benefits indexed twice at 90% of inflation.

ICDC, 1993, pgs 48-49

In most countries eligibility for benefits remains restricted to employed parents, rather than being universally available, with the exception of Hungary where eligibility for family supports has

become less restricted. In 1990, already widely available allowances became universal, limitations for families with one child were removed and although several proposals for 'better targeting' have been put forward, no criteria have yet been introduced.

The changes in policy have been mixed in Poland. The situation has become more restrictive, with allowances and benefits further targeted toward the very poor. In 1992 the income threshold used to define eligibility was decreased for 25% to 18% of the average wage. The amount of the benefits was set at a flat rate of 21% of the average wage. Previously it was 25% of the person's previous wage.

On the other hand, the possibility of a paid maternity leave and aid to foster families should be regarded as achievements in Poland. This is particularly true of the foster family policy as it encourages these families to adopt eligible children.

In Romania where no paid leave had been provided before 1989, a leave with cash benefits (65% of the last wage) was introduced for full-time employed parents, available until the child's first birthday (ICDC, 1993, pg. 59). Children of the self-employed, of those working in private enterprises, and of non-working parents not registered at public Labour offices, remain ineligible for family allowance. (Pg. 62) However, the intent was to universalize allowances in 1994.

In Bulgaria, there is discussion about limiting women's leave for looking after their sick children by changing it to children under 10 rather than 16 years of age and making the first three days of these leaves payable by the employers, not the State.

And so it goes.

V. CONCLUSIONS

One of the initial motivations for the study came out of data that indicated that unemployment rates are higher for women than for men, particularly for women in the early childbearing years. Data also indicated that childcare places are being closed. Putting these data together the question was asked: "Are women, for whom the ethos has been to work full-time, now choosing to stay home and raise their children, thus leading to their unemployment and a decreased need for childcare?" Looking at the reality of a family's life through this study has made it abundantly clear that families in most of the Central and Eastern European countries cannot survive on only one wage. Both parents have to work to meet even the most basic of needs. Women in Bulgaria not only work, but 20% of them work two jobs.

Women's higher unemployment rates are not because women want to stay home and raise a family, they are the result of economic policies which make women of childbearing age less desirable to hire. For example, companies that employ women full time are then responsible for paying maternity benefits. In order to avoid this, companies put women on short-term contracts that don't include maternity benefits, or they hire men instead. An indication of the reality of the situation is that

in Bulgaria women under the age of 30 (prime childbearing years) constitute 70% of the group of unemployed women. (UNICEF, 1994, pg. 46)

So, if women need to work, and do so when they can find employment, why are childcare places closing? There are several reasons:

1. *A decentralization of responsibility for child care.* In Poland, Hungary and Bulgaria responsibility for funding and supporting child care has been shifted from central government to local authorities/municipalities. In Romania these functions remain centralized. One of the problems with decentralization is that local authorities are unable to finance and/or manage child care and kindergartens at the level previously provided by the State. Thus while some local authorities have maintained childcare services, others have given higher priority to other social services that they are required to provide. A strategy that local governments have adopted to compensate for the loss of State support is to introduce substantial user fees.
2. *The introduction of user fees.* In most countries prior to the shift, childcare (nurseries and creches for children 0-3) and preschools/kindergartens (for children 3-6 years of age) were free. (The exception was Poland where a minimal fee was charged, and even this could be waived if the family was unable to pay it). Today user fees can be disproportionately high because of changes in income.
3. *The deterioration of real income.* Money earned is buying much less. This coupled with the fact that families are now required to pay fees for a variety of services previously provided by the State, is forcing families to make choices among the services they need. The impact of these choices has already been seen in relation to child care. Growing numbers of parents are not able to pay the fees being charged and are withdrawing their children from child care and kindergartens. Families where only one parent is working cannot afford these fees; even in two-worker families the fees constitute a significant portion of family income. When parents cannot pay the fees, children cannot attend childcare programs.
4. *A decrease in the birthrate.* Fewer and fewer children are being born. The age cohort that would be eligible to receive these services has been shrinking. Thus, even though facilities are being closed, in many places the relative percentage of children within a given age group that is being served has remained more or less the same.
5. *Privatization.* Emerging small-scale businesses and private industry are not offering the child care supports previously available to families. They can neither support long-term leaves nor provide subsidized daycare at the work place. Thus women working in these businesses do not have access to organized child care.
6. *Current forms of childcare are not meeting the need.* Center-based childcare, as currently structured, does not meet women's needs. Even if they could afford it, many families are not eligible for childcare provided by local authorities, given the criteria that must be met in order to make use of these services. Thus women seek childcare elsewhere. In some instances this

is provided through the extended family, and/or within the neighborhood. (Bulgaria provides a good example of this.)

In terms of the quality of care being provided, across all the countries there is a sense that standards are slipping. When central government was responsible for the provision of funding and support, standards could be maintained. As control for the delivery of services has shifted to local governments, where the investment in the provision of child care in fiscal and human terms is decreasing, there is a belief that the quality of care will be affected negatively. In some countries it is already possible to see a deterioration in services.

The preservation and improvement of the institution of parental leave has contributed considerably to lessening tensions between work and early child care in most countries in transition. (ICDC, 1993, pg. 59) But these leaves are only of value *if* women are guaranteed employment upon return from leave, and *if* professional women are not penalized in terms of career opportunities by being out of the workforce for three years. An indication that these guarantees are not yet in place is the fact that in Bulgaria only 32% of parents of children ages 0-2 are on parental leave. This has been the rate since 1989. In Hungary in 1989, 69% of the parents took parental leave. This has been decreasing steadily, with it being 53% in 1991 and only 43% in 1992. (ICDC, 1993, pg 60) In Poland there is an increase in demand for creches/nurseries. As noted,

The possibility of a paid maternity leave and aid to foster families should be regarded as achievements...The paid maternity leave policy is not as well utilised. Fewer and fewer parents decide to take a 36 month leave in fear of losing their job and because they cannot afford to do so. Therefore more and more babies are cared for by relatives or are placed in creches at the age of four months. (Karwowska-Struczyk, 1995, pg. 7)

Thus families continue to seek childcare alternatives. With the introduction of privatization and self-employment opportunities there is the possibility of more flexibility in terms of schedules. Theoretically this would allow parents more time for childcare. But with the need for a minimum of two incomes for families to survive, parents are not able to take advantage of this flexibility. Rather, parents are more likely to be seeking alternative, more flexible forms of childcare as they try to mesh family responsibilities with unpredictable work schedules.

One option is privatized child care, particularly at the preschool/kindergarten level, but this is costly and not accessible to poor or middle-income families. Nonetheless, there are an increasing number of private childcare programs and kindergartens, but at present they are unregulated. As noted in the report from Poland:

It seems that nursery schools with the status of public institutions, run by individuals and organisations ease the local governments of some of their responsibility in this sphere. As a necessary condition for the emergence of such preschools, however, legal regulations have to be introduced encouraging various organisations, foundations and individuals to establish such institutions and facilitating their management. (Karwowska-Struczyk, 1995, pg. 19)

Family or neighborhood-based child care is another option being explored by some. But at this point there is little experience with this alternative, and there is no legal framework which would support the development of this alternative. However, it should be explored as it would create an employment opportunity for the woman providing the care and offer a necessary service for women who are employed outside the home.

The relative importance and impact of the variables that have affected both the quantity and quality of child care listed above differs among the countries included in the study. The reports of the individual country studies which follow provide a picture of what is occurring specifically in Poland, Hungary, Romania and Bulgaria.

In sum, from the data available it can be concluded that:

- ◆ The majority of children 0-3 years of age are still being cared for within the family -- whether or not women are on paid leave, on unpaid leave, or unemployed.
- ◆ The percentage of children within the 3-6 year age cohort that are attending preschools/ kindergartens has not changed dramatically since the reforms, but it is on the decline. In Poland there are more children seeking places than there are places available, but in the other countries the existing places are not full, although the distribution of places does not always match children's needs.
- ◆ Parents would like to have their children attend preschool/kindergartens, but the fees now being charged--for meals and a variety of activities--make the costs prohibitive. As a result, many children are being deprived of these early childhood experiences. There are no clear data on how parents are providing for the children who are no longer attending preschools/kindergartens. In some instances there is much greater reliance on the extended family; in other instances there are informal care networks within neighborhoods, but the bottom line is that we don't know what is happening for these children.
- ◆ With the introduction and/or increase in fees there will be increasing inequities within the culture in terms of who is able to have access to early childhood programs. The preschool/ kindergarten experiences that have been available to all children, putting them all on an equal footing when they enter the primary school, will increasingly become something that only middle-class parents can afford. They will not be available to children living in poverty. This will lead to greater inequalities in terms of children's performance in primary school, setting those children who have had the early childhood experiences on the road to school achievement, while those without preschool will not be fully prepared to take on the challenge.
- ◆ The quality of care within center-based programs is declining. Resources are no longer available to maintain the necessary professional staff, and the maintenance of facilities is largely dependent on the commitment of local authorities to the provision of childcare.

VI. RECOMMENDATIONS

The specific recommendations that arise from these findings are as follows:

1. Alternative forms of child care need to be developed. The most logical approach is to develop family-based child care within the community and to strengthen a sense of community responsibility for the upbringing of children.
2. Investment should be made in the development of parent education materials and classes. Young parents of today were raised under an ideology that emphasized the importance of the State and did not emphasize the value of the family as an important unit within society. Thus the parenting they experienced did not provide them with a model that is appropriate today where there is a renewed emphasis on the importance and value of family. As a result, young parents need access to information that will prepare them for the role of parenting.
3. As the services offered by government are declining--in scope and quality--there is a need for human capacity-building in general, but specifically within the NGO world. NGOs are an emerging phenomenon that need to be supported appropriately--financially and in terms of technical assistance to build management and administrative skills. Further, NGOs need to be encouraged to develop culturally-appropriate family support models that will enhance the family's capability to raise children and address directly the needs of young children.
4. Further research needs to be conducted to assess the experiences of children in these countries today on a more micro-level.
5. The changes in government policy should be monitored closely, with an assessment of their impact made early on, in order to anticipate what that will mean in the lives of families and children.
6. The needs of young children and their families should be brought to the attention of policy-makers, making them aware of the importance of the early years for the development of the child and ultimately for the development of the society as a whole.

REPORTS: A SUMMARY

POLAND

Malgorzata Karwowska-Struczyk

Poland is a country which, after forty years of a totalitarian (communist) regime, has started creating the mechanisms of democratic and lawful systems both in the political and social spheres of life. 1992 was the year of the first free, democratic elections in Poland since World War II. Politically, freely elected officials operate at both the local and national levels.

Poland is one of the largest of the Eastern European countries. It has a population of 38 million (62% urban and 38% rural) and a relatively high standard of education. An examination of basic data suggests strengths: The gross domestic product (estimated at between 0.5 and 2%) is in the neighborhood of US\$ 80 billion and represents a shift from the decline seen in 1990 and 1991. In 1992 there were US\$ 16 million worth of exports, and there is a State budget of US \$30 million. Poland's external debt in hard currency is equal to US\$ 47 million.

Debt repayment is an important part of Poland's economics. Repayment through credit interest and installments constituted 9.3% of export income in 1991. In 1992, 11% of export income was used to repay debt. However, having considerable resources allocated to debt repayment has implications for the amount government can allocate to health, education and social programs.

In 1990, as the government was shifting to a market economy, safety nets were set up on the assumption that household income would decline between 5 & 10%, inflation would be eliminated and unemployment would not exceed 400,000 units by the end of 1990. However, all of these statistics were underestimated. By the end of 1990 unemployment was 3 times as great as expected and household income had declined by 27%. (Cornia & Sipos, 1991, pg. xxiv) In January 1990, 55,000 people were out of work, by January 1991 that figure was 1.1 million, 8.1% of the work force. (Cornia & Sipos, 1991, pg. 29) By 1992 the unemployment rate was 13.7% with 2.3 million unemployed, and by 1993 it was 14.9% with 2.6 million unemployed.

The shift to a market economy has had a severe impact on the quality of people's lives. The proportion of families living in poverty increased from 6% in 1989 to 21% in 1991, and the percentage is increasing. Not surprisingly, the nutritional status of children has been affected. In 1990 when subsidies were cut, milk consumption declined by 30%. (Cornia & Sipos, 1991, pg. 25) Barely 50% of the children drink milk regularly, 10% have no dairy products, 10-20% of the children go to school without breakfast, and 30-40% do not receive school meals because parents now have to pay for them and they cannot. (Cornia & Sipos, 1991, pg 14)

Policies in Support of Women's Participation in the Labor Force

Under the previous political system high value was placed on having women participate in the work force, and policies were put into place that facilitated this. In relation to child care there were a variety of supports that allowed women to stay home and take care of their children without the loss of their status and position. There were other benefits available as well. In 1990 the cash benefits received from government accounted for 15-20% of a family's disposable income (2 children attending preschool, 2 parents). For a single parent with 3 or more children 40-50% of the family's disposable income came from child and family benefits. (Wiktorow & Mierzewski, 1991, pg. 215)

Within the new government there has been a shift from State responsibility for the upbringing and education of children to a responsibility that is shared by the State with the family. The basic obligations of the State toward its citizens are stated in Articles 79 and 80 of the Constitution of the Republic of Poland of 17 October 1992. The articles state that parents are obliged to take care of the physical and mental development of the child, to properly prepare the child to work for the well-being of the society, according to his/her abilities, and to jointly decide on essential matters affecting the child. That both parents and government have rights and duties toward education and care of young people is further emphasised in the Education Law from 6 September of 1992. Generally speaking, the role of authorities is to help parents in the fulfillment of their parenthood role. For example, families in which at least one parent is employed (single parent families included) receive various forms of social assistance, for example:

- ◆ A *childbirth grant*, valued at approximately US\$ 20 in 1991 (It was US\$ 7 in 1997);
- ◆ a monthly family allowance of US\$ 7 for each child from birth until the age of 21-on condition that the child is still in school. (From 1995, only the families in which the per capita income is lower than 50% of the average monthly salary will be eligible for this allowance, while the allowance will be increased to US\$ 10),
- ◆ a 16-week paid maternity leave for the first child (18 weeks leave for the second and other children);
- ◆ a 36-month unpaid further maternity leave, with the guarantee of return to the same job, but only if the mother returns to work before the child is 4 years old;
- ◆ two paid days off work per year for child care, but only for those taking a monthly family allowance;
- ◆ an allowance for those bringing up a disabled child;
- ◆ a 60-day fully paid leave in case of child's illness (from 1995 it will be 80% of the average monthly salary);
- ◆ foster families that take care of a disabled child requiring specialist medical care are entitled to 100% of the average pay;
- ◆ the Polish State guarantees free medical care (hospitalisation, vaccinations, medicines at discount prices included) to all children from birth until the age of 18 and, in case of students in higher education, till the moment they become self-supporting,
- ◆ the Polish State ensures free medical care to pregnant women and mothers of small children;
- ◆ families with low incomes may be granted a periodic allowance from local social help authorities taking into account circumstances of the case.

The area of most controversy is the *child care leave* which allows women to stay home with their children during the first three years. Liberal economists favor abolition of this, while those in favor of maintaining the leave want it extended to all women on maternity leave.

A critical problem is what happens when the woman returns from child care leave. While it was mandated that the woman be guaranteed a position of equal worth, in August 1990 this requirement changed. Companies that are downsizing do not have to give the woman a job upon her return, although the woman is supposed to receive maternity benefits. And even in larger companies, the reality has been that frequently women are not given the same or equivalent jobs. But rather than lodging a complaint they take what they are offered, feeling it is better than nothing.

As private businesses are developing they are unable to provide these benefits. As a result they are less likely to hire women. Unfortunately this is true even in women-owned businesses. At the present time there are no mechanisms for enforcing the provision of social benefits in private companies.

Decentralization and its impact on provision

Consumer subsidies, health education, social activities and social insurance benefits consumed 43% of the State budget in 1980. This went to 57% in 1985. Between 1986 and 1988 it oscillated between 60 and 64%. Thus government could no longer afford to continue these benefits. One response to the problem was to decentralize responsibility for the provision of a variety of services. Services for children under the age of seven was decentralised, for the most part. Decentralization of creche (for children birth to 4 years of age) preschool (for children 3-6 years of age, and kindergarten (for six year olds) management has had both positive and negative consequences. Changes for the better include the fact that there is now greater community involvement in the programs. Communities are more responsive than the State to parent and family needs. There is a sense of 'ownership' by the community that did not exist before. Teachers are able to introduce new curriculum and can pace the program in accordance with children's needs.

On the negative side has been unequal provision as a result of the priority assigned to child care by the local commune. This has led to lack of access for some children who could benefit most from the services, particularly children in rural areas. There is also a lack of concern about quality, particularly teacher/child ratios, teacher training and in-service needs, parent involvement, facilities and equipment, and children's experience in the setting.

Parent fees have always been a source of financial support for child care programs. While these fees were nominal when the State was providing child care, today they are substantial. Before 1990 parents paid the equivalent of 10% of one salary for child care. Fees are now assessed to cover the cost of meals, and there are fees for special activities, an equipment supply fee, and fees to support the Parents Council. And while this would appear to be a relatively small amount of money, in fact for families with two children it can consume 15-20% of family income.

Programs for Children - Then and Now

From 1945 - 1990 the provision of children's services (creche, preschools, kindergartens and children's homes) was highly centralized. All decisions in relation to staffing, structure, programming and financing were made by the Central Government. There was a standard curriculum and timetable, meaning that on any day of the year you would see the same activities going on regardless of where you were in the country. The teacher's role was to impart the prescribed ideology. The curriculum and teaching methodology were teacher-directed rather than child-centered.

Creches

Creches are the first form of care outside the home. They serve children from 4 months to 4 years of age. During the 1950s and 1960s creches were well used. Since the seventies, when long, paid maternity leave with legally guaranteed return to the same working position was introduced, the number of children up to age four in creches has been systematically falling. Since 1985 creches have never served a large percentage of the population; in 1993 only 3-4% of the age cohort attended. In recent years there has been a significant decrease in the number of creches and the number of places available for children within this type of care. In 1985 there were 1522 creches, with places for 103,740 children. In 1993 there were just 694 creches with 43,867 places. More than half of the places have been eliminated. One of the reasons that this has not significantly affected the percentage of the age group being served, is that during this time period there has also been a significant decrease in the fertility rate.

Today among children who attend creches are those of poor families and those whose parents are employed illegally, but also children of people with satisfactory earnings, who could afford a babysitter but consider the creche a better and more reliable form of child care. In general, the creches satisfy parents expectations as a child care institution for small children.

Preschools and Kindergartens

Preschools and kindergartens are available to the next age group (preschools for 3-6 year olds and Kindergartens for 6-year-olds) Preschools and kindergartens have been treated as the first stage of the educational system and have been connected with primary education in terms of their theoretical, methodological, psychological and pedagogical foundations. However, this integration of the preschool into the formal system is not reflected in relevant legal regulations or in the amount of State expenditure on this particular stage of education.

Until 1977, all children aged 3-6 had at least statutorily equal access to pre-school education. In 1985 approximately 50% of the 3-6 year old population attended preschool. Since then the percentage has dropped. It was 43% in 1993. Across the years there has been a consistent urban/rural split with 2/3rds of the preschool children in urban areas and 1/3rd living in rural areas.

Beginning in 1978 six year olds were guaranteed the right to one year of pre-school education (kindergarten) immediately before entering compulsory primary school at the age of seven. The

positive impact of this change was that across the years, more than 95% of the six-year-olds have been attending kindergarten.

However, this move also has some negative consequences. First, because of priority being given to six-year-olds children ages 3-5 have less access to preschool. Overall enrollment for children in the 3-5 year age bracket is 24.1%, one of the lowest in Europe. Second, with the predominance of six-year olds, the curriculum had a more academic focus; and the hours were shortened. Services that were previously available up to 11 hours a day were shortened to just five hours. The shortening of the hours leaves working women with the problem of what to do with the children at the end of the Kindergarten day. While preschools remain open for 9-10 hours, only the first five hours are *unpaid care* (i.e. parents do not have to pay for this care). Parents are required to pay if their children are there for additional hours.

Full-Care Institutions

Children's homes are an institution which takes care of children and young people who cannot be cared for--permanently or temporarily --by their own families. According to the educational law, small children's homes (for children from birth to four years) and children's homes (for those 4-18 years of age) are founded, run and financed by the Ministry of Education and local educational authorities.

The population of children in various forms of full care (about 1% of the age group) reflects the whole spectrum of social problems. Children come from families that are dysfunctional due to alcoholism, mental illness or unemployment of the parents, difficult living conditions, mental disability, lack of acceptance and social isolation. The residents of small children's homes are more and more often children who are placed in these homes as the result of the anti-abortion law. These are children left in hospital at birth, or brought by teenage and single mothers directly to children's homes. Children's homes also house under-age mothers with their small children.

An evaluation of full care institutions suggests that, generally speaking, the institutions of full child care do not have sufficient support from the government educational administration and their financial means are insufficient.

V. CONCLUSIONS

Very soon after 1990 there was evidence that creches and preschools were decreasing in number. There was speculation as to why this was happening. There were some who said that women now had a choice about whether or not to stay home and some were choosing to do so. So, there was less demand for places and facilities were being closed. However, the reality is that few women can afford to make this choice. Data would suggest that the closure of child care facilities has been the result of a number of other forces rather than a woman's desire to be more involved in parenting.

Closures are the result of:

- ◆ High rates of unemployment. Women are staying home because they cannot get work. However, for families to survive, both parents need to work. So, when women can get employment they do. They do the best they can in terms of finding child care;
- ◆ High fees in child care institutions. As noted, these fees consume a significant portion of a family's income. Families cannot afford these services;
- ◆ Decentralization and local autonomy in terms of the priority given to child care. In communities where there is little understanding of the importance and value of early childhood services, other services are given priority.
- ◆ Legitimate decreases in demand related to decreases in the age cohort as a result of lower fertility rates.

The only changes for the better to be deduced from a comparison of statistical data for the year 1992 with the present situation concern a growth in the number of rural kindergartens for 6 year old children. This might suggest that the tendency, present since 1991, to take the six-year-olds away from preschools, has been checked and parents are now forcing local governments to organise kindergartens, attached to primary schools, to fulfill children's rights under the educational act which obliges communes to secure for the six-year-olds a place at a preschool or kindergarten. In the years 1992-1993, 1,255 kindergartens were established, while nearly 5,000 preschools were closed down. This may also indicate a trend to open kindergartens at the expense of full-time preschools. It is difficult to say whether this results from "ill will" on the part of local governments or from the reduced demand for preschool provision in the local community, due to such factors as unemployment or the rise in fees. So far, this phenomenon has not been studied.

In sum, creches/nurseries and kindergartens are closing as a result of lack of adequate government support and a decrease in demand due to women's higher levels of unemployment. Where local authorities have made a commitment to kindergarten education, good programs are being created. Where creche and kindergarten services are not a priority, and the local authority does not provide adequate support, families have to struggle to find alternatives and children are deprived of what could be valuable experiences in terms of their growth and development.

In many studies into the effects of preschool early experiences on children's development, it appears to have the greatest impact on children from socio-economically and culturally-neglected environments where the family proves unable to develop the child's abilities. Where the child's experiences are limited, preschool education has the greatest effect on development. The conclusion does not seem unduly general that in today's Poland, such children have the smallest access to the educational services offered by the preschools.

HUNGARY

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The population of Hungary is 10.5 million. As in Poland, it is more urban (59%) than rural (41%). A decrease in the number of births, starting in the 1960s, has led to a steady decline in the total population. The number of children between the ages of 0 and 14 has decreased by more than half a million since 1960. Simultaneously, their ratio within the total population has fallen from 25.4% in 1961 to 18.6% by 1994. Thus there are fewer children to be cared for.

Hungary has been moving toward a market economy for longer than other countries in the study, beginning with economic reform programs in 1968, motivated by a vision of a *regulated market*. This meant that while State ownership was maintained, there was some flexibility in planning and pricing. Even though this *regulated market* was largely ineffective, it did lead the way for a more open system. (Zam, 1991, pg. 191)

Multi-party democracy was introduced in 1990. With the new government came an emphasis on "continuing deregulation, anti-monopoly measures and privatization together with stabilization". (Zam, 1991, pg. 192) Domestic prices and foreign trade were liberalized and production subsidies were greatly reduced. In 1991 inflation was in the range of 35-40%. (Zam, 1991, pg. 194)

Under the old system one of the basic tenets was to care for the people. Thus family incomes were heavily subsidized through a variety of social transfers. Between 1960 and 1989 these increased from 18.4% to 38.7% of total household income (Zam, 1991, pg. 180). Poor families with three children were entitled to subsidies that equaled 82.1% of their personal income. For the average family with three children, 57.3% of their total per capita income came from subsidies. For single people, the figure was 25%. In 1989, 50.2% of the national budget was allocated to social security subsidies. (Zam, 1991, pgs. 182-183)

Nonetheless, over the years, all forms of financial support were gradually losing their real value, and there was less and less money available to finance the otherwise free (for the citizens) health services, education, and the cultural and social institutions. More and more parents bringing

up children were forced to seek additional jobs in the *second economy* to be able to provide an acceptable standard of living for their families.

Since 1990 there have been changes in policy and the economy that have affected families and the day care provision. The public administration system was reformed. Local governments replaced the old council system. Several laws and regulations came into force. One of the most significant in terms of child care was the Social Act (Law No III of 1993), giving many of the State's previous responsibilities to local authorities. As a result of the Social Act, local governments have to rely on their own resources to provide social services (education, day care centers, kindergartens, social assistance, etc.) Central government allocates only 16% of its resources to support local government.

On the one hand, access to day care for children is guaranteed by law through the Social Act. On the other hand day care centers are the only children's institutions which receive no per capita support from the State budget. Thus local governments are required to provide day care, but given their meager resources, the financing of day care varies from one place to the other, depending on the size of the local governments' budgets and their other responsibilities. In many places, especially in small settlements, local governments are unable to maintain day care centers.

One of the greatest shocks of the transition to market economy was the emergence of unemployment. With the structural changes in the economy a great number of unprofitable factories and companies have been closed down, both in the industrial and in the agricultural sector. The newly formed and developing private sector could take up only a fraction of those who lost their jobs because of the closures in the State sector. By 1994 about 35% of industry had been privatized, which means there is still a considerable amount of State ownership.

At the end of September 1991, the unemployment rate was 6.1% (about 300,000 registered unemployed). Unemployment was estimated at half a million at the end of 1991. (Coopers and Lybrand, 1991, pg 15) The official unemployment rate was 10.9% at the end of 1994 (56.9% of these were men and 43.1% were women). However, this rate (10.9%) masks the unemployment problem. It includes only those who are *registered* and receive benefits. People can only be registered for six months. The number of people who are *unofficially* unemployed is not known.

As a result of steadily rising inflation, the majority of the population is getting poorer. Today one fifth of all families live in comfortless homes (that is, in homes without hot water, bathrooms or toilets). Many of the buildings need repair and in many places the infrastructure requires improvement, yet the increasing costs of maintenance make repairs prohibitive. Many families cannot afford for the mother to stay at home: two incomes are needed to cover the costs of living. As a result, many women return to work while their children are still young. They also return to work because they are afraid of losing their jobs if they remain out of the market for three years. Professional women are also concerned that the market place will change considerably over a three-year period and that their skills will be obsolete when they return. This means that there is an increasing demand for day care services.

Policies in Support of Women's Participation in the Labor Force

Hungary has had a relatively generous family benefit system. It remained in place at the time of transition. However, since 1994 this system has been undergoing change. What follows is a description of benefits currently in place and the changes proposed in the health and social welfare provisions by the government that will come into force in the near future through Law No. XLVIII of 1995.

A. Benefits paid from the State's (central) budget

1. *Family Allowance.* Originally this was covered by national insurance so it was available only for working parents. There was an essential change in this benefit in 1990, making it available to all families with children under the age of 18, if they were still in school. The amount was determined by the number of children in the family. Families with chronically ill or disabled children received an additional amount. The sum of the family allowance is about 35% of an average salary after taxes. It accounts for about 20% of a family's income in the lower income level category.

Law No. XLVIII of 1995 would limit eligibility, based on family income. For example, families would only be eligible for this allowance if their per capita monthly income during the previous year did not exceed 17,000 forints¹⁰ after taxes. Another proposed change is that if the family has only one child, they can receive the family allowance only during the first six years of the child's life, but after the child's six birthday the family is eligible only if one of the parents is not working or if the child is disabled or permanently ill.

2. *Pregnancy Allowance.* This benefit replaced the earlier Maternity Aid which was a fixed sum given upon birth of the child. All Hungarian citizens and non-citizens with a residence permit are eligible for the pregnancy allowance from the fourth month of the pregnancy until the birth of the child.

Law No. XLVIII of 1995 proposes that eligibility be limited to only those who are eligible for free prenatal care. Also, eligibility criteria concerning the income of the family are the same as those of the Family Allowance.

3. *Maternity Allowance.* This benefit is available to women who take unpaid leave from their work. It is equivalent to full pay for 24 weeks after the birth of the child.

Law No. XLVIII of 1995 proposes it can be received for a longer period, but at a lower rate. (i.e. 52 weeks (1 year), with payment during the first 26 weeks being equivalent to 70% of the mother's previous average wage if she had 270 days of employment during the previous year, and payment during the next 26 weeks equivalent to 50% of the previous average wage.)

¹⁰ In September 1995 130 Florints (Fts) were equivalent to US\$ 1.00

4. *Childcare Allowance (GYED)*, covering the period from the end of the Maternity Allowance period until the child is 2 years of age. To be eligible one must have received the Maternity Allowance and taken unpaid leave from work. The amount was not changed in 1990. It is either 65% or 75% of the mother's average previous salary, depending on the number of insured days before the child's birth. In 1993, the amount was about 55% of an average salary.

Changes in Maternity Allowance under Law No. XLVIII of 1995 would change eligibility requirements for the Childcare Allowance.

5. *Childcare Assistance (GYES)*, covering the period from the Childcare Allowance (age 2) until the child is 3 years of age. Mothers, and those fathers who bring up their children alone, are eligible until the child reaches age 3 (or until age 10 if the child is chronically ill or disabled) if they received the Childcare Allowance (GYED). The conditions for eligibility have not changed. In 1993, the amount of GYES was about the 32% of an average salary.

Law No. XLVIII of 1995 proposes that the Childcare Allowance be extended until the child's sixth birthday if the child cannot go to day care because of illness. It would be calculated differently. Its sum would be equal to the sum of the minimum pension at any given time. It would be discontinued if the child is taken to day care. All regulations concerning Childcare Assistance (eligibility, termination, registry, etc.) are the same as those of the Family Allowance.

6. *Housing Benefits*. This benefit is support for building or buying homes and can be claimed if there are children in the family. Eligibility and the conditions have not been changed and the amount of the support has been increased. The sum which can be claimed is 200,000 Ft on the right of the first child, and an additional 1,000,000 Ft/child on the rights of the second and the third child. This amount is deducted from the price of an apartment (that is, the State pays that sum).
7. *Child Upbringing Allowance (GYET)*. The Social Act (1993) introduced this new form of support. It is paid to families with 3 or more children where the youngest child is between 3 and 8 years of age. Its sum equals the sum of the minimum pension at any given time; now it is 7,480 Ft. *An important feature of this support is that the number of years the mother receives it can be taken into account as years spent in employment.*

C. Benefits paid from the local governments' budget

1. *Educational Allowance*. Local governments can give this support to those persons who are *at risk*, and to those who are struggling to meet the costs of living. The help can also be in the form of school books for children or in the form of fees paid in day care centers, kindergartens, schools. Its sum is determined by the elected board of the local government.

2. *Educational Assistance.* Local governments can allocate Educational Assistance to those families where children's development is *at risk* because the joint income of the parents is less than the minimum pension at any given time. Local authorities regulate eligibility and the sum of the support themselves.
3. *Nursing Allowance.* That member of a family is eligible who is nursing a seriously disabled or chronically ill child between the ages of 2 and 18 living at home. Its sum is equal to the sum of the minimum pension at any given time.

On the surface supports appear to be abundant, but in reality there are many restrictions on who can apply and under what conditions. And while the minimum amount is adjusted each year, the adjustment does not match inflation.

Programs for Children - Then and Now

There are two kinds of facilities for non-parental day care of young children in Hungary: day care centers for children between six months and three years of age, under the auspices of the Ministry of Welfare and Health, and kindergartens for children three through five years of age under the Ministry of Education. Free access to day care and kindergarten services operated by the councils or State institutions was always guaranteed by law in Hungary, with the total cost of children's care being provided from the State's budget. Parents had to pay only a small fee for the meals children received, calculated on the basis of family income and the number of children in the family. Even this contribution could be decreased or waived for those children who came from socially or financially deprived families. All children in day care centers and about 95% of children in kindergartens had meals there.

When local government took over the provision of day care and kindergarten they began charging fees. By law they can only charge for the food that is provided. This can be waived if the family is financially or socially in need. However, some of the day care centers and kindergartens charge for *additional services*, such as parent-toddler groups, part-time care, language, swimming, etc. Families who cannot pay these may choose not to send their children to child care.

Day care Centers

Following World War II, day care facilities were crowded because almost all women had full time jobs. The pace of opening new centers could not keep up with the increase in the number of births. The introduction of Childcare Assistance in 1967, whereby mothers could stay home with young children and continue to receive financial support, lessened but did not solve the problem of shortage in available places. The trend slowly changed in the second half of the 1980s, partly because the number of births was declining and partly because of a new trend in policy stressing the importance of families. As a result of this emerging philosophy which declared that the family is the most important unit of society, a relatively generous family benefit system was developed during the 1970's and 1980's.

In 1984, the percentage of children under 3 in day care centers was the highest (about 15%). With the introduction of Childcare Assistance, this dropped to 12%. Between 1984 and 1993 there was a 50% decrease in child care places, partly due to a drop in birth rate. By 1993, 8% of the under-threes attended day care in centers which receive government support.

As a result of the shift to local control and financing of day care facilities, many have been closed. Geographically, the day care centers in small towns and villages were hit the hardest. For example, between January 1990 and December 1992 the day care facilities in 121 villages were closed. As a result there are counties in Hungary where there are no day care centers at all, or where they can be found only in very small numbers (BOMI, 1992).

Despite additional decreases, there is a sense that the number of child care centers has now stabilized. However, the number of children requiring day care is on the increase as more women are choosing to return to the workplace soon after the birth of a child. If this trend continues, and it is likely to, there will be increased demand for day care, and current facilities will not be adequate.

At the present time there is a more-or-less uniform standard of provision throughout the country. However, with decentralization of responsibility, over time, the quality of the centers may not be uniform. As buildings age and equipment needs replacement, it is likely that there will be greater differentiation between centers in terms of the quality of the physical facilities, based on the priorities of the local authorities.

Kindergarten - serving children 3-6 years of age

Hungary established its first kindergarten in 1828, being among the first countries in Europe to initiate kindergartens. There was a rapid increase in the number of Kindergartens between 1950 and 1970, at which point more than half of the children had access to them. There was a steady extension of kindergarten services until 1980. From 1980 to 1990 the number of kindergartens did not increase, yet coverage went from 78% to 90% for 3-5 years olds, (96% for the 5s and 6s). The increase in coverage without an increase in kindergartens was due to a significant decrease in the population.

Attendance in kindergartens has never been compulsory for all children between the ages of three and six. However, Public Education Law of 1993, made kindergarten compulsory for children over five years of age. Further, kindergarten attendance has been made compulsory by Public Education Law No I of 1995, for those children (3-5) whose education within the family is seen as not sufficient in promoting the child's development. As a result of these laws there will have to be new investment in services for children over age five.

Children's Homes/State Care

The drastic increase in the number of children at risk, with a simultaneous decrease in the number of protective/caring measures, indicate that the Social Services Department for Children

Under Age is less and less able to exercise control over the problems involved. That is, they do not possess an adequate set of means for overcoming conditions of *risk*.

When the means of protective child care do not prove to be sufficient in eliminating the risk condition of the child under age, the child is removed from his or her family. Over the years this has constituted about 1% of the 0-18 year old population, with children under 5 making up from 16-18% of the children in State care. In recent years the number and relative proportion of children under age placed into State care has steadily decreased. This is not because there are fewer children at risk. It is due to the fact that under the Convention on the Rights of the Child, signed by Hungary, children should not be placed in children's homes as a result of low family income. Thus children at risk who previously would have been put in State care are being raised at home.

In terms of residential institutions for children in Hungary, there is a need for urgent reforms both in the field of training and in the objective conditions of care. This includes the initial and on-going training of staff and the replacement of large residential homes by institutions which model family life. At the same time, families should get maximum support in caring for their children at home. State care of the child under age should be for the minimum period possible.

CONCLUSIONS

New laws are being introduced to save money from the State's budget. The government decided to cut family support, among other things, in order to reduce the deficit. Under the new laws many families will not be eligible for either child care benefits or for family allowance. At the same time, the number of day care centers and kindergartens is decreasing and the local authorities have even more difficulties in financing the remaining ones, so more closures are occurring. It seems that families will be left on their own, most of the time without support (allowances or benefits), without a chance to have a day care or kindergarten place for their child and, as a consequence, without an opportunity for the mother to go back to work. Even if the mother were able to find child care, it is likely she will be unable to find work.

While Law No. XLVIII of 1995 was to go into effect in July 1995, that did not happen. The Constitutional Court ruled that the proposed changes in the law were unconstitutional because they did not give enough time for the families to prepare for the changes. Quite recently, however, it was announced that the changes in the family allowance payments will become effective at the beginning of 1996, with the changes in the child care leave becoming effective later in the spring.

With the introduction of the changes the government is carrying out in the family benefit system, the question of diversifying non-parental child care has become extremely urgent. Given the number of day care centers in the country presently, a great number of the families predicted to be in need of day care as a consequence of the cuts and restrictions in family support, will not find a place for their child. The types of services available need to be expanded, financing and eligibility for providing different forms of service have to be diversified. It is inevitable that besides public provision, the private and the emergent voluntary sectors will have to be involved.

Fortunately the Social Act allows local governments to enter into contracts with private providers and other agencies to provide social services. In the area of child and family welfare services, as elsewhere in the social economy, not-for-profit organizations are taking on a more prominent role in their delivery, but their social, political and economic role is constrained by the lack of a non-profit law. However, at the kindergarten level there is an increase in the number of private organizations involved in providing service. Montessori kindergartens are predominant. Waldorf schools are also popular, as they have strong roots in Hungary. Another major provider is the Catholic Church which is creating its own system of schools.

In terms of forms of care, family day care (childminding) is seen as a viable alternative. At present family day care is practically non-existent in Hungary. Relevant regulations have been passed by the Ministry of Welfare in 1994 which make it possible for people to provide family day care and for local governments to support them. However, until now no one has really experimented with how such provision could be organized, supported and supervised properly so that both providers and families could feel confident about it.

A small group of experts, with the coordination of the National Institute of Day Care Centers, is conducting a pilot project in childminding to see how family day care could be organized, provided, supported and supervised. Project plans are also under way to initiate, promote and encourage local grassroots groups to form themselves into not-for-profit organizations and to encourage their participation in the design, management and delivery of early years services. In addition, studies are essential to map the existing possibilities and conditions for private providers (both organisations and individuals) and to design projects to assist them.

BULGARIA

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In comparison with its neighbors, Bulgaria began its move toward a market economy relatively late. The first comprehensive reform package was put into effect in February 1991. However, there were a number of changes before then that affected Bulgaria's ability to move forward at this point. Since World War II Bulgaria has undergone rapid modernization and industrialization. It shifted from a basically rural to a 68% urban population by 1993. Between 1937 and 1980, in terms of economic development, Bulgaria moved from the lowest ranked country in Europe (out of 32) to the 23rd position. (Chernozemski, 1991, pg.123).

Today the population of Bulgaria is nearly 8.5 million people, down from 9 million in 1989. Bulgaria has a negative population growth rate. It was -2.2 in 1992; -2.9 in 1993; -3.45 in 1994; and it is projected to be -4.68 by the year 2000. The population of Sofia, the Capitol, is 1.1 million.

In terms of income, during the 1980s wages accounted for approximately half of total per capita household income. Social security benefits have become an increasingly important source of household income, and these are unstable. In 1965 benefits were 8.7% of cash income. In 1989 social security benefits constituted 18.7% of household income. Even with these subsidies, many families are living in poverty. Prior to the February 1991 reform, 38.6% of the population lived at or below the poverty level.

The economic situation has led to differentiated income. According to data from the Ministry of Labor and Social Welfare quoted in the media, in 1992, 10% of the people received 12% of the total personal income of the Bulgarian population. In 1994, this shifted dramatically: at that point 10% of the people received 24% of the total income.

In 1990 the unemployment rate was 1.5. That increased to 11.1 in 1991, 15.3 in 1992; and in 1992 the unemployment rate was 16.4%. (14.5% in urban areas and 18.5 % in rural areas). Women have higher unemployment rates than men across age groups, with the exception of the 16-29 year age group. Unemployment hits women first. The policy is that if both parents work, then one should give up a job so people from other families can work. Women go first in the majority of the cases.

The trend for decreases in the absolute numbers of employed people and in the relative employment rates are predicted to continue.

The transition to a market economy was expected to bring about new conditions for family life, with a new understanding of personal independence, and reinforcement of a commercial mentality that would ultimately loosen traditional cross-generation family links. However, the economic crisis in the emerging market economy, characterized by high inflation, has further strengthened the traditional model. In many families neither parent is employed and thus there is no income other than

meager social benefits. The housing problem has become even more acute. Only an extremely limited minority of the population is able to buy a house, and rents continue to increase. All of this has resulted in greater economic dependency on the grandparents.

As in other Eastern European countries, the State has shifted many of its responsibilities to local government. Decentralized financing may perhaps sound more democratic but in specific areas it leads to inefficiency and potentially a much higher cost. One of the biggest issues is not the lack of money *per se* but inadequate financial management. While there are obviously more difficulties in providing adequate financing for the various social care institutions (since the government itself suffers from a severe shortage of money and subsidies are no longer possible), those being given the authority to manage were not trained to do so.

Policies in Support of Women's Participation in the Labor Force

Bulgaria has had comprehensive maternity and child benefits. These are progressive in the sense that the more children the family has, the greater the benefits. However, with inflation, the buying power of these grants is dwindling rapidly. The benefits include:

Child birth grant: This is a one-time payment. Until October 1993, the following *birth grants* were in effect: for the 1st child - 100 leva¹¹; for the second child - 250 leva; for the third child - 500 leva; for the fourth and subsequent children - 100 leva. After the 1st of October 1993, the amounts became: for the first child - a minimum monthly salary; for the second child - 2 minimum monthly salaries; for the third child - 2.5 minimum monthly salaries; for the fourth and subsequent children - 1 minimum monthly salary.

Pregnancy and delivery leave: This is granted by the law as follows: for the first child - 120 days, for the second child - 150 days, for the third child - 180 days. Of these, 45 days should be before delivery. Over these 4-6 months, the mother receives her full salary. She is also allowed to take paid leave until the child becomes 2 years of age, and during this period she receives the minimum monthly salary. If she wishes to, she can then take another year of unpaid leave to take care of her child.

Child benefit: This is a monthly allowance until the child is 16 years of age (or 18 for students). For the first child it is 15 leva; for the second child - 30 leva, accompanied by an increase of 15 leva more for the first child (i.e. 30 for the 1st child as well as 30 for the 2nd child); for the third child - 55 leva; and for the fourth and subsequent children - 15 leva. Single mothers who take care of their children alone receive larger benefits, and for children with physical and mental handicaps the monthly grants are double.

To put into perspective what these amounts mean, in January 1995 an egg cost 6 leva and one liter of milk about 30 leva. Thus these grants are token, at best.

¹¹ At the time this report was written 66 Leva = 1US\$

Child nursing leave: Women are able to take paid leave to care for sick children until the child is 16 years of age.

Child care leave: Prior to 1985 mothers were given one year of paid leave. Years 2 and 3 were unpaid. In 1985 that shifted: The practice is now two years paid leave and 1 year of unpaid leave. In both instances the job was guaranteed upon return from the leave. With the two-year paid leave policy it was relatively easy for parents to find a place for their child in a nursery. Essentially if women could stay at home with their children they would. They did not want their children in the nurseries.

Various changes in benefits are being discussed by government in relation to the birth and child rearing grants, including cutting them significantly. For example, there is discussion about limiting women's leave for looking after their sick children by changing it to children under 10 rather than 16 years of age and making the first three days of these leaves payable by the employers, not the State. Such changes in women's leave provisions have negative implications for women's employment. Nonetheless it is assumed that the new Government will introduce some changes in the existing legislation, but there are strong doubts about what can be achieved within the limited resources of the country.

Programs for Children - Then and Now

As a result of decentralization, the Ministry of Health continues to set guidelines for nurseries (centers for children from birth to three years of age), and the Ministry of Education does the same for kindergartens (for children from 3-6 years of age), but the day-to-day funding and operation of facilities happens at the local level, at the discretion of the Mayor.

Now more and more mothers are forced to work, so nurseries are gaining importance. Children are accepted in the nurseries at 9 months. The women generally stay at home with the child until then. The children then attend nurseries until they are three. At that point they move on to the kindergarten.

While child care is available in many places, it is not a right. Parents have no guarantee that they will be able to have child care. If there are places they are free to use them. Further, child care is available only to women who have a permanent work contract. What is happening now is that when a company hires a woman of child-bearing age, they give her a series of 6 month contracts so that they will not be responsible for providing her pay if she takes maternity leave. This has a negative impact on women's professional development.

Creches/nurseries (for children from 9 months to 3 years)

Less than 10% of the age-eligible population are in creches. Under the old regime there were 25 children in a class with 2 nurses, 2 helpers and an educationist whose role it is to provide an educationally sound program for the children. The children had uniforms and a prescribed schedule

each day. Now there are more likely to be 16 - 18 in a class, with 3 nurses and 1 helper. In nurseries today children wear their own clothes and the atmosphere is more comfortable.

Many factors have affected the number of nurseries and their use: the negative population growth rate, high rates of for women, migration, high inflation and the changing expectations of parents in relation to such establishments. Some nurseries are not viable because they cannot collect even the minimum number of children to justify their existence. For instance, 8 of 60 nurseries under the Sofia Municipality were closed down because they were underutilized. Between 1990 and 1992, 32% of nurseries in Sofia were closed or changed their status.

While some of the nurseries (and kindergartens) were purpose built, most were not. Under the Communist regime houses and buildings were nationalized. If a nursery or kindergarten were required in a given area, a house was taken and converted to provide this service. Under the Restitution Act these buildings are now being returned to their former owners. This has led to the closing of many facilities.

Since all responsibility for operating the nurseries and creches is now in the hands of the local government, even purpose-built child care facilities can have their function changed if the local authorities want the building for another purpose. Nurseries and kindergartens do not make money so if something more lucrative presents itself the kindergarten will be closed.

The cost of the creche system was halved between 1981 and 1990. (from 0.6% of the consolidated budget to 0.3%) The saving was the result of decreased enrollment and a decrease in the quality of the facilities, with less being spent on investment in new facilities and maintenance. (Chernoziemski, 1991, pg. 134) Municipal governments continue to pay the salaries of child care workers in nurseries and kindergartens, but they have not provided the centers with any additional monies for equipment, toys, rehabilitation of the facilities, etc. The buildings are getting very run down. In some nurseries and kindergartens there is already a noticeable lack of equipment, materials and supplies.

Kindergartens

In 1980 there were 6185 kindergartens. Between 1980 and 1987 the number of kindergartens decreased 21.7%. (The cost of kindergartens was about 1.7% of the State budget during the 1980s. (Chernoziemski, 1991, pg. 134)) The number was more or less stable between 1988 and 1991. Between 1991 and 1993 there was a further 13.6% decrease in kindergartens. Over the same time period (1980 to 1993) there was a 41.1% decrease in the number of children attending kindergarten.

The main reasons for the decrease are the reduced birth rate, migration, and among young families who cannot afford the high fees. There are ever-increasing basic survival costs which make life difficult for a family with two or more children. If a family has two children, the fee for the first child is 450 leva per month and 300 for the second. Fees for the other types of kindergartens range from 100-600 leva for the weekly nurseries and 100-300 for half-day care. Parents who are still students, single mothers and families with 3 or more children pay 50% of the standard fee.

These fees do not include additional activities such as swimming, language training or musical training. These additional fees can sometimes be fairly high and when other children are participating in the extra activities, parents feel frustrated if they cannot afford these for their children.

There are high kindergarten enrollment rates for 3-7 year olds. Nonetheless, overall kindergartens are not fully enrolled (there are 100 children per 114 places). There are urban/rural differences. In the urban areas places are filled. In rural areas there are 152 places for every 100 children enrolled. Thus rural kindergartens could serve approximately 50% more children.

Kindergartens have the same problem in terms of facilities as nurseries. Even purpose-built buildings are being used for other activities if the alternative is of greater economic value to the city.

One positive development is that parents are free to send their children to any kindergarten in the city, if there are spaces available and if the parent can take responsibility for the transportation. With decentralized control, there is a difference in the quality of provision. With the freedom to choose among kindergartens, the discerning parent can seek out a quality program.

When there are no kindergartens children are watched by neighbors. Kindergarten-aged children are given keys to their own houses, but they know places they can go within the neighborhood if they need help or if they simply want company. Neighbors know which children in the area are 'latch-key' children and they try to watch out for them. Children feel comfortable going to a neighbor's house and staying there, for example. They are also given snacks by neighbors. In established neighborhoods this kind of exchange is common. This form of childcare needs to be acknowledged and strengthened.

Mother and Child Homes

The mother & child homes were created to provide support to mothers who have extreme difficulty in taking care of their children and for orphans. Mother and child homes provide care for children under 3 and they are fully sponsored and controlled by the State, under the authority of the Ministry of Health. The number of homes has been stable since 1985. There has been only a slight decrease in the number of children served in these homes. In 1985 there were 32 homes with 6,140 beds; in 1992 there were 31 homes with 6,035 beds.

Under current conditions of material and economic hardship it is not surprising that there are high instances of illness and death in the mother & child homes. The total number of cases of illness in 1992 was 12,099 (including 6,641 children below 1 year). There were 157 deaths (118 of these were children below one year of age), out of the total 765 children who were hospitalized during the year. In other words, 20.5% of the hospitalized children died, and 75% of these children were under the age of 1.

Conclusions

The transition of Bulgarian society to a new social and economic system has created a range of problems related to the upbringing and education of children. The most significant features of the situation of children under the current conditions in the country are:

- ◆ the relative and absolute numbers of children are decreasing;
- ◆ there is an increase in infant and child mortality;
- ◆ the rates of morbidity and handicaps are growing, including serious illnesses caused by deterioration of the environment, inadequate health care, and lack of an attitude that would lead to a health-conscious way of life;
- ◆ many children suffer from malnutrition, and poor nutrition practices are found in homes, caregiving institutions, and schools;
- ◆ there is no systematic policy to identify and develop the talents of gifted children;
- ◆ there are a growing number of families whose income is below the minimum subsistence level;
- ◆ there are severe difficulties in meeting the material and intellectual needs of the children;
- ◆ there is a growing social differentiation caused by growing economic differentiation;
- ◆ deviancy and delinquency rates are on the increase, with a lowering of the age of delinquent behaviors and a tendency towards organized crime among children;
- ◆ there is an increase in the crimes committed against children by adults (physical and psychological maltreatment, sexual abuse and other forms of abuse within and outside the family).

In essence children have emerged as the most vulnerable social group, and virtually all children in the country are under conditions of actual or potential risk. Neither before the changes, nor now, is there a clear-cut policy in Bulgaria effectively supporting children and families. During the period of transition, in an environment characterized by a lack of social service frameworks, economic hardship and rapid changes in power, it is not been possible for a complex and coherent policy in the field of children's rights to be formulated and implemented. What is badly needed is adequate legislation to meet the challenges of the new social conditions and new working programs for the socialization of children.

As a result of this study the following topics were identified as worthy of further investigation:

- ◆ The psychological effects of traditional childrearing models, such as the upbringing of children by their grandparents;
- ◆ The effect of the emerging social inequality and the development of strategies to overcome the egalitarian mentality which is an impediment to social progress;
- ◆ The economic dimensions of the problems of child care at the level of the Government, the local authorities and the individual families;
- ◆ The management dimensions of child care. Local authorities need special expertise in managing social funds and most Bulgarian families would benefit from training in money management.

In sum, the child care system appears to be in disarray in Bulgaria, compared to the other countries in the study. Clearly the State has demonstrated that it is not going to continue to support the provision of child care. The responsibility has been turned over to local municipalities. And since there is no law guaranteeing that child care will be provided by government, other services are likely to take priority within municipal governments. In essence, many local governments are unwilling to create new nurseries or subsidize those in existence. At the same time there is an increasing demand for nurseries as women need to return to employment as soon as it is feasible. Thus the burden for finding and funding child care is being put on parents. In difficult economic times when both parents are forced to work it is clearly the children who are going to suffer.

ROMANIA

Romania has a population of 24 million, making it the second largest Eastern European country. 54% of the population lives in urban areas. Besides Bucharest, which has a population of 2 million, there are several other large urban areas, Cluj and Timasora, being the most notable. Like other countries in Eastern Europe it has a long history of having been invaded and ruled by other countries.

As a result of policies over the past 45 years, the population has a low level of education, and the country is struggling to develop a market economy. Progress is much slower than in Hungary, for example, where economic reforms were being put into place even before the shift in government. Such reforms are only now being introduced in Romania.

From 1989, when reforms were implemented, through 1993, the country's economic output fell by 30%, with industrial output decreasing by 50%. Unemployment has risen: It was 10% in January 1994. Romania is the second poorest country in Eastern Europe. (World Bank, 1994)

The birth rate has been decreasing since the mid-80s, although the previous social policy encouraged large families. In support of the goal of increasing the population, family planning and abortions were not allowed. Given economic hardships this meant that many families simply could not support the children they had. As a result many children were put into children's homes. Since 1989 family planning has been allowed. This, along with the economic recession, is likely to contribute further to a population decline. The cohort entering first grade in 1997 is projected to be 8% smaller than the cohort in 1992. (World Bank, 1994)

The 1992 expenditure on Education in Romania was about 3.9% of GDP. This is low in comparison with other countries. While expenditure on education was 3.8% in Poland and 5.4% in Hungary, in most OECD countries expenditure on education averaged 5.7% in 1988. Education expenditure in Algeria and Malaysia, for example, which are roughly comparable to Romania in terms of population and per capita income, range between 7 and 9%. (World Bank, 1994, pg. 4)

Romania's education system is the most highly centralized in Central and Eastern Europe. The Ministry of Education (MOE) is responsible for managing pre-school, primary and secondary schools and higher education. Central government provides funds for all but a small proportion of education expenditure. In each *judet* there is an education expectorate, a decentralized unit of the MOE with responsibility for administering budgetary funds. There is virtually no local financing of schools (although parents finance part of the costs of kindergarten), and no legal or regulatory provision for private schools.

Policies in Support of Women's Participation in the Labor Force

Unlike its neighbors, Romania has few policies in place that provide support to families with young children. While there was an emphasis on increasing the population, it was for the purposes

of providing workers for the State, not for the benefit of families. Individuals were required to give priority to meeting their responsibility to the State, weakening ties with family and community.

Women had to return to work following 3 months of maternity leave, although they could take unpaid leave until the child was three years of age. Creches were made available for infants from 3 months to 3 years of age. About half of these provided residential care for the child during the week.

The law has been changed: Women are now being given a year of paid child care leave. However, mothers are returning to work after three months rather than risk losing their job, which they fear will happen if they stay out a full year.

Unlike its neighbors, the Romanian government has not decentralized services. Control is maintained by the State. However, they do not pay all the costs. As elsewhere, parents are responsible for paying fees, basically for the food their children receive at kindergarten. This can be 30% of a parent's salary. When there are 2 or more children in the family people cannot afford to keep their children in kindergarten.

When parents cannot pay the fees they have to seek alternative forms of care within the non-formal sector. The child stays with relatives in the city or the child may be sent to the village and be cared for by grandparents or other relatives. As they get older they become 'latch-key' children.

Programs for Children - Then and Now

Creches

Under the previous government women had a three month paid maternity leave, so many children entered the creches at 3 months of age. Now women have a year's paid leave and children can enter the creche at age 1. However, as already noted, many women choose to return to work after the 3-month leave.

The number of creches has decreased steadily since 1980, as has the number of children in creches. There were 902 creches in 1980, but there were only 765 in 1992. Some of the reasons given for the closing of the creches include: a) there has been a decrease in population birthrate so fewer places are required; b) parents cannot afford to pay the fees; c) since mothers are given a year of paid leave they don't require the services until the child is 1 year of age; d) women are unemployed and therefore do not require child care; e) the State does not have adequate resources to continue to support the creche centers; and f) parents are unsure of the quality of care being provided. If they can keep the children home they will.

Within the creches there is a standard curriculum and clear expectations in terms of the teacher's role. The creche program focuses on children's health, with little attention to the psychosocial and stimulation needs of the child. The creches are medical in orientation, and staff lack training in education.

Kindergartens

In 1989, 82.9% of the 3-6 year old children were in kindergarten. This dropped substantially by 1992, when only 52.6% of the 3-6 year olds were in kindergartens. All the reasons cited for the decrease in the number of creches can also be cited in terms of the decrease in the number of kindergartens. When parents have a choice they want to keep their children home.

While the number of children in kindergartens has decreased, the number of kindergartens has been stable. What this means is that today there is a more favorable adult/child ratio. There are several forms of kindergartens: there are those that provide care for the child for the week, with parents taking the child home on weekends; there are full-day programs; there are half-day programs (which are free); and there are programs for children with special needs. In addition, there are children's home (orphanages). The distribution of these various forms of care in 1992 is provided in Table 1.

TABLE 1
Children 3-6/7* years of Age in Child Care Provision
1992

	Classes	Nu of Children
Total Numbers	12,603	752,063
Weekly Kdg	112	8,019
Full day (8-10Hrs)	1,394	160,683
4 - Hr	10,997	574,616
Spec Ed.	36	2,233
Children's Homes	64	6,512

* some 7's are in the kindergarten. Children are no longer required to start school at age 7, so some parents keep their children out of primary school until they are 8 years of age.

Kindergartens are seen only as places for children to be kept safe. They are not seen as an educational opportunity which will support the child's overall growth and development. So, for example, kindergartens are not seen as important in rural areas since women working in the fields can take care of their children. The educational value of quality kindergartens is not well understood.

Weekly care

There are some situations where both parents are involved in shift work and long hours. In these instances the families cannot take care of the children during the work week. Thus there are kindergartens established for families who work under these conditions. These operate six days a week since there is a six day work week. The number of weekly kindergartens has decreased over the past 4 years, but they are still required in some areas.

Children's homes

The situation in children's homes in Romania is well known as the result of world-wide publicity, at the time of the shift in government, about children in institutionalized care. Children's homes still exist, and in fact, the number of Children's homes has remained more or less constant over the last 15 years: there were 62 in 1980 and 64 in 1992. While the number of homes has not changed, the number of children in these homes has decreased. (Today, 4% of the child population (200,000) is institutionalized.) The decrease in child population means there is a more favorable caregiver/child ratio. It is now 1:15. The quality of care provided in these home is being upgraded.

Even though the population in the homes has decreased, the change in government has not lessened the need for these homes. While some of the children are biological orphans, a larger percentage of these children are 'social orphans', children whose parents: a) cannot provide adequate care for their children because of family poverty or other family disorders; b) do not have adequate knowledge about how to provide care, often because the parent is young or immature; and c) refuse to provide care and may exhibit outright hostility to the child. As a result the children are institutionalized.

Alternative Forms of Care

There is an increase in private kindergartens/family day care centers. However, there are only 6 known private kindergartens. Family day care homes are also coming into being. These have been started by private individuals. Of special interest to parents is the teaching of a second language. Thus those who know another language open up a 'kindergarten' and advertise they will teach children a language.

Not all family day care programs or private kindergartens are registered. If they have an educational program they should register with the MOE, but if they don't, then they are not necessarily required to register. Some of them might be registered under the Family and Small Enterprise Program. Thus it is difficult to get exact numbers on how many children are served by family day care and/or private kindergartens.

A statement from the Institute for Educational Studies, sums up the thinking of many in Romania.

Essentially we start from the idea that the transition is a process of social learning, of individual and collective emancipation, having principally a psychological and moral dimension. The real factors blocking the reform are not financial or political, as very currently stated, but mainly related to human resources. Consequently education must become a key factor of social change. (1993, pg.2)

That educational process should be started when children are in their formative years.

REFERENCES

- Chernozemski, I. (1991) *Children and the Transition to Market Economy in Bulgaria: 'Shock Therapy' with a Difference*, in G. Cornia & S. Sipos (eds.) **Children and the Transition to the Market Economy**. Aldershot U.K.: Avebury
- Coopers and Lybrand. (1991) **Hungary: Gender Issues in the Transition to a Market Economy**. USAID
- Coopers and Lybrand (1991) **Poland: Gender Issues in the Transitions to a Market Economy**. USAID
- Cornia, G.A. and A. Sipos (1991) **Children and the Transition to the Market Economy** Aldershot U.K.:Avebury.
- Institute for Educational Studies (1993) **The Reform of Education in Romania: Conditions and Prospects**. Ministry of Education. Bucharest.
- International Child Development Centre (1994) **Crisis in Mortality, Health and Nutrition: Central and Eastern Europe in Transition**. Regional Monitoring Report No. 2, August, Florence, Italy: UNICEF
- International Child Development Centre (1993) **Public Policy and Social Conditions: Central and Eastern Europe in Transition**. Regional Monitoring Report No. 1, November, Florence, Italy: UNICEF
- Kaplan, R. (1993) **Balkan Ghosts: A Journey through History**. New York, Vintage Books.
- Karwowska-Struczyk, M. (1995) *Who is Caring for Young Children in Poland*. MA: Consultative Group on Early Childhood Care and Development.
- Karwowska-Struczyk, M. (1993) *Early Childhood Education in Poland - Changes and Threats*. in **International Journal of Early Years Education** 1(1), Spring 1993.
- Korczak, E. (199) *Poland*. in M. Cochran (ed.) **International Handbook of Child Care Policies and Programs**. London: Greenwood Press.
- Korintus, M. (1995) *Who is Caring for the Children? An Exploratory Survey: The Case of Hungary*. MA: Consultative Group on Early Childhood Care and Development, or Budapest: National Institute of Day Care Centres.

- Korintus, M. (1994) *Childcare in Hungary*, Concern, Spring 1994.
- Kornazheva, B., J. Usunov, V. Banova, L. Angelov, and R. Velchev. (1995) *Who is Caring for the Children: An Exploratory Survey. A Study of the Situation in Bulgaria*. MA: Consultative Group on Early Childhood Care and Development, or Sofia: Counseling and Psychotherapy Centre.
- Lewis, S., and M. Gibbon (1991) *Women in the Newly Emerging Democracies of Eastern Europe*. Paper presented at a conference on Women, Economic Growth and Demographic Changes in Asia, the Near East and Eastern Europe. May 14- 15 1991, Washington D.C.
- Myers, R. (1995) **The Twelve Who Survive**. Ypsilanti, MI: High/Scope Press.
- Nemenyi, M. (199) *Hungary* in M. Cochran (ed.) **International Handbook of Child Care Policies and Programs**. London: Greenwood Press.
- Notar, S. (1995) **Europe and Newly Independent States (ENI): Women's Resource Book, Second Edition**. Washington D.C.:USAID
- Olmsted, P., and D. Weikart (1989) **How Nations Serve Young Children: Profiles of Child Care and Education in 14 Countries**. Ypsilanti, MI: High Scope Press.
- UNICEF (1994) **Women and Gender in Countries in Transition: A UNICEF Perspective**. UNICEF. Regional Office for Central and Eastern Europe, Commonwealth of Independent and Baltic States.
- Wiktorow, A. and P. Mierzewski (1991) *Promise or Peril? Social Policy for Children during the Transition to the Market Economy in Poland*. in Cornia & S. Sipos (eds.) **Children and the Transition to the Market Economy**. Aldershot, U.K.: Avebury
- World Bank (1994) **Staff Appraisal Report: Romania, Education Reform Project** (Report No 11931-RO) March 16, 1994
- Zam, M. (1991) *Economic Reforms and Safety Nets in Hungary: Limits to Protection*, in G. Cornia & S. Sipos (eds.) **Children and the Transition to the Market Economy**. Aldershot U.K.: Avebury

**WHO IS CARING FOR YOUNG CHILDREN
IN POLAND**

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I. INTRODUCTORY REMARKS

Poland is a country which, after forty years of a totalitarian (communist) regime, has started creating the mechanisms of democratic and lawful systems both in the political and social spheres of life.

The Republic of Poland is a parliamentary democracy. The structural transformations begun after 1989 result from the victory of social and political forces connected with "Solidarity" and the resolutions of the so-called "round table meeting", which secured 35% of the seats within the 460-member Parliament for "Solidarity" candidates in the parliamentary elections of 1989. Only in 1992 did free, democratic general elections take place in Poland for the first time after the second world war.

Until now it has seemed that in the sphere of political democracy the mechanisms of democratic functioning have been working, while in the area of social democracy, on the local level, they have only gradually begun to replace the old rules. However, the latest political decisions of the government, the Parliament, or even the President, which either ignore law or balance on the thin line between the lawful and unlawful, make one doubt the existence of political democracy in Poland. These decisions raise fears of the return to the old authoritarian, unlawful government system, privileged political elites and disregard for the electorate, who is getting tired, frustrated and inert. There is pessimism about the future of the society and State.

Poland is a country aiming at free market economy ruled by competition, supply and demand. Polish capitalism is often called "wild capitalism", a capitalism in which the law is imprecise and allows for arbitrary interpretations and abuses such as the exploitation of employees, the evasion of taxes and credit repayment. It is generally assumed that the big fortunes of the last years were made by the former communist nomenclature who issued and used public money for their own benefit. Many large companies are still administered by the State and sponsored from the national budget. These companies bring losses rather than increase the GNP. The economic policy of the State does not promote the process of privatisation of the big inefficient factories and companies, but keeps the old industrial structure.

This is also true of agriculture, which is subsidized by low interest credit, no income taxes for farmers, State subsidies for production of artificial fertilizers, and so-called compensatory dues paid to farmers from the central budget. The compensation is supposed to eliminate the differences in prices between cheap food imported from the West and expensive food produced in Poland and to decrease the inflation rate. The effect of this and other measures, e.g. regulations restricting the import of some foods, is that the Polish farmer finds it more profitable not to lower the cost of food production through modernisation. Thus food prices continue to increase.

The economic and social policy of the current governing coalition does not promote changes in the agriculture area and increases the conflict between food producers and the rest of the society, especially those groups who are financed by central budget.

The GNP has been systematically rising and is now about 80 billion dollars, with the foreign debt (to Western banks and governments) of 45-47 million dollars, and a national debt (to Polish banks) of 20 million dollars. The government policy to use resources to decrease debts has resulted in decreased support for the weakest sectors of the national economy -- health services, educare¹ provision, social services to families and public safety nets -- which had led to the pauperisation of several social groups (children, youth and pensioners). It would be very worthwhile to add that 94% of pensioners in the rural areas are paid by public money.

The above mentioned three social groups (children, youth and pensioners) are, economically, the weakest of the whole population. By virtue of various relevant national and international legal acts, e.g. Convention of Human Rights, Convention on the Rights of the Child, and the Polish Constitution, the State is obliged to support these groups from public funds. So far there have been no signals of the conflict of interest between different groups of working and non-working (pensioners) citizens. However, both the old insufficient systems of social welfare and the system of pensioners needs to be reformed.

The population of Poland in 1994 was 38,570,000 people, of whom 61.9% live in town and 38.1% in the country. Around 5,338,000 of the population are children under the age of six, about 6,529,030 are children and young people between the age of 7 and 14/15, (i.e. the period of compulsory education, (8 grades of basic school) and about 8,000,000 are retired people. (See Table 1 for child population data and Appendix, Table 1 for full population data.) In 1980 the 0-6 population constituted 12.6% of the total population. This changed to 12.4% in 1985; 11.1% in 1990; and 10.0% in 1993. Clearly this age group is decreasing in terms of the percentage of the population that it represents. Across the years the 0-14 population has represented about 25% of the total.

Table 1
Population by Age of Children, in Thousands

<i>AGE</i>	<i>1980</i>	<i>1985</i>	<i>1990</i>	<i>1993</i>
Total population	35734.9	37340.5	38138.2	38459.0
0-2	1994.6	2059.6	1669.7	1557.1
3-6	2504.1	2562.9	2560.2	2300.4
7-14	4208.7	4805.5	5292.8	5338.1

¹ Educare is the term referred to the provision of holistic services to young children--health, nutrition, and cognitive stimulation.

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The population of Poland is growing in spite of:

- one of the highest infant mortality rates (15-16 for every 1000 new born babies up to 27 days of life), which is clear evidence of insufficient medical and social care in the prenatal period and the first three months of a child's life. The most frequent cause of death among newborn babies is low birth weight. In 1991, post-neonatal mortality (above 28 days of life) amounted to 4.2 for every 1000 live births. (Appendix, Tables 2, 3 and 4); and
- high adult mortality. The most common causes of death being diseases of the circulatory system for men and cancer for women, which are the effects of the low SES of society, and the bad quality of the living and working environment.

The birth rate has been systematically falling - from 18.2 births for 1,000 mothers in the eighties to 13.4 in 1992 (11.5 for urban areas, and 16.3 for rural areas). (Appendix, Table 5). And, as noted, the under 6 population has decreased from 12.6% of the total in 1980 to 10.0% of the total in 1993.

In 1993, 2,658,000 families in Poland had children under six (57% of which live in urban areas and 43% are rural). On the average, a Polish family with children under six has two children. Among these 260,000 are single parent families (200,000 with mothers only).

According to the estimates of Caritas-Poland, there are over 200,000 families that live below the social minimum. In that group one can certainly include families where the children are brought up by single unemployed mothers or fathers. There are about 282,000 married couples with children under six where the mother is unemployed. In a further 93,000 cases, it is father who cannot find a job. In sum, 14% of the families with children under six have one parent who is unemployed. The number of unemployed single parents is 53,000 (49,000 mothers and 4,000 fathers). 20% of the single-parent families are unemployed.

According to other sources, the proportion of families in poverty, families which have sufficient means only for food, or those families that need social assistance, increased from 6% in 1989 to 21% in 1991.

The employment index of women in the 15-44 age group, that is of potential mothers of children aged 0-6, was on the average, 85.9% in 1993 (i.e 86 out of 100 women are employed).² This value is among the highest in Europe. This would probably be higher if the mothers of children under 3 were not included. A much smaller proportion of mothers of preschool-aged children, as compared to mothers of infants and toddlers, take the unpaid leave to take care of the child.

²This can be compared with the employment index of mothers of 0-6 year-olds in Denmark-50%; Germany-45%; Sweden-9-%.

In November 1993 the number of unemployed men and women at the so-called working age was about 2,595,000 (49.2% men and 50.8% women). It is estimated that in 1994 the unemployment was 2,800,000 (18.0% of the total labor force), of which 50% did not receive the unemployment benefit (about 33% of average national salary received for a year) and 30% needed social assistance.

The most characteristic feature of the labor market in 1994 was the growth in the number of unemployed people who were no longer eligible to receive unemployment benefits. According to the State law, people get unemployment benefits only for a year after loosing their job.

Despite these negative trends there were also positive trends in 1994:

- ◆ There was an increase in the number of work places (about 60,000). This is the first increase since 1989.
- ◆ The inflation rate is also falling. In 1989 the inflation rate was 250%. In 1990 it rose up to 586% while in 1991 it went down to 70%. In 1994 the inflation rate was 30% (23% planned). It is forecast that the inflation rate will be 17-19% in 1995.

It would be difficult to present the structure of the Polish population as regards nationalities and ethnic groups because so far no such distinctions have been made. Today the population of Poland is nearly homogeneous, with national minorities representing only 3% of the Polish population. This was not true historically. Up until the end of World War II Poland was a multi-national and multi-religious society. In 1931 those of the Polish nationality comprised 68.9% of the population; Ukrainians were 13.9%; Jews, 8.6%; Belarussians 3.1%; and other nationalities made up 3.1% of the population. After 1945, as a result of the Nazi extermination, changed borders and several periods of political and social unrest which led to emigration, Poland became primarily a one-nationality country. In 1980 the national minorities in Poland were about 1.3-1.6% of the whole population, represented by 200-300 thousand Ukrainians, 200 thousand Belarussians, 20-30 thousand Czechs and Slovaks, 10-19 thousand Lithuanians, 8-10 thousand Jews, and 200 thousand Germans. Other lesser ethnic groups were Greeks, Lemks, Hungarians, Bulgarians, Russians and Romanian Gypsies, whose numbers have been increasing lately.

In regards to administrative divisions, Poland has 49 *voivodships*, which, in turn, are divided into communes governed by local authorities chosen in free elections. The latest local elections, which were secret, equal and direct, took place in 1994. The latest parliamentary election took place in 1993.

II. THE STATE'S FAMILY POLICY

The basic obligations of the State towards its citizens are stated in Articles 79 and 80 of the Constitution of the Republic of Poland of 17 October 1992, which includes the following:

1. Marriage, maternity and family are under the protection and care of the Republic of Poland. Multi-children families are subject to particular care of the State.
2. It is the responsibility of parents to bring up their children to become honest and conscious of their responsibilities as citizens of the Republic of Poland.(art.79)
3. The Republic of Poland ensures implementation of maintenance rights and obligations.
4. Parents and children are obliged to support themselves.(art.79)
5. Parental authority covers in particular parents' responsibilities and rights to take care of the child and his/her property and to bring up the child.(art.95)
6. Children born out of wedlock have the same rights as children born in wedlock.
7. Concerned about the well-being of the family, the Republic of Poland aims at the improvement of the housing situation. With the participation of citizens the State develops and supports various forms of housing construction, particularly cooperative housing construction, and cares for the rational management of housing resources.

Article 80 of the Constitutional Act states: "The Republic of Poland takes particular care in terms of the up-bringing of young people and provides them with the broadest opportunities of development. It also creates conditions that promote the active participation of the young generation in social, political, economic and cultural life, developing the feeling of co-responsibility for the development of the motherland."

The above principles emphasize the co-responsibility of family and government in the up-bringing and education of young people. Parents are obliged to take care of the physical and mental development of the child, to properly prepare the child to work for the well-being of the society, according to his/her abilities, and to jointly decide on essential matters affecting the child. That both parents and government have rights and duties toward education and care of young people is further emphasized in the Education Law from 6 September of 1992.

Generally speaking, the role of authorities is to help parents in the fulfillment of their parenthood role. From the point of view of laws on health and social care provided to family and children by the State, Poland is ahead of many highly developed industrialized countries. For example, families in which at least one parent is employed (single parent families included) receive various forms of social assistance, such as the following:

- ◆ an allowance at the birth of a child;
- ◆ a monthly family allowance of 167,000 old Polish zlotys (7 USD) for each child from birth until the age of 21, on condition that the child is still in school. (From 1995, only the families in which the per capita income is lower than 50% of the average monthly salary will be eligible for this allowance, while the allowance will be increased to 10 USD);

- ◆ a 16-week paid maternity leave for the first child (18 weeks leave for the second and other children);
- ◆ a 36-month unpaid further maternity leave, with the guarantee of return to the same job, but only if the mother returns to work before the children is 4 years old;
- ◆ two paid days off work per year for child care, but only for those taking a monthly family allowance;
- ◆ an allowance for those bringing up a disabled child;
- ◆ a 60-day fully paid doctor's leave in case of child's illness (from 1995 it will be 80% of the average monthly salary);
- ◆ foster families that take care of a disabled child requiring specialist medical care are entitled to 100% of the average pay;
- ◆ the Polish State guarantees free medical care (hospitalisation, vaccinations, medicines at discount prices included) to all children from birth until the age of 18 and, in case of students in higher education, till the moment they become self-supporting;
- ◆ the Polish State ensures free medical care to pregnant women and mothers of small children;
- ◆ families with low incomes may be granted a periodic allowance from local social help authorities taking into account circumstances of the case.

Further, privately owned companies and businesses are obliged to observe the regulations of the Labor Code and Family and Guardianship Code which lay down the rights and duties of employers and employees.

These regulations are the remainders of previous highly centralised and over protective State policies. As a result of the new economic realities, with the huge deficit in the central budget (about 80 billions zlotys), and protective policies toward some segments of the population (agriculture, State enterprises, and privileged individuals), the State cannot meet its obligations as spelled out in the regulations. As a result, the quality of public health care is very inferior due to a lack of and out-dated medical equipment, poor access to the public health service, corruption of the NHS staff resulting from low earnings and low morale. Also, while the family and child allowances still exist, they are extremely small.

The possibility of a paid maternity leave and aid to foster families should be regarded as achievements. This is particularly true of the foster family policy as it encourages families to adopt a child. The paid maternity leave policy is not as well utilised. Fewer and fewer parents decide to take a 36 month leave in fear of losing their job and because they cannot afford to do so. Therefore more and more babies are cared for by relatives or are placed in creches at the age of four months.

Some say that the Polish society owes much of the social care situation to various social and political events. For example, the long unpaid maternity leave was introduced as a result of the strikes in 1980, and the NHS employees' strikes last year (1994) ended with pay raises for those in the social sector (6% above the real inflation rate and not the planned inflation, as

proposed by the government). The inflation rate was underestimated intentionally for various reasons, but primarily to lessen the strain on the budget. In effect, expenditure on health care will increase but not enough to radically improve the quality and accessibility of the services. An example of a decrease in services is the fact that not long ago the monitoring of the vaccination calendar was done by local health centers. Now, because the centers no longer can afford postal stamps, they cannot send notices to families reminding them of the vaccination dates. This means that it is mothers who have to remember about vaccinating their babies and preschool-age children. One can imagine that, as a result, many small children will not be vaccinated against childhood diseases. (Appendix, Table 6) The consequences are easy to foresee.

III. THE FORMS OF FULL AND PARTIAL CARE PROVIDED BY THE STATE

Under the Educational Law of 7 September 1991, the system of care and education provides for the existence of institutions of partial and full care and education. Within the first category belong creches, preschools and schools. In the second are small children's homes, children's homes, foster families, care centers for children and young people, and child emergency centers. What follows is a description of these institutions.

A. FORMS OF PARTIAL CHILD CARE FOR CHILDREN UP TO 4 YEARS OF AGE- CRECHES/NURSERIES

One can speak of formal and informal partial care for children up to four years of age. Informal care is the care given by a mother on maternity leave, and the care provided by relatives like grandmothers, when mothers are working. There are no statistical data on the number of children in this form of care or the number of family creches, where mothers who take care of their own children look after the children of their neighbors or friends and are paid for that by the child's parents.

Among the institutional forms of child care provided to children of up to four years of age there are:

1. creches or nurseries for children from the age of 3 months up to 4 years. The number of children within the so-called creche age group has been steadily decreasing.
2. private nursery schools (or preschools) which cater for children between two and four. Because they are few, it can be supposed that the number of children under their care is insignificant.

1. WHO FOUNDS, RUNS AND FINANCES CRECHES?

In the fifties and sixties creches were founded by health departments of the State administration - the Ministry of Health and Social Security - at the local level. After 1970, when

changes were introduced into the health services management, creches came under the Department of Health Care, i.e. local representatives of central administration.

Up until 1992 child care institutions for small children were financed from the State budget. At the beginning of 1992 creche management was taken over by local governments committees.

The decentralisation of the management of child care and education institutions, creches included, had both negative and positive consequences. One negative consequence of creches being financed by communes is that many creches have been closed down, but not always those with too few children. Another source of creche financing is parent fees. Previously symbolic, they are so high at present that some parents cannot afford them and prefer noninstitutional forms of child care. Parent fees cover the full cost of meals and extra activities, and parents pay a parents' committee fee. In some communes there is an extra fee for toys, toiletries etc. The communes take upon themselves the staff salaries, current repairs and equipment.

As for positive changes resulting from local management, they consist mainly of higher technical and sanitary standards of creche buildings, better provision of toys and equipment, and more openness to parents. Parents can stay in a creche together with their child, not only during the days or weeks of the adaptive period, but also after it.

The distribution of creches is uneven. They are most numerous in large industrial areas like the districts of Warsaw (which has 61 creches), Katowice (79 creches), Łodz (39 creches) and Kraków (29 creches). In agricultural areas the numbers are distinctly lower: in the Biala Podlaska voivodship there are two creches, in the Chelm district there are 3, and in the Zamosc voivodship there are 4 creches.

There are both small (for up to 40 children) and large (up to 82 children) creches.

2. CHILDREN IN CRECHES

Since the seventies the number of children up to age four in creches has been systematically falling. During this time the long, paid maternity leave (16 or 18 weeks) with legally guaranteed return to the same working position was introduced, and it was being used. Prior to that time the children in creches were those whose parents earned the least, studied or were single.

For various reasons the demand for creches fell drastically in the eighties (45%). (See Table 2) Social and economic factors were crucial. Many mothers lost their jobs and now could look after their children themselves after an 18-weeks maternity leave following the birth of a child. A large number of mothers took advantage of the unpaid maternity leave for ideological reasons. There was pressure from opinion makers who emphasized the role of family, woman's self-fulfillment as mother, the importance of parenthood and child's early experience for his/her

further development. Some women who received the family allowance gave up work. The family allowance amounted to the difference between their salaries and creche fees.

Table 2
Creches as on 31 December

<i>Specification</i>	<i>1985</i>	<i>1991</i>	<i>1992</i>	<i>1993</i>
Creches	1522	1033	818	694
Places	103,548	66,439	52,215	43,857
Children during year	196,740	111,200	87,023	73,848

In 1993 the population of children of up to 4 years of age was 2,666,556. At that time there were 73,848 children (i.e. 2.8% of all children of up to four years of age) in 694 creches in Poland. If one assumes that creche children are primarily those below the age of three (the majority of four-year-olds attend preschools), the percentage will grow to 3.5% of all children in this age bracket (from birth to 3 year of age), which still means minimal accessibility of this form of child care.

At the moment there is a slight increase in the number of 4 month-old babies in the creches. Their mothers are afraid of losing their jobs because employers often ignore the law which makes them keep positions open to mothers returning to work after a maternity leave.

The accessibility of creches varies. In some communes there is a surplus of places, while in other districts, the situation is the reverse. Therefore, the rule of admitting only children from the district to the local creche is no longer observed. Any child can be taken in by a creche, no matter where the child lives.

The social and economic status of the parents who use creches has changed over time. Among children who attend creches are those of poor families and those whose parents are employed illegally, but also children of people with satisfactory earnings, who could afford a babysitter but consider the creche a better and more reliable form of child care. In general, the creches satisfy parents expectations as a child care institution for small children.

3. HOW DOES THE CRECHE WORK?

The general program or guidelines of educare work is prepared by a team of psychologists, physicians and pedagogues employed by Mother and Child Centers operating in each voivodship. Creches are under medical and pedagogical supervision of the Centers.

Sanitary-Epidemiological Stations take care of medical and sanitary conditions and establish alimentary norms. Detailed curricula and plans of activities are made up by the specialists mentioned above working in individual creches, in cooperation with the creche director and staff that work with individual groups of children.

Creche hours are adapted to working parent's needs. Parents working in shifts have a possibility of putting their children into two-shift creches, of which there are 22 in Poland, or weekly creches, which are only five in number in the country.

Within the creche, children are assigned to specific age groups. The number of children in a group and the number of staff depends on the children's age. Table 3 presents the pattern.

Table 3
Age of Child, Class Size and Staffing

Age of Child	Class size	Attendants	Child workers
4	32	3	2
3	24	4	2
2	22	2	2
0-1	18	2	2

For economic reasons employment standards are usually not observed. There is a constant shortage of money for the staff's salaries, however low. A worrying phenomenon, noticed lately among the creche and preschool staff, is poor motivation for work and lack of identification with the job, caused by financial deficiency within the system.

In each creche there is a parents' committee whose activities are limited to collecting fees and organising occasional festivities for children. Parents do not participate in decision making concerning the creche work. Information on the creche or the children is put up on a notice board for the parents. Creches do not provide any instructional work for the parents or families. Communication between the child's parents and the child's caregiver consists of sporadic conversations while the parent is bringing or taking the child home from the center.

In cases of developmental dysfunctions, the child's parents are sent to psychological and pedagogical guidance centers, if these are available in the area.

4. QUALIFICATIONS AND IN-SERVICE STAFF TRAINING

Attendants employed by creches often have had no education for the job, but only primary schooling (8 years of obligatory schooling). Child workers have elementary professional

qualifications on the secondary level, but often do not have a secondary school certificate as previously this was not required by the employer. In each creche there is a full-time nurse. A physician and a psychologist usually take care of a few creches and work twice a week (about 50 hours a month) in each creche. Today creches do not have any program of professional and personal advancement for their staff. This was previously provided by Departments of Health Care. It has not been determined who should be responsible for the organisation and funding of such activities.

CONCLUSIONS

1. The demand for places in creches is uneven.
2. The demand for creche services has been fully satisfied because many parents do not seek this form of State assistance for economic, social and ideological reasons.
3. There is a surplus of child workers who cannot find employment. Therefore it would be worthwhile to consider the creation of a legal basis for developing cheaper forms of educare for children of creche age which would offer work to currently unemployed child workers who are graduates of secondary schools.
4. There ought to be forms of professional advancement for the personnel working with small children.
5. The program of education of child workers should be supplemented by courses preparing them to cooperate with parents, local authorities and local communities.
6. The quality of provision for children up to 3 years of age should be assessed.

B. PRESCHOOL/KINDERGARTEN EDUCATION FOR CHILDREN 3-7 YEARS OLD

Preschool education in Poland in the years 1954-1990 can be characterised as follows: centralization, legal regulations preventing autonomy and creative work of institutions, limited access, uniformity of organisation, programmatic and methodological solutions, with a stress on ideology. In the whole system of education, of which preschool was a part, the teacher was in fact an "ideological officer", not a guide and adviser in the teacher-child and the teacher-parents /local community interaction. The basic aim of the preschool was to implement the curriculum during activities which were teacher-centered and teacher-structured.

For many years now preschool education has been treated as the first stage of the educational system and has had connections with primary education in terms of its theoretical, methodological, psychological and pedagogical foundations. However, this integration of the preschool into the formal system is not reflected in relevant legal regulations or in the amount of State expenditure on this particular stage of education.

The decentralisation of preschool management and differentiated management of subjects has led to negative changes, like the rise in tuition fees paid by parents and the resulting reduction of demand for early childhood care and education provision. (See Table 4)

Table 4
Preschool/Kindergarten Education, by Centres and Children,
in Thousands

<i>Specification</i>	<i>1985/86</i>	<i>1989/90</i>	<i>1990/91</i>	<i>1991/2</i>	<i>1992/3</i>
Centers	26,476	26,358	25,873	24,236	21,164
Kindergartens	12,314	12,676	12,308	10,972	10,102
Kindergartens in primary schools	14,162	13,682	13,565	13,264	11,062

The central education authorities do not demand professional advancement from the teachers. The State, which is responsible for this form of teacher education, does not provide the finances for in-service training. The cost of available forms of professional advancement is covered by the interested teachers, and sometimes refunded by communes.

Nonetheless, there were also changes for the better: legal grounds were created for the use of teacher-developed curricula and genuine cooperation with parents; the preschools for 3-6 years old children and the kindergartens for 6 year olds were brought closer to the child's needs; the responsibility for education was shifted to the individual teacher, working in cooperation with the parents. These steps may result in the improvement in the quality of the teacher's work and of the experience gathered by children.

However, many teachers and most parents do not want to and /or find it difficult to cooperate to improve the accessibility and quality of work offered by formal institutions of early childhood education. After the years of enforced ideological separation of parents from settings it is difficult for both sides to achieve effective, (i.e. partnership) communication, free of fear and prejudice. Although the program guidelines included cooperation between preschool and parents, it does not exist in actual practice.

So far in Poland there has been no research on the quality of the institutions or the quality of the child's experience. It was the accessibility of the institutions and not its quality that the educational policy focused on.

In earlier years (during the 1950s through 1970s), the rate of women's employment was high, as a result of the family's financial need on the one hand and the ideology which promoted women's emancipation, the equality of opportunity and socialist education on the other. During that time there were not enough preschools to meet the needs of parents. In a kindergarten group

there were 30-35 or more children taken care of by one teacher. The notion of quality does not appear, even, in the present educational law (Act of September 1991 of Educational System).

1. HOW DOES THE PRESCHOOL/KINDERGARTEN SETTING WORK?

Until September 1990, most children going to the institutions of early childhood care and education spent an average 8-9 hours a day in the company of their peers, that is in groups of the 3-,4-,5-, or 6-year olds, and had three meals a day (breakfast, lunch, tea) at the centre. Today there are different patterns of care: children can attend programs that last for 5 hours; children can attend programs that offer 5-11 hours of care. In general, preschool programs operate the longer hours; kindergarten programs for 6 year olds operate for only five hours.

One teacher doing shifts cares for an average of 23 children in preschools and 16 children in kindergartens. (In the rural area there are 21 children in preschool and 14 in kindergarten; in urban areas there are 23 in preschool and 16 children in each kindergarten.)

In the morning the teacher would organize activities of 15-30 minutes duration, depending on the age-group. Older children (aged 5-6) had two such activities per day. The activities were organized, initiated, structured, and held with the entire group. The teacher had the dominant position: references to the children's experience were made, but seldom. The children were just performers of the teacher's orders. The rest of the time the children could play in the building (indoors) or in the garden (outdoors), and they were completely free to initiate activities of their choice. The teacher would only intervene if a game posed a risk to the children's safety. This prevalent style of work resulted from the ideology that the main feature of education is to deny/neglect a person's individuality, responsibility, uniqueness and autonomy, his/her dignity, and the right to take decisions.

Beginning in September 1990, children's time was spent differently in institutions of early childhood education, even though they were still divided into groups according to age. An early childhood education setting is obliged to pursue educational activities within the so-called 'minimum curriculum'. That is for 5 hours a day, which is the time necessary for implementation of the basic contents of the Minimum Curriculum of Preschool Education.

Opinions on the Curriculum vary. To some, it merely defines the minimum duties of the child and the teacher who is to organize that child's activity. Others see it as the preservation by educational authorities of their control over the functioning of settings, despite abolition of the more rigorous manifestations of that control in previous years and the move toward decentralisation.

The minimum curriculum contains the basic aims, tasks and content of preschool education for children 3-6 years of age. It informs the teacher about the basic skills that should be developed in a child at preschool age, and not about the specific content to be learned by that

child. It can be said that the minimum curriculum, also called the curriculum basis, focuses on the process of development to a greater extent than the previous curricula.

Within the Minimum Curriculum the preschool is given responsibility for performing their tasks in close cooperation with the family, helping it in the child's upbringing. In the course of their work, the teachers should:

- ◆ see to the children's health and safety;
- ◆ support the children's cognitive activity, provide opportunities for experiencing and recognising their own self and the socio-cultural and natural environment;
- ◆ initiate the children's sense of identity and responsibility for their own conduct;
- ◆ provide the conditions for development of the children's potential abilities;
- ◆ render special care to children with special needs.

Parents pay no fees for the 5-hour program, although they do pay for meals. Not all of the children have all three meals at the settings. While no statistical data are available it is known that a considerable number of children do not stay for the full time. There are others who stay but who do not partake of the meals since the parents are unable to pay for them. Of the children going to kindergartens attached to primary schools, 85.6% of urban and 81.9% of rural children do not receive meals. In some cases they bring a snack from their homes.

2. WHO RUNS PRESCHOOLS/KINDERGARTENS?

The institutions of early childhood education, that is preschool for the three to six year olds and kindergartens for the six-year-olds, are elements of the educational system. The institutions are public or non-public. They can be established, run and financed by:

- ◆ a Minister or another agency of government administration;
- ◆ a commune or union of communes;
- ◆ other legal persons;
- ◆ a private individual

Under the act on local government and the competence act, the communes are in charge of the setting up, running and financing of preschools and kindergartens (with the exception of schools for children with special needs).

Public early childhood settings offer free care and education within at least the *Minimum Curriculum* which specifies the time to be spent by a child at the institution (5 hours a day), and the basic content to be taught. A child of six is entitled to a one - year kindergarten preparation before entering primary school at seven. The preparation consists of stimulating the child's general development, but first of all teaching the primary reading skills and mathematical notions.

On the basis of the *Minimum Curricula*, individual programs can be developed, but they need the Minister's approval to be applied at preschools or kindergartens. At present a teacher has the choice of the *Minimum Curriculum* developed by the Ministry of National Education or three parallel programs that have been approved by the Ministry. The teacher can also develop his/her own curriculum.

Preschools and kindergartens are submitted to pedagogical supervision by the School Superintendent, who, for example, appraises the state and condition of the institution's activities in the fields of teaching, education and care, and inspires the teachers to make educational innovations. Recommendations resulting from supervision may be imparted to the agencies that run the preschool and kindergarten in question, e.g. the commune. Other spheres of the functioning of settings are supervised by commune authorities.

Non-public early childhood care and education settings can be established, run and financed by legal and individual persons. They are free to follow the Minimum Curriculum or to use other curricula approved by the Minister of National Education, if they choose to. Preschools run by legal and private persons can register their program in the registry kept by the local school superintendent and obtain the status of public preschools if those who found and run the program formally agree to observe the educational authorities' regulations which govern the functioning of public preschools. The signing of such an agreement guarantees funding by commune authorities up to 50% of the cost of a child in public preschools. (See conditions below.)

Many private kindergartens of this type are run by convents. Parents' participation in the expenses of the child's attendance is lower in schools run by convents than in a public preschool because the nuns are paid less for their work, the preschool is housed in private convent buildings, and much of the food comes from the convent's own farms. It is the children of poorer families that attend these settings. There are 40 public preschools and 79 non-public/private preschools run by the catholic church and convents.

In the years 1949-1960 all preschools run by convents were dissolved by the communist government act. These unpleasant experiences sometimes prevent the nuns from informing authorities about the existence of a preschool.

About 400-450 preschools do not have any legal status, as they have never been registered with the local educational authorities.

3. WHO FINANCES PRESCHOOLS/KINDERGARTENS?

Public Preschools/Kindergartens

Public preschools are administered and financed by local government committees. The financing scheme is regulated by the Educational Act, which recognized preschools and public schools as budgetary entities conducting financial management according to procedures defined in

other provisions. This means that preschools cover expenditures from their own revenues. Preschools are financed from:

- ◆ the general subsidy received by the communes from the State budget and set in accordance with objective criteria defined in a separate law;
- ◆ the commune's own revenues;
- ◆ parents' payments for children's meals, extra activities, and so-called extra fees if a child attends the preschools for more than 5 hours a day.

The fee is set by the commune in consultation with the preschool. Parents pay additional fees for Parents Council and equipment, toiletries etc. The payments made by parents vary widely and depend on the revenues of the preschools from its own economic activities, the commune's budget, the time a child spends in a preschool, meals a child is provided for, etc., but does not depend on the parents' monthly wages.

Non-public Preschools/Kindergartens

Non-public preschools are financed by the parents or other private sponsors. These preschools may apply to the commune for additional funds up to 50% of the current per pupil expenditures incurred in public preschools or schools of the same type, under the condition that by no later than 30 September of the year before the year for which the application for a subsidy is filed, the person operating the school presents the planned number of pupils to the body empowered to grant the subsidy. (This is seldom applied for and/or paid.)

4. PUBLIC AND NON-PUBLIC INSTITUTIONS

In Poland in 1993, there were a total of 20,840 public and 338 non-public institutions of preschool education. (See also Table 5). Thus at this point non-public institutions account for only a small percentage (1.6%) of the preschools.

Until the 1980s, early childhood care and educational settings were run only by: LEA (central administration); local State enterprises such as State farms and agricultural cooperatives; and central offices, such as Ministries of Transportation, National Defense, or Internal Affairs. For several years now there has been a trend towards liquidation of early childhood care and education settings run by enterprises, State Farms and agricultural cooperatives. There were 985 such institutions in 1983. As the State withdrew its subsidies from cooperatives and State Farms, most enterprises, faced with bankruptcy, resigned their social responsibilities with respect to their employees, education being among these. In 1983, after the Solidarity movement and liberalisation in the sphere of education, there were 36 private preschools; 3 were run by religious congregations, 29 by the Children's Friends Society, and four by other social organisations. (see Table 6)

Table 5
Public Preschools Institutions in Urban and Rural Areas, 1993

	<i>Total</i>	<i>Urban</i>	<i>Rural</i>
<i>Institutions</i>	20,840	6,730	14,110
<i>Preschools</i>	9,452	5,546	3,906
run by:			
-local government	9,088	5,246	3,842
-LEA	112	97	15
-State enterprise	47	31	16
-Ministry of National Defense	145	126	16
-Ministry of Internal Affairs	1	1	
-Children`s Friends Society	2	2	
-Other social organisations	5	4	1
-cooperatives	6	4	2
-Church legal persons	40	32	8
-legal persons (individuals)	3	3	
-Ministry of Education (for impaired children	121	108	13
<i>Kindergartens</i>	11,388	1,184	10,204

Table 6
Non-public Preschool Institutions in Urban and Rural Areas, 1993

	<i>Total</i>	<i>Urban</i>	<i>Rural</i>
<i>Institutions</i>	338	291	47
<i>Preschools run by</i>	219	176	43
-Children`s Friends Society	1	1	
-other social organisations	15	11	4
-Church legal persons	79	65	14
-other legal persons	5	5	
-natural persons	119	94	25
-for impaired children	2	1	1
<i>Kindergartens</i>	119	115	4

Also taken into consideration here should be the small number of full-time preschools for rural children at different ages. The closing down of such institutions is accompanied by a distinct growth in the number of 5-hour working kindergartens for six year olds to which younger children are also admitted. No statistical data on the actual size of this population are available.³

Left out from the above two tables are integrated preschools and preschools with integrated classes for mixing groups of impaired children with those showing proper developmental dynamics. Preschools for impaired children or children with special needs are run and financed by governmental units, LEAs. Increasingly such institutions are being established; the principles of their functioning are regulated by a relevant ordinance of the Ministry of Education.⁴

Many public preschools saw organisation of an integrated class as the way to escape liquidation planned by the commune, since this would guarantee continued funding. Such preschools are now faced with many difficulties. Neither the teachers nor the institution's infrastructure nor the local authorities are prepared to pursue this type of activity.

Worthy of attention is the considerable number of preschools run by Church people, a proportion of which have the status of public settings.

In sum, it seems that nursery schools with the status of public institutions, run by individuals and organisations case the local governments of some of their responsibility in this sphere. As a necessary condition for the emergence of such preschools, however, legal regulations have to be introduced encouraging various organisations, foundations and individuals to establish such institutions and facilitating their management, through, for example, tax reductions or regular grants from the budget of communes.

5. CHILDREN AT EARLY CHILDHOOD CARE AND EDUCATIONAL SETTINGS

In 1985, there were 2,692,900 children at preschool age; in 1991, there were 2,452,200, and the number dropped further to 2,257,894 in 1993. (As follows from demographers' forecasts, the number of children at that particular age will go up again in two years time.) The

³There is a real need for a survey concerning these children. For example, who takes care of them after preschool or kindergartens?.

⁴Ordinance No 29 of Ministry of National Education of 4 September 1993 concerning the principles of caring for handicapped pupils and their education at general and integrated preschools, schools and other institutions and organisations of special education, Official Gazette of Ministry of National Education, No 9 of 15 September 1993

number of children going to preschools has dropped regularly year by year. However, in terms of the percentage of the age group attending preschool, there was consistency from 1973 to 1990. 1985 can be called the year of triumph of the preschool lobby, with 50.2% of children going to preschool. (See Table 7 for data on the number and percentage of the age cohort attending preschools/kindergartens and Table 8 for a presentation of data on urban/rural distribution.)

Beginning in 1991 there has been a distinct decrease in the number of children going to preschool. 1990 was the year when such institutions were taken over by communes, preschools run by enterprises were closed down, fees for preschool education rose, and the decrease in the population meant there were fewer children of preschool age.

Table 7
Preschool/Kindergarten Education, by Number of Children
and Percentage of age Group

<i>Specification</i>	<i>1985/86</i>	<i>1989/90</i>	<i>1990/91</i>	<i>1991/2</i>	<i>1992/3</i>
Children	1,365.9	1,322.4	1,231.9	1,103.6	1,016.4
% of age group					
3-6	50.2	48.7	47.1	43.9	42.6
3-5	34.6	31.8	29.5	25.4	24.1
6 year olds	97.1	96.3	95.2	94.2	94.0

Beginning in 1991 there has been a distinct decrease in the number of children going to preschool. 1990 was the year when such institutions were taken over by communes, preschools run by enterprises were closed down, fees for preschool education rose, and the decrease in the population meant there were fewer children of preschool age.

Table 8
Children in Preschools Settings in Selected Years, 1973 -1993

Year	Percentage		Percentage	
	Urban	Rural	Preschools	Kindergartens
1973	49%	51%	59%	41%
1983	67.5	32	69	31
1989	68.3	31.6	69.6	30.4
1990	68.4	32	69.5	30.5
1991	67.6	32.3	65.9	34.1
1992	68	32	78.8	21.2
1993	67	33	78	22

Table 8 also suggests that since the 1980s there has been fairly consistent rural/urban representation, with 2/3rds of the preschool population being based in urban areas and 1/3 in rural areas.

There are different patterns of attendance in preschool/kindergarten programs. In 1993 the population of children at preschool age of 3-6 years of age who are offered services of the system of care and education adjusted to their age and stage of development amounted to 2,300,411, including 988,694 (43.3%) in rural and 1,311,717 (56.7%) in urban areas. Table 9 presents data on the number of children in preschool within the different age cohorts.

Table 9
Population of Preschool-Aged Children
and Those Attending Preschool in Urban and Rural Areas, 1993 *

	Total	Urban	Rural
<i>Population 3-6</i>	2,300,411	1,311,717	988,694
<i>Attending Preschool</i>			
children aged 3-6	2,257,894	1,280,176	977,318
children aged 3	536,256	291,128	239,128
children aged 4	552,803	311,738	241,065
children aged 5	576,561	330,015	246,546
children aged 6	592,274	341,695	250,579

* data as from 31 December 1993

As noted, there are two patterns for attending preschool/kindergarten. There are programs that operate 5 hours a day and those which are open 5-11 hours a day. There has been an increase in the percentage of children attending full-day preschool programs for 3-6 year olds. Table 10 presents data on children's pattern of attendance in these two settings.

What the table demonstrates is that the majority of settings in rural areas operate for only 5 hours (75%). In contrast, 86% of the urban programs operate between 5 and 11 hours a day. While there is a slightly higher percentage of rural children in part-day 5 hour programs than full-day (52% vs. 48%), there is a much larger percentage of urban children in the full-day programs than in part day programs (94% versus 5.7%). What this means is that urban children have greater access to full-day programs. A highly negative phenomenon is the limited access to full-time preschools in rural areas, where the number of children in need of stimulation can be supposed to be much larger.

Table 10
Number of Settings and Percentage of Children Attending,
by Urban and Rural and hours of Operation

	<i>Total</i>	<i>Urban</i>	<i>Rural</i>
<i>Settings</i>	21,178	7,021(33%)	14,157 (67%)
Percentage of Settings offering Programs of			
5 Hrs	55%	14%	75%
5-11 Hrs	45%	86%	25%
<i>Children</i>	984,331	661,233	323,098
Percentage of Children in Programs of			
5 Hrs	21.4%	5.7%	52%
5-11 Hrs	78.6%	94.0%	48%

In Table 11, there is a presentation of data on children's attendance in preschools (offering programs for children 3-6 years of age), compared to children attending kindergartens (only for six year olds). Those attending only kindergarten (6-year-olds for a 5 hour day) has been decreasing. It should be noted that the recent drop in the proportion of children going to kindergartens is caused by the present low population for 6-year-olds, not by greater access to full time preschools for younger children or by their actual greater attendance.

Table 11
Preschool and Kindergarten Settings and Children attending,
by Urban/Rural

	<i>Total</i>	<i>Urban</i>		<i>Rural</i>	
		<i>Settings</i>	<i>Children</i>	<i>Settings</i>	<i>Children</i>
<i>Preschool (3-6)</i>	5,722 (81.4%)	606,709 (91.7%)	3,949 (27.9%)	161,512 (50%)	
<i>Kindergarten (6)</i>	1,299 (18.5%)	54,524 (8.2%)	10,208 (72.1)	161,586 (50%)	
Total	7,021	661,233	14,157	323,098	

What Table 11 illustrates is that in urban areas the majority of children are attending preschools rather than kindergartens (91.7% versus 8.2%). In rural areas, there is equal attendance at preschools and kindergartens (50% in both instances).

Public preschools are attended by children of firstly, people with higher university education, and secondly those parents who have college or secondary school education. A small percentage (only 5%) are children whose parents have completed or incomplete primary school education.

The high employment index for women quoted earlier (85.9%) is worrying when compared with data on the percentage of children in preschool. Only 984,331 children (42.6% of the age group) are going to public and non-public institutions of preschool education. How are the others being cared for? Are the Polish mothers free to fulfil their own professional and personal needs confident that their children stay in a high-quality stimulating preschool environment? With concerns about their children, can these women really contribute to the country's economic development? It seems that the answer to these questions has to be, No.

Unfortunately, no statistical data are available concerning the number/proportion of working and unemployed women whose children go to preschool institutions.

The following can be concluded from the above discussion:

- six-year olds have the highest scholarisation rate in early childhood education programs, with close to 100% attending;
- the remaining age groups, the youngest children of 3-4 years of age in particular, are included in preschools education to a minimal extent only, both in rural and urban areas;
- the scholarisation rate at full-time (course) preschools is much lower in rural areas;
- more needs to be known about the situation of children who are not in preschools or kindergartens.

6. WHO TAKES CARE OF CHILDREN IN PRESCHOOLS/KINDERGARTENS?

Article 4 of the Act on Educational System states that "in his activities in the sphere of teaching, education and care, the teacher shall be guided by the pupils' interests, the care for health, and also by respect to their personal dignity".

According to law, the preschool and kindergarten teachers have the same rights, duties and salaries as teachers involved in primary education at levels I-III in primary school. Although the regulations included in the "Teacher's Charter", which defines the rights and duties of teachers and the conditions of their employment, as well as the rights and the duties of the State, are still obeyed by the local governments running preschools, there is a well-founded fear among the teachers that the situation may change for the worse.

There are already differences in relation to hour load and social status. The hour-load is 18 hours for primary education teachers; 25 for preschools teachers of the younger age groups; and 21 hours for kindergartens teachers. In terms of social consciousness, a preschool teacher is perceived as a guardian and educator rather than teacher. Such is also the perception of preschool teachers among many parents and decision-makers. Such opinions are further consolidated by the low salaries of preschool teachers, by historical conditions related to the employment of unqualified persons in early childhood settings in the past, and by the lack of social understanding of the importance of early experience for a person's life span. In a study of the parents' educational expectations, it was found that they treat preschools primarily as an institution engaged in care and upbringing of children.

In Poland, contrary to many countries of European Union, decisions of the educational authorities have resulted in the lowering of the status of preschools teacher, not its enhancement. The change in the teacher's status occurred when preschools were taken over by local governments in 1990. The educational decision makers did not provide for all the consequences of the decentralisation. Today autonomous communes can decide about the working conditions and salaries of teachers who are financed from the communes' budget. Preschool and kindergarten teachers are employed and paid by communes. Teachers of primary and secondary schools, and the staff of children's homes, small children's homes and care institutions are financed from the State budget. As a result, the teachers of 3-6 year-old children are viewed as the commune's servants, the teachers working at all other levels of the educational system are civil servants. A total of 71,234 teachers now work at nursery schools.

The system of training nursery school teachers is constantly changing. Many of the graduates from the two-year teacher training colleges enter schools of higher education (pedagogical colleges or university); alas, a large proportion choose other than pedagogical faculties.

At present, the training offered is at so-called post secondary teachers colleges (three year courses) as well as pedagogical colleges at the university level (five year courses) and pedagogical faculties at universities. Two-year teacher training colleges are disappearing. Graduates from these institutions constitute the largest group among preschools teachers---48,407 persons or 67% of the teaching force; 19.6% have other pedagogical training; with 13.4 % having no training.

It should be noted, however, that there are enough people that have been trained as preschool teachers (77,917). Nonetheless preschools have to employ many teachers specialized in other pedagogical fields since many of those actually specialized in preschool education take jobs at other schools and educational institutions. In essence 37.9% of those trained as preschool workers seek work elsewhere. Some reasons for that are: better pay in those places than at preschools; closeness of the work place to home (very important when you have young children); and hours of work (many preschool teachers work at primary schools where the work time is 18 hours per week; in preschool it is 23-26 hours.)

The nursery teacher profession is extremely feminized, women constitute 99.3% of teachers at this level.

The following characteristic features of the structure of level and type of education of preschool teachers can be observed:

- ◆ a considerable proportion of persons are without professional qualifications to work at the preschools; those who lack any pedagogical qualifications whatever are 13.4% of the workers;
- ◆ there is a decided prevalence of teachers educated in preschool pedagogic at the level of the two-year teachers training college over other levels of education, Master's degree included;
- ◆ the preschool teacher drop-out rate is 38%. This includes those who do not work at preschool although they have qualifications to do so.

CONCLUSIONS

The child's living conditions and quality of experiences in the sphere of development and education depends on many factors. These include: the economic and psychological situation of the family; the economic situation of the agency that runs educational institutions; and the pedagogical consciousness and sense of responsibility of individual persons in regards to proper functioning of those institutions. Thus any discussion of preschool care and education should include an understanding of selected social phenomena that determine the current state of preschool education, its accessibility, the quality of the services offered, and the number of children who receive educational stimulation.

In terms of social consciousness, the function of a preschool has always been that of caring for the child while his/her parents are at work. The other functions, such as stimulation, education and correction are noticed less often.

Unemployment is among the variables that reduce the families' demand for educare for young children.

Another element that forces the families with children at preschool age not to avail themselves of the services offered by nursery schools was the closing down of such institutions after they were taken over by local governments which lacked the necessary professional and legal preparation as well as funds to run them. They were taken over by local governments on 1 September 1990. From then until 1993, 4,709 (See Table 4) preschools were closed down, urban and rural ones alike, mainly those run by school superintendents' office, State enterprises and Farms, or agricultural cooperatives. The reduction of demand for the services rendered by preschool resulted also from the rise in tuition fees paid by parents.

The only changes for the better to be deduced from a comparison of statistical data for the year 1992 with the present situation concern a growth in the number of rural kindergartens for 6 year old children. This might suggest that the tendency, present since 1991, to take the six-year-olds away from preschools, has been checked and parents are now forcing local governments to organize kindergartens, attached to primary schools, to fulfill children's rights under the educational act which obliges communes to secure for the six-year-olds a place at a preschool or kindergarten. In the years 1992-1993, 1,255 kindergartens were established, while nearly 5000 preschools were closed down. This may also mean a trend to open kindergartens at the expense of full-time preschools. It is difficult to say whether this results from "ill will" on the part of local governments or from the reduced demand for preschool provision by the local community, due to such factors as unemployment and/or the rise in fees. So far, this phenomenon has not been studied.

In many studies into the effects of preschool early experiences on children's development, it appears to have the greatest impact on children from socio-economically and culturally neglected environments where the family proves unable to develop the child's abilities. Where the child's experiences are limited, preschool education has the greatest effect on development. The conclusion does not seem unduly general that in today's Poland, such children have the smallest access to the educational services offered by the preschools.

C. *THE STATE INSTITUTIONS OF FULL CARE*

1. THE FORMS OF FULL CARE INSTITUTIONS RUN BY LEA's

Within the system of full care, local educational authorities ran the following institutions for children under age 7 in 1992/1993:

- ◆ 51 'small children's homes' (homes for children 0-3 years of age), with 3,000 places, formerly under the Ministry of Health and Social security and transformed into educare institutions by the Educational Act.

The change of the sponsor has led not only to a shift from care only, to care and education in the homes' priorities, but also to some practical consequences for the employees, i.e. new requirements concerning their education and qualifications. At present there are

- ◆ 289 children's homes, with 14,300 residents, and 234 family children's homes for 829 children-natural and social orphans, i.e. those parents who either cannot/are not able or do not want to take care of their own children;
- ◆ 52 child emergency centres for 2,814 children which provide safety for children whose health and life are endangered or who need isolation from their natural, dysfunctional families.

According to the court verdict, the children from these emergency homes either return to their families or are put in full care institutions. In addition there are:

- ◆ two children's villages with 189 places, run by the Association of Children's Families SOS in Poland;
- ◆ 30,113 foster families caring for 38,650 children put there by the LEAs.

2. CHILDREN'S HOMES

Children's homes are an institution which take care of children and young people who cannot be cared for--permanently or temporarily--by their own families. Children's homes replace the family, provide care and education and conditions for development adequate to the child's needs, and prepares the child for independent life. The goal of the home is to ensure proper conditions for mental and physical development and to fulfill emotional needs, thus compensating the lack of family home.

According to the educational law, small children's homes, for the children between the ages of a few days and 3-4-years (see Table 12), and children's homes for older children till the age of self-dependence at 18-19 years of age (See Table 13) are founded, run and financed by the Ministry of Education and local (voivodship) educational authorities. There are also several children's homes where a child stays from birth till the age of 18.

Table 12
Small Children's Houses

Years	Houses	Places		Resident children						Resident mothers
		for children	for mothers	Total	having			orphans	left by parents	
					both parents	single mother or father	half-orphans			
1985	55	3726	145	5205	2691	2480	170	29	5	246
1990	55	3481	151	4238	2262	1947	110	18	11	200
1991	54	3061	149	4236	2268	1951	125	11	6	211
1992	53	3046	145	3801	2048	1723	128	11	19	174
1993	51	2897	143	3923	2102	1744	161	14	63	192

Table 13
Children's Houses for Children over 4 Years of Age

<i>Specification</i>	<i>1980</i>	<i>1985</i>	<i>1992</i>	<i>1993</i>
Houses	462	465	423	289
Places	22,847	18,229	17,082	no data
Children	22,765	17,051	15,370	14,300

Before, small children's homes were run by the Ministry of Health, and children's homes for the older children by the Ministry of Education and voivodship educational authorities. The process of decentralisation in the management of care institutions runs parallel to the same process in education. However, although local governments did not oppose their taking on the responsibility for kindergartens (many of the primary schools were also taken over), they are not able to carry out the task of running child care institutions: first, because in full care institutions there are children from all over the country: second, because State subsidies for partial educare are still decreasing.

These two reasons discourage local government from taking over schools and other education and care institutions. Therefore, for economic reasons, State educational authorities were forced to take over the children's homes. Within the State educational authority it is possible to ensure the continuity and direction of educational work in all education and care institutions.

3. WHO FINANCES THESE INSTITUTIONS ?

The institutions of full child care are run by the body of State administration--voivodship educational or social authorities--and financed from the central budget. Since 1992 full care institutions have been financially independent. That is, they can apply for additional funds from other sources (e.g. private foundations and companies, which get tax reductions of up to 10% of the donation), to cover so-called social needs, (A higher tax reduction would probably encourage more donations.) Funds for-so-called social needs can be used for various purposes.

The institutions manage their finances on the basis of the Ministry of Education's Instruction (No 156 of 28 June 1994). Parents pay a vcrly small fee, based on 25% of the national average salary. In practice, it is impossible to enforce the payments. So far there have been no laws which would oblige parents to pay, proportionately to their financial situation, for their children's stay in child care and resocialization institutions.

The budget of a full child care institution is prepared on the basis of so-called "Organisational Chart of the Institutions" made by its management. The chart includes, for example, the monthly cost of child support, building repairs, equipment, etc. The daily board of a child is calculated to meet a child's calory intake and the current prices of food. The cost of a

child's monthly support varies from 5 million in old money to 10 million old money depending on the region and other factors like current prices, the cost of services, the state of the building, etc.

The annual budget received from LEAs is spent in the following way: 71% goes to staff salaries and associated expenditure, e.g. social security, (48.5% of monthly salary), taxes (21% of monthly salary); 14% is spent on repairs; 6.5% covers the food expenses and 7.5% are spent on medicines and chemicals like cleaning powders, etc.

In one of the small children's homes I visited, I was told that the resources provided by the local educational authority never meet the needs. For example, there is not enough money to buy clothes for the children. (Under the Ministry regulation, each year children should receive 250% of the national average monthly pay for clothes and pocket money.)

4. CONDITIONS FOR ADMISSION TO CHILDREN'S HOMES

Children are taken in by care institutions on the basis of a court decision or an administrative decision. The former case concerns children whose parents have been deprived of parental powers or whose parents have limited parental powers. The latter case applies to:

- ◆ children admitted by the application of parents who are not able to care for the child because of financial problems, single parenthood, etc.;
- ◆ children left by their mothers in hospital after childbirth;
- ◆ lost children, admitted to child care emergency centres.

In each of these cases the children's home is responsible for a child to a different degree. In the first case, only the court can change the decision. In the second case, it is the institution that takes full responsibility for the child, e.g. when putting it up for adoption.

5. CHILD CARE EMERGENCY CENTRES

There are 52 child care emergency centers in Poland, with 2,814 places. These are institutions of safety for those children whose life and health are endangered, who have to be isolated from a dysfunctional family, who have run away from home or got lost. (See Table 14 for data on number of centres and children involved.) The children cannot stay in these centres for more than three months. After that period, at the latest, the child is either returned to the natural family or taken in by a full child care institution, following the decision of the diagnostic and qualifying board or the court.

Table 14
Centres for Emergency Care

Specification	1980	1985	1990	1991	1992
Centres	46	52	52	52	52
Places	2,371	2,936	2,801	2,748	2,814
Children & Youth during the year	6,745	10,966	13,820	11,191	10,391

6. CHILDREN IN FULL CARE INSTITUTIONS

The population of children in various forms of full care reflects the whole spectrum of social problems. Children come from families that are educationally dysfunctional or inefficient, caused by alcoholism, mental illness or unemployment of the parents, difficult living conditions, mental disability, lack of acceptance and social isolation. The residents of small children's homes are more and more often children who are placed in these homes as the result of the anti-abortion law. These are children who are not wanted. They are left in hospital at birth, or brought by teenage and single mothers directly to children's homes.

In small children's homes there are also under-age mothers with their small children, thrown out of their family homes, unaccepted by the society. Often residents include pregnant women who are minors, single, and unable to support themselves. The objective of taking these women in is to help the mother to assume her responsibility for the child instead of abandoning the child to the State. The mothers who stay in children's homes take care of their children themselves. If provided with appropriate skills and resources that would allow these women to live independently, e.g. housing, financial allowance and, later, a job, many of these mothers would undertake the task of bringing up their children themselves. However, the Polish law does not provide such resources.

"Homes for single mothers", having been founded by convents or the State, perform similar functions. They help lonely, deserted women in their difficult situation before the child is born. They provide a safe place for the mother, save the children from abortion, and provide a "home" after childbirth.

As a principle, small children's homes do not admit mentally handicapped children, but there are many older handicapped children in these homes because there is no place for them to go after they are 3 years old. Children with special needs over the age of 3 are taken in by child care homes run by the Ministry of Labor. There are also private homes for blind, deaf or mentally impaired children

The children admitted to the children's homes reflect the country's social problems. For example, nine months after the former Soviet border opened, children were born in Poland of Russian origin. The children are subject to Russian, not Polish law. Their legal status causes many problems at the moment of adoption or putting a child into a foster family. Usually the child's mother is ready to renounce her parental rights, but the Russian authorities in Poland do not grant their permission and the child stays in a children's home with its legal status unsolved.

Another group of children under 7 who live in children's homes are neglected children whose parents do not fulfil their basic duties. An example is a child who does not start school at the obligatory age of 7. The school informs the authorities, and if admonitions do not help, eventually the child lands in a children's home. The situation is similar when parents do not bring their child for compulsory vaccinations, medical examinations, etc.

Children over the age of 10 in such institutions often change schools, teachers or surroundings, and have increasing difficulties at school. If a child has educational or behavioral problems, the school is obliged to cooperate with the parents. If there is no such cooperation, caused by the parents' or teachers' ill will or incompetency (pathological, educational or financial inefficient families), the child is directed by the school to a centre for psychological and pedagogical assistance. The centre usually prescribes individual education and contact with the family. These recommendations are often neglected by the school for various reasons, e.g. the lack of ability to cooperate with the family, the heavy didactic and administrative load of the teacher, high pupil/teacher ratio (about 30-35 children in a group). In consequence, the child is sent to a children's home as neither the family home nor the teacher is able to carry out the increased duties.

7. HOW DO THE FULL CARE INSTITUTIONS WORK?

The administrative policy of the institutions (i.e. fees, hours of operating, the child-teacher and child-worker ratio and the conditions of the child's admission), is defined by the director, according to the Ministry's instruction. The director's decisions are limited by the above mentioned instruction and the financial means at his disposal

The program of work/daily routine in a small children's home is defined by the director and pedagogical council and confirmed by the LEA. Pedagogical supervision is exercised by the LEA. Sanitary and health conditions are controlled by sanitary-epidemiological stations.

8. WHO LOOKS AFTER THE CHILDREN?

The number and qualifications of employees of full child care institutions are defined by the Educational Act of 7 September 1991, and the Ministry of Education's Instruction no 156. These are based on the number of resident children and their needs

Usually small children's homes and children's homes employ medical personnel, nurses, teachers and child-workers, attendants, administrative and ancillary staff. Medical staff consists of pediatricians and consultants like neurologists, orthopedists, and radiologists. There are also psychologists (1 to 50 children); social workers who keep contact with natural, foster and adoptive families; pedagogues (1 to every 100 children); methodologists; instructors of gymnastics and physiotherapy; and also a director, secretary, accountant, and other administrative staff.

The personnel employed is 50% less than the regulations require due to financial restrictions. For example, in a small children's home I visited there were 135 children (the home has 130 places for children and 4 places for mothers). According to the legislation, one child-worker and one nurse should take care of 6 children, while in the home visited they have to care for 12 children. There were only 35 instead of 64.5 child workers; 4 teachers instead of 13.5; 35 nurses instead of 65.5; and 1 pedagogue. There was no driver and no car, which makes it difficult to transport children or purchased food. There are twelve voluntary workers (students of the 5th year of child care pedagogy at the University in Warsaw).

Although there are many people who would like to work on a voluntary basis, the director rarely accepts their offer as permanent and continuous care is of primary importance for the establishment of emotional relationships which will assure proper emotional and social development of the child.

There are no statistical data on the qualifications of the employed personnel--the specialists like physicians, nurses and psychologists--yet these people have been trained. Of concern is persons employed as child workers. A high percentage do not possess proper qualifications. Some of those with qualifications do not have a secondary school certificate. Such a situation was acceptable when small children's homes were managed and financed by the Ministry of Health.

With the change in sponsor and the new regulations, the demand is that child workers have a secondary education and a secondary school certificate which entitles them to take professional advancement courses. The new requirements concerning the professional status of a child worker have also caused financial problems. Currently, many child workers are not only being employed in lower positions but they also receive lower pay. Therefore there is a need for an amendment to the new regulations concerning employment and financing of child workers that would consider the interests of those who have 20-30 years of practice, since a secondary school certificate was not required before.

CONCLUSIONS

The evaluation of the organization of full care institutions for children and young people (partially or completely deprived of parental care), and the conditions for the proper development, preparation for independent life provided by them, lead to certain conclusions:

1. In some regions the number of places exceeds the demand, in other regions the situation is the reverse. Many children with court verdicts can not be admitted into child care institutions because of the lack of places.
2. Many LEAs who run the full care institutions do not know if and to what degree children's needs are being met.
3. The general level of professional qualifications of the care institutions' staff is unsatisfactory (sometimes described as low), which results in the wrong diagnosis of children's mental and physical needs and lack of an appropriate individualised approach to the child.
4. These homes suffer from faulty management and supervision and improper recording systems and use of records.
5. There is no systematic diagnosis of children to establish the developmental potential of the child and to define the individual approach.
6. The housing infrastructure is unsatisfactory as most full care institutions are located in ancient, sometimes several-hundred-year-old buildings, adapted for the purpose and usually in need of repair.
7. There have been recorded shortages of basic equipment and negligence in relation to sanitation, hygiene and fire safety (almost 100% of the institutions do not have fire alarms), and the feeding and clothing of children.
8. Gross offenses related to the lowering of food norms (quantity, quality, calorie and nutrient contents) have been documented.

Generally speaking, the institutions of full child care do not have sufficient support from the government educational administration and their financial means are insufficient. The funds at their disposal are used primarily to maintain the full complement of personnel, with little regard for other needs, such as building maintenance, equipment, didactic materials, and clothing for the children.

D. ADOPTION

In Poland there are about 50 adoption centres, two of which are authorised to take care of adoptions abroad. The adoption centres are run by LEAs or are privately owned. The laws in force now allow anyone to open an adoption centre after registration with the local educational authority.

The children put up for adoption are those whose parents have been deprived of parental rights by a court verdict. Around 40% of children's homes residents are adopted. At present, about 400 foreign families are waiting to adopt Polish children. Under the current law, Polish families have priority. Polish families willing to adopt a child would like it to be healthy, both mentally and physically. Foreign families adopt every child they are able to. The majority of children adopted by families from abroad are children with special needs.

The association "Chance" is starting a program of *contract families*, with the aid of the "Children and Young People's Foundation".⁵ In this program, children who are in children's homes are outside their natural families temporarily. Their parents have not renounced their parental rights, nor have they been deprived of them by the court. Children are put temporarily into *contract families* till they become independent or return to the natural family, rather than remaining in children's homes. As a result of the association's promotion campaign in the mass media many potential families expressed an interest in joining the project. They would receive pay for child care consisting of two elements: mother's pay and child's allowance, amounting to 100% of the national average pay in the case of families taking care of children under 2 years of age and 80% of the national pay in the case of older children. Only Polish families can become contract families as the children under their care are not available for adoption.

The project will make it possible to lessen the psychological and social harm suffered by children deprived of the natural family's care, and to lower the expenses of children's homes which are shared by the whole society via the State budget. A transformation of this program from an experimental into a systemic solution would be desirable. To this end more financial resources should be employed to promote the idea in the society and to encourage families to take on this form of child care. The authors of the project count on the positive effects of the enterprise, the social support of families, and the financial support of institutions and individuals for continuation of the program. The initiative seems sound and its failure, due to the lack of funds, would be unfortunate.

IV. OTHER ORGANIZATIONAL FORMS OF FULL CHILD CARE

A. CHILDREN'S VILLAGES/FAMILY CHILDREN'S HOMES

Other forms of full child care are children's villages and family children's homes. Children's villages are based on a model developed by SOS Kinderdorf International, and operate under a 1978 agreement between SOS Kinderdorf International and the former Ministry of Education and Instruction. Here 6-9 year-olds children are cared for by "mothers" (single, childless women) and together they form a family who lives in a one-family house in the SOS village. These forms of child care have not developed well, primarily because they operate separate from the local community. A systematic decrease in the number of children's villages has been noticed. They were founded (the first one in the fifties) by young teachers or pedagogues who have a different conception of child care from what is found within Polish society. There are only two children's villages at the moment.

⁵The foundation provided the financial resources for the educational programs for the prospective contract families. It is not known if the Ministry of Finance will find money for contract families.

Another model, family children's homes, are financed by the Ministry of Education. Before, some of them were sponsored by the Society of Children's Friends, an organisation not connected with the government, although sponsored by the State. Family children's homes provide care similar to that of the natural family as there are usually from 6 to 12 children there. Unfortunately the number of family children's homes has been constantly decreasing, primarily because of the limited resources. Money is supposed to come from LEAs, but the money is not there. In 1994 there were only 132 family homes serving 786 children. This small number does not begin to meet the need. (In 1994 there were 14,618 children in children's homes.) Something should be done to change these proportions.

A promising form of child care are the newly-founded family children's homes organised like a hostel, where a few older children run their house themselves with the help of a teacher (for example) who acts more like a foster mother than an official guardian. The aim is to encourage the development of self-reliance and independence of the children and their integration with the neighborhood community. At the present time the children in these homes are regarded by community members with suspicion. The people feel threatened by the children, who are regarded as a potentially criminal population. The latest observations would suggest that relations are improving between children's homes and local communities.

B. FULL CARE INSTITUTIONS RUN BY CARITAS -POLAND

The association Caritas-Poland is involved in extensive work in child care.⁶ Creches, preschools, small children's homes, children's community centres and homes for single mothers are among the institutions they run which bring aid to the poorest and those in need. Small children's homes, children's homes and community centers are run in agreement with the local educational authorities, while homes for single mothers and children's community centres are provided based on an agreement with the local representatives of the Ministry of Labor and Social Affairs. All the institutions are financed from the State budget, via the voivodship authority. Their functioning is based on the Educational Act and the Social Aid Act (homes for single mothers) under control of appropriate educational and medical services.⁷

Economic arguments favour the existence of such forms of educare. They are less expensive because they are housed in convent buildings and the nuns' earnings are lower. A problem is pedagogical qualification of their personnel and their professional advancement. This

⁶There are other religious communities that run institutions of full and partial care and education for young children, but their work it is not so broad and it does not have such wide repercussions to the society.

⁷The legal basis of private (for example run by convents or churches) schools and educare institutions is the Educational Act of 7 September 1991, and its executive regulations. The institutions are registered with the head of LEA which also sends children to them.

issue should be solved as soon as possible if we want children to receive appropriate experiences in relation to their individual and cultural needs and experiences.

In 1993 Caritas-Poland were operating 29 homes for single mothers. According to the data of Caritas there are 150,000 single mothers in Poland), 4 small children's homes for 200 children, and 70 children's homes in Poland. Caritas children's homes also take care of children with minor disabilities over the age of 3 until they become self-sufficient.

Although children's community centres exist in many places, there are no accurate data on the number of centres, the number of children being served and the kind of program offered because they are founded according to local needs. There are no regular hours of stay for children, who get a meal there and care in their parents' absence (on full or partial basis).

Social assistance homes are for children with major disabilities. Similar care is provided in Health care homes (sanatoriums) run in agreement with the Ministry of Health and Social Welfare, for children who are normally mentally developed but physically disabled.

V. GENERAL CONCLUSIONS

Within a system of educare provided to children from birth till the age of seven (i.e. the beginning of obligatory schooling), there are different forms of full and partial care. The former include small children's homes, children's homes, single mothers' homes, care institutions and foster families. The latter include creches, preschools and kindergartens.

The above listed forms of full care are founded and administered by the Ministry of Education, Ministry of Health, and Ministry of Labour and Social Affairs, all financed from the central budget.

Creches, preschools and kindergartens are set up by local governments which, together with the parents, cover most of the expenses. In the case of creches and preschools the fees are quite high. The central budget provides only minimal financial support.

In terms of all the services for young children there is inadequate financial support. For financial reasons the norms concerning the equipment, the number of staff and the child-teacher ratio are not followed. Inadequate financing, along with poor management systems, leads to negative consequences.

If the institutions did not get financial aid from other sources (a few individual sponsors and the income from their own economic activities, like nursery schools), the resources of the central budget or local funding would result in services of even worse quality.

There is no system of professional advancement for teachers and staff (about 33 % of preschool teachers do not have appropriate training). The in service-training that is available has to be paid for by the individual interested in receiving training. In a few cases it is being paid by the LEA.

In the nineties the number of full and partial child care settings decreased, particularly the latter category. The number of homes for single mothers run by the church, in agreement with the Ministry of Labour and Social Affairs, has increased.

There has been a significant drop in the number of creches, preschools and kindergartens caused by many factors:

- ◆ the bankruptcies of State industrial enterprises and State farms which ran many nursery schools;
- ◆ rising unemployment in families with children under six;
- ◆ fee increases, (up to 1992 parents paid monthly fees of 10% per capita income, extra activities fees and, theoretically voluntary but actually obligatory, Parents' Committee fees. Since 1992 parents have been paying the full cost of the child's meals, a Parents' Committee fee, extra activities fees, and so-called *group* or *special fees* towards the cost of equipment);
- ◆ delegation of the running of child care and educational institutions to local governments that are unable to carry out the tasks imposed by the State which supports only a minute part of the local budgets.

The funding of creches, preschools and kindergartens is provided within the framework of so-called total subvention or general grant received by a commune from central budget, and not a definite purpose grant as is the case for compulsory education. In this situation child care and education are neglected by many local governments that have to allocate available resources to other more important (according to them) needs of the local communities.

When exploring new directions in the future work on medical, social and educational assistance given to families with young children by the State one should, I suppose, consider the following problems:

1. Increasing the availability of child care for children under five by setting up family creches and preschools for children of various ages, run by well-qualified people like mothers of young children or unemployed mothers, which would be available in addition to more expensive forms of preschool institutions. The mothers would be trained, employed and paid by the communes, with parents and local governments sharing the financing;
2. Establishing workable sanitary, medical and pedagogical supervision of such creches and preschools to ensure proper and good/high quality provision;

3. Creating a system of in-service training and systematic, ongoing supervision of children's activities;
4. Creating an efficient, real and workable method of parental involvement, which so far does not exist;
5. Raising family allowances proportionately to the number of children and to Western European country standards;
6. Creating a legal basis of obligatory preschool education for children over six (over five in the future). For the time being it is not obligatory for parents to send six-year-olds to kindergarten nor for local authorities to fund such provision. This transitional form of educare should be managed by the local government and financed from the national budget. (Such approaches have been taken in some countries, e.g. France, Sweden and Denmark.) This would make preschools more available to 5-year-old children, who, in 1993, made up only 21% of the whole preschool-attending population;
7. Undertaking research to identify the forms of care provided to the majority of the Polish children who do not attend creches or nursery schools;
8. Creating more effective regulations and financial support for potential foster and contract families to make the process of adoption easier and fast.

Selected Bibliography

1. Statistical Yearbook UNESCO, 1993.
2. Rocznik Statystyczny, GUS (Statistical Yearbook, Central Statistical Office), Warsaw, 1981, 1986, 1989, 1990, 1991, 1992, 1993, 1994.
3. Rozwój oświaty w Polsce w latach 1990-1991. Raport dla Międzynarodowego Biura Oświaty w Genewie, MEN, Warsaw, 1992.
4. Oświata i wychowanie w roku szkolnym 1992/93, GUS, Warsaw, 1993.
5. Ustawa z dnia 7 września 1991 roku o systemie oświaty. (Educational Bill)
6. Informator o instytucjach oświatowo-wychowawczych opiekuńczo-leczniczych i pomocy społecznej prowadzonych przez Kościół Katolicki w Polsce, Sekretariat Episkopatu Polski, Warsaw, 1993.
7. Education in a Changing Society. Background Report for OECD Review of Polish Education., Ministry of Education, 1995
8. Dobra i nowoczesna szkoła- Kontynuacja przemian edukacyjnych, Ministry of Education, Warsaw, 9 March, 1993.
9. Funkcjonowanie placówek opieki całkowitej nad dziećmi i młodzieżą. Materiały na posiedzenie Sejmowej Komisji Edukacji, Nauki i Postępu Technicznego, Warsaw, May, 1994.
10. Informacja o wynikach kontroli funkcjonowania placówek opieki całkowitej nad dziećmi i młodzieżą finansowanych ze środków budżetowcy będących w dyspozycji Ministra Edukacji Narodowej, NIK, Warsaw, April, 1994
11. Zarządzenie Ministra Edukacji Narodowej z dnia 11 kwietnia 1992 r. w sprawie minimum programowego wychowania przedszkolnego oraz zestawu dopuszczonych do użytku programów wychowania przedszkolnego.
12. Minimum programowe wychowania przedszkolnego dla dzieci 3-6letnich, Ministry of Education, Warsaw, 11 April, 1992.
12. Program wychowania w przedszkolu nr DKO-4013-1/92, Ministry of Education

13. Program pracy wychowawczo-dydaktycznej z dziećmi sześcioletnimi objętymi jednorocznym oddziaływaniem przedszkolnym nr DKO-4013-2/92, Ministry of Education
14. Program wychowania w przedszkolu nr DKO-4013-3/92, Ministry of Education.

Table 1. Population by age in thousands

Age	1980	1985	1990	1993
total	35734.9	37340.5	38138.2	38459.0
population				
0-2	1994.6	2059.6	1669.7	1557.1
3-6	2504.1	2562.9	2560.2	2300.4
7-14	4208.7	4805.5	5292.0	5338.1
15	512.2	522.7	623.1	639.9
16	527.2	500.2	599.6	637.7
17	550.2	501.4	573.3	631.8
18	556.8	491.1	562.6	619.7
19	574.0	499.3	539.2	584.5
20-24	3295.9	2698.7	2477.6	2639.5
25-29	3373.4	3261.7	2625.3	2480.0
30-44	6819.4	7993.7	9286.7	
30-34	2898.3	3333.0	3224.4	2888.0
35-39	1836.9	2958.8	3267.9	3307.8
40-49	2084.2	1802.9	2794.4	5223.6
45-64	7229.3	7788.4	7488.9	7645.0
45-49	2150.0	2029.4	1750.3	2158.1
50-54	2119.0	2069.0	1944.3	1789.7
55-59	1825.8	2004.4	1950.7	1887.9
60-64	1134.5	1685.6	1843.6	1887.9
65 ys and				
above	3589.1	3525.3	3884.2	3777.3
65-69	1248.0	1009.6	1494.3	1567.3
70-74	1104.8	1039.7	842.2	1074.5
75-79	713.7	821.2	768.7	616.5
80 and above	522.6	654.8	779.0	816.7

Table 2.: Infant deaths by causes

Death's causes	1992	1980	1985	1990	1991	1992		
						Total	urban areas	rural areas
						per 1000 live births		
Total incl..	7422	21.31	18.39	15.93	14.98	14.32	14.41	14.21
Infectious and parasitic diseases	402	1.59	0.97	0.83	0.74	0.77	0.77	0.78
pertussis	-	0.01	0.00	0.01	0.00	-	-	-
septicemia	353	1.33	0.79	0.70	0.63	0.68	0.67	0.69
other infectious or parasitic diseases	49	0.25	0.18	0.12	0.11	0.09	0.10	0.09
Inflammatory diseases of the alimentary tract and diarrhoea	34	0.58	0.21	0.10	0.07	0.07	0.05	0.08
Diseases of the respiratory system	337	2.03	1.22	0.84	0.73	0.65	0.60	0.71
pneumonia	307	1.83	1.08	0.75	0.65	0.59	0.56	0.63
Diseases of the nervous system, sense organs, and cardiovascular system	291	1.27	0.93	0.63	0.56	0.56	0.46	0.67
Perinatal diseases - total	3531	9.16	8.98	7.96	7.52	6.81	7.01	6.58
with accompanying mild or severe hypoxia	1483	3.50	2.85	3.03	2.91	2.86	2.92	2.80
Congenital malformations	2239	5.08	4.79	4.40	4.24	4.32	4.36	4.28
Injury and poisoning	233	0.57	0.51	0.45	0.43	0.45	0.47	0.42

a-without diarrhoea

Table 3: Infant deaths

	Total	Boys	Girls	Urban areas			Rural areas		
				total	boys	girls	total	boys	girls
				in absolute figures					
1985									
Total	12523	7259	5264	6966	3962	2903	5657	3296	23
incl. 0-27 days	8834	5176	3658	5104	2981	2123	3730	2195	15
per 100 thous. live births of a given sex									
Total	1839	2074	1591	1836	2060	1599	1843	2092	15
incl. 0-27 days	1298	1479	1106	1365	1550	1170	1215	1393	10
1990									
Total	8737	5014	3723	4592	2638	1954	4145	2376	17
incl. 0-27 days	6318	3665	2653	3361	1950	1411	2957	1715	12
per 100 thous. live births of a given sex									
Total	1593	1778	1398	1566	1746	1375	1625	1815	14
incl. 0-27 days	1152	1300	996	1146	1291	993	11	1310	10
1991									
Total	8177	4727	3450	4346	2494	1852	3831	2233	15
incl. 0-27 days	5875	3429	2446	3134	1832	1302	2741	1597	11
per 100 thous. live births of a given sex									
Total	1498	1684	1301	1505	1679	1321	1490	1690	12
incl. 0-27 days	1076	1222	922	1085	1233	926	1066	1209	9
1992									
Total	7422	4225	3197	3941	2231	1710	3481	1994	14
incl. 0-27 days	5217	2999	2218	2829	1611	1218	2388	1388	10
per 100 thous. live births of a given sex									
Total	1432	1588	1266	1441	1586	1288	1421	1591	12
incl. 0-27 days	1006	1128	878	1034	1145	917	975	1108	8

Table 4 : Morbidity by selected infectious diseases

Diseases	1985	1990	1991	1985	1990	1991
	in absolute figures			per 100 thous. population		
Infantile diarrhoea up to 2 years *	27433	22366	20604	198.4	199.9	189.0
Meningitis (total)	6613	3952	3713	17.8	10.4	9.7
incl. Meningococcus and bacteria (total)	2486	2237	2042	6.7	5.9	5.3
incl. persons aged:						
0-4 years	1432	1266	1097	41.8	42.9	38.5
5-9	224	161	168	6.9	4.7	5.0
10-14	102	95	81	3.6	2.9	2.5
15-19 years	93	86	72	3.7	3.0	2.4
Roseola: persons aged:						
0-4 years	19077	5197	14498	557.3	175.9	509.1
5-9	31452	6780	28098	975.6	200.0	834.3
10-14	18630	3481	13726	65.3	107.7	421.4
15-19 years	3584	1343	1801	102.1	47.1	61.1
Infectious hepatitis (total)						
persons aged:						
0-4 years	1346	1163	1537	39.3	39.4	54.0
5-9	5831	3578	5506	180.9	105.5	163.5
10-14	6203	3968	6487	217.5	122.8	199.2
15-19 years	4605	2753	4414	183.5	96.6	149.7
Mumps persons aged:						
0-4 years	25257	30961	11485	737.9	1048.2	403.3
5-9	51271	81127	30276	1590.3	2393.2	899.0
10-14	16479	22658	10021	577.7	701.1	307.7
15-19 years	2349	2595	1190	93.6	91.1	40.4

* Coefficient calculated per 10 thousand children up to 2 years of age.

^b Coefficient calculated in relation to population in a given age group.

Table 5: Females' fertility and population reproduction rates

	1985			1990			1991			1992		
	Total	Urban areas	Rural areas									
Total live births:												
- thousands	677.6	371.4	306.2	545.8	291.5	254.3	546.0	288.4	257.6	513.6	270.8	242.8
- per 1000 population	18.2	16.9	20.2	14.3	12.6	17.1	14.3	12.4	17.3	13.4	11.5	16.3
Fertility-live births per 1000 females aged: 15-49 years	74	64	92	58	48	77	58	47	78	53	43	74
Rates of:												
- total fertility	2.329	2.045	2.817	2.039	1.768	2.483	2.049	1.758	2.526	1.929	1.650	2.387
- gross reproduction	1.132	0.993	1.371	0.991	0.858	1.209	0.996	0.854	1.227	0.940	0.801	1.167
- net reproduction	1.100	0.967	1.331	0.967	0.837	1.179	0.971	0.833	1.196	0.919	0.784	1.140
- demographic dynamics	1.776	1.741	1.821	0.405	1.308	1.536	1.352	1.237	1.508	1.306	1.189	1.468

Table 6 : Immunization

as on 31 December

Immunization	1985	1990	1991	1992
	% of total number of children and youth			
Against tuberculosis:				
newborn children immunized with BCG vaccine (within a year)	94.8	96.9	94.0	94.3
treated with tuberculin test in accordance with immunization calendar	93.8	95.8	.	.
Immunized against				
diphtheria	97.6	99.3	99.1	99.1
pertussis	95.9	97.2	96.8	96.7
tetanus	97.5	99.3	99.2	99.1
polio	96.6	98.4	98.5	98.3
measles	93.5	96.8	96.1	96.0

**WHO IS CARING FOR THE CHILDREN?
AN EXPLORATORY SURVEY:
THE CASE OF HUNGARY**

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I. BACKGROUND

Introduction to the country

Hungary has a population of about 10.5 million. The population density, 113.8 persons/square kilometer, is typical in Europe. 59% of the people live in urban areas. Hungarians account for about 96% of the population, with the rest being of German, Slovak, Serbian, Croatian, Romanian, etc. origin. According to estimates, some 4-4.5 million Hungarians live in other countries (Hungarian Chamber of Commerce, 1989).

The area of the country is about 93,000 square kilometers, two thirds of it is flat land, lower than 200 meters above sea level. The rest is rolling country between 200 and 400 meters above sea level.

Hungary is poor in natural resources. The country's weight in the world economy is small: its population accounts for about 0.25 %, the industrial output amounts to 0.5-0.6 % of that of the world.

Hungary has been the member of the United Nations Organization since December 1955, and joined the GATT in 1973. It hopes to become a member of the European Union in the near future.

In 1990, a multi-party democracy emerged and a democratically elected government took office. The subsequent changes in policy and the economy have affected the population, especially families with children. Subsidies have been reduced enormously, and the majority of the people have been getting poorer. The unemployment rate was 10.9% by the end of 1994, and the inflation rate 25% in January, 1995.

Introduction to the study

When thinking about child care, it is very important to look at the provision as a function of the philosophy, policy and practice of the times and see how the changes in the philosophy and the value system concerning children and families are reflected in the forms and quality of the provision. Although, there seems to be a general consensus that children's emotional and physical well being have to be ensured, that they need to feel loved and understood, and that they need a stimulating environment for maturation and learning (EC Childcare Network Discussion Paper), there is a great deal of variety in what people mean by these terms and how these are explained and translated into practice. Different cultures have different views about what is best for children at certain ages. Further, even when there are similar views about what is desirable, sometimes totally different practices are used to obtain these goals.

To summarize the shift in perspective on the needs of the children and the consequent modifications in the practice of day care provision in Hungary since the second half of the last

century, it could be said that the change has been from just keeping an eye on children, to care and education, and from a primarily health-oriented philosophy to one which takes into consideration the individual needs of children and the needs of families (BOMI Guidance, 1972-1991). Besides ensuring physical and emotional well being, questions of enhancing cognitive development and creativity have become more and more the focus of attention. In addition, lately there has been an increase in demand for services. (BOMI, 1992)

Our present day care and kindergarten provision is of good quality and meets the needs of children. Nevertheless, we have to think about preserving our existing centers and their quality, and about introducing a greater variety in terms of available services, alternative financing and systematic training. The aim is to meet the needs of families. However, the diversification should be a well-regulated process.

What we hope to achieve with this study is to be able to map all the existing and the still-needed services in child care for children between 0-6 in Hungary. We believe that a detailed description helps to identify the areas which need further development or where new services should be introduced and might help to identify better ways of financing as well. Specific projects could grow out of the findings and the analysis.

The situation for young children and families under the previous government

The state socialist political system of the past forty years was characterized by the dominance of a "caring state". Families with children were given state support at the expense of salaries, which did not correspond to the full value of the worker's socially useful work, but only to a fraction of it. This was justified by state-financed health care, education, leisure time activities and social services. However, the funds drawn away from the employees this way were increasingly spent for financing an obsolete, deficit-producing economy, with the result that less and less money was spent on the "non-productive" sector: the health services, education, culture and social services. In spite of this process, however, by the end of the 1980s, a wide range of social benefits were established.

The decrease in the number of births, starting in the 1960's, led to a steady decline in the total population since 1981. The number of children between the ages of 0 and 14 has decreased by 570,000 since 1960. Simultaneously, their ratio within the total population has fallen from 25.4% registered in 1961 to 18.6% by 1994. (see Table 1)

The number of families with children has decreased steadily, while the number of single parent families has grown. The frequency of divorces has somewhat diminished since 1980, but the number of children affected by divorces has doubled.

All the services (health, social, etc.) available for families were provided by the state. This meant there was little variety, little flexibility, and a fairly standard level of service across the

Table 1
The Distribution of Age Groups (in Percentage)

Age group (years)	1980	1990	1994
0	1.5	1.2	1.1
1-4	6.6	4.8	4.8
5-9	7.2	6.3	6.0
10-14	6.5	8.3	6.7
0-14	21.8	20.5	18.6

Source: Andorka, R. - Kolosi, T. - Vukovich, T.: Társadalmi riport (A report on Society) Budapest, 1994

country. Day care centers and kindergartens were providing for those children whose parents were working. Some form of child care leave (see discussion which follows) was available for the mothers if they stayed home with the child until the child's third birthday. However, if the mother decided to return to the workforce, the family could apply for a day care place. Kindergartens offered care and education for children between 3 and 6 years of age.

Day care for children under the age of three

Before World War II, most of the day care facilities were established and run by a charity organization, called "First Pest Day Care Society" (Pesti Első Bölcsődei Egylet), and a few were operated by factories. There were about 1000 day care places in the country by 1945 (Akócsi, 1968), serving 13.4% of the age group (see Table 2). After the war, women were needed in the workforce, the value of their contribution was emphasized and, as a result, the provision of day care for young children whose mothers were employed was declared to be the responsibility of the State. A Decree by the Council of Ministers in 1953 ordered the extensive building of new day care centers and stated that centers should be built at new housing developments. As a result, day care was available for those families where the mother decided to take up employment.

Table 2
Percentage of Children Under 3 Attending Day Care Centers

Year	Percent
1960	7.4
1970	9.5
1986	13.4
1990	12

Documents signed by the employer had to be presented at registration to show the family's income. Admission was decided by the so called "social committee" in the area. Members were people from the local council and the day care centers. Those children who came from low income or one-parent families, or who lived under poor/bad conditions were given priority. From 1960 onwards there was a steady increase in the demand for day care and consequently, in the number of day care places, until 1986. (See Table 3)

Table 3
Number of Places in Day Care Centers

Year	Run by Councils/Local Authorities		Run by companies		Private		All together	
	center	places	center	places	center	places	center	places
1966					0	0		35572
1970		29261		9909			1020	39170
1971		30602		9765	0	0	1029	40367
1980		53780		10042			1292	63822
1981	1071	56880	246	10171	0	0	1317	67051
1984	1086	60172	215	8999	0	0	1301	69171
1986								
1990	918	46724	75	3129	0	0	993	49871

Daycare facilities were crowded because almost all women had full time jobs, and the pace of opening new centers could not keep up with the increase in the number of births. The introduction of the first maternal leave i.e. GYES (Child Care Assistance) in 1967, whereby mothers could stay home with young children and continue to receive financial support, lessened but did not solve the problem of shortage in available places. The trend slowly changed in the second half of the 1980's, partly because the number of births was declining and partly because of a new trend in policy stressing the importance of families. As a result of this emerging philosophy which declared that the family is the most important unit of society, a relatively generous family benefit system was developed during the 1970's and 1980's. The benefit made it possible for mothers to stay home and receive some kind of support until the child reached the age of three (see later the description of the different types of family assistance available).

The responsibility for the provision for under-threes belonged to the health section within the Ministry of Health. The primarily health-oriented philosophy determined the major concern of providers: children's health and the prevention of diseases. However, the changes effected in the norms and regulations for the architectural design of day care centers after 1954 implied a step

forward by also taking into consideration other aspects of children's needs in the definition of quality services. The buildings were designed not only to ensure the safety of children, but also to ensure that caregivers could spend the maximum time with them. Bathrooms had direct connections with children's rooms, and meals could be trollyed up to the door of the rooms from the kitchen. The connections between the rooms and the bathrooms were planned to make it easier for the caregivers to keep an eye on the children all the time, terraces were built to enable children to sleep outside all year around, etc. (A. Akócsi, and E. Galamb, 1973). In addition, the number of children in a group was limited at 12, and two adults were required per group. The area for children's rooms was settled at a minimum of 4 square meters per child.

Training for caregivers providing care for the under threes began during the 1950's. At the time, hospital nursing was the accepted model. So, the certificate issued stated that the students who finished the training were qualified as caregivers and as nurses for sick children.

The routes for obtaining qualification as a caregiver were the following:

before 1965:

elementary school (8 years)	+	1 year regular training or 1 1/2 years on the job training
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after 1965:

elementary school (8 years)	+	secondary school (4 years)	+	2 years regular training
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after 1975:

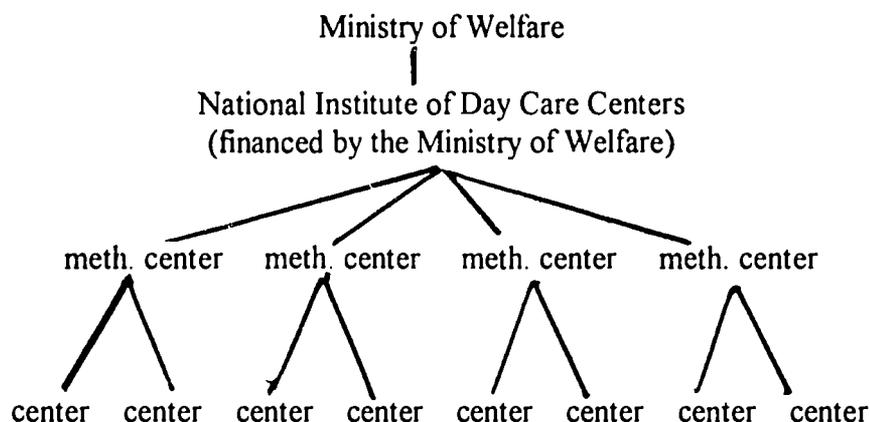
elementary school (8 years)	+	health service vocational secondary school (4 years)	+	10 months on the job training
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From 1960 onwards there was a standardized curriculum. The content of the curriculum was improved by adding literature, music, and more in-depth instruction in pedagogy and child development in addition to the health-related subjects.

During the late 1960's, so called "methodological centers" were appointed in the districts of Budapest and in the counties. Their task was to monitor and to supervise other centers under their authority and to organize further training courses for the caregivers. In 1970, the National Institute of Day Care Centers was founded under the auspices of the Ministry of Health to ensure fairly standard provision all over the country. Ever since, the responsibility of the Institute has been to conduct research, to develop methods and guidelines, to monitor day care centers, to participate in the further training of caregivers and to provide consultancy (Akócsi, 1970). The

Institute's tasks and duties have been fulfilled through and with the assistance of the methodological centers. (See Figure 1)

Figure 1
The Organization of the Day Care Network



The team of professionals working for the Institute (including pediatricians, psychologists, pedagogues and caregivers) soon developed a set of guidelines concerning several areas of provision, all of which reflect an appreciation of the child as an individual.

All day care arrangements were full-time and center-based. The regulations were the same for all, regardless of who maintained them (councils or factories/companies). The day care law of 1978, and the adjoining regulations, set the legal frame, and the guidance issued by the National Institute of Day Care Centers regulated the practice.

Kindergarten for children between 3 to 6

Kindergarten education in Hungary goes back to as early as the beginning of the last century. The first kindergarten was set up by Teréz Brunszvik in 1828 and ever since these institutes have provided child care for children between the ages of 3 and 6. Since this beginning, kindergarten education has seen a series of significant improvements. There was a steady extension of kindergarten services until 1990. The network of kindergartens increased more than 2 1/2 times from 1950 to 1980; there was a minimal increase in kindergarten places from 1980 to 1990. (see Table 4) On the other hand, from 1950 to 1990 there has been a steady increase in the percentage of children attending kindergarten (See Table 5). Even though few places were added between 1980 and 1990, the percentage of the age group attending kindergarten when from 77.9% to 90% during that time. There was not a need to increase the number of places since the size of the age cohort decreased as a result of lower fertility.

Table 4
Number of Kindergartens

1950	1773
1960	2865
1970	3457
1980	4690
1990	4717

Table 5
Percentage of Children Between 3-6 Years of Age in Kindergartens

1950	1960	1970	1980	1990
23.5%	33.7%	57.7%	77.9%	90%

The widespread need for kindergartens was obviously related to the fact that a great proportion of women participated in the workforce, but it was also the expression of the recognition of the significance of kindergarten education. Kindergarten attendance was not compulsory, yet by 1990, 90% of the 3-6 year age group was attending kindergarten.

The Law No 1. of 1985 on Education, in line with previous legislation, allocated the responsibility for operating kindergartens to councils. However, for-profit organizations, organizations funded from the central budget, as well as nonprofit organizations, could also establish and operate kindergartens.

Hungary was among the first countries in Europe to launch training for kindergarten teachers. The first college for kindergarten teachers opened in Tolna in 1837. At that time a total of fourteen kindergartens operated in the country. From 1959 onwards, kindergarten teachers have acquired their training in institutes of higher education. At the beginning, training was based on the matriculation gained at the secondary school and lasted for two years. Prior to this, training took three years following the completion of the eight classes of elementary school. From the academic year 1972/73, due to the dynamic development of the kindergarten network, training courses at the secondary level were also organized to tackle the shortage of kindergarten teachers. A high percentage of untrained staff were also employed, since there were not enough trained teachers to fill the posts of kindergarten teachers who were on child care leave. (See Table 6)

Table 6
Percentage of Unqualified Staff in Kindergartens

1970	12.1%
1971	15.1%
1972	18.1%
1973	20.3%
1974	21.1%

The Manual published in 1956 for the kindergarten teachers in the country was replaced by the *Program for Kindergarten Education* in 1971. The elaboration of this document was based on 20 years of research. Due to its then modern ideas, the Program was followed with great interest in several countries. Among other languages, it was translated into Japanese. In 1976, under the direction of the National Institute of Education an efficiency study of the program was carried out with the participation of 3,000 children attending the year prior to starting school. Results indicated that the curriculum was effective and that it gave teachers enough freedom to design appropriate activities for the children.

Children under age 18 in State care

The number of children under age 18 placed in State care gradually decreased between 1975 and 1988, as did the proportion of children in this age group in State care. (See Table 7) One reason behind this decrease was a shift in policy: assistance given to families with 'at risk' children had become the preferred form of intervention, rather than taking the children from the families. Placements were only decided on when assistance to the family did not lead to beneficial changes for the child.

Table 7
The Total Number of Children in Care

Year	"Placed in residential care"	"Brought up in residential care"	"Temporarily placed in residential care"	Total	Percentage within the total population of 0-18 year olds
1975	492	34,326	-	34,818	1.2%
1980	1,188	33,148	624	34,960	1.2%
1988	943	26,318	1,394	28,655	1.0%

Source: Tájékoztató a család-, gyermek-, és ifjúságvédelemről (Report on Family Care, Child-, and Youth Care). Népjóléti Minisztérium 1993.

As to changes in the age composition of children in residential and foster care, between 1975 and 1988, the proportion of children under six fell by 3%, while that of children above 14 years increased by 5% in the total population of children in care. (See Table 8)

Table 8
The Number of Children in Residential and Foster Care by Age

Year	Under the age of three	3-5	6-9	10-13	Above 14	Total
1970	3962 (11%)	4707 (13.2%)	7338	9042	10,577 (29.6%)	35,626
1980	3035 (9%)	41460 (12.5)	7001	8923	10,029 (30.2%)	33,148
1988	2090 (7.9)	2737 (10.3%)	4975	7400	9116 (34.6%)	26,318

Source: Tájékoztató a család-, gyermek-, és ifjúságvédelemről (Report on Family Care, Child-, and Youth Care). Népjóléti Minisztérium 1970, 1980, 1988.

Compared to the pre-war situation, the proportion of children placed with foster parents has fallen drastically. Children under age have been placed in nursery homes, children's homes and *children's town* (see Table 9). A common characteristic of these provisions were their large size, and the adoption of a collective education as their educational philosophy.

Table 9
The Placements of Children in Care

Year	The total number of children in state care	The number of children in residential care	The number of children placed to parents and foster parents	The percentage of placements to foster parents within the population of children in care
1938	41,294	5,272	36,022	87%
1970	35,626	24,372	11,254	32%
1980	33,148	24,726	8,422	25%
1988	26,318	18,505	7,733	29%

Source: Tájékoztató a család-, gyermek-, és ifjúságvédelemről (Report on Family Care, Child-, and Youth Care). Népjóléti Minisztérium 1993.

A very disadvantageous arrangement typical of this period was the lack of children's homes which fostered children from birth to age 18. Consequently, children under age 18 were faced with repeated moves from home to home. At the age of three they moved from *nursery homes* to *residential homes* accommodating three to six year olds. From there, between the ages of six and seven, they lived in *children's homes*, and from the ages of 14 and 15 they were placed in *youth homes*. *Children's towns* were the only exception. But children's towns accommodated several hundred children. This was unsuitable for providing individual care, and for preparing the children for life after care.

Family Day Care, as an accepted form of child care, did not exist officially. There were some "illegal" arrangements, mainly neighbors or friends looking after the children. There were no regulations for this kind of provision.

Costs and Financing

All services were financed by the State from the central budget. There were different types of benefits families could receive. A description of these follows

Types of Family Assistance Available

1. *Family Allowance*. This was covered by national insurance. So, it was available only for those who were employed. Mainly families with two or more children were eligible, but one-parent families and families with chronically ill or disabled children could receive this allowance. It was paid until the child became 16 years old. The amount was between 920 and 2,700 Forints¹/child/month depending on the number of children.
2. *Maternity Allowance*. This was also paid by national insurance. Those mothers were eligible who had been employed (insured) for at least 180 days during the two years before the child's birth. The full sum (the mother's average salary (before taxes) during the previous year) was paid monthly if the number of days employed (insured) during the year before giving birth was more than the minimum 180 days. If the number of insured days for that year was 180 days or less, only 65% of the calculated sum was paid.
3. *Maternity Aid*. It was a fixed sum, 6,000 Forints, paid to the mother when the baby was born. Those women covered by national insurance were eligible to receive this.
4. *Child Sickness Benefit*. Those mothers who were covered by national insurance and had a child under 10 were eligible for this benefit. Depending on the age of the child, they could receive child sickness benefit for a period of 14-84 days a year.

¹ At the time the study was conducted 130 Florints (fts) were equal to 1 US\$.

5. *Childcare Allowance (GYED)*. This was available to those who: were covered by national insurance; had received maternity allowance; and took unpaid leave from work in order to receive this benefit. It could be paid until the child was 2 years old. Its sum was 65-75% of the mother's average monthly income for the previous year.
6. *Childcare Assistance (GYES)*. Mothers, and those fathers, who brought up their children alone were eligible for this payment until the child reached age 3 (or until age 10 if the child was chronically ill or disabled). Parents were eligible for this if they had received the Childcare Allowance and claimed Childcare Assistance right after that, so that payment would be continuous. Its sum was 800 Forints on the right of the first child, plus 900 Ft on the right of the second child, plus 1000 Ft more on the right of the third and any further number of children.
7. *Housing Benefit*. Support was available for building or buying homes. A "social-political" benefit could be claimed if there were children in the family. This meant that a certain amount could be deducted from the price of the apartment. A benefit of 50,000 Ft was available for families having one child, and 150,000 Ft for families with two children. If a family had three children, this benefit totaled as much as 400,000 Ft, and for each subsequent child the family was entitled to a further 100,000 Ft. The benefit could be applied for as a loan. That is, if the family said they would have their first child within three years and a second child within six years, they could receive an advance. The obligation of repaying the loan/advance was lifted with the birth of the child(ren).
8. *Educational Allowance*. Councils could give a single grant to those families whose children were at risk. Its sum was three times the amount of the Family Allowance that one-parent families with two children could receive. This grant could be used for paying the price of meals in day care centers, kindergartens and schools.
9. *Educational Assistance*. Councils could allocate Educational Assistance to those families where children's development was at risk because the joint income of the parents was less than the minimum pension at any given time.

Over the years, all forms of financial support were gradually losing their real value, and there was less and less money available to finance the otherwise free (for the citizens) health services, education, and the cultural and social institutions. More and more parents bringing up children were forced to seek additional jobs in the "second economy", to be able to provide an acceptable standard of living for their families. As a consequence, the time spent with children decreased which, in turn, resulted in serious problems in the functioning of families. This was considered to be one of the major causes of the increase in children's deviant behaviors.

Costs of day care and kindergarten

Free access to day care and kindergarten services operated by the councils or State institutions was always guaranteed by law in Hungary. State support was provided for all day care centers and kindergartens covering the total cost of care of children from the State's budget. The money was allocated to the councils which maintained the facilities. Parents had to pay only a small fee for the meals children received, calculated on the basis of their income and the number of children in the family. For example, it was somewhere between 5 - 24 Forints per day in the day care centers until the mid 1970's. Nonetheless, even this contribution could be decreased or waived for those children who came from socially or financially deprived families. All children in day care centers and about 95% of children in kindergartens had meals there.

II. THE SITUATION AS THE COUNTRY IS IN TRANSITION TO A MARKET ECONOMY

A description of the situation today - the context

According to the reports of the latest census (1990), 3.1% fewer people lived in Hungary in 1990 than ten years earlier. The number of births decreased and the number of early deaths increased. The mortality rate of today's male population has become almost the same as it was in the 1920's and 1930's.

1989 and 1990 saw the beginning of the transition from a *planned* to market economy. This meant the dismantling of State property, the modernization of the structure of economy, accompanying a great upsurge of private enterprise. The changes in ownership have also brought about changes in the structure of employment: more people now work in the private sector, in retail, in small-scale industry and in farming than before. At the same time, the diminishing active population (40%) carries the burden of providing for an increasing inactive population, while the health status of everyone deteriorates. Many of the earners have retired or have become dependent (e.g. very often women become housewives).

There was a 20 percent decline in the gross domestic product from 1989 to 1993 (see Table 10). Consumer prices more than doubled between 1990 and 1994, mainly because of the considerable rise in energy prices and the cost of public transportation, and because of the cuts in government subsidies (e.g. for food products).

In January, 1995, the inflation rate was 25% which has had an adverse effect, first of all on small-income families and pensioners. The real income per capita of the population has also decreased (see Table 11). In 1993, the per capita real income was 12% less than in 1990. This can be accounted for by the decrease in the number of people employed and the diminishing value of both real wages and the different social benefits. There was a 25% drop in the number of people in the workforce. At the end of 1993, 28% of the population received pensions.

Table 10
Economic Activity - Gross Domestic Product,
Prior to Shift to a Market Economy

Year	Number of the economically active population (thousands)	Gross domestic product (GDP)
1970	5127	168
1980	5734	257
1988	5559	308
1989	5519	310

Following Shift to a Market Economy

Year	Number of the economically active population (thousands)	Gross domestic product (GDP)
1990	5496	299
1991	5404	263
1992	5202	252
1993	5015	246

Source: Magyar Statisztikai Évkönyv 1993. (Hungarian Statistical Yearbook, 1993).

Table 11
Income per households Before Transition to a Market Economy

Year	Average monthly wages of people in employment (Ft)	Real wage index per wage earner	Index of per capita real income
1970	2,222	199	245
1980	4,098	243	333
1988	8,968	225	372
1989	10,571	227	385

After Transition to a Market Economy

Year	Average monthly wages of people in employment (Ft)	Real wage index per wage earner	Index of per capita real income
1990	14,446	219	378
1991	17,934	204	371
1992	22,294	201	361
1993	27,173	193	343

Source: Magyar Statisztikai Évkönyv 1993. (Hungarian Statistical Yearbook, 1993).

According to the estimates of the Hungarian Statistical Office, for households comprised of two adults and two children under the ages of fifteen, the minimum monthly income per capita needed for subsistence has grown as follows:

June 1990	June 1991	June 1992	June 1993	June 1994
5,293.00 Ft	7,301.00 Ft	8,744.00 Ft	10,974.00 Ft	12,952.00 Ft

In Hungary, the majority of the people live in families. There have been changes in the number, size and composition of families over the years. For example, compared to 1970 statistics, the ratio of one-parent families and childless marriages have increased and the number of large families (with 3-4-5 children) has dropped dramatically by 1994 (Klinger, 1994). Among families, 34.2% have no children. 50% of the families are constituted of two parents living with their children, while 15% are single parent families. The number of one-parent families is rising (Csernák, 1994.).

Another way of looking at families is in terms of the number of children/family. As noted, 34.2% of the families have no children. According to the 1990 census: 32.9% of the families have 1 child; 26.3% of the families have 2 children; 5.1% of the families have 3 children; 1.4% of the families have 4 or more children.

The number of marriages has declined since 1990. If this trend continues or becomes stronger, according to estimates, the ratio of people cohabitating will almost equal the ratio of people living in marriages (Habicsek, 1994.). Since the majority of children are born into marriages, the above mentioned tendency might result in a further drop in the already declining number of births. (Presently, 15% of all births occur out of wedlock.)

The number of divorces has been growing: it was 16,590 in 1960 and 22,350 in 1993. Forming partnerships without getting married is becoming more widespread among those who have already divorced once.

A rising number of families, primarily families with several children, have been forced below subsistence level. In 1993, more than one third of children under the age of 14 and more than 50 percent of families with three or more children lived in poverty.

For young couples who have decided to have children, housing has posed the greatest problem. The poor chances for acquiring a flat, which has been characteristic for decades, has now reached catastrophic proportions. The construction of homes by the State, or by the local authorities have practically ceased (see Table 12), while families living on steadily shrinking incomes have become incapable of solving their housing problems, either from their own resources, or by making use of housing assistance policies as they are in force today.

Table 12
Housing by Government, Prior to the Transition to a Market Economy

Year	Number of homes constructed	Number of homes constructed per 1000 population
1970	80,276	7.8
1980	89,065	8.3
1989	51,487	4.9

Following the Transition to a Market Economy

Year	Number of homes constructed	Number of homes constructed per 1000 population
1990	43,771	4.2
1991	33,164	3.2
1992	25,807	2.5
1993	20,925	2.0

Source: Magyar Statisztikai Évkönyv 1993. (Hungarian Statistical Yearbook, 1993).

One fifth of all families live in comfortless or in low-comfort homes (that is, in homes without hot water, bathrooms or toilets). Many of the buildings need repair and in many places the infrastructure requires improvement. However, the increasing costs of maintenance are the greatest problem.

Types of family assistance provided

Following the political changes, national insurance has been streamlined and several provisions have been removed from its scope. Today, the different forms of support covered by national insurance or paid from the state's or the local authority's budget, are clearly separated.

Benefits paid from the State (central) budget

1. *Family Allowance.* There was an essential change in the financing of this benefit in 1990. Earlier it was covered by national insurance, so it was available only for working parents. Since 1990, it is paid from the State's budget and all Hungarian citizens rearing children under 18 in their homes are eligible. Furthermore, children in State care under 18 also receive it. The money is deposited in a separate savings account for each child and they receive it when they reach the age of 18. In 1993, its amount was 2,750 3,950 Forints/month, depending on the number of children in the family. Families with chronically ill or disabled children receive 5,100 Ft/child/month. The sum of the family allowance is about 35% of an average salary after taxes, or about 20% of a family's income in the lower income level category.
2. *Pregnancy Allowance.* This benefit replaced the earlier Maternity Aid. All Hungarian citizens, and non-citizens with a residence permit, are eligible for this allowance from the fourth month of the pregnancy until the birth of the child. Its sum is 9,000 Forints/month.
3. *Childcare Allowance (GYED).* The conditions for eligibility have not been changed. Those who received the Maternity Allowance and took unpaid leave from work are eligible for this allowance. It is paid from the State budget (and is not covered by national insurance) when the child is between 24 weeks and 24 months of age. Its amount has not been changed, it is either 65% or 75% of the mother's average previous salary, depending on the number of insured days before the child's birth. In 1993, the amount was about 55% of an average salary. (See Table 13)
4. *Childcare Assistance (GYES).* Mothers, and those fathers, who bring up their children alone, are eligible until the child reaches age 3 (or until age 10 if the child is chronically ill or disabled) if they received the Childcare Allowance (GYED) and claimed the Childcare Assistance to follow right after the GYED, providing continuous support. The conditions for eligibility have not changed, but now the benefit is paid from the State budget when the child is between 24 and 36 months of age. Its sum is 800 Ft on the right of the first child, an additional 900 Ft for the second child, and 1,000 Ft in addition for the third and any further number of children. Since September 1993, an extra amount is added to the sum regardless of the number of children. This is 6700 Ft at the present. In 1993, the amount of GYES was about 32% of an average salary. (See Table 13)
5. *Housing Benefits.* Support is available for building or buying homes. A *social-political* benefit can be claimed if there are children in the family. This means that a certain amount could be deducted from the price of an apartment (that is, the State pays that sum). Eligibility criteria and the conditions have not been changed. However, the amount of the support has been increased. The sum which can be claimed is 200,000 Ft on the right of the first child, and 1,000,000 Ft/child on the rights of the second and the third child.

6. *Child Upbringing Allowance (GYET)*. The Social Act (1993) introduced and made available this form of support. It is paid to families with 3 or more children where the youngest child is between 3 and 8 years of age. That mother--or father in exceptional cases--is eligible if employed (insured) for at least 180 days before the child's birth. Its sum equals the sum of the minimum pension at any given time; now it is 7,480 Ft. *An important feature of this support is that the number of years the mother receives it can be taken into account as years spent in employment.*

Table 13
Childcare Assistance (GYES) and Childcare Allowance (GYED)
1990 - 1993

GYES	1990	1991	1992	1993
Number of people receiving it	95,000	109,000	113,000	115,000
Average amount in Forints per month per person	3,305	4,450	5,212	5,973
Percent of an average salary	32.9	36.3	34.8	32.5
GYED				
Number of people receiving it	155,000	151,000	148,000	143,000
Average amount in Forints per month per person	5,191	6,636	8,300	10,054
Percent of an average salary	51.7	54.1	55.5	54.7

Benefits covered by national insurance

1. *Maternity Allowance*. Those mothers are eligible who were employed (insured) for at least 180 days during the two years before the child's birth. It is paid during the first 24 weeks of the child's life. Its sum is either the full amount or 65% of their average previous salary. It is the full amount if the mother was insured for at least 270 days during the two years before giving birth.
2. *Child Sickness Benefit*. Those mothers are eligible for this who are covered by national insurance and have a child under 10. Depending on the age of the child, they can receive paid child sickness leave for a period of 14-84 days a year.

Benefits paid from the local government's budget

1. *Educational Allowance*. Local governments can give this support to those persons who are at risk, and to those who are struggling to meet the costs of living. First of all, those

people are eligible who are unable to provide for themselves or for their families. The help can also be in the form of school books for children or in the form of fees paid in day care centers, kindergartens, schools. Its sum is determined by the elected board of the local government.

2. *Educational Assistance.* Local governments can allocate Educational Assistance to those families where children's development is at risk because the joint income of the parents is less than the minimum pension at any given time. Local authorities regulate eligibility and the sum of the support themselves.
3. *Nursing Allowance.* That member of a family is eligible who is nursing at home a seriously disabled or chronically ill child between the ages of 2 and 18. Its sum is equal to the sum of the minimum pension at any given time. Presently, it is 7,480 Ft/month.

One of the greatest shocks of the transition to a market economy is the emergence of unemployment. With the structural changes in the economy a great number of unprofitable factories and companies have been closed down, both in the industrial and in the agricultural sector. The newly formed and developing private sector could take up only a fraction of those who lost their jobs because of the closures in the State sector. In September 1994, there were 545,868 registered unemployed, 56.9% of these were men and 43.1% were women. The total number included 75,177 young people who had just finished school and could not find a job. (See Appendix, Table 1 for more details on 1993 unemployment.)

The rate of unemployment was 10.9% at the end of 1994. It was the lowest in Budapest (5.8%), while it ranged from 7.5% to 19% in other parts of the country. The official unemployment rate was only 10.9% due to the fact that many of the unemployed do not register and/or the unemployed are only eligible to register for a limited time. After that time they may still be unemployed but they are not officially registered.

There are several forms of support for the unemployed. In 1993, those who lost their jobs could receive an allowance during the first year of their unemployment, the sum of which was:

- ◆ 70% of the person's previous average monthly salary, or maximum of 18,000 forints (if it would exceed this sum) during the first 90 days,
- ◆ 60% of the person's previous average monthly salary, or maximum of 15,000 forints (if it would exceed this sum) during the next 270 days.

If one could not find a job in a years time, he/she was no longer eligible for the unemployment allowance.

In 1994 this was changed. The unemployed can register and receive support for only six months. After that they can apply for aid to the local authorities, but whether they receive money,

and how much, depends on the local authority. (See Appendix, Table 2 for the number of people receiving support from the local authority.)

Because of the constantly falling living standards and increasing social problems the number of children at risk² has increased enormously. Their number doubled between 1989 and 1993. While the number of children at risk because of environmental or behavioral reasons stayed roughly the same, the number of those who are at risk because of financial reasons have become four times higher. (See Table 15)

Table 15
Number of Children Registered as being at risk

Type of risk	1989	1990	1991	1992	1993
Environmental	48,613	45,490	47,490	48,084	50,711
Behavioral	22,635	22,893	24,503	25,993	26,166
Financial	56,403	103,540	167,657	227,553	222,762
Health	2,346	2,832	33,249	3,483	4,175
Total	129,997	174,755	242,881	305,113	303,814

Source: Tájékoztató a család-, gyermek-, és ifjúságvédelemről (Report on Family Care, Child-, and Youth Care). Népjóléti Minisztérium 1989, 1990, 1991, 1993.

Types of child care provided

Child care for children in Hungary is guaranteed by law. The Social Act (1993) regulates all child care institutions, namely day care centers for under threes, kindergartens and school-based day care.

Day care (for children under three)

The Social Act (1993) has given many of the States' previous responsibilities, among them the provision of day care, to local authorities. Local governments have a budget for social welfare provision, part of which is used to cover the costs of day care centers (which are almost exclusively the only form of day care in Hungary at the present time). Day care centers are the only children's institutions which receive no per capita support from the State (central) budget. As a result, the financing of day care places from one place to the other, depending on the size of

²A child is defined *at risk* as the result of "overt damaging behavior, obvious neglect or a condition which might result in disturbing, hindering or in bringing to a halt a child's physical, mental, emotional or moral development.

the local government's budgets and their other responsibilities. In many places, especially in small settlements, local governments are unable to maintain day care centers.

Day care for under threes is provided almost entirely center-based institutions. The Social Act (1993) made it possible for local governments to contract private or non-profit organizations to provide services. Quite recently two of these were privatized and a few are maintained by the church or foundations. The regulations are the same for all.

Day care provision is regarded as a substantial complementary element to the family benefit system. Centers provide a choice for families. Parents can decide whether they want to use day care or take advantage of the financial support available for those families who decide to bring up their young children at home.

The preventive child protection role of day care centers is significant. The number of children served by the provision who are at risk and/or who are from socially or financially deprived families has been growing steadily over the years. Family support centers, health visitors and the public guardianship authority refer more and more children to day care centers, which at times seem to provide an alternative to State care for some of these children. In 1993, about 17% of the families using day care applied for and paid either a reduced fee or no fee at all.

Children between the ages of 20 weeks to 3 years of age can be admitted to day care centers. Those whose development is judged to be lagging behind can stay until they are four years old. The others go to kindergarten at the age of three.

The Social Act (1993) defines the range of eligibility for day care for children under the age of three. It states that local governments have to provide day care in their area for children:

- whose parents work or are ill, and thus cannot take care of them during the day;
- whose physical and mental development requires day care;
- being brought up by single parents;
- who have two or more sisters or brothers; and
- whose family is not able to care for them during the day because of their difficult social/financial situation.

During the past few years, day care centers have also begun to admit special needs children up to the age of six. Relevant legislation to support this was passed in 1994.

Most of the times it is the day care center (i.e. the director of the center of the day care or adviser of the district or town) that decides about admission. In some places it is the elected body of the local authority that makes the final decision. Usually, if they have to set priorities, the living condition of the family and the status of the child are taken into account.

Considering the childcare leave available until 1 July 1995, statistically speaking, almost all families who needed day care and were eligible, could find a place for their children. However, in

reality some of the small towns and many of the villages do not have day care centers. (See Table 16)

Table 16
Number of Day Care Centers and Places

	Number of day care centers				Number of day care places			
	1991	1992	1993	1994	1991	1992	1993	1994
Budapest			204	198			11 510	11 385
Towns of county rank			195	185			11 159	10 506
Other towns			213	202			9 325	8 817
Villages			92	90			2 324	2 199
Total	821	797	714	675	40 867	36 539	34 318	32 907

Central Statistical Office, 1992, 1993, 1994, 1995

In 1994 there were 675 day care centers with 32 907 places. 95.2% of them were maintained by local authorities. Other agencies are also involved in child care. Table 17 presents a summary of the number of places made available, by agency.

Table 17
Number and Percentage of Places Maintained by Different Agencies
December 1, 1994.

Maintained by	Number of places	Percentage
Local government	31 345	95.2
Company	1 037	3.2
Ministry	425	1.3
Private	85	0.45
Foundation	15	0.04
Total	32 907	100.00

Central Statistical Office, 1994

Looking at the number of day care centers closed down, it can be seen in Table 18 that the closing of day care centers has slowed down somewhat since 1991.

Table 18
Number and Percentage of Day Care Places Closed Down

Year	Number of places	Percentage of operating places closed during year
1984-1990	20,000	21%
1991	10,000	13.7%
1992	4,328	6.3%
1993	2,221	3.2%
1994	1,411	4.11%

BOMI, 1994

Geographically, the day care centers in small towns and villages were hit the hardest. Between January 1990 and December 1992, the day care facilities in 121 villages were closed (2,947 places). As a result, there are counties in Hungary where there are no day care centers at all, or where they can be found only in very small numbers (BOMI, 1992). In these small settlements the only way of providing day care for children under three is to admit them to kindergartens in so called *mini groups*. In these groups the number of children is less (15-20) than in a regular kindergarten group (25-30) but the care provided for them is not suitable. It is not suitable because the educationally-oriented program of the kindergartens was developed for older children, kindergarten teachers are trained to work with older children, and kindergartens do not have the kind of facilities needed for diapering and caring for younger children.

Parallel with the slow down in the closing of day care centers, has been an increase in their utilization. (See Table 19) Utilization is calculated based on the number of days children actually spend at the center.

Table 19
Number of Places and Utilization of Day Care Centers, 1990-1993

Year	Number of places	Utilization in percentage
1990	49 853	87.2
1991	40 867	93.65
1992	36 539	94.73
1993	34 318	99.9

Central Statistical Office, 1991, 1992, 1993, 1994

The 99.9% utilization rate in 1993 should actually be 120%. They were filled 20% above capacity (meaning that 120 children were admitted to 100 places). This meant that the centers

were crowded. Most of the children in the centers are between 2 and 3 years of age, but the number of infants and children between 1 and 2 years of age has been increasing. Also the number of children over 3 is relatively high. (See Table 20) They are in the centers because they reach their third birthday sometime during the academic year and kindergartens usually admit new children only at the beginning of September each year.

Table 20
Age Distribution of Children in Day Care Centers

	1992	1993		1994	
	Number	Number	Percent of age group	Number	Percent of age group
1-11 month-old	346	446	0.37	475	0.41
12-23 month-old	4,649	5,762	4.60	5,563	4.64
24-35 month-old	18,637	18,121	14.65	18,117	14.48
above 36 month	10,010	16,276	13.45	15,501	6.69
Total	33,647	40,605	8.29	39,656	8.19

Central Statistical Office, 1993, 1994, 1995

Day care centers usually offer full time care and three meals a day, as well as clothes and diapers for the children. There are a few that provide weekly care, mainly for those families whose social and economical status justify it, and/or for those children whose health and development is endangered at home for some reason. Besides full day care, centers have already started to offer part-time care, overnight care, and to organize playgroups, mother-toddler groups and discussion groups for parents.

Kindergarten education

In Hungary, kindergartens operate as educational institutions under the administration of the Ministry of Public Education and Culture. Kindergartens are regarded as institutions which, together with the families, promote the child's personality and abilities and thereby lay the foundation of school education. Kindergartens are also viewed as institutions which can successfully make up for educational disadvantages

Kindergartens take children from the age of three to the age of seven, at the oldest. Participation in kindergarten education is a right of every child, and parents have the right to

select the kindergarten they find most appropriate for their child. Admission to kindergartens takes place on the basis of the parents' request, by means of application, and through the decision of the head of the kindergarten after considering local kindergarten opportunities.

Attendance in kindergartens has never been compulsory for children between the ages of three and seven. But things are changing. The Public Education Law of 1993, ordered compulsory kindergarten attendance for children over five years of age. This obligation can be met by the parents taking the child to the local kindergarten or to a kindergarten somewhere else. If the parents fail to meet their obligation, the notary of the local government authority is duty-bound to proceed along appropriate lines. (See Table 21 for statistics related to kindergarten attendance.) More recently attending kindergarten has been made compulsory by the Public Education Law No I of 1995, for those children whose education within the family is seen as not sufficient in promoting the child's development.

Table 21
Kindergarten Statistics, 1990-1994

	1990-91	1991-92	1992-93	1993-94
Number of kindergartens	4,718	4,706	4,730	4,712
Number of children's groups	16,055	15,982	16,009	15,952
Number of places	385,020	378,692	378,691	376,057
Number of children in kindergartens	391,129	394,091	394,420	397,153
Number of children having meals in kindergartens	372,312	372,726	374,041	377,670
Percent of children having meals in kindergartens	95.19%	94.58%	94.83%	95.09%
Number of kindergarten teachers	33,635	33,159	33,140	32,957
Percent of unqualified staff	4.9%	2.3%	2.6%	2.5%
Percent of local authority kindergartens	95.2%	95.6%	96.2%	96.4%
Number of children not admitted because of shortage in places	2,772	3,066	4,377	5,289
Percent of the age group (3-6) in kindergartens	87.1%	88.9%	88.8%	89.7%

The maintenance of kindergartens

Law No 1. of 1985 on Education, in line with previous legislation, allocated the responsibility for operating kindergartens to local government authorities. However, for-profit organizations, organizations funded from the central budget, as well as nonprofit organizations, can also establish and operate kindergartens.

Law No. XXIII of 1993, which modified Law No. 1 of 1985, passed at the time of the political-economic transformation, in conjunction with Law IV of 199 on Freedom of Conscience and Religion, created the opportunity for organizations outside the public sector to provide services related to the education of children. Now kindergartens can be established and operated not only by the local government authorities, but other legal entities, as well as individuals, provided their services meet specific requirements. Licenses are required for every kindergarten, with the exception of kindergartens run by the local authorities.

The duties of the local government authorities concerning kindergartens are stated in the law defining the duties of local authorities in relation to educational institutions: Local government authorities of villages, towns, municipal towns and the districts of the capital are obliged to make provisions for kindergarten education. Local authorities can meet this duty by setting up and operating kindergartens themselves, or in partnership, as well as by means of contracting out these services. Every kindergarten must possess a Deed of Foundation document, issued by a government or local authority operating the service, or by other legal entities.

Even though other organizations can operate kindergartens, the majority of kindergartens are operated by the local authorities themselves, and their share in providing services has remained unchanged in the last four years, as can be seen by Table 22.

Table 22
Percentage of Kindergartens Supported by Local Authorities

1990/91	1991/92	1992/93	1993/94
95.2%	95.6%	96.2%	96.4%

The number of children attending kindergartens has increased by more than six thousand (from 391,129 to 397,153) since the academic year 1990/1991. According to the forecasting of the Central Statistical Office the increased birthrate witnessed beginning in the 1990s, which has been due to larger cohorts in the 1970s, is to peak in 1999. However, while the number of children attending the kindergarten has increased, the total capacity of kindergartens have diminished by nine thousand (from 385,020 to 376,057), the number of groups in the kindergartens has shrunk by more than a hundred (from 16,055 to 15,952), and the number of kindergarten teachers decreased by more than six hundred (from 33,635 to 32,957), in the same period. The services therefore cannot meet the full demand, and the number of children whose

applications has been turned down due to shortage of places has increased every year. In 1993/94 5,289 children were turned down, 912 more than in the previous year, and 2,517 more than in 1990/91.

The types of kindergartens and their organizations

Kindergartens operate from Monday to Friday, most of them 12 hours a day. (From the total of 4,712 kindergartens as few as 355 keep open for only eight hours.) The opening hours of the kindergartens are set by the operating authorities, on the basis of the parents working hours. Parents are free to decide how many hours their children spend in the kindergartens per day, within the kindergarten's opening hours.

The size and organizational structure of kindergartens vary by center. Some of them work in one building, with one or more groups, while others operate in different precincts but under the same administration. Whether a kindergarten is separate, or is a member of a bigger organization, is dependent on how many groups the kindergarten runs, on its geographic location, and on the number of children attending, given space available.

Current system of child and youth protection

Similar to other branches of social services, child and youth protection is divided into basic and special services. Basic services aim at prevention, that is at either preventing the establishment of the condition of risk, or overcoming the state of being at risk. An identification system has been established which can refer those at risk to organizations which are able to give support and authorized to take action. Today this system of prevention consists of general practitioners, health visitors, the caregivers and teachers at day care centers, teachers at school with child care duties, and those police staff with responsibility for youth care, as well as the professionals and family support centers. However, this system is suffering from a lack of communication among these agents, with the result being that their work is not coordinated, there is often duplication, and there are also cases which are not identified by any of the parties involved. The system would greatly benefit from basic and further training courses given to these people, the curricula of which should involve the detection and handling of risk situations for children.

The key institution in the present child care system is the Social Services Department for Children Under Age, at the level of the local authority. The Family Law and the adjoined legislation define the measures Social Services Departments for Children Under Age can take, in case, for any reason, the physical, mental or moral development of the child is not secured. These measures are the following, depending on the degree of risk the child is exposed to:

1. protective-caring measures, which include reprimanding the child under age for his or her behavior, and/or admonition of the parent, obliging the parent to ensure that his or her child attends the educational institution; (See Appendix, Table 3)

2. provision of educational allowance;
3. appointing a children's officer for the child at risk;
4. placing the child in residential care on the request, or with the agreement of the parent ("placed in residential care");
5. the temporary placement of the child under age, in case of emergencies;
6. taking the child into residential care in case of severe risk ("brought up in residential care");
7. taking the child under age without a parent practicing parental supervision, and placing the child in state care ("brought up by the state").

The drastic increase in the number of children at risk, with a simultaneous decrease in the number of protective-caring measures, indicate that Social Services Departments for Children Under Age are less and less able to exercise control over the problems involved. That is, they do not possess an adequate set of means for overcoming conditions of risk.

As can be seen in Tables 23 and 24, there have been increases in both the Educational Allowance and Educational Assistance in response to the greater financial stress being put on families.

Table 23
Educational Allowance

	1989	1990	1991	1992
Number of families supported	153,600	215,353	526,824	651,324
Number of children under age supported	348,617	375,243	1,023,162	1,179,119
The total of cases supported	253,781	282,966	910,504	1,124,163
The average allowance per capita	1,785	2,071	2,952	3,185

Source: Tájékoztató a család-, gyermek-, és ifjúságvédelemről (Report on family care, child-, and youth care). Népjóléti Minisztérium 1989, 1990, 1991, 1992.

Table 24
Educational Assistance

	1989	1990	1991	1992
Number of families supported	36,666	48,198	77,860	109,844
Number of children under age supported	348,617	375,243	1,023,162	1,179,119
Average sum of support per capita	7,992	10,553	14,190	16,581

Source: Tájékoztató a család-, gyermek-, és ifjúságvédelemről (Report on Family Care, Child-, and Youth Care). Népjóléti Minisztérium 1989, 1990, 1991, 1992, 1993.

The drastic increase of State help, both in terms of the number of cases and the sums paid, has been warranted by the soaring number of those at risk in recent years due to financial reasons. More than four times as many families, and children under age, were given an educational allowance in 1992 than in 1989. The number of families and children under age entitled to an educational allowance or educational support grew threefold in three years. New central funds were made available to local authorities for meeting the steadily increasing need for educational allowance (approximately 630 million Fts in 1989, and 3.3 billion Fts in 1992), on the basis of competitions. The applications for funds had to contain the social indices of the settlements (e.g. social composition, rate of unemployment, etc.), and the sums of money currently available in the local authority budget for educational allowances.

Special services in child and youth protection

When the means of protective child care do not prove to be sufficient in eliminating the risk condition of the child under age, the child is removed from his or her family. The number and relative proportion of children under age placed into State care has steadily decreased within the population of children under age. (See Table 25)

The changes in the age distribution of the children in State care include the decrease in the proportion of children under the age of six, and a further steady increase in the proportion of children above the age of fourteen. (See Table 26)

Table 25
The Number of Children in State Care

Year	"Placed in residential care"	"Brought up in residential care"	"Temporarily placed in residential care"	Total	In the percentage of the 0-18 year olds
1989	801	26,766	1171	28,748	1.1
1990	764	25,177	920	26,861	1.0
1991	776	23,555	997	25,328	0.9
1992	737	22,177	993	23,907	0.96
1993	715	21,191	1038	22,944	0.94

Source: Tájékoztató a család-, gyermek-, és ifjúságvédelemről (Report on family care, child-, and youth care). Népjóléti Minisztérium 1989, 1990, 1991, 1992, 1993.

Table 26
The Number of Children in Residential Care, by Age Group

Year	Under three	3-5	6-9	10-13	Above 14	Total
1989	2010 (7.3%)	2737 (10%)	4877	7374	10,177 (37%)	27,175
1990	1811 (7.1%)	2532 (10%)	4347	6847	9640 (38%)	25,177
1991	1556 (6.6%)	2219 (9.3%)	3946	6619	9224 (39%)	23,555
1992	1517 (6.8%)	2099 (9.4%)	3805	5938	8818 (39%)	22,177
1993	1502 (7%)	1983 (9.3%)	3681	5562	8463 (40%)	21,191

Source: Tájékoztató a család-, gyermek-, és ifjúságvédelemről (Report on Family Care, Child-, and Youth Care). Népjóléti Minisztérium 1989, 1990, 1991, 1992, 1993.

As can be seen in Table 26, the number of new placements has diminished by 20% in the last four years. However, the age distribution of those newly placed has remained unchanged, with those under the age of three years and above the age of fourteen years constituting some 60% of those placed for the first time.

Table 27
The Number of Children Placed in Residential Care for the First Time

Year	Under 3	3 - 5	6 - 9	10 - 13	Above 14	Total
1989	1,720	769	970	1,318	2,616	7,393
1990	1,563	564	622	967	1,522	5,238
1991	1,531	530	535	889	1,478	4,963
1992	796	326	372	568	958	3,020
1993	795	390	381	572	1,265	3,403

Source: Tájékoztató a család-, gyermek- és ifjúságvédelemről (Report on Family Care, Child- and Youth Care) Népjóléti Minisztérium 1989, 1990, 1991, 1992, 1993.

The reasons for the decrease in numbers is not due to fewer children requiring these services. Rather, the Social Services Department for Children Under Age often do not take the necessary steps to institutionalize the children, even when they are identified as being *at risk*. (See Table 28 for an indication of the types of placements being made, based on where the child was prior to placement.)

Table 28
The Number of Placements by the Type of the Child's Previous Care

	"Temporary placements"	"Placed in residential care"	"Brought up in residential care"	"Brought up by the state"
From parents living together	757	103	797	114
From fathers	208	14	198	34
From mothers	777	93	663	133
From other relatives	122	9	104	53
Placed from other GYIVIs	39	13	205	41
From hospitals, penalizing institutions etc.	694	56	828	233
Total	2,597	288	2,795	608

Source: Tájékoztató a család-, gyermek-, és ifjúságvédelemről (Report on Family Care, Child-, and Youth Care). Népjóléti Minisztérium 1993.

The decrease in placements is due partly to the staff's heavy workload and the shortage of trained staff. The other reason is that, in line with the UN Convention on the Rights of the Child, and with Hungarian legislation, modified to be compatible with the Convention, poor financial conditions cannot be a reason for removing a child from his/her family. The data indicate that it was the number of those at risk for financial reasons that has grown dramatically (fourfold). The number of children coming from single parent families somewhat surpassed that of children coming from full families.

The decrease in placements, which could be seen for several years, has caused a decrease in the number of children in residential institutions, while the number of those placed in foster care has gradually increased. (see Table 29)

Table 29
The Placement of Children in State Care

Year	The total number of children in state care	Number of children placed in residential homes	Number of children placed with parents or foster parents	The percentage of children placed with foster parents within the population of children in state care
1989	26,776	18,274	8,492	32%
1990	35,177	16,610	8,567	34%
1991	23,555	15,027	8,528	36%
1992	22,177	13,518	8,659	39%
1993	21,191	12,758	8,433	40%

Source: Tájékoztató a család-, gyermek-, és ifjúságvédelemről (Report on Family Care, Child-, and Youth Care). Népjóléti Minisztérium 1989, 1990, 1991, 1992, 1993.

Further, as can be seen in Table 30, the number of nursery homes serving the 0 - 3 year olds, and the number of children placed in these homes has been decreasing.

Table 30
Nursery Homes

Nursery homes, accommodation, children cared for	1980	1990	1992	1993
Nursery homes	37	31	26	27
Accommodation	4637	3640	2719	2670
Nurses, excluding leading nurses	1959	1481	1212	1159
of which qualified	1475	1041	875	799
Number of children cared for	3729	2147	1891	1933
0-11 month-olds	926	564	489	484
12-23 month-olds	2349	1161	994	550
2 year-olds				450
3 year-olds				236
4-5 year-olds	454	422	408	144
6 year-olds and older				69
Average daily number of children cared for in percentage of the capacity of the home	85.4%	62.3%	69.5%	73.1%

Source: Magyar Statisztikai Évkönyv 1993. (Hungarian Statistical Yearbook)

Family day care

Family day care is still practically non-existent in Hungary. Probably there are some *illegal* arrangements where a friend or a neighbor takes care of children but the number of these is almost negligible. According to surveys of the National Institute of Day Care Centers (BOMI, 1992, 1995) there is a need on the part of families for a new form of child care which is more flexible than the existing day care arrangements. However, many of the families would like to use

flexible than the existing day care arrangements. However, many of the families would like to use it irregularly and for a limited number of hours at a time. Some would use family day care in addition to center-based day care.

Relevant regulations have been passed by the Ministry of Welfare in 1994 (see discussion of Legislation which follows) which make it possible for people to provide family day care and for local governments to support them. However, till this moment no one has really experimented with how such provision could be organized, supported and supervised properly so that both providers and families could feel confident about it. A research team, coordinated by the National Institute of Day Care Centers, has developed the criteria for family day care and is conducting a pilot (model) experiment in Kiskunhalas, a medium sized town in Hungary, to see how such provision can be introduced, can function and be supervised properly by the local authority. (see Special Studies)

III. COSTS AND FINANCING

Day care centers

The maintenance cost of a day care place is higher than in kindergartens or schools because of the smaller group sizes, higher adult-child ratios and the requirements concerning the environment, such as place and equipment for diapering, bigger room space, etc. The average cost of day care is between 180,000-200,000 forints per year per place.

Parents make only a small contribution in the financing of day care. They pay the cost of meals children receive. Besides this, at some places, centers charge an additional fee for the care they provide. This additional fee is quite a new development. Evidently it is the result of very limited budgets. In such cases, the local authority and the center together specify the sum to be paid, based on the family's income. Parental fees can be reduced or waived entirely, depending on the social and financial status of the family. In 1993, about 17% of the families of children in day care received this form of support (BOMI, 1994).

The operation of not-for-profit institutions in the social sector has been made possible by legislation since 1989. Institutions operated by organizations other than central and local authorities, and providing social services, are entitled to receive the same State per capita subsidy as local authorities. Unfortunately, day care children are not eligible for per capita subsidy, so day care places operated by foundations or by the private sector do not receive any subsidy from the state.

Kindergartens

The central government secures State support for the provision of kindergarten services by means of a per capita support, the sum of which is decided upon in the annual budget. This is supplemented by the local authorities and other operators, from their own income from other

sources, to cover the full expense of the provision. The per capita central government support for the operators of kindergartens was the following in the last four years: 1991: 15,000 Ft; 1992: 19,000 Ft; 1993: 27,500 Ft; and in 1994: 27,500 Ft. per capita.

Children's homes

The costs of these institutions are high, as only 14% of the cost of care is actually spent on the children directly. The rest of the expenses include wages and maintenance costs. With a few exceptions, residential institutions are operated by county authorities. Their financing is covered from a normative per capita subsidy from the central budget, which is currently 245,000 Fts per fulfilled year. According to the findings of a recent survey, the average yearly cost of residential care per child is 465,000 Fts, while the cost in nursery homes comes up to 571,000 Fts. The costs above the per capita normative subsidy are paid by the county authorities.

This form of financing, however, does not encourage local authorities to give support to the families of children at risk to promote their stay in their families. The decision of local authorities to place a child in a residential institution, operated by the county, does not have any financial consequences for local authorities. If they had to pay for the residential care, they might invest more in preventive services.

IV. THE QUALITY OF LIFE FOR CHILDREN IN THE VARIOUS SETTINGS

The Curriculum

Day care

There is no written educational program for day care centers, but guidance is issued by the National Institute of Day Care Centers (BOMI) concerning the lives of children and the role and work of caregivers in the centers. The main principles of the provision can be summarized as follows:

1. Care and education through experience are at times part of the same process.
2. Phasing is important in introducing (settling in) children to day care and its environment to reduce the stress of separation from the family.
3. Stability and continuity are the main organizing principles for forming children's groups. The key-worker system (where one caregiver is assigned five or six children), and the fact that children have the same peer group and classroom for the duration of their day care years, are important factors in providing an environment which promotes feelings of security and well-being.
4. Individual needs and the developmental level of each child determine the way children are looked after and educated in the day care center.

5. Accepting children as individuals, with love and empathy increases their motivation to become active and autonomous.
6. A positive attitude is the foundation for working with children.
7. Regularity and predictability in the daily schedule result in feelings of security and create a favorable atmosphere for independent activities.
8. The truism that adults differ in their personalities, beliefs and attitudes towards children has to be accepted, while it is important both for the center and the home to have a set of common values and to act upon similar principles to ensure the best possible circumstances for children's personality development. It is important to form and have a good relationship with parents.

The whole day is for free play for the children, except the time allocated for the care routines, meals and sleeping. This allows for long uninterrupted periods of play. There are no group activities organized in which all children have to participate. Either a child or a caregiver can initiate an activity. They are usually started on a one-to-one basis. Caregivers keep in mind what each child's needs are in terms of promoting his or her development and try to engage the child in such sort of play that gives an opportunity to practice certain skills. If all the children join the activity that is fine but nothing is ever initiated as a group activity and anyone can enter and/or leave at any time.

Kindergarten

In 1990/91 an improved version of the Kindergarten Education Program was published. It retained the psychological foundation of the Education Program of 1971, but gave greater liberties to kindergarten teachers in their actual work by emphasizing that the program served as a framework for kindergarten education. The improved version was also issued by the National Institute of Education under the commission of the Ministry of Education. The program suggests a tolerant educational attitude and child centeredness, and it sets forth the educational content by age groups. A few examples are given below to illustrate this approach.

- The aim of the program is to promote the harmonious development of the child;
- The program stresses the advantages of educating children of mixed ages in one group;
- The Document gives a description of the various ages, rather than setting requirements;
- The promotion of abilities is given great emphasis,
- The concept of *teaching* is replaced by *learning*;
- The decision whether organized learning should take place in free activities or in organized activities, is left to kindergarten teachers,
- The program has been extended with new content, such as the various aspects of mental health;
- The education of the children takes place through a great variety of activities. Among these the program puts the greatest emphasis on play, and it encourages kindergarten teachers to provide a period as long as possible for playing

Preparing for school is not a separate task in kindergartens. The kindergarten provides the conditions for the child's mental, physical and social development in a manner that is adjusted to the child's pace of development. The schedule for the children is arranged by taking into account the age of the children, their time of arrival, and the conditions of the kindergarten.

With the increased independence of kindergartens, initiatives have mushroomed, and today several educational philosophies and several forms of education are present in Hungary, leading to competition among the various approaches. Montessori kindergartens are predominant. Waldorf schools are also popular, as they have strong roots in Hungary. Another major provider is the Catholic Church which is creating its own system of schools. They are also developing their own teacher training facility.

Children's Homes/ State Care

The educational programs, daily routines, and the rules and regulations are established by the staff in each residential home. This responsibility, together with other duties, requires specific knowledge and skills of the staff, who need to access specialized literature and become familiar with experiences abroad. However, opportunities to expand one's skills and knowledge are steadily shrinking, given the conditions of a deteriorating economy.

The Staff

Day care

According to data from the Central Statistical Office, the number and ratio of staff working in day care centers is similar to those in the previous years. There were 13,514 people all together on December 31, 1994.

54% of them were caregivers

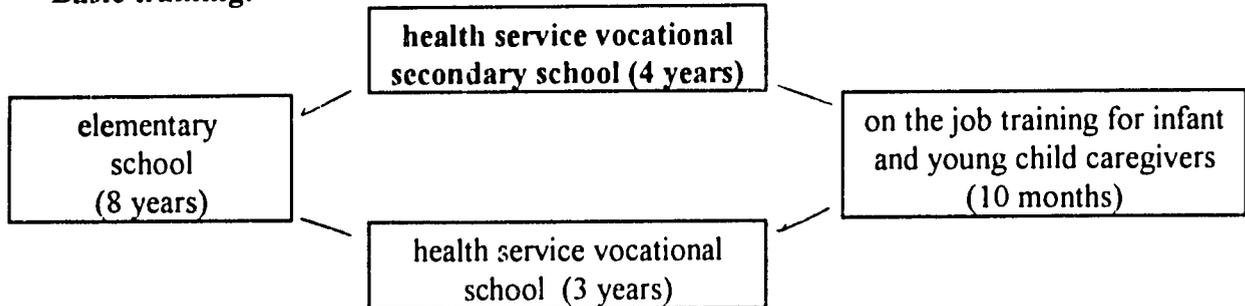
10.6% of them were pediatricians, psychologists, pedagogues, special educators, and catering and administrative staff

35.5% of them were manual workers (cleaning, laundry, gardening, etc.).

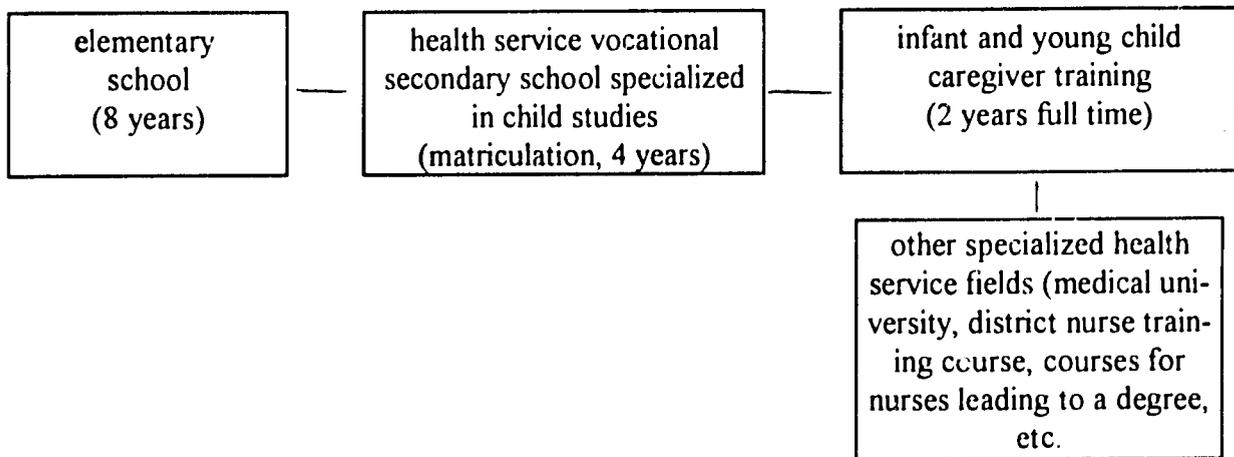
Unfortunately, just as in many other countries, looking after children has very low prestige. The wages of caregivers looking after children under the age of 3 are among the lowest. The importance of their work is not fully recognized. This is reflected in their training. Nurses and other health personnel must only complete secondary school or vocational school and ten months on the job training to become qualified. There is an additional 1 year long course (further training) for those who wish to become directors, or who just wish to have a more in-depth knowledge of child development, health, nutrition, and management. (See Figure 2) Recently efforts have been made to improve the training. There are three vocational secondary schools where a six-year experimental training was started three years ago. This will give trainees a secondary school diploma and a special caregiver diploma. There are plans to introduce training for caregivers at the college level.

Figure 2
Current Forms of Training and Further Training for Caregivers in Hungary

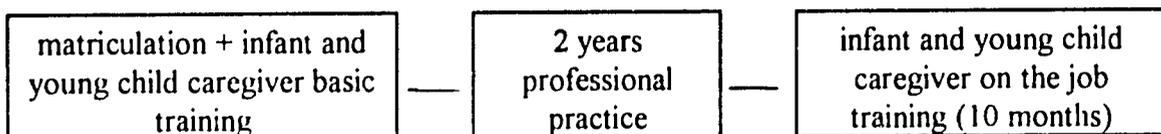
Basic training:



Experimental training:



Further training:



Supplementary further courses:

- 72 hours supplementary course for caregivers
- 72 hours supplementary course for senior caregivers
- 72 hours supplementary course for directors of day care centers

Within day care centers, 86.6% of all caregivers are qualified and 13.4% are unqualified. 6.5% of the qualified caregivers also have the top qualification (that is, they have finished the 1-year further training course). Table 31 shows the percentage of caregivers, by age groups, according to their qualifications.

Table 31
Staff by Age and by Qualification

	20-30 years old	31-40 years old	41-50 years old	above 50
director of day care center	0%	18.51%	44.44%	37.03%
deputy director	2.20%	28.80%	51.11%	17.77%
top qualification	20.63%	44.44%	31.74%	3.17%
qualified	35.16%	34.83%	22.25%	7.74%
unqualified	67.30%	17.30%	13.46%	1.92%

Kindergarten

Staff consists of a Director and kindergarten teachers, and sometimes there are auxiliary staff. The director of the kindergarten is responsible for the legal and operational functioning of his or her institution. Vacancies for this job are advertised in public tenders

Children's groups are led by teachers who have a degree in kindergarten education. At present two thirds of the about 33,000 kindergarten teachers have acquired this degree. The rest have either acquired their diplomas under the system in place before 1959, or have a secondary school qualification, or are unqualified (2.5%). Those kindergarten teachers who have no special qualification, or have only a secondary school diploma, have to acquire a degree in kindergarten education. (The modification of the Public Education Law of 1985, in 1990 extended the period of training from two to three years.)

Kindergarten teachers have 40 working hours per week, out of which 32 are spent in children's groups. The rest of the hours are used for preparation, family visits, consulting hours with the parents, etc.

According to needs, kindergartens may also employ other professional staff, such as psychologists, special education teachers, etc. Auxiliary staff consists of *carers*, who assist in caregiving activities and who are responsible for cleaning. There is no special training required by the law for this post. In 1990, however, a special training course was set up for auxiliary staff

working in the kindergartens, who can now, after completing the eight classes of elementary school, acquire a vocational certificate as auxiliary kindergarten staff

Children's Homes/ State Care

Teachers working at child care institutions usually possess some kind of a teacher's diploma. Most of them graduated from teacher training colleges and earned their diplomas for teaching specific subjects, such as biology, geography, etc. During their training they are not prepared to meet the special educational needs of traumatized, disturbed children often displaying behavior disorders. In Hungary, until the recent past, there was no special training program for would-be teachers in this field. The training program to fill this gap is now offered by the College of Special Education, and it leads to a diploma in "psychopedagogy". However, a significant proportion of graduates from this course are drained away by various institutions for the handicapped. Statistics from 1993 indicate that out of the 1300 teachers working at the 110 residential child care institutions in the country, only 60 have acquired diplomas in psychopedagogy. During the last 3-4 years a number of colleges have launched programs for training social pedagogues and social workers, but the tertiary education of those working in the field is very expensive, with the result that both the individual teachers and the employing institutions, both of whom contribute to the costs of training, find it difficult to afford.

A day in the life of a child

Day care

Day care centers are usually open from 6 in the morning until 6 in the evening, with the caregivers working in shifts. However, the center's opening hours are decided upon by taking into consideration the needs of the families using it. If no one comes before 7 o'clock, the center might open only then and stay open longer. Families can bring and take home their children whenever they want to. However, most of them come between 7:30 and 8:30 in the morning and leave between 4:00 and 5:00 in the afternoon.

Children receive meals three times a day: breakfast, lunch and a mid-afternoon snack plus fruit juice mid-morning. The times for these is set in their daily schedules. Breakfast is usually between 8 and 8:30, juice around 10:00, lunch at 11:30 and afternoon snack around 3:30. During the day they have free play both in the morning and in the afternoon. Most of the time, when the weather permits it, they go outside. During winter they usually go out to play in the garden around 10:00, while during summer they might spend the whole day outside (including the meals). After lunch they usually sleep outside. In most centers they sleep outside even during winter. Children sleep as long as they like. This is usually about two hours. Infants and younger children might sleep in the morning, too, according to their needs. Caretaking routines are linked to meal times, but toileting, diaper changing, handwashing, etc. are also done according to need.

Parents are asked to come and spend time with their children during the settling in period, which is thought to be about two weeks for most children. The parent (most of the time it is the mother) and child spend an increasingly longer period in the center each day until the child gets to know the new environment and feels comfortable and the parent can leave. At any other time parents are also welcome to spend time in the center, the only requirement is that the parent let the caregiver know in advance. There is always an opportunity to talk to the caregivers and discuss the child at dropping off and picking up times.

A pediatrician comes into each center every day. He does the regular health check-ups, measures height and weight once a month for each child. If there are any children who are not well, the pediatrician examines them and writes prescriptions or referrals as necessary. If there are special needs children in the center, the pediatrician participates in the team, advising and supervising the caregivers who work with those children.

During the spring of their final years in day care, children are prepared for the transition to kindergarten. Kindergarten teachers come to the center to get to know the individual children and their routines. Caregivers and the children usually visit the kindergarten to learn what it is like. There might be a whole succession of exchange visits.

Kindergarten

Kindergartens have opening hours and daily schedules for children similar to those in day care centers. The usual hours are from 6 in the morning until 6 in the evening. The majority of children arrive between 7:30 and 8:00 in the morning and leave between 4:00 and 5:00 in the afternoon. The daily schedule includes set time periods for meals, sleep, organized activities and as much time for free play as possible. Educationally-oriented activities are introduced by the kindergarten teacher from the first year on, and the length of these periods and the subjects covered increase as children grow older. Topics include: facts about the surrounding environment and the children themselves, art, literature, language, music, mathematics and physical education. Some kindergartens offer foreign language classes, swimming, dancing, etc., depending on the opportunities. These activities are organized only during the academic year, the summer includes more "free" time. Kindergartens following a given pedagogical tradition (e.g. Montessori, Frenet, etc.) have their curriculum and schedules for the children designed accordingly.

Children's Homes/ State Care

Now residential homes admit children across a wide age range, with the exception of nursery homes, where children are cared for up to the age of three, and in some places up to the age of six. This constitutes a huge step forward, as children in need of lasting State care do not have to move several times during their lives and thus they do not go through the repeated disruptions of their attachments. The institutions have increasingly become open ones, thus helping the children acquire the skills necessary for life after care. The majority of children placed

in residential homes attend kindergartens and schools in the local community together with children from families.

The network of residential homes consists mainly of large institutions. The great majority of the buildings in use as residential homes for children, due to the characteristics of their design (one time mansions, country halls, workers' hostels), do not provide a suitable setting for preparing children to live on their own. More than half of the children in residential care live in institutions with a capacity of over a hundred places. Two thirds of the children in residential care are not provided with rooms modelling the scenes of family life. Groups comprising 10-20 children are provided a dayroom and a dormitory, but dining rooms and washrooms are used jointly by the groups. Consequently, the social adjustment of children after care is greatly hindered, many of them become homeless and are in need of continuous social care.

V. LEGISLATION/POLICY

The Constitution of the Republic of Hungary declared, even before the changes in the political-economical system in 1989 - 1990, that it protected the institutions of marriage and the family, and devoted special care to the defense of the security of young people and to the protection of children and youth.

The Law passed in 1990, concerning the tasks and scopes of the local government authorities established after the political economic transformation, clearly laid down the duties of local government authorities. Among these featured the basic and specific tasks concerning the protection of children and young people. For the performance of local government tasks, the State, in its annual budget, determines the extent of central funding and transfers it to the local government authorities.

From the point of view of the protection of the interest of children and youth, the signing of the Convention on the Rights of Children, dated November 20, 1989 in New York, and its incorporation into the Hungarian legislation as Law LXIV of 1991, was of extraordinary significance. A parliamentary resolution obliges the government to frame regulations in line with the provisions of the Convention, and also to ensure the modifications of legal regulations affected by the prescriptions of the Convention.

Day care

After World War II, women were needed in the workforce, the value of their contribution was emphasized and, as a result, the provision of day care for young children whose mothers were employed was declared to be the responsibility of the State. A Decree by the Council of Ministers in 1953 ordered the extensive building of new day care centers and stated that centers should be built at new housing developments. Another Decree in 1954 stated that State-owned centers, run by city or county councils, should be opened instead of depending on factories or companies to operate day care facilities. There was a steady increase in the number of day care places until the

1980's, despite the introduction of the Childcare Assistance (GYES) in 1967. Since the 1970's, several measures have been introduced to help families meet the costs of bringing up children. These have been listed in the previous chapters.

As the gradual introduction of these measures reflect, there was a slow, not very apparent, change in the philosophy concerning women, children and mothers' employment. Women's contribution to the workforce was not so imperative anymore, and researchers talked about the detrimental effects of institutions such as hospitals and orphanages on children's development. Group day care was thought to have similar negative consequences on children's development. Nevertheless, in spite of all this, a great demand for day care still existed. There were women who wanted to pursue their careers and families whose income was not enough for there to be only one wage earner, even with all the support provided by the State when the mother stayed home.

The decree No. 10/1978 (XII.5.) of the Minister of Health regulated the establishment, operation and supervision of day care centers. The Regulations for the Organization and Operation of Day Care Centers was included in the appendix.

The democratically elected coalition government took office in 1990, and the subsequent changes in policy and the economy have affected families and the day care provision. The public administration system was reformed. Local governments were formed replacing the old council system. Several laws and regulations came into force, among them:

- ◆ Law No. LXV of 1990 concerning local governments;
- ◆ Law No. XX of 1991 concerning the duties and powers of local governments;
- ◆ Governmental decree No. 22/1992 concerning the duties and powers of mayors and notaries in the domain of social welfare. It declares that it is obligatory for local governments to provide day care for children as part of the basic welfare provision.
- ◆ Law No III of 1993 (called the Social Act) concerning social management and social provision. It gives many of the State's previous responsibilities, among them the provision of day care, to local authorities. It:
 - states that the State and the local governments must ensure the provision of personal care;
 - states that the provision of personal care includes day care for children as one of the forms of basic welfare provision;
 - defines the range of eligibility for day care for children under the age of three (whose parents work or are ill, whose physical and mental development requires day care, who are brought up by single parents, who have two or more sisters or brothers, whose family is in difficult social/financial situation);
 - declares that local governments can draw up contracts with organizations from the private and the non-profit sector to provide services;
 - states that a fee has to be paid for the services, calculated by the maintaining agency.

- ◆ The Decree No. 2/1994 (I.30) of the Minister of Welfare, concerning the duties and operations of institutes providing personal care, supersedes Decree No. 10/1978 (XII.5.) of the Minister of Health. Among other things the decree concerns day care centers and family day care. In the case of day care centers it:
 - regulates day care for special needs children up to the age of 6 (the earlier decree did not make this provision legally possible), and the special programs promoting the development of these children;
 - defines the range of other services which can be offered to help families (playgroups, part-time care, 24-hour care);
 - defines the duties of the Public Health Authority concerning the health and safety inspections of day care centers.

The *Guidance concerning the organization and professional work in day care centers* issued by BOMI in 1993 supplements this decree. Directive No. 2/1994 of the Minister of Welfare states that the National Institute of Day Care Centers (Bölcsödék Országos Módszertani Intézete) is under the charge of and guidance of the Ministry of Welfare and that it oversees and supervises all day care centers, regardless of who maintains them.

- ◆ Directive No. 7009/1993 of the Minister of Health provides guidelines for the Rules and Operations of leading (methodological) day care centers in the districts of Budapest and in the counties.

Kindergartens

The legal regulation of kindergartens goes back more than a hundred years. The first Kindergarten Law was passed in 1891, 63 years after Brunszvik Teréz set up the first kindergarten. This Law, modified in 1936, was followed by the Law of 1953. The Law of 1953 was replaced by Law No.I on Education of 1985. Departing from earlier policies, the Law of 1985 integrated kindergarten education into the educational system.

The Law, which went into effect on September 1, 1986, had a number of progressive features. It guaranteed greater autonomy to educational institutions in general, and within that to kindergartens, with the aim of encouraging democratic practices within educational institutions. The Law contained fewer central instructions, and thereby enhanced the role of local decision-making and widened the kindergarten's scope of authority.

The new Law abolished Rules of Orders, including those concerning kindergartens, which were dealt with in Regulation No 3/1974 (IX.12 issued by the Ministry of Education), which regulated the operation of kindergartens down to smallest detail. The Rules of Order were replaced by the Rules of Organization and Operation. These were drafted by the kindergartens and schools themselves. These specify that operational issues are to be decided by educational institutions after careful consideration of local conditions. The Rules of Organization and Operation currently in force contain concrete regulations concerning the operation of kindergartens, their relationship of kindergartens to other institutions, and their internal relations.

(The general prescriptions concerning rules of operation were given in the Law on Public Education of 1993, No. LXXIX.).

In 1986, new legislation was introduced whereby the time of starting school was adjusted to the child's level of development. The aim of this new system, which took into account the child's interest, has been that the child should start his or her studies when most appropriate, on the basis of his or her level of development. That is, starting school should occur at an optimum time, after considerations concerning both the child's age and level of development. If the child reaches the level of development necessary for starting school, he or she becomes of school age from the calendar year in which he or she completed his or her sixth year by May 31. To establish the time when the child enters school, kindergarten teachers give a report of the child's level of development in connection with his or her possible start of school.

In September, 1994, Decree No 11/1994 (VI.8, regulating the operation of educational institutions), came into force, which provided for the implementation of the Law on Public Education of 1993 No/ LXXIX. At one and the same time, the many times modified Decree No. 12/1986 (VIII.1 regulating the operation of kindergartens) lost its validity.

Law No. XXIII of 1993, which modified Law No. 1. of 1985, passed at the time of the political-economical transformation, in conjunction with Law IV of 1990 on Freedom of Conscience and Religion, created the opportunity for organizations outside the public sector to provide services related to the education of children.

The duties of the local government authorities concerning kindergartens are stated in the law defining their duties in relation to educational institutions: Local government authorities of villages, towns, municipal towns and the districts of the capital are obliged to make provisions for kindergarten education. Local authorities can meet this duty by setting up and operating kindergartens themselves, or in partnership, as well as by means of contracting out these services.

Children's Homes/ State Care

The Government is preparing a law on child welfare and child protection. Within this system of social provision, with regard to the particular rights and interests of children, the Law wishes to establish a system which guarantees welfare provisions and protection for children, which, on the one hand, assists families in the upbringing of children by offering various kinds of support and services, and, on the other hand, ensures the appropriate provisions for and protection of children removed from their families. The Law is based on the following principles:

- ◆ the constitution guarantees the right of the child to live and to be brought up in his or her family;
- ◆ families must get support for the upbringing of their children, and for this the State must provide support and services adjusted to the individual needs of the families;

- ◆ in the interest of appropriate care for the child and of insuring his or her interests, the responsibilities of the State, the local authorities and the bodies and persons providing services should be clearly defined.

The Law will oblige every local authority to build up its own preventive childcare system and operate it in an efficient way. For this it wishes to allocate funds to the local government authorities from the central State budget. In order to modernize the system of residential care, it will include regulations concerning professional and operational requirements, and in the institutions not meeting these requirements, it will oblige them to make the necessary alterations by a given deadline. For this task, too, funds should be made available from the central budget.

The Law currently under elaboration aims to bring about fundamental changes in the system of preventive childcare and in the system of State care. However, the up-to-date specialist provisions of the Law will be implemented only at the rate made possible by the availability of financial resources.

VI. THE ROLE OF NON-GOVERNMENTAL AGENCIES IN PROVIDING CARE FOR YOUNG CHILDREN

During the last few decades there has been a growing interest worldwide in non-governmental organizations. The reasons underlying this interest include:

- ◆ a search for more cost-effective ways of delivering conventional public services;
- ◆ the flexibility and responsiveness of NGOs to the needs of the communities with whom they work and their capacity for innovation;
- ◆ the demonstrated capacity of some NGOs to reach the poor and discriminated-against groups more effectively than public agencies.

There is a growing interest in the Central-Eastern European region, too, among donors and national governments, in strengthening the role of institutions outside the public sector. (Save the Children UK, position paper)

The operation of not-for-profit institutions in the social sector, and within that, in State (child) care, has been made possible by legislation since 1989. Institutions providing social services operated by organizations other than central and local authorities are entitled to the same state per capita subsidy as local authorities.

The Hungarian non-profit sector has been developing dynamically since 1989, although there were some areas of service provision, mainly sports, recreation and fire protection, where voluntary organizations could be active even under State socialism. Foundations were recognized by law in 1987, the freedom of association was enacted in 1989. At that point government control of foundations was abolished and the whole policy towards voluntary organizations became quite favorable. (Kuti, 1994) Since non-profit service provision and the establishment of

foundations became legal, many such organizations have been created in order to meet the unsatisfied demand or at least to lessen the shortages which were the result of the overcentralized state provision of welfare services. (See Table 32)

Table 32
Number of Foundations and Voluntary Associations in Hungary, 1989 - 1993

Year	Foundations	Voluntary associations	Total
1989	400	8,396	8,796
1990	1,832	11,255	13,087
1991	6,182	17,869	24,051
1992	9,703	21,528	31,231
1993	12,064	23,851	35,915

Kuti, 1994.

Most of these new organizations are fund-raising agencies or foundations supporting service-providing public institutions, but some organizations are providing direct services. As can be seen in Table 33, the percentage of voluntary organizations involved in health and education is relatively low, compared to other developed, democratic countries.

The reason behind this is the State monopoly of education and health care that existed under state socialism. And, although this monopoly was broken by the change in government in 1990, the non-profit service provision sector could not develop rapidly because of the lack of capital needed for investment.

The role of the NGO sector in services aimed at children and families is even less. The reason for the relatively low participation of NGOs in day care for under-threes is probably the almost total lack of experience on the part of both the local authorities and the providers in providing day care for this age group. Questions of financing are a major concern.

In 1993, there were just over 100 registered non-profit organizations with "child" or "youth" as part of their title, according to the Nonprofit Information and Training Center in Budapest. However, there were only 4 foundations concerned with childcare for under threes (personal communication, Eva Kuti, 1994). Only a few not-for-profit organizations are involved in child and youth care in Hungary. The one operating for the longest time and caring for the greatest number of children is the Hungarian SOS Children's Villages Society, which operates three children's villages in the country. In 1995 another foundation supporting the work of the National Institute of Day Care Centers was established.

Table 33
Structure of the Nonprofit Sector in Hungary in 1993

Fields of activity	Foundations %	Voluntary associations %	Total %
Culture	19.7	6.0	10.6
Sports, recreation	9.1	47.5	34.6
Education, Research	24.3	2.8	10.0
Health	7.4	1.0	3.1
Social services	15.3	9.0	11.1
Environment	2.0	1.9	2.0
Development, housing	7.8	3.3	4.8
Civil and advocacy associations	2.6	4.0	3.5
Philanthropy	0.3	1.4	1.0
International activities	2.3	1.7	1.9
Business and professional associations	0.5	18.5	12.5
Other	8.7	2.9	4.9
Total	100	100	100

Kuti, 1994.

As noted, there is specific provision in the Social Act (1993) to allow local authorities to contract with NGOs for the provision of services. As yet there are only a few examples of privatized day care services supported by local authorities. There were only two registered private day care centers in the country in 1993. The percentage of day care places provided by the private and the voluntary sector are 0.45 and 0.04 respectively. (Central Statistical Office, 1994).

Today kindergartens can be established and operated not only by the local government authorities, but other legal entities, as well as individuals, provided their services meet specific requirements. Licenses are required for every kindergarten with the exception of kindergartens run by the local authorities. Churches, social organizations, and foundations fulfilling public duties can apply for the above normative per capita support, provided they meet the requirements stated in the law.

While the number of day care and kindergartens operated by the public sector are few, this is likely to change. As noted by Kuti,

"Public authorities...are well aware of the necessity of modernizing and restructuring of the provision of welfare services and of a new partnership between public, non-profit and for-profit organizations." (Kuti, 1994).

VII. SPECIAL STUDIES

So far, the prevailing form of day care for children under three has been center-based, as was mentioned earlier. However, there clearly exists a need for another, more flexible type of care in addition. With the introduction of the changes the government is carrying out in the family benefit system, the question of diversifying non-parental child care has become extremely urgent. Given the number of day care centers in the country presently, a great number of the families predicted to be in need of day care as a consequence of the cuts and restrictions in family support, will not find a place for their child. Family day care (childminding) seems to be the only alternative.

Legislation is in place and the National Institute of Day Care Centers (BOMI) is coordinating a pilot study in childminding, with the collaboration of the Ministry of Welfare and the Pikler Institute (for nursery homes). Guidelines for introducing family day care have been developed. The purpose of the present study is to determine how local authorities can be involved in childminding (registering, supporting and monitoring providers) in order to ensure good quality provision and how the support and inspection of providers can be best organized. The local government of Kiskunhalas, a medium sized town in the Southern part of Hungary, is participating in the study.

Several steps have been taken so far: a survey was carried out among families with young children and among prospective providers; written materials have been produced (based on foreign literature) on how to set up the registration process; a brochure has been published with information for those who would like to offer family day care; local authorities have been given advice on how to be involved in the process, and this will continue; planning to begin the service was done in collaboration with the local authority; and developing the curriculum for advisors and supervisors of providers is in process. The next phases of the project will include: a training course for those who will be advising and supervising the providers in Kiskunhalas; surveys at the beginning of the new service and a few months later to assess the initial setup and later the problems and successes; writing and publishing a series of brochures (small books) for family day care providers on different aspects of their work (e.g. safety, health, development, behavior management, nutrition, etc.).

There are plans for another major representative survey concerning day care workers and the families who are using day care. Information will be collected on the social-economic status, attitudes, preferences, level of satisfaction, etc. Data collection will probably begin towards the end of 1995.

VIII. THE FUTURE

There have been several changes proposed in the health and social welfare provisions by the government which will come into force in the near future. These were summarized in the Law No. XLVIII of 1995. Some features relevant to this study and affecting the situation of families and children are the following:

Chapter I:

Modifications of the Law No. XXV of 1990 concerning the eligibility for Family Allowance:

- #61 those are eligible whose per capita monthly income in the family during the previous year did not exceed 17,000 forints after taxes.
 - those are not eligible whose joint and separate properties together in the family:
 - exceed the value of 10 million forints in case of homes (houses, apartments) and land
 - exceed the value of 2 million forints in case of cars.
- #62 when calculating the sum of Family Allowance, the basic sum should be multiplied by 1.5, if there is a permanently ill or physically or mentally disabled child in the family, regardless of his age.
- #63 those families who have only one child are eligible during the first six years of the child's life, but are after the sixth birthday of the child, they are eligible only if one of the parents is not working or if the child is disabled or permanently ill.
- #64 the monthly sum of the Family Allowance in 1995 can be between 1,100 and 3,750 forints, depending on the number of children in the family and the family's income, and the sum can be between 2,100 and 5,100 forints if the child is disabled or permanently ill.

Chapter II:

Childcare Assistance (GYES)

- It can be received until the child becomes 3 years old or if the child is disabled, until he becomes 10 years old. The Childcare Assistance can be extended until the child's sixth birthday if he cannot go to day care because of his illness
- Its sum equals the sum of the minimum pension at any given time.
- Childcare Assistance should be discontinued if the child is taken to day care.
- Persons receiving Childcare Assistance can have a job when the child is older than 1 1/2 years old.
- All regulations concerning Childcare Assistance (eligibility, termination, registry, etc.) are the same as those of the Family Allowance.

Maternity Allowance

- Those are eligible who are eligible for free prenatal care.
- Eligibility criteria concerning the income of the family are the same as those of the Family Allowance
- Its sum in 1995 is 10,000 per child.

The regulations concerning the Family Allowance come into force from July 1, 1995 (see discussion in Conclusions Section.). Those who are receiving Childcare Assistance (GYES), Childcare Allowance (GYED) and Pregnancy Allowance can receive these until December 31, 1995.

Chapter III:

Maternity Allowance

- It can be received during the first 52 weeks after the birth of the child.
- During the first 26 weeks its sum equals 70% of the previous average wage if the mother had 270 days spent in employment during the previous year. Its sum equals 60% of the previous average wage if the mother had 180 days spent in employment during the previous year.
- During the next 26 weeks its sum equals the 50% of the previous average wage.

IX. CONCLUSIONS

The purpose of introducing the new laws is to save money from the State's budget, since its deficit is quite substantial. The government, for some reason, decided to cut family support, among other things, in order to reduce the deficit. Under the new law many families will not be eligible for either child care benefits or for family allowance. At the same time, the number of day care centers and kindergartens is decreasing and the local authorities have even more difficulties in financing the remaining ones, so more closures are happening already.

The budgets of local authorities are also being cut. There is an ongoing debate about how much tax return they should receive. It seems that families will be left on their own, most of the time without support (allowances or benefits), without a chance to have a day care or kindergarten place for their child and, as a consequence, without an opportunity for the mother to go back to work. Even if the mother were able to find child care, it is likely she will be unable to find work.

While the new law was to go into effect in July 1995, that did not happen. The Constitutional Court rules that the proposed changes in the law were unconstitutional because they did not give enough time for the families to prepare for the changes. Quite recently, however, it was announced that the changes in the family allowance payments will become effective at the beginning of 1996, with the changes in the child care leave becoming effective later in the spring.

What has been revealed here so far supports the belief that child care provision will have to diversify, in accordance with changes in the country's economy and with the needs of children and their families. The types of services available need to be expanded. Financing and eligibility for providing different forms of service have to be diversified. It is inevitable that besides public provision, the private and the emergent voluntary sectors will have to be involved. Steps have

been taken in this direction by the government as well as by day care and kindergarten authorities.

The Social Act, 1993, and the Public Education Law, 1993, make it legally possible for both the private and the voluntary sector to participate in the provisions. The Social Act states specifically that local authorities can ensure provision by drawing up contracts with organizations from both of these sectors. In the area of child and family welfare services, as elsewhere in the social economy, not-for-profit organizations are taking on a more prominent role in their delivery, but their social, political and economic role is constrained by the lack of a non-profit law (Kuti, 1994).

There are a few examples of day care centers and kindergartens run by foundations and private providers. However, their number is small, they account for less than 7% and 4% of the provision respectively. There are also initiatives for introducing new types of service. Besides full day care, centers have already started to offer part-time care, playgroups, and at some places, overnight care. Special needs children are accepted, and new programs have been introduced, such as club meetings for parents. Furthermore, a small group of experts, with the coordination of the National Institute of Day Care Centers, is conducting a pilot project in childminding to see how this form of day care could be organized, provided, supported and supervised. Project plans are also under way to initiate, promote and encourage local grassroots groups to form themselves into not-for-profit organizations and to encourage their participation in the design, management and delivery of early years services. On the other hand, studies are essential to map the existing possibilities and conditions for private providers (both organizations and individuals) and to design schemes or projects to assist them.

Kindergartens already have the right to develop their own curriculum. The policy framework for this is already in place. During the past few years there has been a growth in the number of kindergartens using different pedagogical models.

A National Kindergarten Education Program is under elaboration and will be published by the Ministry of Culture and Public Education. The main target of the Program is the promotion of the autonomy of kindergartens, and the establishment of the legal guarantees necessary for this autonomy. The document, as drafted, provides guidelines outlining the national requirements related to kindergarten education. The government aims to implement changes in order "to secure the existence of a kindergarten network that plays a crucial role in levelling out life chances, to reinstate an appreciation of the value of kindergarten, as well as to increase its professional standard". The draft that takes into account these aims and the issues in need of new regulations, has been completed.

In terms of the system of residential institutions for children in Hungary, there is an urgent need for reforms both in the field of training and in the objective conditions of care. This includes the training and further training of staff to prepare them for the specific tasks they will encounter in residential day care institutions, and the replacement of large residential homes by institutions which model family life. At the same time, families should get maximum support in caring for

their children at home. State care of the child under age should be for the minimum period possible.

Several initiatives have been undertaken in line with renewing the system of State care. Some large residential homes have been closed down, and the residents have been placed in separate family homes where their teachers follow their progress. In one of the biggest children's towns, "home-flats" have been set up, in which groups of 6 - 8 children live together with their teachers. These initiatives, however, involve only a small percentage of children in State care. The operating bodies usually do not have the financial resources to implement the necessary changes and undertake modernization.

The following dimensions of child care in Hungary are important and should be emphasized:

- There needs to be a coordinated approach to the process of diversification.
- Strict control and regulation by professionals should be exercised in the interest of children and their families.

In order to achieve good results in the management of the change, the following projects could be carried out to provide a solid base:

- A study on who is using the day care provision now;
- A study on what type of services families would use if they had the choice;
- A wider-range study on childminding provision in different parts of the country (villages, small towns, big cities, etc.);
- Pilot studies and also wider-range studies to see how local communities, non-profit organizations and the private sector could be involved in child care.

In addition, training programs, drawing heavily on the knowledge and support of day care centers and professionals within the existing day care network and kindergartens, have to be developed to enable staff in the institutions and other interested parties to provide, coordinate and supervise these new services.

REFERENCES

- Akocsi, S. (1970) *A bolcsodek es a csecsemootthonok fejlesztésének es irányításának idoszeru kerdesei*, *Nepegeszsegugy*, 51., 270-276
- Akocsi, S., Galamb, E. (1973) *A bolcsodek tervezésének alapelvei es a Bolcsodek Orszagos Modszertani Intezetének feladatai*, *Nepegeszsegugy*, 54., 43-48
- Andorka, R. Kolosi, T., Vukovich, T. **Társadalmi riport (A report on Society)** Budapest, 1994
Hungarian Statistical Office (1990,1991,1992,1993) **Hungarian Statistical Yearbook**
- Korintus, M. (1994) *Childcare in Hungary*, *Concern*, Spring 1994.
- Kuti, E. (1994) **Changing size, structure and role of the nonprofit sector in a changing economy and society: the case of Hungary** Revised version of paper presented at the World Launch Conference of the John Hopkins Comparative Nonprofit Sector Project in Brussels, 23-24 June 1994.
- Ministry of Welfare (1970,1980,1988,1989,1990,1991,1992,1993) **Report on Family Care, Child- and Youth Care**
- National Institute of Day Care Centers (1993) **Family Day Care: Schedule for a Pilot Study.**
- Népjóléti Minisztérium 1993. **Tájékoztató a család-,gyermek-, és ifjúságvédelemről (Report on Family Care, Child-, and Youth Care).**

APPENDIX

Table 1
Number of Registered Unemployed by Age
1993

	January	December
under 17	16 075	15 158
17-20 years old	63 906	66 122
21-25 years old	95 256	86 050
26-35 years old	180 366	164 632
36-45 years old	198 412	180 587
46-50 years old	70 494	62 675
51-55 years old	54 036	44 792
56-60 years old	15 371	11 934
above 60	85	100
Total	693 983	632 050

Table 2
Number of People Receiving Unemployment Support from the Local Authority
1993

	under 19 years of age	20-29 year- olds	30-39 year- olds	above 40	Total
Women	944	12 279	20 851	20 449	54 523
Men	1 410	27 089	37 274	39 613	105 386
Total					159 909

Table 3
The Number of Protective-caring Measures

Protective-caring measures	1989	1990	1991	1992	1993
Total	87,367	84,332	86,889	82,517	76,831
Out of the total:					
admonition of the child under age	31,537	33,487	35,181	35,629	33,490
admonition of the parent	18,944	18,074	19,294	17,932	16,752

Source: Tájékoztató a család-, gyermek-, és ifjúságvédelemről (Report on Family Care, Child-, and Youth Care). Népjóléti Minisztérium 1989, 1990, 1991, 1993.

WHO IS CARING FOR THE CHILDREN: AN EXPLORATORY SURVEY

A Study of the Situation in Bulgaria

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1. INTRODUCTION

In this Project many problems were revealed and a range of opportunities were identified related to child care in Bulgaria. In the numerous contacts established in the course of the Project a general desire to do something constructive emerged among all those involved. We agreed to develop a research plan that would first, meet the goals of this Project, and second, provide an opportunity to go beyond this study and promote other activities which will lead to improved child care. All our partners perceived this Project as an extremely valuable initiative that may have important implications for the improvement of child care in Bulgaria.

Our study focussed on three main practical goals which go beyond the scope of this study. However, we hope to make significant advances in achieving each of these goals within the current Project. The goals were as follows:

1.1 To collect relevant information and make it accessible to researchers and caregivers.

During the course of the study we found that considerable data already exist in the country, both as statistics and as research results. However, most of the information is virtually unknown and inaccessible to the scientific community and caregivers, either because there is no way to learn about those studies unless you happen to know personally who did what, or because some of the information is in private hands and may be provided only under specific conditions.

In essence, there is simply no information infrastructure to serve the interested individuals and agencies. There is rarely any connection and information exchange between research teams and agencies. And many interesting results are buried in files which are not accessible to the public. Therefore, a first goal for us was to use all our resources to gather as much information as possible on the various sources and to develop a reference data base.

1.2 To develop a framework for comparison of Bulgarian data with international data.

Bulgarian national statistics will be harmonized within the next few years with those of the international statistical bodies. (A contract has already been signed with Eurostat for this purpose.) Currently there is some divergence between the parameters and criteria used in the development of local statistics and research compared to the data collected in other countries so it is difficult to make comparisons. We believe that information and research in the field of child care should be made compatible with studies in other countries.

Over the past few years significant amounts of foreign aid have been granted to Bulgaria. Local private sponsors have also donated significant sums of money to aid specific groups of disadvantaged children. We are certain that the available resources can be used much more efficiently if a more precise diagnosis of problems is made and if relevant experience gained in other countries is used in devising strategies to improve child care in Bulgaria. Thus our second

goal has been to develop appropriate tools to ensure compatibility of Bulgarian statistics and research results with those from studies in other countries. Within this Project we make available much of the relevant information so that teams from the other participating countries from Eastern Europe can compare the data and devise ways to improve the data collection instruments and harmonize the analytical categories.

1.3. To develop medium- and long-term specific action strategies to improve child care.

The situation of young children has seriously deteriorated during the period of transition, as evidenced by various types of data. Therefore it is essential to turn research results into tangible measures as fast as possible. We expect that a major consequence of the results from this Project will be to collect adequate information in order to devise specific actions that may lead to a gradual increase in the efficiency and effectiveness of child care.

Thus our third goal has been to translate our research results, using the relevant international experience, into a strategy for better utilization of the financial and human resources for the improvement of child care. Only the first but very important step has been made within this Project in this direction by identifying the core issues and formulating the problems to be solved in further research.

2. THE RESEARCH TEAM

The study has been organized and coordinated by the Counseling and Psychotherapy Center (CPC) as lead agency within the Bulgarian part of the Project. Individual experts who have contributed to the main study have been employed by CPC on a project basis. Our team of researchers identified potential collaborators who have contributed substantially to the collection of appropriate information. Throughout the research we have also relied on the good will and contributions from top level officials and representatives of relevant organizations..

3. THE RESEARCH PLAN

3.1 An Overview of the Purpose and Scope of the Study from a Bulgarian Perspective

The transition of our society to a new social and economic system has created a range of problems related to the upbringing and education of children. The most significant features of the situation of children under the current conditions in the country are:

- ◆ the relative and absolute numbers of children are decreasing;
- ◆ there is an increase in infant and child mortality;

- ◆ the rates of morbidity and handicaps are growing, including serious illnesses caused by deterioration of the environment, an inadequate health culture, and lack of an attitude that would lead to a health-conscious way of life;
- ◆ many children suffer from malnutrition, and poor nutrition practices are found in homes, caregiving institutions, and schools;
- ◆ there is no systematic policy to identify and develop the talents of gifted children;
- ◆ there are a growing number of families whose income is below the minimum subsistence level;
- ◆ there are severe difficulties in meeting the material and intellectual needs of the children;
- ◆ there is a growing social differentiation caused by growing economic differentiation;
- ◆ deviancy and delinquency rates are on the increase, with a lowering of the age of delinquent behaviors and a tendency towards organized crime among children;
- ◆ there is an increase in the crimes committed against children by adults (physical and psychological maltreatment, sexual abuse and other forms of abuse within and outside the family).

A range of other negative tendencies were observed. These are described in detail in the Results section of this report. In essence, however, children have emerged as the most vulnerable social group, and virtually all children in the country are under conditions of actual or potential risk. What is badly needed is adequate legislation to meet the challenges of the new social conditions and new working programs for the socialization of children.

All of the above points justify the purpose and define the scope of our research efforts in finding facts and formulating strategies for action.

3.2 *Data Collection: Types of Data and Sources*

There were two problems in collecting data. First, under the old regime, even demographic data were top secret and the data made public were strongly manipulated. Therefore, it is sometimes difficult to reconstruct the actual situation. The National Statistical Institute is now improving continuously its methodology and overall performance and has become a major source of reliable information. A full census was made at the end of 1992. This has been used as baseline information to study the major demographic trends.

Second, current data sources are neither comparable nor reliable because of the immense diversity of samples and the limited resources of the government administration to collect data in a scientific way.

In order to obtain relevant comparative data we placed special emphasis on collaborating with relevant government bodies. The Ministry of Health, the Ministry of Justice and the Ministry of the Interior were approached and appropriate contacts made to ensure that we obtained the latest information available within these institutions. Different types of child care settings fall under their auspices and research in them is still subject to top level approval. The government

administrative process does not facilitate collaboration, even though individual officers understand the worth and usefulness of the research. Therefore, private channels have been an indispensable way of receiving information that in most advanced countries would be readily available.

Various international and national non-governmental organizations have done significant research over the past few years. A difficult but useful venture has been to collect some information about their activities and use their potential in contributing to the goals of this Project. We have had very positive responses from organizations such as UNICEF and private research teams.

In essence, we have relied mainly on our special private contacts with professionals in the various government agencies, NGOs, research institutions and private organizations to obtain relevant data. In the assessment of the situation of caregiving today, we have relied on our critical evaluation of existing data, other sources of information which provide evidence of the reliability of data, as well as on our own research. From the data available we made inferences and developed the conclusions presented in this report. However, the original data are also presented. These can be used directly by other researchers who may draw further conclusions and/or make appropriate recommendations in relation to subsequent research. We have included only information which comes from reliable sources, but caution must be exercised in interpreting the data since the pace of change in Bulgarian society is so fast that some of the information becomes obsolete very soon after publication

3.3 Gaps in Knowledge and Instrumentation

In our view, the following major gaps in knowledge should be recognised:

- ◆ Research that has been done by individual research teams outside the structure of the main governmental organizations is not always available. There is unique information gathered by these experts which still needs to be made available publicly.
- ◆ There is little if any systematic comparative research. Information on child care would be much more useful if the studies used compatible methods, parameters and criteria.
- ◆ No nation-wide study covering children in different settings has been conducted. This type of study is essential to provide an understanding of the quality of caregiving in the different settings and to identify opportunities for improving child care.
- ◆ No studies of private or other non-governmental establishments have been conducted. Private child care establishments have been allowed only in the past few years and they are increasing in number. A special study is needed on how they provide child care and how this fits into the traditional practice of public and family care.

3.4 Development of our own Research Project

Besides collecting existing information from the various sources listed above, we conducted our own pilot research with parents and other caregivers. Also, members of our team

visited selected caregiving establishments to study the conditions on the spot and thus double-check what we learned from other sources. As a result we have developed ambitious plans for subsequent research that will allow us to study in greater detail the most salient child care problems.

3.5 *The Final Report*

The Final Report presents our findings in two forms: (1) an analytical description of the background information on the various aspects of child care in Bulgaria; and (2) baseline data which have been collected and submitted in the forms of tables for the benefit of all future researchers who may use the data for further analysis and/or comparisons.

This Report offers an Executive Summary where we have presented some of our most interesting and unique findings. This is followed by various sections that present the general demographic situation of the Bulgarian population, with a special focus on the life conditions for children and the various types of child care provision. In the last section we put forward some ideas for further research and subsequent action to improve child care.

4. EXECUTIVE SUMMARY

WHAT HAVE WE LEARNED FROM OUR RESEARCH?

While working on this project we have collected an immense amount of data from various sources: the National Statistical Institute, the records of different governmental institutions, and research organizations. In addition, to supplement our knowledge and understanding of the situation of children in Bulgaria today, we undertook our own research with parents and children. What follows is an outline of our main achievements:

4.1. *We were able to identify the exact dimensions of the various problems which Bulgarian children are facing.*

We have always known that child care is inadequate and needs improvement, and we have observed how it has deteriorated over the past few years, but now **WE KNOW THE SPECIFIC PROBLEMS, WE CAN MEASURE THEM AND EVALUATE THEIR SIGNIFICANCE.**

4.2. *We have been able to separate facts from assumptions and prejudice.*

For instance, we know that the Government is not doing enough to make childrearing easier for young families. But we have observed that some child care institutions operate very well, that some staff are very motivated and committed to giving their best to the children, even if they are underpaid, And we have also obtained evidence that sound mechanisms for provision of adequate food have been developed, which do an excellent job.

4.3. We have identified some trends which seem paradoxical at first sight but which prove to be extremely significant in identifying the roots of many problems and the solutions that have been found under the current conditions.

4.3.1. A Renewed Reliance on the Family

The most striking example is the phenomenon that the dramatic social and economic changes which have taken place in Bulgaria over the past five years have, contrary to normal expectations, reinforced the traditional patterns of child raising. This finding may be unique to Bulgaria, even when contrasted to other countries of Central and Eastern Europe. Traditionally, Bulgarians were fairly attached to their families and in the prevailing rural population it was customary to have several generations living together. It is considered quite normal for a young family to live in the house of the husband with his parents. In this way, the grandparents play an extremely active and important role in the child's upbringing. This includes providing financial support and the grandmother spending an enormous amount of time with the children. Unfortunately grandmothers generally use didactic approaches and methods at least 20 years old.

During communist times the continuous and pervasive shortage of housing reinforced this tradition. The fact that virtually all mothers went to work after a considerable maternity leave meant that most children were brought up by their grandmothers. There is an abundance of folklore and anecdotes on this type of co-existence of the generations, but hardly any research. Nonetheless it is possible to imagine the negative consequences for children and the psychological climate in a house where the young family is compelled to obey the elderly on most issues. When forced to live under the same roof, the generation gap can turn into an abyss.

The transition to a market economy was expected to bring about new conditions for family life, with a new understanding of personal independence, and reinforcement of a commercial mentality that would ultimately loosen traditional cross-generation family links. However, the economic crisis in the emerging market economy, characterized by high inflation, has further strengthened the traditional model. The housing problem has become even more acute. Only an extremely limited minority of the population is able to buy a house, and rents continue to increase. There are very high unemployment rates. In many families neither parent is employed and thus there is no income other than meager social benefits. All of this has resulted in greater economic dependency on the grandparents.

The lack of social service networks has been compensated for by the traditional family support system. Social mechanisms have a vital role to play in securing the physical well-being of children by providing better subsistence. The psychological impact of traditional arrangements, as compared with social service supports, are difficult to estimate.

4.3.2 The Costs of Decentralization

A major aspect of the process of transition to a market economy and democracy has been the decentralization of the Government budget. Most of the funds allocated to social care such as health care, pension funds, and financing for special establishments (such as the various types of homes for disadvantaged and handicapped children), have been transferred to the local authorities.

One conclusion from the research relates to the inefficiency of decentralization. Decentralized financing may perhaps sound more democratic but in specific areas it leads to inefficiency and potentially a much higher cost. A typical example is the supply of medical products. In many of the advanced countries only a few companies have been authorized to distribute drugs and they sell 'in bulk' to Government and health providers. This is considered the most efficient way to curb the costs of the Government and the health insurance agencies. In Bulgaria, most of the supplies are purchased by local authorities which have no commercial experience. They cannot buy large quantities and they are often perceived as unattractive customers by the suppliers because there are delays in payment due to delays in the local authorities receiving funds from the Ministry of Finance.

4.3.3. The Importance of Management

Another significant finding of our research has been that one of the biggest issues is not the lack of money *per se* but inadequate financial management. While there are obviously more difficulties in providing adequate financing for the various social care institutions since the Government itself suffers from a severe shortage of money and subsidies are no longer possible, we found that those being given the authority to manage were not trained to do so. Even if the responsible people at the local authority have the best will, most of them have no skills in financial management. In fact, even private businessmen lack such skills as a result of lack of experience with a market economy. The lack of management skills is even worse for underpaid Government employees. Whatever money is available could perhaps be used more efficiently if the services were run more professionally, but this cannot happen when people do not have the appropriate training and skills.

4.4. Areas for Further Study

In our study, we were able to identify some key areas that need further study and offer very promising outcomes, if specific action is taken. In this category we would include both research into the long-lasting effects of the current child raising patterns, and research on and development of specific strategies for solving the urgent problems of child care in Bulgaria today. A listing of our suggestions for further research is provided in the last section of this Report.

5. RESULTS OF THE STUDY

5.1 Demographics

The social and economic conditions in the country over the past few years have had a significant impact on the demography of Bulgaria. The relative stability of the previous government was upset and, as a result, the demographics of the country are changing. This section provides basic data on the Bulgarian population on the basis of the national census in December 1992 and the follow-up monitoring done by the National Statistical Institute. The forecast of the National Statistical Institute suggests further negative development of demographic trends, but with slower deterioration rates. [See Table 1: Forecast of Basic Demographic Indicators 1994-2000]

Year	Birth rate	Mortality Rate	Natural Growth
1994	9.82	13.27	-3.45
1995	9.48	13.51	-4.03
1996	9.66	13.74	-4.09
1997	9.80	13.89	-4.10
1998	9.90	14.10	-4.19
1999	9.88	14.30	-4.41
2000	9.84	14.52	-4.68

We have analyzed the general demographic and migration processes and the major economic indicators which provide a picture of the Bulgarian population today. These are described below.

5.1.1 Population

The last Bulgarian population and housing census was carried out in December 1992. A 2% sample of the population was processed in order to satisfy the most urgent information needs of the policy makers and the public. The census indicated that the population of the Republic of Bulgaria on 4 December 1992 totaled 8,472,724 persons. (The urban population was 67.3% of the total, with the rural population being 42.7%.)

The previous census was undertaken in 1985. For the first time in the one-hundred-year history of the census office, the 1992 census found that the population of the country was decreasing. It had decreased 5.3% compared to the population identified in the previous full census in 1985. The population of Bulgaria was nearly 9 million in 1989 and it has been

decreasing steadily since then. [See Table 2: Basic Data on Bulgaria] By 31 December 1993, the permanent population of Bulgaria was 8,459,700 people with an average density of 76.2 people per sq. km. [See Table 3: Main Demographic Indicators for 1993] In comparison to 1992, the 1993 population showed a decrease of 25,140 people (0.3%). In the towns the population is 5,720,500 people and 2,739,200 in the villages (i.e. 68% urban and 32% rural).

	1989	1990	1991	1992	1993	1994
Population	8.99 mi.	8.67 mi.	8.59 mi.	8.48 mi.	8.46 mi.	NA
Unemployment rate	NA	1.5	11.1	15.3	16.4	12.8
Exchange Rate (Leva/US\$) Average	1.8	5.7	17.7	23.4	27.9	57
Exchange Rate Year end	2	7	21.8	24.5	32.7	66.1
GDP (Billions)	39.6	45.4	131.1	210	350	514

Source: National Statistical Institute/EBRD, 1992.

Decreases in the population have been the result of a variety of variables described below. The impact of these has been that currently Bulgaria has a negative population growth rate. It was -2.2 in 1992; -2.9 in 1993; -3.45 in 1994; and it is projected to be -4.68 by the year 2000). As can be seen in Table 1, the trends identified in 1992 are forecasted to prevail.

5.1.2 Birth Rate

The birth rate, which dropped to a critical level in the early nineties, was still low in 1993 (10 per thousand). [See Table 3] In 1993, 84,400 live births were recorded which means a decrease of 4,734 babies or 5.3% less than 1992. The birth rate in the towns is higher than the national average (10.2); it is lower in the villages (9.5). In 1994 the birth rate was 9.82 and it is projected to stay more or less the same until the year 2000. [See Table 1]

According to information from the first census in Bulgaria, the average number of members of a family was about 6. The economic crisis of the 20s and 30s ruined many families, bringing down the average number of children. In 1926, the average number of family members was 5, in 1934, 4.7 and in 1946, 3.9. This was mainly the result of the birth rate decreasing by half over this period.

Table 3

Main Demographic Indicators for 1993			
Indicator	Total	Urban	Rural
Density Index	76.2	-	-
Sex Ratio	1038	1046	1021
Age Dependency Ratio	49.7	43.3	65.1
Ageing Index	100.8	101.1	100.9
Residence	100.0	67.6	32.4
Crude Birth Rate (per 1,000 population)	10.0	10.2	9.5
Crude Death Rate (per 1,000 population)	12.9	10.0	19.0
Natural Increase (per 1,000 population)	-2.9	0.2	-9.5
Nuptiality (per 1,000 population)	4.7	5.2	3.8
Infant Mortality (per 1,000 live births)	15.5	14.9	16.9
peri-natal mortality	13.1	12.6	14.3
neo-natal mortality	8.7	8.7	8.6
late-neo-natal mortality	2.5	2.5	2.4
post-neo-natal mortality	6.8	6.2	8.2
Net Reproduction Rate	0.69	-	-
Total Fertility Rate	1.46	1.29	1.91
Life Expectancy	71.2	-	-
Males	67.7	-	-
Females	75.0	-	-
Mean age (in years) of Population	38.4	36.2	42.8
Mean age (in years) of Mother at Birth	23.1	23.5	22.2
Mean age (in years) of Mother at first Birth	21.3	21.9	19.9
Mean age (in years) at first Marriage			
Males	24.6	24.8	24.2
Females	21.4	21.7	20.7

A sociological survey carried out by the National Statistical Institute (results were reported in Statistical Barometer of 27 July 1994) found that two thirds of Bulgarians prefer a two-children family model and only 11.2% are in favor of a one-child in the family. Yet the declared wishes for more children in the family diverge from the realities. The average number of children whom a woman gives birth to during her fertile period is about 1.5 and approaches the lowest level in Western European countries. Between 2 and 4% claim they do not want to have any children.

As noted, since 1990 Bulgaria has had a negative population growth rate. Most children are born to young mothers. 25% of births occur when women are under the age of 20. The mean age of mothers at the birth of their first child is 21.3 years; the average age of mothers is 3-4 years lower than that in the European countries with similar age structure. Except for the under 17 population, there is a drop in fertility rates for all other women. [See Table 4: Family Structure, Stability and Reproductive Behavior]

Table 4

Family Structure, Stability and Reproductive Behavior							
	1980	1985	1989	1990	1991	1992	1993
Crude Marriage Rate (per 1,000 population)	7.9	7.4	7.1	6.9	5.6	5.2	4.7
Crude Remarriage Rate (per 1,000 population)	-	-	0.9	0.8	0.6	0.5	0.5
Crude Divorce Rate (per 1,000 population)	1.5	1.6	1.4	1.3	1.3	1.1	0.6
Number of Children Involved in Divorce (1000s)	13.6	15.6	13.9	12.0	12.7	10.2	6.6
Total Fertility Rate (children per women)	2.05	1.95	1.90	1.81	1.65	1.54	1.45
Percentage of Births to Unmarried Mothers	10.9	11.7	11.7	12.4	15.6	18.5	22.2
Percentage of Births to Mothers Below Age 20 (%)	19.2	19.5	20.9	21.4	23.5	24.6	24.9
Abortion Rate (per 100 live births)	121.7	111.2	117.6	137.5	144.3	149.1	126.6

5.1.3 Mortality Rate

Serious concern is caused by the high infant mortality rate (IMR) in Bulgaria. From a high of 20.2 in 1980, there was a drop in 1988, when the lowest mortality rate was recorded (13.6 per thousand live births). It has averaged about 15.5 since then. [See Table 5: Changes in the Welfare of Children and Adolescents] This is unacceptably high.

In the towns infant mortality is generally lower than in the villages--14.9 per thousand live births in urban areas as compared to 16.9 in the villages. It is highest in the Bourgas Region (19.3) and lowest in Sofia (13.9) [See Figure 1: Marriage Rate, Birth Rate, Mortality and Infant Mortality in 1992, by Regions]

Table 5

Changes in the Welfare of Children and Adolescents								
		1980	1985	1989	1990	1991	1992	1993
Births Attended by Health Personnel (%)		-	-	99.3	99.1	99.5	99.8	-
Immunization Rates (%) of Children aged 1-2)	DTP	-	-	99.5	99.5	99.4	97.9	-
	POLIO	-	-	99.7	99.7	99.0	98.8	-
	MEASLES	-	-	99.6	99.6	97.8	92.2	-
Low Birth Weight (%) of live births)		-	6.0	6.2	6.4	7.4	7.7	8.3
Infant Mortality Rate (per 1,000 live births)		20.2	15.4	14.4	14.8	16.9	15.9	15.5
Under-5 Mortality Rate (per 1,000 live births)		24.0	21.0	18.3	18.7	21.4	20.6	19.6
Cause-specific under-5 Mortality Rate (per 1,000 live births)	Infectious diseases	-	-	0.84	0.84	1.08	0.98	1.11
	Respiratory diseases	-	-	4.40	4.64	5.14	4.22	4.12
	Accidents, poisonings & violence	-	-	1.80	1.84	2.09	2.09	1.71
Maternal Mortality Rate (per 100,000 live births)		21.1	12.6	18.7	20.9	10.4	21.3	14.1

The general mortality rate is also of concern. In 1965 the mortality rate was 8.1; in 1975 it was 10.3; and in 1985 it was 12.0. Between 1985 and 1992 it was consistent at 12.0. Since then it has increased significantly, being 13.27 in 1994 and projected to be 14.52 by the year 2000. The crude death rate increased by 12% in Bulgaria between 1989 and 1993. The life expectancy for men is 67.7 years, while for women it is 75.0 years.

5.1.4 Migration

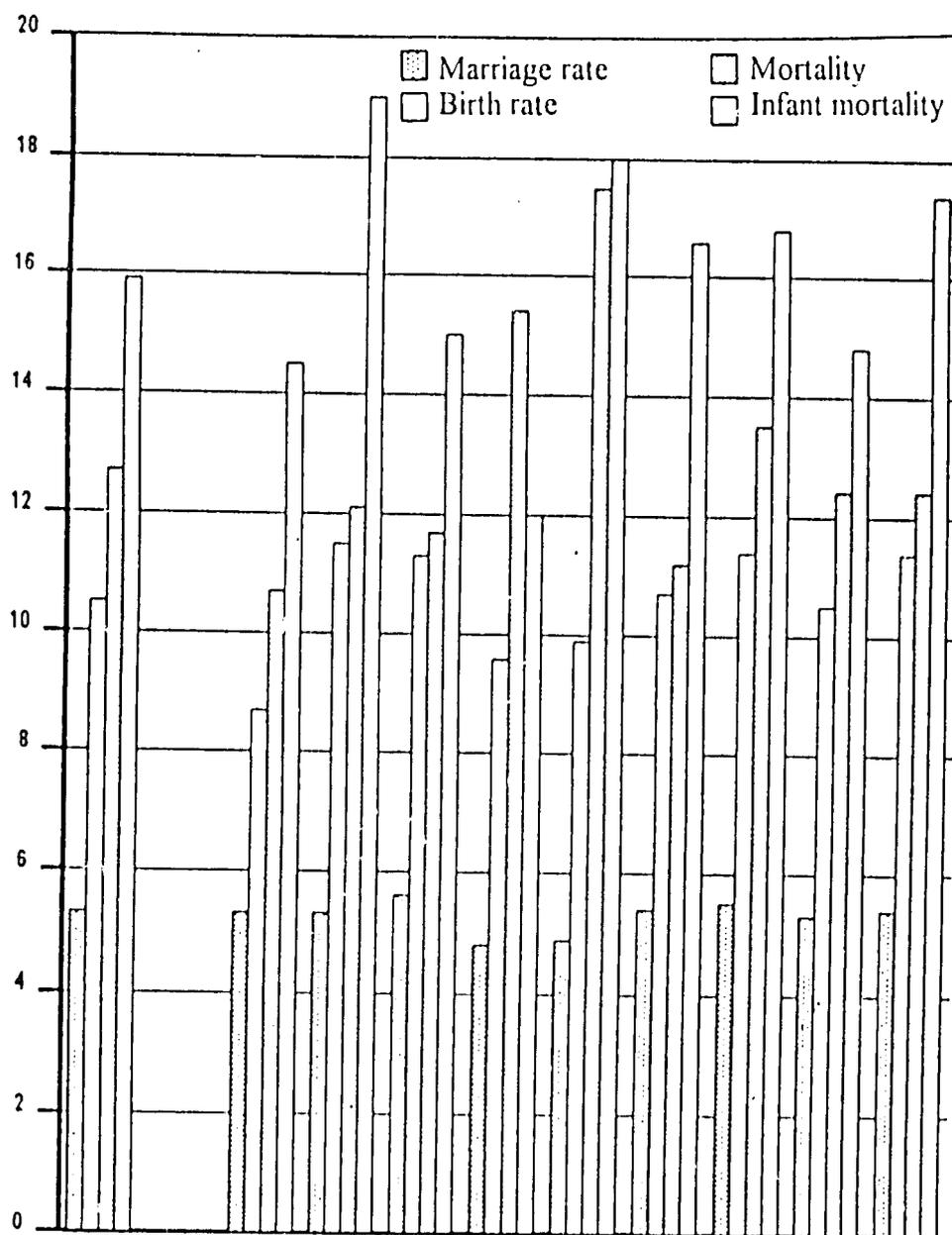
During recent years we have been witnessing considerable external migration. High emigration to Turkey in 1989, and after that to Western Europe, has resulted in a decrease of the population of this country.

Internal migration of the population, unlike emigration, has a direct impact only on the number of people in and the demographic composition of specific locations within the country. For example, 346,000 thousand people or 4.1% of the population of Bulgaria, changed their permanent residence between 1986 and 1992. The intensity of internal migration over this

Figure 1

MARRIAGE RATE, BIRTH RATE, MORTALITY AND INFANT MORTALITY
IN 1992 BY REGIONS

Per 1,000 population



Total for the country

- 1 City of Sofia
- 2 Bourgas Region
- 3 Varna Region
- 4 Lovech Region

- 5 Montana Region
- 6 Plovdiv Region
- 7 Rousse Region
- 8 Sofia Region
- 9 Haskovo Region

seven-year period is 39.7 per thousand. The internal immigration rate has been slowing noticeably since 1966. The immigration rate between 1966 and 1975 was double that of the 1976-1985 period, which, in turn was double that of the 1986 to 1992 period. [See Table 6: Internal Migration in Bulgaria, by Period]

Table 6: Internal Migration in Bulgaria by Period				
	Period			
	1976-85	1986-92	1976-85	1986-92
	Number (thousand)		Structure (%)	
Total	711	346	100.0	100.0
From town to town	272	147	38.3	42.5
From town to village	95	81	13.3	23.4
From village to town	244	76	34.3	22.0
From village to village	100	42	14.1	12.1

In addition to the general decrease of internal migration over the period 1986-1992, the direction has also changed: until the mid-1980s migration was predominantly from the villages to the towns whereas since then there is some return to the rural areas. [See Table 6]

5.1.5 An Aging population

The age of the population is shifting. There is a decrease in the share of the young population while the share of the older population increases. The percentage of the young population (under the age of 20) was 37.8% in 1946 and fell to 28.2% in 1985. It reached 25.7% in 1992. The percentage of the elderly population (60 years and more) is increasing. It has gone from 9.5% in 1946, to 17.8% in 1985, reaching 21.1% in 1992. Now Bulgaria is among the countries with an old population. Concomitantly there has been a shift in the average age of the population. In 1946, the average age in Bulgaria was 29.8 years and in 1993 it was 38.4. The percentage of people 0-14 years is continuously decreasing. In 1993, this age group comprised 18.6% of the total population.

5.1.6 Education

There have been positive shifts in education. The population is becoming better educated. Today one in ten people age 20 years or more has university education. A little more than half of the population over 18 years of age (54%) has secondary and some higher education.

5.1.7 Marriage and Family

The population of the country is characterized by a relatively high percentage of persons in *de jure* marriage--68% of the population of 15 and more years of age. Before 1980 the marriage rate as a demographic phenomenon did not demonstrate significant variability over time, with the exception of peaks at times of war and economic crisis. Since 1980, the marriage rate in Bulgaria has decreased continuously, especially since 1990. [See Table 4] In 1988 the rate was 7 per 1000 people compared to 4.7 per 1000 in 1993. The average marriage age is also decreasing and is about 4-5 years lower compared to Western European countries. We can assume that many weddings have been put off in time and also that a growing number of people live in a family without making it a formal legal act.

Early census data suggest that in the early 1900s, the average number of members of a family was about 6. The economic crisis of the 20s and 30s ruined many families, bringing down the average number of children. In 1926, the average number of family members was 5, in 1934; 3.95 in 1946; 2.94 in 1985, finally reaching 2.81 persons in 1992. This was mainly the result of the birth rate decreasing by half over the past 50 years.

A sociological survey carried out by the National Statistical Institute (results were reported in Statistical Barometer of 27 July 1994) found that today two thirds of Bulgarians prefer a two-children family model, and only 11.2% are in favor of a one-child in the family. Yet the declared wishes for more children in the family diverge from the realities. The average number of children whom a woman gives birth to during her fertile period is about 1.5 and approaches the lowest level in Western European countries. Between 2 and 4% claim they do not want to have any children.

The number of two-member families has been decreasing. By the end of 1992, their number has increased by 197,000 over their numbers in 1965. In villages, over the period 1965-1992, two-member families increased by 10.2 points and now account for 55.6% of all families. In the towns, two-member families have increased by 8.1 points and now account for 39% of all urban families. Over the same period, three-member families decreased by 8 points in the villages and 6.4 points in the towns.

The second largest group of families are those with three members. Their relative share has decreased constantly between 1965 and 1985 and only in recent years is there an upward trend. Four-member families remain constantly about 25% of all families. Families with 5 or more members has decreased in both absolute figures and in relative share (from 6.5% to 3.9% between 1965 and 1992).

According to data from the last census, the persons between 30 and 39 years of age (an age range when a family is normally established) who live alone, i.e., who have withdrawn from the traditional family relationships, were 2.8% of persons in this age range. If we add to them the people between 20 and 29 years of age who live alone, we get a social group of about 100,000

people who have - for one reason or another - avoid marriage as the most appropriate form of existence. It is, of course, an open question whether those who have expressed their willingness to set up a family are prepared for their roles as marriage partners, parents and educators.

5.1.8 Ethnic Composition

In terms of the ethnic composition of the population, naturally the Bulgarian ethnic group prevails. It comprises 7,272,000 persons or 85.8% of the whole population. Second, but significantly smaller, is the Turkish ethnic group (822,000 persons or 9.4%). Third is the Gypsy ethnic group, comprising 288,000 persons or 3.7%. The size of all the other ethnic groups is 91,000 persons or 1.1% of the total population

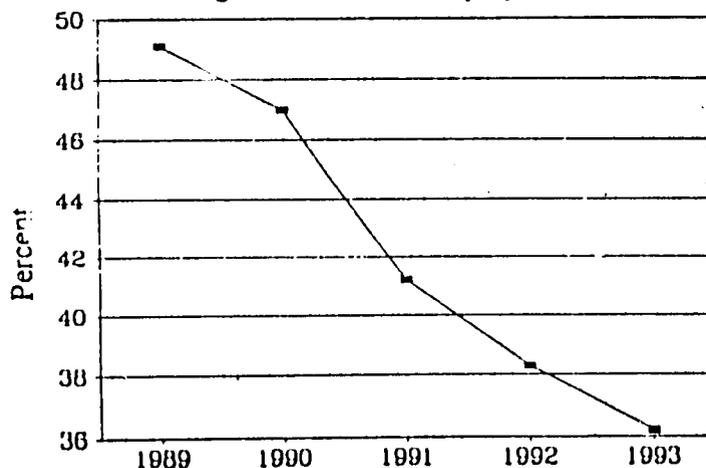
In accordance with the ethnic composition of the population, the prevailing part of it has Bulgarian as mother language (7,311 thousand persons or 86.3%). Turkish is mother language to 9.8% of the population, and Gypsy is mother language to 3% of the population.

East Orthodox Christianity is the dominating religion, comprising 86.2% of the population. It is the official religion in this country. A small part of the population are Catholics (0.6%) and Protestants (0.2%). As a whole, Christians account for 87% of the population. Second, with a significantly smaller share, is the Muslim religion with 12.7% of the population. [Census 04.12.1992]

5.1.9 Economic Indicators

The transition from a centrally planned to a market-oriented economy has been accompanied by dramatic changes in the economic activity of people: from virtually full employment to severe unemployment. The number of employed persons has been continuously decreasing from 4,365,000 in 1989 to 3,076,000 in 1993 (a drop of 30%). Employment per 100 people has dropped from 49.1% in 1989 to 38.3% in 1992 and 36.2% in 1993. [See Figure 2: Level of Employment 1989-1993]

Figure 2: Level of Employment



According to an employment survey conducted by the National Statistical Institute in October 1994, the number of employed persons was 2,869,000 or 41.7% of persons at 15 years or older. [See Table 7: Employment by Age, October 1994] Employment of persons over 15 years of age is much higher in the towns (46.9%) than in the villages (31.1%). If we consider the employment rates only for persons within the basic employment age, the rate is somewhat higher but the difference between urban and rural population is maintained: 62.2% vs. 50.1%, respectively.

Table 7: Employment by Age: October 1994		
Age Range	Employed (Thousands)	Employment Rate (%)
Total	2868.7	41.7
15-19	31.9	5.1
20-24	231.7	37.3
30-34	403.8	72.4
35-39	421.1	76.4
40-44	478.7	76.1
45-49	440.2	75.2
50-54	336.0	67.7
55-59	144.3	29.8
60-64	39.6	7.2
65-69	17.0	3.7
70 or more	9.8	1.2

The ratio between employed men and women is similar in urban and rural areas, with higher employment rates for men. Among all employed in October 1994, 45.8% are men and 37.7% are women. In the towns, the figures are 50.7% men to 43.3 women, whereas in the villages the difference is greater: 36.1 employed men to 26.2% employed women. [See Table 8: Employment: October 1994]

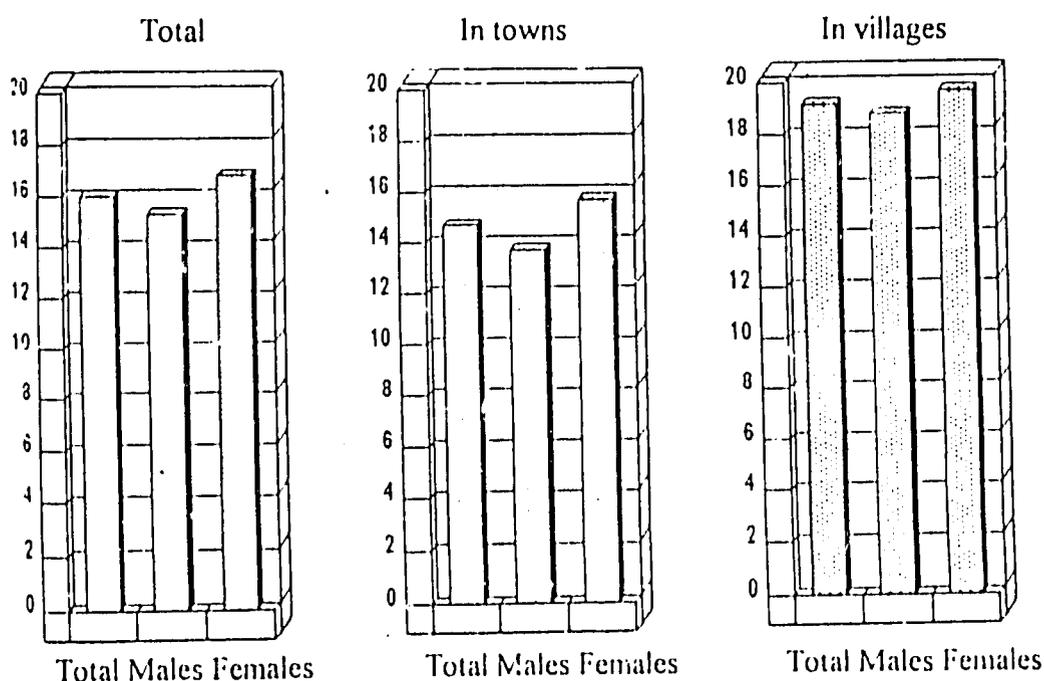
In comparison to September 1993, a drop in employment was observed in October 1994 in all age groups but it is more substantial in the younger and more elderly, whereas with the basic adult population the decrease is insignificant. About 12.1% of all employed persons are over 60. [See Table 7]

Table 8: Employment, October 1994		
Residence	Employed (Thousand)	Employment Rate (%)
Total	2868.7	41.7
Males	1532.4	45.8
Females	1336.3	37.7
In Towns	2163.0	46.9
Males	1130.4	50.7
Females	1032.6	43.3
In Villages	705.7	31.1
Males	402.1	36.1
Females	303.7	26.2

The data of the October 1994 survey indicate that the level of education has a positive impact on employment. The employment rate of people with university education is 72.5% whereas the employment rates of persons with elementary or lower education are three times lower. At the same time, people with elementary education or lower account for about one quarter of all employees (one fifth in the towns and nearly half in the villages).

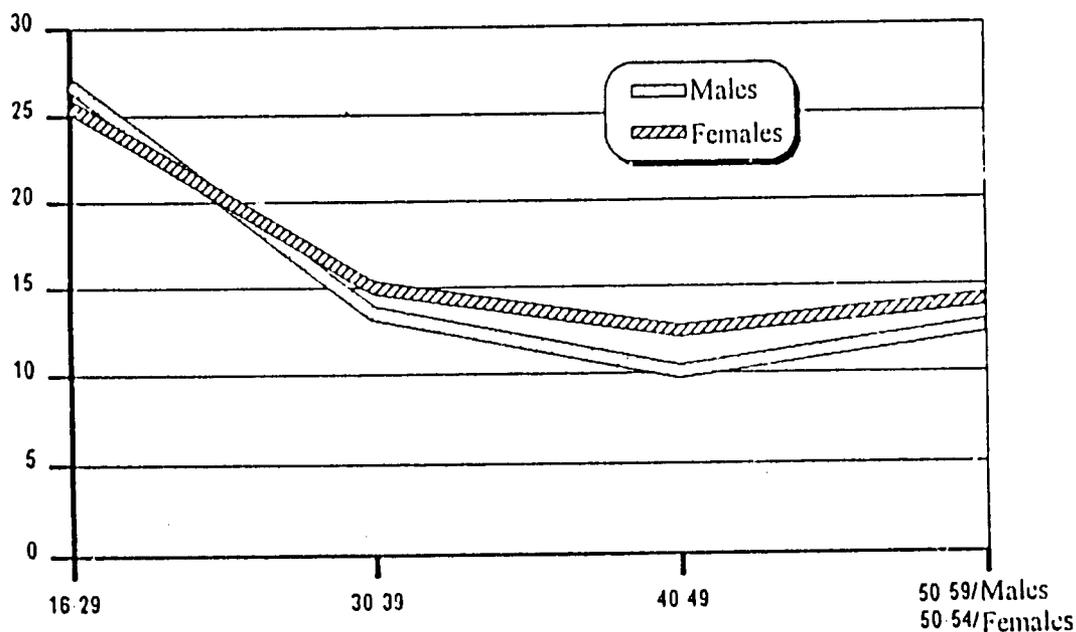
Another way to look at the problem is in terms of the unemployment rates. In 1990 the unemployment rate was 1.5. That increased to 11.1 in 1991, 15.3 in 1992; and in 1992 the unemployment rate was 16.4%, with a drop to 12.8 in 1994 [See Table 2]. The rate was 14.5 in urban areas and 18.5 % in rural areas [See Figure 3: Unemployed by Place of Residence and Sex]

Figure 3: Unemployed by Place of Residence and Sex
Percentage of economically active population, December 1992



And women had higher unemployment rates than men across ages, with the exception of the 16-29 year age group. [See Figure 4: Unemployed by Age and Sex]

Figure 4
'UNEMPLOYED BY AGE AND SEX
 (% of economically active population)
 December 1992



The trend for decreases in the absolute numbers and relative employment rates are predicted to continue.

According to the National Employment Service, in more than 40,000 families both parents are unemployed. Unemployment benefits are granted through a Decree of the Council of Ministers of 1989 (latest amendment on 1 December 1994). According to this Decree, the benefit amounts to 60% of the average monthly salary the person had been receiving over the past 6 months of employment, but not more than 140% or less than 90% of the minimum monthly salary. Depending on prior length of service and age, the unemployed person receives the benefits for 6 to 12 months after registration at the unemployment office of the local authority. There are, however, a number of cases when the person cannot receive even these minimal grants. For instance, if a person ever registered as a sole proprietor, even if the person never got any revenue through this, he is not eligible for unemployment benefits.

The number of employees in private businesses is growing. In October 1994 it amounted to 16% of all employees. In comparison to September 1993, their share increased by 5%. Still, the number of employees in the government sector is much larger (about 75%).

The private sector is preferred by men more than by women. Some 30% of men work in the private sector compared to about 20% of women. The differences between men and women are still greater when comparing employers and the self-employed, with there being more men in each of these categories.

5.1.10 Health and Nutrition

A major aspect of family life and child rearing is the feeling of general welfare of the children. One aspect of this is the child's birth weight. The percentage of children we are born at a low birth rate has increased steadily from 6.0% in 1985 to 8.3% in 1993. However the under-five mortality rate has remained more or less constant, and immunization rates for DPT, Polio and Measles was more than 99% until 1991; in 1992 there was a drop. [See Table 5]

The changes appears to have had a larger impact on children's nutrition. An issue in children's nutrition is the affordability of basic foodstuffs. Since the liberalization of prices in February 1991, increases in the prices of goods in general, and of foodstuffs in particular, have made most of the households restrict their food consumption. [See Table 9: A Price Index for 168 Products and Services]

In May 1991, the Institute of Pediatrics conducted a survey and analysis of the food consumption of mothers of infants and children (1-10 years old) in various regions of the country. The survey respondents were 98 mothers of infants (0 - 1 year) most of whom (92 per cent) resided in urban areas. In addition to the selected data about food consumption, the survey also included questions and answers about the course of pregnancy.

Analysis of the data on foods actually consumed revealed that a large number of lactating mothers did not get sufficient amounts of proteins and vitamins. [See Table 10: Food Consumption Reported by Mothers of Infants 0-1 Year in 1991] Table 10 shows that some 23% did not consume enough milk, and about 22% did not get enough meat. The reasons for these poor consumption patterns can be assumed to be shortages and, especially, high prices.

Products	Essential Total	Sufficient	Irregular	Insufficient	Not consumed	Consumed more than recommended	Not indicated
Milk	100	62.5	8.0	22.7	3.4	3.4	1.1
Meat	100	61.4	10.2	21.6	6.8		4.9
Sausages	100	57.9	8.8	6.8	21.6		
Eggs	100	62.5	10.2	6.8	19.4		
Fruits	100	82.8	3.4	5.8	5.8	2.2	

Vegetables	100	73.9	3.4	5.7	14.8	2.2	
Sugar	100	52.3	6.8	18.2	19.3	2.2	
Jam, honey	100	54.5	6.8	9.1	26.1	2.2	
Sweets	100	54.0	11.6	8.0	21.8	2.2	
Legumes	100	68.2	2.3	1.1	25.0	1.1	
Bread	100	93.0	2.3		1.1	2.2	

Source: A UNICEF, Nationwide Situation Analysis of Bulgaria's Children and Families, 1992. Study prepared by Institute of Pediatrics.

The unbalanced and inadequate diet of the mothers of newborns has had an adverse impact on lactation, and thus can be assumed to be a major contributing factor to increased rates of bottle feeding. Breast-milk substitutes are introduced at less than three months of age for 40 per cent of the infants, due to insufficient lactation. Not more than 45 per cent of the infants were properly shifted to bottle feeding.

The high prices of many foodstuffs results in mainly carbohydrate meals for many children. 51% of children aged 1-3 years, 14% of those aged 3-5 years, and 23% of those aged 6-10 years breakfasted on predominantly carbohydrate foods, placing them at risk of protein deficiency. The principal mid-day meal satisfied the age-specific requirements of no more than 59% of the children between 1 and 3 years of age, 25% of preschool children, and 38% of young schoolchildren. The respective rates for supper were 64%, 60%, and 77%.

5.2 *Child Care & the Family*

In the beginning of the century Bulgaria was dominated by the typical patriarchal family consisting of several generations. The efforts mainly of the men in the family provided the means of existence. The main function of the women was to give birth and bring up many children.

Children have high value in the traditional Bulgarian ethnic culture. While the care for the children is a task of the whole family, traditionally this is primarily the responsibility of the mother or the grandmother. According to data by the National Statistics Institute, in 1991 about 40% of the Bulgarians thought that "a woman should not work but look after the children and the family", and according to almost half of those questioned, she must stay at home until the child starts school. But in 1993 the bad economic situation of many families changed their declared preferences - only 1/4 of those questioned said that the child must be taken care of by a member of the family. The remaining 3/4 support the idea of using a public nursery. (Statistical Barometer, 12.08.94, p.4)

The economic situation has led to differentiated income. According to data from the Ministry of Labor and Social Welfare quoted in the media, in 1992, 10% of the people received

Table 9

A Price Index for 168 Products & Services	
<p>The 168 HOURS Price Index measures the average change of retail prices for a certain month as against the beginning of the year. The Index is calculated on the basis of information on retail prices collected by the National Statistical Institute. The data build up a consumer basket of products most commonly used in Bulgarian households. The Index for each group illustrates the average deviation of prices of all products within a certain group sold during the month. It is influenced by the price deviation of each product and the structure of sales. The General Index is based on the specific group indices.</p>	
168 HOURS Price Index for December 1994	
Baseline December 1993	221.37
<i>Food</i>	239.2
<i>Non-food</i>	217.35
<i>Services</i>	160.67
Bread, 1st grade	166.79
Bread, 2nd grade	177.80
Pork	314.50
Veal	307.11
Chicken	253.17
Eggs	267.58
Milk	308.76
Dairy products	321.72
Honey	246.59
Fresh vegetables	269.37
Potatoes	147.75
Citrus fruit	206.16
Vegetable juices and baby food	221.56
Outer garments for children	205.22
Garments for children	240.49
Knitwear for children	208.51
Underwear and socks for children	229.81
Shoes for children	268.65
Toys	251.61
Sanitary products and cosmetics	241.33
Analgesics	207.75
Vitamins	222.03
Other medicinal products	179.86
Food in public catering for children	128.30

12% of the total personal income of the Bulgarian population. In 1994, this shifted dramatically: 10% of the people now take 24% of the total income. At the same time nearly 1 million Bulgarians live below the poverty threshold and account for only 3.5% of all incomes.

The impoverishment of the population has affected most strongly the families with many children. For instance, in 1991, the average annual income per person in an urban family with three or more children was 86% of the annual average income of a family with two children and 75% of that in a family with one child. In villages, the situation was harder and the respective figures were 77% and 69%.

The average annual spending per person for clothing and shoes in families with three or more children was equal to 70% of that in a family with two children and 62% of spending in a family with one child. Spending for cultural activities in the same context was 51% and 37%, respectively.

In the NSI survey of 1993, nearly 80% of the parents indicated that their income is insufficient and 20% make a statement that their income is extremely insufficient. This statement refers mainly to being able to afford the basics such as food and clothing [See Table 11: Garment Price Increase]. To the question, "What are you compelled to deprive your children of because of financial difficulties?" parents responded: toys - 38.2%; trips - 29.0%; summer holidays - 22.4%; interest clubs - 19.0%; clothes and shoes - 13.2%; books - 9.7 ; food - 3.5% (Statistical Barometer, 27.12.94, p.13) (Note: the sum is more than 100% because more than one answer could be ticked as correct).

Nonetheless, according to the NSI survey, among parents of older schoolchildren, over 80% of the parents declared their readiness to pay for additional private lessons, individual teaching for the development of artistic talents of the child, or for learning foreign language, and almost 60% are inclined to pay for pedagogical or psychological consultation on problems regarding their child or to pay for the child's study at university (Statistical Barometer, 22.09.94, p.4). The parents readiness to spend a significant part of their family budget to provide paid pedagogical services for their children is not influenced significantly by the educational level of the parent. About 3/4 of the parents agree that it would be good if the children work according to their abilities in order to support the family budget.

5.3 *Government Supports for the Family*

Neither before the changes, nor today, is there a clear-cut policy in Bulgaria on how to effectively support children and families. An example is the notorious Decree for Encouragement of Births (promulgated State Gazette, issue 26 of 1958, last amendment in State Gazette issue 88 of 1993). According to the decree, families were given additional monies for each additional child. Until October 1993, the following *birth grants* were in effect: for 1st child - 100 leva; for second child - 250 leva; for third child - 500 leva; for the fourth and subsequent children - 100

Table 11

Garment Price Increase					
((basic indices for 1994 (December 1993 = 100))					
Product group	Month				
	VI	VII	VIII	IX	X
<i>Gents</i>					
Gents clothes	143.2	151.3	155.3	172.6	192.5
Outer garments	117.8	120.7	121.1	130.6	163.6
Suits	157.5	157.3	146.5	149.8	171.6
Coats	176.1	185.1	178.2	183.8	214.0
Trousers	157.6	160.2	164.2	176.5	195.3
Shirts	141.2	154.5	161.3	179.5	194.9
Knitwear	148.8	150.2	153.4	183.7	204.4
Underwear and socks	131.8	143.9	149.6	162.0	182.1
Gents shoes	156.5	162.7	169.4	195.9	213.9
<i>Ladies</i>					
Ladies clothes	144.3	148.8	152.7	166.6	182.8
Outer garments	131.3	131.6	137.5	151.8	185.1
Suits	131.3	134.8	132.6	140.5	156.2
Dresses	160.9	161.4	165.5	174.4	186.1
Skirts	150.8	162.6	165.4	173.1	186.7
Coats and trousers	161.9	153.6	151.6	159.1	178.9
Blouses	150.2	159.3	158.4	171.3	190.9
Knitwear	108.8	108.9	107.9	125.9	139.3
Underwear and stockings	164.4	175.4	178.7	195.6	208.3
Ladies shoes	153.0	153.1	155.2	173.1	184.8
<i>Children</i>					
Children's clothes	137.7	149.5	156.4	175.5	200.3
Outer garments	107.0	113.1	120.9	141.3	173.6
Garments	147.2	163.8	169.2	190.1	216.1
Knitwear	136.9	140.4	148.1	158.7	176.9
Underwear and socks	141.6	150.7	160.2	177.3	195.5
Children's shoes	158.1	159.6	166.8	197.1	227.3

leva. After the 1st of October 1993, the amounts became: for first child - a minimum monthly salary; for second child - 2 minimum monthly salaries; for third child - 2.5 minimum monthly salaries; for fourth and subsequent - 1 minimum monthly salary.

Pregnancy and delivery leave are granted by the law as follows: for first child - 120 days, for second child - 150 days, for third child - 180 days. Of these, 45 days should be before delivery. Over these 4-6 months, the mother receives her full salary. She is also allowed to take paid leave until the child becomes 2 years of age, and during this period she receives the minimum monthly salary. If she wishes to, she can then take another year of unpaid leave to take care of her child.

The following *childrearing grants* are paid to one of the parents on a monthly basis: for first child - 15 leva; for second child - 30 leva, accompanied by an increase of 15 leva over the benefit for the first child; for third child - 55 leva; for fourth and subsequent - 15 leva.

Single mothers who take care of their children alone receive as follows: for first child - 40 leva for second child - 60 leva and an additional 20 leva for the first child; for third child - 110 leva; for fourth and subsequent - 30 leva. Since 1 October 1994, 357 leva more are granted as a compensation for inflation.

For children with physical and mental handicaps the monthly grants are double.

For the time when the husband is a conscript in the army and cannot provide for his family, additional monthly grants are given as follows: for first child - 10 leva; for second child - 20 leva; for third child - 30 leva.

To put into perspective what these amounts mean, in January 1995 an egg cost 6 leva and one liter of milk about 30 leva. Thus these grants are token, at best.

In terms of *sick child leave*, women are able to take leave to care for sick children until the child is 16 years of age. There are pressures from the International community to change social service provision. To meet the criteria of loan agreements, Bulgaria is being pressed to limit women's leaves for looking after their sick children by changing it to children under 10 rather than 16 years of age and making the first three days of these leaves payable by the employers, not the State. Such changes in women's leave provisions have negative implications for women's employment.

In recent years, most companies sign employment contracts for a definite term only. Generally these are shorter for women so that the company does not have to pay maternity benefits. After expiry of the contract the company is not responsible to the employee.

Even when eligible, it is difficult for women to receive the various child support grants because these are given through the local authorities which are not very efficient.

Various changes have been discussed in relation to the birth and childrearing grants, including a project to cut them down. It is assumed that the new Socialist Government will introduce some changes in the existing legislation, but there are strong doubts about what can be achieved within the limited resources of the country.

5.4 *Public Child Care Provision*

The economic crisis characterized by high inflation and unemployment has a significant impact on child care. Bulgaria's system of childcare establishments has a long history. The country's first preschool was organized in 1882, and the number of children attending increased until 1980. Since 1989 the number of children attending these establishments has decreased. This decline in enrollment is due both to the decline in the number of children in that age range and to the economic hardships currently experienced by the parents.

During the past decade a number of steps were taken that have both direct and indirect implications for the upbringing and education of young children. First among these was the option for either parent of a small child to take a two-year paid leave to take care of the child (while retaining his/her job for a period of three years, thus making possible a third year of unpaid leave). During the same period preschool pedagogy became a university subject. In 1992 four university and institutional faculties were training personnel for the specific needs of preschool education, and an inspectorate was established to control the practical implementation of the educational program.

Despite these positive trends, childcare has been severely affected by the social changes since the fall of the communist Government in 1989. Many of the premises of childcare establishments were old houses belonging to rich private persons whose property was nationalized in the late 1940s. Under the new democratic system, a special Law on Restitution of Nationalized Urban Real Estate was issued in 1992 (promulgated in the State Gazette No. 15 of 21 February 1992). The law restores property to its former owner.

Other preschool facilities were built illegally by the government or local authorities on private land which is also bound to restitution under the new law. To avoid full disruption of childcare, the authorities have made a provision that for several years houses used for educational purposes shall not be returned to their owners, but this is still a short-term solution. No other premises are available and new houses are too expensive to build today.

According to data of the National Statistical Institute, by the end of 1993 restitution was completed for 173 children's establishments, this is about 85% of the premises for which there are private claims. For instance, 60 nurseries were under the authority of Sofia Municipality in 1990 and 7 of them have been given back to the former owners. For many others a legal process of restitution is in progress. No complete statistics are available about the extent of the problem throughout the country.

An additional difficulty is the difference in administrative subordination of childcare establishments: nurseries are under the authority of the Ministry of Health, whereas kindergartens are under the authority of the Ministry of Education.

5.4.1. Nurseries

Nurseries admit children between one and three years of age. They have a range of functions, including health care and education. As noted, nurseries are under the auspices of the Ministry of Health, but the financing of nurseries comes through the municipal authorities. Normally, the local authorities are owners of the premises and the land on which the facilities are built. The result is that more than one authority is responsible for each nursery, thereby making the process of decision-making very cumbersome.

There have been cases where private owners of facilities now used for nurseries have displayed a willingness to help the local authority in one way or another after the restitution of their property. Bureaucracy, however, has made life difficult for everybody and certainly the ultimate effect has been negative for the children and the families who need these services. Even direct charity has not been properly used to the benefit of everybody concerned.

All nurseries in Bulgaria are Government-controlled. There is a minimum fee for single mothers, students, etc. which was equal to 150 leva when this Report was written and a maximum fee equal to 450 leva. In order to be eligible to pay the minimum fees (equal to 150 leva per month at the time of writing of this Report) documents justifying this low payment must be submitted to the authorities every month. Many parents would rather pay the maximum fee than present documents every month to demonstrate that they are eligible to pay lower fees.

The number of children in a group varies between 8 and 16. There are special nurseries with health care functions for children with chronic illnesses or who are handicapped. In such facilities groups normally involve less than 10 children. In Sofia there are 4 such specialized nurseries where special rooms for physical therapy have been equipped and experts in physical therapy have been employed. In Sofia there is one nursery for deaf and mute children and one for children with cerebral paralysis.

General responsibility in a nursery is given to a head medical nurse. a professional educator is also employed by each nursery. Normally one group of children is taken care of by three medical nurses and one general nurse. Salaries are equal to that in medical establishments but there are not many applicants for the position as medical personnel in Bulgaria are badly underpaid. Retired nurses have been allowed to work in many nurseries but still qualified staff is missing. Support personnel includes an accountant, a cook and a caretaker.

While all children within the age limits can apply to attend nurseries, a medical examination is obligatory prior to admittance.

The pattern of usage of nurseries has changed over time. [See Table 12: Regular Nurseries and Availabilities to Children Below 3 Years] Between 1965 and 1985 there was a

Table 12: Regular Nurseries and Availability to Children below 3 Years							
	1965	1970	1980	1985	1989	1990	1992
Total							
Establishments	349	506	1129	1127	1075	1060	944
Seats	23283	31241	76745	66170	43443	41495	36384
Seats/ 1000 children	61.6	76.1	197.0	196.4	127.4	125.8	132.4
In Towns							
Establishments	294	368	753	753	745	745	691
Seats	21693	27472	64845	55750	36585	34970	31173
Seats/1000 children	127.7	118.1	242.6	245.5	151.8	150.2	NA
In Villages							
Establishments	55	138	376	374	330	315	253
Seats	1590	3769	11900	10420	6858	6525	5211
Seats/1000 children	7.6	21.2	97.3	94.8	68.5	67.3	NA

steady increase in the number of nurseries and the number of children in them. Since 1985 there has been a decrease. Overall between 1985 and 1993 there was a 21% decrease in the number of nurseries, with a 51% decrease in the number of children served. In Sofia, between 1990 and 1993, 20% of the places were closed, and there was a loss of about 1/3 of the children. [See Table 13: Number of Nurseries, Beds and Groups in Sofia]

Table 13: Number of Nurseries, Beds and Groups in Sofia						
	Number of nurseries	Beds	Total Number of Groups	Average number of beds/nursery	Average number of groups/nursery	Average number of beds/group
1990	25	1304	92	52.2	3.7	14.2
1991	25	1308	90	42.3	3.6	14.5
1992	22	1056	71	48.0	3.2	14.9
1993	20	944	65	47.2	3.3	14.5

Many factors have affected the number of nurseries and their use: the negative population growth rate, the employment situation (when women are unemployed they have less need for child care), migration, high inflation and the changing expectations of parents. Some nurseries are not viable because they cannot collect even the minimum number of children to justify their existence. For instance, 8 of 60 nurseries under the Sofia Municipality were closed down because they were underutilized. Others had to change their premises because of problems of restitution of the houses to their former owners, and structural changes became necessary for others. Between 1990 and 1992, 32% of nurseries in Sofia were closed or changed their status.

The remaining nurseries are also facing serious problems, mainly due to the shortage of eligible children. Given the many advantages of public nurseries such as cheap food, security of good care under professional surveillance and regular contacts with other children of the same age, the main factor for fewer children in nurseries is the reduced birth rate and the smaller average number of children in a family (1.08 in 1965 down to 0.99 in 1992).

5.4.2 Kindergartens

Kindergartens in the Government sector include six types:

1. day care kindergartens (with optional overnight groups and nursery groups);
2. Sanatorial kindergartens for children with chronic illness;
3. specialized kindergartens for handicapped children and mentally deficient children;
4. Weekly kindergartens (Monday through Friday);
5. half-day kindergartens which operate between September 15 and May 31 and admit children scheduled to start grade one at school the next year;
6. seasonal kindergartens which operate like day care facilities in areas where many parents are involved in seasonal employment. Such facilities operate between 45 days and 10 months.

In 1993, the permanent kindergartens enrolled 247,300 children and 89.3% of them provided day care or weekly care. Half-day kindergartens enrolled 26,300 children and only 158 children were enrolled in seasonal care. [See Table 14: Children in the Kindergartens by Age in 1993 and Table 15: Kindergartens 1993] Note: there are some children 7 and 8 years of age attending kindergartens.

In 1980 there were 6185 kindergartens. Between 1980 and 1987 the number of kindergartens decreased 21.7%. The number was more or less stable between 1988 and 1991. Between 1991 and 1993 there was a further 13.6% decrease in kindergartens. Over the same time period (1980 to 1993) there was a 41.1% decrease in the number of children attending kindergarten. [See Table 16: Kindergartens] Currently kindergartens are not fully enrolled (there are 100 children per 114 beds) except for Sanatorial kindergartens where the number of applicants is greater than the available facilities. There are urban/rural differences. In the urban areas places

Children in the Kindergartens by Age in 1993								
Types of kindergarten	Total	By age						
		2	3	4	5	6	7	8
Total	247472	6482	45953	58858	65195	66389	4547	48
<i>Permanent</i>	247314	6471	45924	58821	65159	66344	4547	48
All-day	216737	6279	44328	55362	57352	50237	3168	11
Sanatorial	883	21	163	235	244	194	26	-
Specialized	951	11	110	208	269	245	88	20
Weekly	2439	67	516	623	611	601	20	1
Half-day	26304	93	807	2393	6683	15067	1245	16
<i>Seasonal</i>	158	11	29	37	36	45	-	-
In towns	180325	3921	33991	42690	46673	49493	3515	42
<i>Permanent</i>	180289	3921	33991	42690	46669	49461	3515	42
All-day	161602	3846	33288	41372	42578	38023	2488	7
Sanatorial	809	20	148	217	233	180	11	-
Specialized	868	11	93	193	246	221	84	20
Weekly	1579	29	352	396	404	387	11	-
Half-day	15431	15	110	512	3208	10650	921	15
<i>Seasonal</i>	36	-	-	-	4	32	-	-
In villages	67147	2561	11962	16168	18522	16896	1032	6
<i>Permanent</i>	67025	2550	11933	16131	18490	16883	1032	6
All-day	55135	2433	11040	13990	14774	12214	680	4
Sanatorial	74	1	15	18	11	14	15	-
Specialized	83	-	17	15	23	24	4	-
Weekly	860	38	164	227	207	214	9	1
Half-day	10873	78	697	1881	3475	4417	324	1
<i>Seasonal</i>	122	11	29	37	32	13	-	-

Table 14

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Table 15

KINDERGARTENS 1993							
Type	Number	Seats	Seats/100 children	Educational staff	Groups of children	Children: total	Of them, girls
<i>Total</i>	3856	282054	114	25623	12590	247472	119892
<i>Permanent</i>	3846	281811	114	25601	12578	247314	119803
All-day	3180	248315	115	23493	10884	216737	104656
Sanatorial	14	802	91	98	50	883	420
Specialized	18	954	100	266	103	951	378
Weekly	35	2700	111	339	141	2439	1120
Half-day	599	29040	110	1405	1400	26304	13229
<i>Seasonal</i>	10	243	154	22	12	158	89
<i>in the cities</i>	1611	180221	100	17904	8373	180325	87400
<i>Permanent</i>	1611	180185	100	17902	8371	180289	87380
All-day	1342	161757	100	16628	7424	161602	78092
Sanatorial	12	734	91	85	46	809	389
Specialized	16	848	98	242	94	868	349
Weekly	17	1596	101	222	90	1579	732
Half-day	224	15250	99	725	717	15431	7818
<i>Seasonal</i>	-	36	100	2	2	36	20
<i>in the villages</i>	2245	101833	152	7719	4217	67147	32492
<i>Permanent</i>	2235	101626	152	7699	4207	67025	32423
All-day	1838	86558	157	6865	3460	55135	26564
Sanatorial	2	68	92	13	4	74	31
Specialized	2	106	128	24	9	83	29
Weekly	18	1104	128	117	51	860	388
Half-day	375	13790	127	680	683	10873	5411
<i>Seasonal</i>	10	207	170	20	10	122	69

KINDERGARTENS								
	1980	1985	1987	1988	1989	1990	1991	1993
Total	6185	5054	4840	4666	4562	4590	4465	3856
Permanent	5641	4968	4793	4624	4543	4579	4458	3846
All-day	3414	3619	3674	3564	3628	3688	3576	3180
Half-day	2227	1349	1119	1060	915	891	882	599
Seasonal	544	86	47	42	19	11	7	10
Available educational staff in the kindergartens	28996	28864	28659	28897	28312	28776	28045	25623
Children in the kindergartens								
Total	420804	360395	344396	339891	317559	303779	258959	247472
Of them, permanent	403851	357691	343184	338888	317186	303514	258907	247314

Table 16

10

are filled. In rural areas there are 152 places for every 100 children enrolled. Thus rural kindergartens could serve approximately 50% more children. [See Table 15]

The main reasons for this decrease are the reduced birth rate and migration, and unemployment among young people who cannot afford the high fees. There are every-increasing basic survival costs which make life difficult for a family with two or more children. If a family has two children, the fee for the first child is 450 leva per month and 300 for the second. Fees for the other types of kindergartens range from 100-600 leva for the weekly nurseries and 100-300 for half-day care. Parents who are still students, single mothers and families with 3 or more children pay 50% of the standard fee. These fees do not include additional activities such as swimming, language or musical training. These additional fees can sometimes be fairly high and parents feel frustrated if they cannot provide for these for their children when other children are participating in the extra activities.

As noted, kindergartens are under the authority of the Ministry of Education. However, the local authority owns the facilities and acts as employer. Since 1989, privately run kindergartens have been allowed, most of them offer half-day care. [See Table 17: Private Kindergartens in 1993] Their activities and programs need authorization from the Ministry of Education. In Table 17 the data include only authorized kindergartens. There are a large number of kindergartens which operate illegally in that they are not officially recognize. In many of these schools the emphasis is on studying a foreign language. The fees in these kindergartens are close to or higher than the minimum monthly salary. Some parents complain that in such kindergartens teaching ambitions prevail over concern for personal growth of the children.

Type	Number	Seats	Seats/1000 Children	Educational Staff	Number of Groups	Total Children	Of them Number of girls
Total	4	179	113	14	8	159	72
All-day	3	159	105	13	7	151	68
Half-day	1	20	250	1	1	8	4

No special requirements exist for children willing to enroll in a kindergarten except a routine medical examination of the child and testing of the parents (Wassermann and AIDS tests). Each kindergarten has some administrative and service staff.

Data on kindergartens throughout the country indicate that the average number of children in the kindergarten is 64. However, in the towns this number is much greater (112) and in the villages it is much smaller (30). The average number of children in a group is 22 in the towns and 16 in the villages, taken care of by 2 teachers and a nurse.

In 1993, the kindergartens employed 25 600 teachers, of these 1,400 are head teachers without responsibility for a specific group. Between 1992 and 1993 there was a 6.5% reduction in staff. The data on educational staff in the kindergartens is presented in the following tables:

- * Educational Staff in the Kindergartens in 1993 - Table 18
- * Educational Staff in the Kindergartens by Educational Degree in 1993 - Table 19
- * Teaching Staff in the Kindergartens by Age in 1993 - Table 20

5.5.3 Mother & Child Homes

The mother & child homes were created to provide support to mothers who have extreme difficulty in taking care of their children and for orphans. Mother & child homes provide care for children under 3 and they are fully sponsored and controlled by the State, under the authority of the Ministry of Health. A survey of these homes provides an insight into the problems faced by the children in terms of material conditions, staff attitudes and skills. This section gives specific data about the children in these homes and their distribution by different categories. The section includes recommendations on how to improve the operation of these homes and make them more efficient in their functions.

The number of mother & child homes has remained relatively stable since the 1980s. There has been only a slight decrease in the number of children served in these homes. In 1985 there were 32 homes with 6,140 children; there were 31 in 1992 with 6,035 children.

For decades in the past, society had negative attitudes about extramarital births and it was not a compliment to be called *a single mother*, *a bastard*, or even *an adopted child*. Today, the economic crisis is very severe and it is difficult for single mothers, but the psychological barriers have changed and many women who have extramarital babies prefer to keep them. This has led to a decrease in the number of adoptions.

In one of the major maternity institutions, The Obstetrics & Gynecology Institute in Sofia, the number of extramarital births is increasing and the number of adoptions is decreasing. In 1992, there were 581 births and 110 adoptions. In 1993, there were 637 births and only 95 adoptions. Many of the mothers are very young. For instance, in 1989, the total number of extramarital births was 12,851. Of them, 444 babies (3.5%) were born to mothers below 15 years of age and 6776 babies (52.7%) to mothers between 15 and 19. (See Reference 30). In other words, more than half of the births during the year were to women under the age of 19.

It is important to note that the mother & child homes are the main source for adoptions. There are very strict legal conditions for adoption to guarantee the rights of children. Adoptions are managed in compliance with special Regulations issued in 1992 which harmonize Bulgarian legislation with the international Convention on the Rights of the Child. In general, the conditions for adoption by a foreigner are more stringent than those for adoption by a national. There are a

Types of kindergarten	Total	Including women	Head masters without groups	Teachers				
				Total		Including		
				Total	Of them, irregular*	Headmaster with groups	Music teachers	Educators
Total	25623	25516	1426	24197	220	1721	773	150
<i>Permanent</i>	25601	25494	1426	24175	220	1712	773	150
All-day	23493	23407	1393	22100	140	1686	756	128
Sanatorial	98	98	6	92	-	3	3	1
Specialized	266	266	8	258	-	2	3	14
Weekly	339	338	19	320	2	16	6	2
Half-day	1405	1385	-	1405	78	5	5	5
<i>Seasonal</i>	22	22	-	22	-	9	-	-
In towns	17904	17833	1207	16697	29	160	702	128
<i>Permanent</i>	17902	17831	1207	16695	29	160	702	128
All-day	16628	16569	1182	15446	24	149	687	114
Sanatorial	85	85	6	79	-	3	2	1
Specialized	242	242	7	235	-	1	2	10
Weekly	222	221	12	210	2	5	6	1
Half-day	725	714	-	725	3	2	5	2
<i>Seasonal</i>	2	2	-	2	-	-	-	-
In villages	7719	7683	219	7500	191	1561	71	22
<i>Permanent</i>	7699	7663	219	7480	191	1552	71	22
All-day	6865	6838	211	6654	116	1537	69	14
Sanatorial	13	13	-	13	-	-	1	-
Specialized	24	24	1	23	-	1	1	4
Weekly	117	117	7	110	-	11	-	1
Half-day	680	671	-	680	75	3	-	3
<i>Seasonal</i>	20	20	-	20	-	9	-	-

* Irregular teachers and educators have no adequate educational degree for the position.

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Table 18

Educational Staff in the Kindergartens by Educational Degree in 1993								
Educational Degree	Total	Including women	Head masters without groups	Teachers				
				Total		Including		
				Total	Of them, Irregular*	Headmasters with groups	Muslc teachers	Educators
Total	25623	25516	1426	24197	220	1721	773	150
Higher	6846	6805	1078	5768	10	467	337	98
Semi-higher	17584	17522	306	17278	24	1205	416	52
Secondary educational	1001	998	42	959	10	48	18	-
Other	192	191	-	192	176	1	2	-
In towns	17904	17833	1207	16697	29	160	702	128
Higher	5394	5362	961	4433	6	64	307	89
Semi-higher	11813	11776	211	11602	10	90	376	39
Secondary educational	682	680	35	647	-	6	17	-
Other	15	15	-	15	13	-	2	-
In villages	7719	7683	219	7500	191	1561	71	22
Higher	1452	1443	117	1335	4	403	30	9
Semi-higher	5771	5746	95	5676	14	1115	40	13
Secondary educational	319	318	7	312	10	42	1	-
Other	177	176	-	177	163	1	-	-

* Irregular teachers and educators have no adequate educational degree for the position.

Table 19

1991

Teaching Staff in the Kindergartens by Age in 1993								
Age	Total	Including women	Head masters without groups	Teachers				
				Total		Including		
				Total	Of them, Irregular*	Headmaster with groups	Music teachers	Educators
Total	25623	25516	1426	24197	220	1721	773	150
Under 30	2594	2582	55	2539	151	129	104	18
30 to 39	10366	10323	597	9769	51	677	410	74
40 to 54	12271	12227	745	11526	17	900	256	57
55 to 59 (males)	6	-	-	6	-	-	1	-
Beyond retirement age	386	384	29	357	1	15	2	1
<i>In towns</i>	17904	17833	1207	16697	29	160	702	128
Under 30	1489	1484	45	1444	15	8	83	14
30 to 39	7206	7179	506	6700	13	64	368	64
40 to 54	8924	8890	631	8293	1	86	248	49
55 to 59 (males)	4	-	-	4	-	-	1	-
Beyond retirement age	281	280	25	256	-	2	2	1
<i>In villages</i>	7719	7683	219	7500	191	1561	71	22
Under 30	1105	1098	10	1095	136	121	21	4
30 to 39	3160	3144	91	3069	38	613	42	10
40 to 54	3347	3337	114	3233	16	814	8	8
55 to 59 (males)	2	-	-	2	-	-	-	-
Beyond retirement age	105	104	4	101	1	13	-	-

* Irregular teachers and educators have no adequate educational degree for the position.

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Table 20

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1998

number of rules that serve as a barrier to the "export" of children. One of them is that only children at least one-year old can be adopted. Another condition is that Bulgarians should have refused several times to adopt the child and only then can the child be offered to foreign applicants for adoption.

The main mission of the mother & child homes is to secure healthy and normal child growth. The opportunity for a privileged relationship with an adult is expected to reduce the negative effects of emotional deprivation of these children. The role of such an adult is played by the medical nurses who take care of the children. As evidenced from the French experience (G. Appell; E. Pickler), the issue is not only to provide good living conditions, but to motivate the staff to work with the children and employ people specifically qualified to work with infants.

Various models have been experimented with to achieve maximum efficiency and the Institute of Pediatrics has provided methodological support to staff in the mother & child homes. A major aspect of this support has been the principle of voluntary collaboration and commitment by the staff of the homes.

Staffing at the mother & child homes is at 90% of what it should be. In 1992, these homes employed 155 physicians (of them 89 were pediatric experts), and 1585 medical nurses. The staff also included obstetricians, physical therapists, nutrition experts, clinical and X-ray laboratory personnel, etc.

Under current conditions of material and economic hardship it is not surprising that there are high instances of illness and death in the mother & child homes. [See Table 21: Mother and Child Homes in 1992] The total number of cases of illness in 1992 was 12,099 (including 6,641 children below 1 year). There were 157 deaths (118 of these were children below one year of age), out of the total 765 children who were hospitalized during the year. In other words, 20.5% of the children hospitalized died, and 75% of these children were under the age of 1. Of the death cases, 120 were due to congenital malformations, there was 1 case of salmonellosis, 1 case of acute respiratory infection, 6 cases of bronchopneumonia, and 29 other illnesses. Over 1992, 890 cases of congenital malformation were recorded.

A survey was conducted which identified the following major problems within children's homes:

1. Nurses rotate on a monthly basis in the different sections of the homes, thus compromising the opportunity to set up a privileged relationship between a child and an adult.
2. The interaction between the psychologists and/or educators and the nurses is rather formal and there is no true sharing. The nurses are mainly concerned with routine activities and refuse to provide special care, such as doing massages or playing exercises which are important forms of communication with the child.

Table 21

Mother & Child Homes in 1992			
Characteristics of children	At the beginning of the year	Over the year	At the end of the year
With parents	3538	4366	3548
Of them, with single mothers	1532	1632	1507
With divorced parents	262	243	310
Transferred to other establishments due to age	481	-	-
Foundlings	46	75	38
Orphans	49	35	46
Physiologically healthy	2138	1998	2098
Premature (I-IV categories)	435	1421	403
Hypotrophic	400	508	409
With congenital or acquired defects	660	549	722
Children below 1 year	1650	entered 3733	1971
		discharged 2666	
		died 144	
Children 1 to 2 years	861	entered 408	712
		discharged 754	
		died 18	
Children 2 to 3 years	767	entered 238	611
		discharged 459	
		died 7	
Children above 2 years	355	entered 97	338
		discharged 445	
		died 14	
Mothers	44	entered 644	27
		discharged 661	
		died 0	

3. Physicians and nurses are not always aware of the psychological needs of the children in terms of what should occur through normal interaction with adults, a crucial part of the child's personal development.
4. Children evidence a range of inadequate behaviors, such as retardation in psycho-motor development, avoidance of direct eye contact during interaction, etc.
5. There is a poor and badly organized material environment, especially for young infants.

After analysis of the situation, a team providing methodological support has adopted two strategies for action:

1. Visits to particular homes by a team composed of a psychologist and a physician to train the whole staff of the home.
2. Annual training courses to increase staff awareness of the specific problems of young children. These courses use advanced visual aids and films to guide the staff of the homes into adequate relationships with children.

A survey carried out in 1993 indicated that pediatricians are interested in the problems of psychic development in early infancy and are eager to learn more. Pediatricians from the mother & child homes of the whole country attend an annual course on new developments in preventive pediatrics. In 1994, the methodological team carried out a training course dedicated entirely to the psychological problems of children in such homes and to building up skills of adequate interaction and sharing of experiences among staff members and the children. Both physicians and nurses attended the course, as well as a number of directors of such homes from all over the country. Further financing is required to continue with such initiatives.

It is very good that some of the children left in the mother & child homes are later transferred to a family environment with parents. It is a pity, however, that under the currently hard economic conditions there are no sources for adequate financing of the basic needs of the children in these homes.

5.4.4 Homes for Children & Adolescents

In this section, statistics are given about the homes for children and adolescents and some trends in the demography of their residents are outlined. These are homes for disadvantaged children, sent to the homes for various reasons. Data are also given on the staff in these homes. It is important to observe that the needs are not only for more staff but also for educators who have a better psychological training.

In Bulgaria in 1993 there were 142 homes for children and adolescents, with 8694 residents aged between 3 and 18. The largest number come from families with many children (28.3%) and neglected children (22.9%) . [See Table 22: Homes for Children & Adolescents: Residents by Sex in 1993 and Table 23: Homes for Children & Adolescents in 1993] (It would be premature to draw any conclusions about why children are sent to homes unless they were backed by specific studies of some ethnic, regional and economic indicators.)

Regions	Total			Of them, in the villages		
	Homes	Residents	Of them, girls	Homes	Residents	Of them, girls
Total	142	8694	3673	79	4445	1681
City of Sofia	7	544	227			
Bourgas	11	718	292	7	369	140
Varna	13	718	275	6	320	108
Lovech	20	1087	478	11	611	222
Montana	14	813	382	9	466	188
Plovdiv	21	1355	602	10	401	150
Rousse	18	1152	471	13	815	339
Sofia	23	1350	506	16	997	344
Haskovo	15	957	440	7	466	190

There are different patterns for homes in rural and urban areas. In rural homes there are large numbers of neglected (foundling) children, there are very few children of single mothers. For instance in the Varna area (37.4% are neglected children and 6.8% are children of single mothers) and the Rousse area (30.2% are neglected children and 11.1% are children of single mothers). The reverse trend is seen in urban settings. In Sofia homes, the number of neglected children is low (11.6%) and the children of single mothers are a considerably larger group as compared to homes in the country (24.8%).

It is likely that this is due to the higher tolerance for extramarital births in urban areas like Sofia. A significant question is whether economic hardship is the main reason for mothers to submit their children for rearing in the homes for children & adolescents. However, to make fully grounded explanations, further studies are needed to account for the ethnic and social characteristics of people in the different regions and the trends in urban vs. rural areas.

Table 23

Homes for Children & Adolescents, 1993												
Regions	Total	Orphans	Children of single mothers	Foundlings	Half-orphans	Children of disfranchised parents	Children of parents suffering from chronic or mental illness	Children of ill parents	Children of blind or deaf & mute parents	Children from families with many children	Children of parents working night shifts	Other
Total for the country	8694	519	972	1988	896	102	390	206	57	2459	403	702
City of Sofia	544	26	135	63	59	9	18	24	5	136	39	30
Bourgas	718	95	73	163	56	6	42	11	2	204	47	19
Varna	718	12	49	269	68	16	25	19	6	204	35	15
Lovech	1087	23	161	290	93	13	36	20	4	276	42	129
Montana	813	93	80	98	82	26	21	36	5	261	12	99
Plovdiv	1355	66	110	258	221	8	84	30	15	376	65	122
Rousse	1152	74	128	348	88	10	41	20	-	252	23	168
Sofia	1350	38	139	236	131	9	63	21	10	571	66	66
Haskovo	957	92	97	263	98	5	60	25	10	179	74	54

The unfavorable social status of children in these homes demands higher involvement of educators and psychologists. Childrearing staff in these homes consists of 1453 people. Of them, 57.3% are educators. The number of educational psychologists is very low (12 people for the whole country), although 4 additional educational psychologists were employed in 1993.

In terms of regional distribution of childrearing staff, the situation is best in Sofia (4.65 children per expert) and worst in Plovdiv (7.32 children per expert). In the homes for children & adolescents in the Varna, Montana, Plovdiv and Haskovo regions, no qualified educators or psychologists have been employed. [See Table 24: Educational Staff in the Homes for Children & Adolescents in 1993]

Regions	Total	Heads and Deputies	Educators	Teachers	Subject Masters	Educators-Psychologists
Total	1453	138	832	358	113	12
City of Sofia	117	7	48	45	13	4
Bourgas	115	11	57	33	13	1
Varna	111	13	61	33	4	
Lovech	164	18	98	41	3	4
Montana	136	13	79	39	5	
Plovdiv	185	19	131	32	3	
Rousse	194	17	117	47	11	2
Sofia	266	24	147	38	36	1
Haskovo	165	16	94	50	5	

5.5 *Non-Governmental Organizations*

In the National Directory of Bulgarian Foundations 1993, out of 111 NGOs, only sixteen are involved in activities related to healthy children. However, according to data from the Union of Bulgarian Foundations, by December 1994, there were 49 Bulgarian NGOs committed to the problems of the children and the family. This number also includes the NGOs whose aims involve the treatment or prevention of childhood illnesses.

1994 was declared "The Year of the Family" by the United Nations. This was used as a trigger to bring together the efforts of Bulgarian NGOs whose activities relate to children and the

family. They made some steps towards developing more efficient mechanisms of collaboration and a nation-wide information network. Some 38 projects were submitted, at a total value of about 4 million leva, and a search for sponsors has started to get them implemented.

I will mention some of these projects:

- * Resocialization of waifs;
- * Contribution of the psychologist to the treatment of children with tumors;
- * "Don't take away my childhood!" (a project to defend the rights of children who have overambitious parents);
- * Drug addicts among children and adolescents and their families; and
- * Sexual health and preparation of adolescents for family life.

5.6 Summary of Field Research

To better understand the real situation of children in the city of Sophia, a field research project was conducted with the parents of 48 children below age 6. The main objective of the study was to collect direct evidence from the parents to double-check the statistical data as related to the situation in the city of Sofia in December 1994. We were interested in getting personal impressions of the conditions of children's lives and the time and money spent on them by their parents. We also tried to identify the sources of information parents have concerning childrearing and education.

A major finding, presumably specific to the Bulgarian situation, is that only 9% of young families get no support from the grandparents of the children. Thus, in the vast majority of families the grandparents provide support in terms of money, goods and care of the children while parents are at work, making young families very dependent on the grandparents. Normally young families cannot afford to rent and are compelled to live together with their parents. It is very common for at least three generations to co-exist under the same roof. (Of the families we surveyed 41% share flats with the grandparents, 31% have their own housing, 6% share flats with other relatives, and 18% rent housing.) Co-habitation, combined with the economic crisis in the country, leads to conflicts which are less likely to arise if the young families could afford to live separately. A common topic of contention is how to raise the children.

In terms of how young parents find information on childrearing, 53% report that they take advantage of the experience of the grandmothers and 66% rely on books. It is interesting to note that hardly anyone mentions specific magazines or newspapers. [For the general newspaper market, see Table 25: Newspapers by Subject.]

Groups of Subjects	before 1990	1990	1991	1992	1993	1994
Home, everyday life, handicraft	3	7	12	18	15	9
Children and Adolescents	2	14	9	8	5	4
Medicine, health		1	4	8	5	3
Sex & Pornography		1	8	14	7	1

5.7 *The Legal Framework for Child Care*

Aim

The aim of this section is to point out some of the main issues relevant to the Legislation and Policies in the area of children's care and protection in Bulgaria.

Legislation

Domestic Law. The body of domestic laws applicable to the field of children's care and rights contains two groups of laws/normative acts. The first one comprises laws from the time of the communist rule in Bulgaria, and the second one includes laws from the post-communist period or the period of transition that Bulgaria is undergoing at present.

The major laws from the time of communist rule are as follows:

- # Law on the persons and family, promulgated State Gazette, issue 182 of 1949, last amendment in State Gazette, issue 20 of 1990;
- # Civil procedural code, promulgated State Gazette, issue 12 of 1952, last amendment in State Gazette, issue 93 of 1993;
- # Family code, promulgated State Gazette, issue 41 of 1985, last amendment in State Gazette, issue 11 of 1992;
- # Law on the struggle against anti-social acts of the juveniles and minors, promulgated State Gazette, issue 13 of 1985, last amendment in State Gazette, issue 11 of 1992;
- # Ukase for encouragement of the births, promulgated State Gazette, issue 26 of 1958, last amendment in State Gazette, issue 88 of 1993;
- # Law on the Bulgarian citizenship, promulgated State Gazette, issue 79 of 1968, last amendment in State Gazette, issue 38 of 1989;
- # Labor code of 1951 /in force in part/, promulgated State Gazette, issue 91 of 1951, last amendment in State Gazette, issue 100 of 1992;

- # Regulations on the employment of children under the age of 15 years, promulgated State Gazette, issue 8 of 1987.

The main laws from the period of transition include:

- # Constitution of the Republic of Bulgaria, promulgated State Gazette, issue 56 of 1991;
- # Labor code, promulgated State Gazette, issue 26 of 1986, last amendment in State Gazette, issue 100 of 1992;

In addition to the above-mentioned laws there are some laws in the areas of education, social and health care, which are also of importance for the topic.

There are several characteristic features of the body of domestic laws in the area of children's care and protection in Bulgaria. First, there is no separate act or acts, regulating the matter of children's rights and care. Second, the legal provision concerning children's care and protection contains obsolete laws. Third, the legal provision which exists is undergoing a difficult period of transition and formation.

International law. The UN Convention on the Rights of Child. The Convention on the Rights of Child has been ratified by the Bulgarian Parliament on 11/04/1991. The text of the Convention has been promulgated in the State Gazette of Bulgaria, issue No. 55 of 1991. The Constitutional Court of Bulgaria is empowered to: "rule on the compatibility between the Constitution and the international instruments concluded by the Republic of Bulgaria prior to their ratification, and on the compatibility of domestic laws with the universally recognized norms of international law and the international instruments to which Bulgaria is a party" (Article 149, paragraph 1, section 4), which, in fact, is the main legal and Constitutional guarantee for the incorporation of the provisions of the Convention into the Bulgarian law. Therefore, we may draw the conclusion, that, presently, the Convention on the Rights of Child is a part of the Bulgarian law. As such it supersedes any provisions of the Bulgarian (domestic) law that contradict its regulations. (Article 5, paragraph 4 of the Bulgarian Constitution)

The application of the Convention on the Rights of the Child in Bulgaria has raised some issues. **First**, Bulgaria has no Bill of Rights in its Legislation. The Fundamental Human Rights are provided in the Constitution of Bulgaria, Chapter Two, Fundamental Rights and Obligations of the Citizens. Only a few of the Children's Rights as recognized by the Convention are explicitly recognized within this Chapter of the Bulgarian Constitution. These include:

Article 47 of the Bulgarian Constitution:

- (1) The raising and upbringing of children until they come of legal age shall be a right and obligation of their parents and shall be assisted by the state.
- (2) Mothers shall be the object of special protection on the part of the state and shall be guaranteed prenatal and postnatal leave, free obstetric care, alleviated working conditions and other social assistance.

- (3) Children born out of wedlock shall enjoy equal rights with those born in wedlock.
- (4) Abandoned children shall enjoy the protection of the state and society.
- (5) The conditions and procedures for the restriction or suspension of parental rights shall be established by law.

Article 53 of the Bulgarian Constitution (excerpt):

- (1) Everyone shall have the right to education.
- (2) School attendance up to the age of 16 shall be compulsory.
- (3) Primary and secondary education in state and municipal schools shall be free.

Two Bills, namely the *Bill on the Child* and the *Bill on the Family*, whose regulations are in harmony with the Convention on the Rights of Child, were passed successfully through the Legislative Commission of the Bulgarian Parliament. They have been waiting on the Parliamentary agenda since the end of 1992, to be passed by the Bulgarian Parliament.

These bills have not been given priority because currently Bulgaria is undergoing a very difficult period of transition from communist centrally-planned economy to a market economy and democratic society. Therefore, the priorities of the Bulgarian Legislator are neither laws in the area of the Human Rights, especially the Rights of Children, nor laws in the social welfare area, but laws in the field of economy. In our opinion, it is necessary for the above two laws to be passed very soon by the Bulgarian Parliament, to provide a better legal framework for children's rights and policies in Bulgaria.

The **second** issue is that Bulgaria is undergoing an institutional reform, at the same time that it is engaged in economic reform. The result is a lack of appropriate domestic institutions capable of implementing effectively the norms of the Convention in Bulgaria.

In our view, without assistance from the international community, for Bulgaria and for the rest of the countries in transition, in terms of financial sources and technical assistance in the building of the institutional framework for the implementation of the Convention on the Rights of Child, on the one hand, and, on the other hand, for formation and application of a coherent body of domestic laws in the area of children's care and protection, the process of legislative reform in this particular field in Bulgaria, as well as in the rest of the countries in transition, will not be successful. Implementation of the Laws in the field of Human Rights can be a successful process only in relatively stable States, not in the States in transition, facing economic, social and moral crises.

Conclusions

- ◆ The Convention on the Rights of Child is a part of the Bulgarian law.
- ◆ Legislative, administrative and institutional measures have to be taken by the Bulgarian authorities for the effective implementation of the Convention on the Rights of Child and

the rest of the relevant Bulgarian law in the field of children's care and protection in Bulgaria.

- ◆ The International Community has to provide assistance to the countries in transition for the efficient implementation of the Convention on the Rights of Child and the relevant domestic laws in the area of children's care and protection in their jurisdictions.

Policies

We have to assume that neither before the changes, nor now, is there a clear-cut policy in Bulgaria effectively supporting children and families. During the period of transition, in an environment characterized by a lack of a working institutional framework for nearly every sphere of societal life, economic hardship and rapid changes in power, it is not been possible for a separate, complex and coherent policy in the field of children's rights and protection to be formulated nor implemented in Bulgaria at the present time.

The government in place prior to the last government adopted a *Complex Program for Children*, containing measures for implementation of the above-mentioned Convention on the Rights of Child. This Program has not been implemented at all because of the current changes in the political situation in Bulgaria.

For the moment one cannot predict whether the new Bulgarian government, composed of the former communists, is going to take any steps in implementing the Program, or to adopt a new Program in this regard. Even if the will was there to implement the Program, there are not adequate financial resources in Bulgaria for implementing such a policy. At present, the only institutions working efficiently in this sphere are some International and Domestic Non-Governmental Institutions, whose efforts have to be supported by the International Communities concerned.

6. SUGGESTIONS FOR FURTHER STUDIES

We believe the following topics are worthy of further investigation:

- ◆ The psychological effects of traditional childrearing models, such as the upbringing of children by their grandparents;
- ◆ The effect of the emerging social inequality and the development of strategies to overcome the egalitarian mentality which is an impediment to social progress;
- ◆ The economic dimensions of the problems of child care at the level of the Government, the local authorities and the individual families;
- ◆ The management dimensions of child care. We assume that the local authorities need special expertise in managing social funds and we also believe that most Bulgarian families may benefit today from training in managing the family budget in a more rational way.

We hope that the outcome of our work in this project will have more than a scientific dimension. It was conceived in a way that specific recommendations could be given as a result of our findings. However, we believe that we can go a step further. By identifying the most poignant issues and the specific needs of the country this project could be of use to the experts who assist Central and Eastern Europe in our transition to democracy and market economy through programs (financed by the World Bank and others) which develop specific strategies, methods and tools to solve the problems of child care facing our governments and families today.

REFERENCES

- № 1. България'93 (статистически данни). НСИ. София, 1994 г.
- № 2. Български фондации. Национален справочник. Изследователски и издателски център по иновация „Интер-идея“ и СБФ, 1993 г.
- № 3. Демографска характеристика на България (резултати от 2 % извадка). Преброяване на населението и жилищния фонд към 04.10.1993 г.). НСИ, Статистическо издателство и печатница при НСИ.
- № 4. Детето в съвременното българско семейство. НСИ, 1993 г.
- № 5. Детски градини и домове за деца и юноши - 1993 г. НСИ, Статистическо издателство и печатница, 20.05.1994 г.
- № 6. Децата в кризата и кризата в децата. „Младеж и общество“, 2/91. Издание на НИИМ, София, 1991 г.
- № 7. Децата в условията на социална криза. Съюз за закрила и развитие на децата в България. София, 1991 г., Петър Балкански, Дим. Кюланов (статистико-социологически ситуационен анализ).
- № 8. В. „Дневен труд“ (бр. 6, 7-8 януари 1995 г.) - национален всекидневник.
- № 9. „Държавен вестник“ - официален орган на Народното събрание.
- № 10. Здравеопазване (кратък статистически справочник). МНЗ и СГ, МА НПК „Информация и информационни технологии в медицината и здравеопазването“, ГИИЦ, 1990 г.
- № 11. Здравеопазване (кратък статистически справочник). МЗ, МА, ГИИЦ, 1992 г.
- № 12. Индекси на цените и инфлацията-септември. НСИ, София, 1993 г.
- № 13. Индекси на цените и инфлацията - юни. НСИ, Статистическо издателство и печатница, София, 1994 г.

- № 14. Конвенция за правата на детето. ЮНЕСКО.
- № 15. В. „Къде е най евтино?“. 10-16 януари 1995 г.
- № 16. НРБ'89. Кратък статистически сборник. ЦСУ, София, 1990 г.
- № 17. Население. НСИ, Статистическо издателство и печатница, София, 1994 г.
- № 18. Данни на НСИ, 1991 г.
- № 19. Сп. „Обществено възпитание“. Орган на централната комисия за борба срещу противообществените прояви на малолетните и непълнолетните. бр. 3 от 1994 г., с. 16-19.
- № 20. Областите и общините в Република България - 1992 г. НСИ, София, 1993 г.
- № 21. Областите и общините в Република България - 1993 г. НСИ, Статистическо издателство и печатница, 16.05.1994 г.
- № 22. Република България. Преброяване на населението и жилищния фонд към 04.12.1992 г. Основни резултати от преброяването на населението и жилищния фонд към 04.12.1992 г. в Република България (предварителни данни). НСИ, София, 1993 г.
- № 23. Социалноикономическо развитие на България през периода 1990-1993 година. НСИ, Статистическо издателство и печатница, София, 1994 г.
- № 24. Социалноикономическа характеристика на населението на България (резултати от 2 % извадка). Преброяване на населението и жилищния фонд към 04.12.1992 г. НСИ, Статистическо издателство и печатница при НСИ, 15.10-1993 г.
- № 25. Списък на законните частни училища и детски градини, открити със заповед на министъра на просветата. В. „Стандарт“, 21.08.1994 г.

- № 26. В. 168 часа", 16-22 януари 1995 г.
- № 27. Фролайн, Йохен. Европейската конвенция за правата на човека като обществен ред в Европа. БСЧИГП, София, 1994 г.
- № 28. Сп. „Хигиена и здравеопазване“, 1994 г., бр.2.
- № 29. Ценов, Петко. Частни и чуждестранни училища и детски градини в Република България (справочник). Агропрес, София, 1993 г.
- № 30. A Nationwide Situation Analysis of Bulgaria's Children and Families. UNICEF, 1992.
- № 31. Crisis in Mortality, Health and Nutrition. UNICEF. Economies in Transition Studies, Regional Monitoring Report № 2 - August 1994.
- № 32. Public Policy and Social Conditions. UNICEF. Regional Monitoring Report № 1 - November 1993.
- № 33. Вестник "Статистически барометър" - 1994-1995.