

An Assessment of Armenia's Residential Childcare Institutions as a Case Study in International Child Protection

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Abstract

There are more than 150 million orphaned children worldwide, representing a significant challenge for stakeholders devoted to international child protection. The “best interests of the child” standard requires that all protective decisions be made to ensure each child’s comfort and security. In early 2020 an empirical study was undertaken in Armenia’s residential childcare institutions to examine six constructs: abuse and neglect, education, food safety, hygiene, institutionalization and reunification, and sexual abuse. While institutionalization has historically been considered contrary to a child’s best interests, results from the current study suggest that residential childcare alternatives may *advance* childcare protection. Rather than reflexively rejecting residential care, which may deny vulnerable children a safe haven during times of crisis, emotional stability during formative years, an improved standard of living, and superior long-term academic and professional opportunities, decisionmakers should weigh the consequences of child rearing with biological parents against *all* alternative environments, including institutionalization.

Keywords

Armenia, Child Protection, Orphanages, Residential Childcare

1. International Child Protection Law

Because nuclear child rearing environments are often not a viable alternative in Armenia for the most vulnerable population of youth, policymakers often struggle to identify the optimal alternative setting. There are two types of residential childcare institutions (RCI) in Armenia: orphanages and special boarding schools. The children housed in these institutions are either natural orphans (i.e. children

who have no living family or whose parents have had their rights terminated) or social orphans (i.e. children with living biological parents who are unable and/or unwilling to care for them but whose rights have not been terminated). Armenia acceded to the Convention on the Rights of the Child (CRC) in June 1993¹, and this obligation requires national authorities to safeguard children by applying the “best interests of the child” (BIC) standard. This principle, enshrined in the CRC, holds that, “in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration” (Convention on the Rights of the Child, 1989). This standard requires balancing “all the elements necessary to make a decision in a specific situation for a specific individual child or group of children” (Convention on the Rights of the Child, 1989) and assuring that all custodial decisions are made to foster the child’s happiness, security, and emotional development.

Article 3 of the CRC expressly provides that the best interests standard should consider the rights and duties of parents, legal guardians, or other legally responsible persons (Convention on the Rights of the Child, 1989). As such, States Parties should take appropriate legislative and administrative steps to ensure these requirements are fulfilled. Under this principle, a decision-maker has the duty to analyze the standard and give the child’s interest primary consideration. Generally, the principle is flexible because what is considered best for one child may not be for another. The BIC is not about the outcome *per se*, but the process [i.e. the best interest determination (BID)], which “describes the formal process designed to determine the child’s best interests for particularly important decisions affecting the child, that require stricter procedural safeguards...and involves decision-makers with relevant areas of expertise and balances all relevant factors in order to assess the best option” (United Nations High Commissioner for Refugees, 2008: p. 8).

The CRC is the most comprehensive document on the rights of children and is primarily concerned with four aspects of children’s rights: participation by children in decisions that affect them, protection of children against discrimination, neglect, and exploitation, prevention of harm, and assistance to children for their basic needs. A child is defined as “every human being below the age of eighteen years unless under the law applicable to the child, a majority is attained earlier” (Convention on the Rights of the Child, 1989). Key provisions include the child’s right to preserve his or her identity and the rights of vulnerable children to special protection (Convention on the Rights of the Child, 1989).

The CRC was the first international instrument to address child protection as it relates to the removal of children from the family unit and institutionalization. Article 3 states that, “States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safe-

¹ See https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtmsg_no=IV-11&chapter=4&clang=_en (accessed May 2, 2022).

ty, health, in the number and suitability of their staff, as well as competent supervision” (Convention on the Rights of the Child, 1989). The Convention not only contemplates the need for institutions, but provides official guidelines to be followed when children are institutionalized, including provisions for suitable caregiving staff. Article 18(2) of the CRC states that, “for the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children” (Convention on the Rights of the Child, 1989).

The 2010 Guidelines for the Alternative Care for Children

The most extensive instrument addressing childcare is the Guidelines for the Alternative Care of Children (GACC) which “are intended to enhance the implementation of the Convention on the Rights of the Child and of relevant provisions of other international instruments regarding the protection and well-being of children who are deprived of parental care or who are at risk of being so” (GACC, 2010: I(1)). The Guidelines suggest a preference for familial caregiving by supporting “efforts to keep children in, or return them to, the care of their family or, failing this, to find another appropriate and permanent solution, including adoption....” (GACC, 2010: I(2)(a)). While there is no mention of RCI in the Annex, the Guidelines suggests that when familial care is not possible or not in the child’s best interests, “the most suitable forms of alternative care” (GACC, 2010: I(2)(b)) should be identified and provided.

In Section II, the Guidelines intimate that the preferred caregiving environments are, first, biological parents, and second, kinship care. They emphasize the preference for biological family relative to alternative caregivers by stating that the “removal of a child from the care of the family should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration” (GACC, 2010: II(b)(14)). Moreover, the selection of alternative care settings “should take full account of the desirability, in principle, of maintaining the child as close as possible to his/her habitual place of residence, in order to facilitate contact and potential reintegration with his/her family and minimize disruption of his/her educational, cultural and social life” (GACC, 2010: 2(B)(11)).

The Guidelines advance a hierarchy of preferred childcare environments, beginning with biological parents and then kinship care. Residential childcare facilities are then discussed as “alternative care” options. Following biological parents and kinship care, the Guidelines indicate that the “use of residential care should be limited to cases where such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests” (GACC, 2010: 2(B)(21)). The phrase “limited to” suggests that residential care should be considered only when all other options have failed to serve the child’s best interests.

2. Research Methods

Data for the current study were collected between January and May 2020 to explore the following human rights constructs within a sample of Armenia's RCI: abuse and neglect, education, food safety, hygiene, institutionalization and reunification, and sexual abuse. Facilities that *only* house residents eighteen years of age and older were excluded. Data were collected through official records, child surveys, staff surveys, and observational research. Institutions that *only* house children under the age of ten and/or *only* house children with special needs were excluded from the child survey but were eligible for the official records collection, staff survey, and observational checklist. Only children between the ages of ten and seventeen were included in the child survey. Once the institutions were selected, official record information was requested for all children housed within those facilities, all eligible children were asked to participate in the child survey, the fifteen directors were approached for inclusion in the staff survey, and observational checklists were completed for each of the fifteen facilities. Data were collected confidentially after oral consent was obtained from each respondent.

3. Data Analysis and Empirical Findings

3.1. Rates of Participation

All fifteen institutions approached for inclusion participated in at least one study component, for an overall participation rate of 100%. We requested access to official records for each of the children housed at the fifteen institutions. Thirteen (87%) granted access. A total of 210 children were asked to participate in the child survey. Of those approached, 205 (98%) completed the interview. All fifteen facilities agreed to allow observations of their institutions, and all RCI directors were approached for inclusion in the staff study. These findings indicate strong rates of participation and overwhelming success with accessing information of both a non-sensitive and sensitive nature from child respondents.

3.2. Findings—Official Records

Official record data were collected for 551 children at thirteen facilities. Of these, 310 (56%) were male, 241 (44%) were female. The average age of the children was approximately 11 years old. More than half of the sample (52%) were diagnosed as having some form of developmental, intellectual, and/or physical disability. The most frequently identified afflictions were central nervous system disorders, Down's syndrome, autism, and mental retardation. Rarer disorders included blindness, quadriplegia, spina bifida, hydrocephalus, mutism, and brain disorders. These findings evidence severe conditions requiring continuous, professional care that would be difficult and often impractical to address within a family-based setting.

Reasons for institutionalization were recoded into six categories: child disability, poverty/poor social conditions, single parent, behavioral problems (e.g. alcoholism) of the parent, abandoned/relinquished/parents deceased, "two of the

aforementioned reasons”, and “three or more of the aforementioned reasons”. Nearly 31% indicated two reasons for institutionalization, and 17.5% indicated three or more reasons. Thus, “at least two reasons” for institutionalization was indicated for nearly half (49%) of the sample. These findings suggest that, first, institutionalization is not simply related to poverty and, second, that the children in Armenia’s care facilities are relinquished because their home situations are severely compromised by multiple social, environmental, and physical problems.

3.3. Findings—Child Survey

Of those who completed the child survey, a majority were female (55%). The average age was approximately 13 years old. Of the 205 children who completed the child survey, nearly all (97%) reported being in school. Almost all of the children (93%) reported getting to school on time, going to school every day (93%), receiving help with homework from facility staff or from other children in the institution (94%), and being encouraged by facility staff to complete assignments (82%). Approximately 50% of the students reported that there was not a designated time after school or on the weekends to do homework. This may be indicative of a lack of structure or, perhaps, the children simply know they have to get their homework done and do so without being confined to a designated framework. A high majority (84%) of children reported having the necessary supplies to complete assignments.

With respect to abuse and neglect, 96% reported that no one at the facility ever made them feel scared or unsafe. In those instances where someone did make a child feel scared or unsafe, it was another child (bullying). Almost all of the children (95%) reported never having been hurt or threatened at the facility. Of the few children who did report having been hurt or threatened, only one reported that a facility staff member hit her. The remaining incidents were with other children. Overall, these data suggest that the residential childcare institutions are safe places to reside.

Only a small minority (31%) of children reported having had an educational seminar on sexual abuse or having had discussions with facility staff about sexual abuse (23%), suggesting that the problem is either ignored or that it is such a non-issue that formal processes to educate on the potential dangers of sexual abuse are perceived as unnecessary. A high majority (97%) reported never having been touched or been asked to touch someone else in a sexual way, and no children had ever been offered money to do sexual things. The few incidents of “inappropriate touching” were between children.

With respect to hygiene, almost all of the children did not wear clothes (97%) or shoes (96%) that smell, used deodorant (66%), and washed their entire body (99%). Almost all took care of their hair (98%) and kept their nails trimmed (96%). Almost all covered their mouths when sneezing or coughing (98%), used a tissue to blow their nose (89%), had enough toilet paper (99%), used toilet pa-

per after going to the bathroom (98%), washed their hands after going to the bathroom (99%), and washed their hands before eating (99%).

4. Discussion

There are approximately 1600 children residing in Armenia's orphanages and special boarding schools. This is a relatively small number compared to the overall and child populations. There are approximately three million residents in Armenia, of which at least 600,000 are children². This means that only .00005% of Armenia's population, and .003% of the child population, reside in residential childcare institutions. This small proportion suggests that the orphanages and special boarding schools satisfy a critical need for the most vulnerable of Armenian youth.

4.1. Research Limitations

There are several limitations to the current study. First, the findings are based on research conducted in Armenia, a culturally homogenous, Christian, democratic, second world country. The extent to which these research findings are generalizable to other countries is an empirical question that can only be answered with future research. While there is no reason to believe that the research methods employed here are not suitable for replication, it is likely that the protocol will need to be adjusted to accommodate distinct cultures.

Second, the BIC standard is subjective. As with all independent assessments, they may be influenced by biases and preconceptions. There are some who advocate for the repudiation of all RCI under all circumstances. This myopic approach to child protection fails to appreciate real-world realities that exist anywhere children are abandoned, abused, or forgotten.

Third, the current study focused only on six human rights concepts. When this project was conceived, it was intended to be a first step into the unseen world of residential childcare in Armenia. Toward that end, certain constructs, like routine medical care, were excluded. Future studies should expand the quantity of human rights domains or focus on a smaller number of concepts in greater detail. Longitudinal studies would offer the most scientifically defensible approach for studying the impact of alternative caregiving environments on child development. The ideal research design would match children in two-parent households (across gender and age) to children raised by single parents and in kinship care, children in RCI and foster care, and children adopted domestically and internationally. By tracking samples through adulthood, distinct caregiving environments can be evaluated scientifically across a variety of outcome variables, including alcohol and drug using behaviors, criminal involvement, general happiness, education, job history, income, and emotional maturity.

Fourth, the current study did not address whether children in residential care

²See https://armstat.am/file/article/sv_06_19a_520.pdf?fbclid=IwAR3dDa1fgxlyET3I8ZJvpVB3W4OaddELWa58YAj0L3oK4kshcF7a-Qk0ayo (2020).

perceive their institutions as familial environments (i.e. whether they regard facility caregivers as *de facto* parents and the other institutionalized children as siblings). We are aware of no studies that have explored how personal relationships are encouraged and forged within the residential setting. The love, trust, and mutual support that embody a “family” evolve over time. Interacting with and living among others does not necessarily create the emotional bond that characterizes familial relationships. Future research should survey institutionalized children about the relationships cultivated within the facility and whether they identify staff and peers as family. Such research would be critical to assessing whether RCI might satisfy the “family” mandate embodied in the Convention on the Rights of the Child.

4.2. Policy Recommendations

There are three major ramifications for the current research. First, child protection stakeholders in Armenia can use the current study to improve compliance with international legal requirements. Anecdotal reports from facility staff suggested they were unaware of legal obligations and welcomed recommendations on proper child protection principles. It is critical that institutional staff understand their roles and duties within the residential care environment so as to comport with international legal requirements *and* to provide institutionalized children with optimal care.

Second, in the current study legal analysis and empirical findings were synthesized to assess the state of child protection, compartmentalize the spectrum of childcare alternatives in Armenia, and provide a model for global replication. Residential care institutions offer vulnerable children a safe haven during times of crisis, emotional stability during their formative years, an improved standard of living, and long-term academic and professional opportunities that impoverished and/or dysfunctional biological families may be incapable or unwilling to provide. Rather than reflexively abandoning RCI, decision makers should weigh the consequences of care with biological family against all child rearing environments, including institutionalization.

Third, the international community should encourage domestic and international adoption as an alternative to care by biological family. If family-based care is the environment within which a child’s interests are best served, forging a surrogate, permanent family is imperative. While the child placement calculus is challenging, the BIC standard requires that practitioners espouse permanent environmental reassignment, through either adoption or institutionalization, as part of the plethora of alternative settings and surrogate caregivers that are available to children when care from biological parents is no longer possible or in the child’s best interests.

5. Conclusion

Compassion and optimism should be merged with evidence-based recommen-

dations to improve the lives of orphaned children. What this study has shown is that RCI need not be vilified as the last resort for childcare. Genetics do not assure parentage. Residential facilities and adoption can serve as optimal surrogates for biological parents who are unwilling or unable to offer an environment free of apathy, discord, poverty, and misfortune. This is the most appropriate child protection vision, for Armenia and beyond.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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