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The attitudes of medical professionals toward children and children at risk of separation from parents in Eastern Europe

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ABSTRACT

This article reports the findings of a multi-country study of medical professionals' perceptions and evaluations of children. The primary aim of the study was to establish the perceptions medical professionals working in three Eastern European countries (Romania, Bulgaria, Moldova) hold toward children identified as "typical", "at-risk" and "with disability". A second aim was to explore the existence of country-level differences in medical professionals' perceptions of children. The third aim was to examine the pattern of associations between attitudes toward children and a change in use of institutional care to family and community-based alternatives. Over 800 respondents provided survey responses using paper-based and online returns. Findings indicated that positive affect toward children was associated with the favourability of attributes generated about "typical" children. In contrast, positive affect toward children was associated with less favourability toward at-risk children. Attribute favourability ratings generated for at-risk children were positively associated with attributes generated for children with disability. Differences were identified between respondents working across the three countries. No association was identified between attitudes toward children and endorsement of a statement supportive of deinstitutionalisation as part of child protection reforms. These findings illuminate how children are conceptualised and understood by a group of medical professionals who hold considerable sway over decisions and recommendations about their relative risk and vulnerability.

1. Introduction

Globally, up to eight million children are growing up in institutional care (Csaky, 2009; Dozier, Zeanah, Wallin, & Shauffer, 2012). Institutional care infringes a child's right to a family life, as set out in the United Nations Convention on the Rights of the Child (UNCRC). The United Nations General Assembly endorsed the United Nations General Assembly (2010a), which set the overall objective to gradually eliminate institutional care and recommend governments to develop deinstitutionalisation strategies and national action plans. There was a particular focus within the Guidelines on ceasing the use of large institutional settings for all children and young people, and that all children under 3 years should be cared for in family-based settings. Despite tremendous progress achieved in deinstitutionalisation over the past 15 years, especially in Central and Eastern Europe, the challenges remain significant. Disabled children remain over-represented in institutions, as do those whose families struggle to care for their children because of factors associated with poverty and social exclusion (Browne & Hamilton-Giachritsis, 2005).

It is well documented that children's emotional, social, physical, and cognitive development is adversely affected within large institutions, particularly when exposure occurs early in the life course and extends beyond six months (e.g. Sonuga-Barke et al., 2017). Children struggle to form secure attachments in institutions, particularly in the context of high staff-child ratios (Dobrova-Krol, Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2010), and there is a higher rate of disorganised attachment present than in other vulnerable populations (O'Connor, Bredenkamp, & Rutter, 1999; Zeanah, Smyke, Koga, & Carlson, 2005). Children's physical development has also been shown to be profoundly affected by institutional living, with considerable gains reported in height and weight for children moving to foster or adoptive families (Johnson et al., 2010; Van Ijzendoorn, Bakermans-Kranenburg, & Juffer, 2007). Similarly, cognitive development is adversely affected by institutionalisation, particularly in relation to IQ score, executive functioning and attention (Gunnar & Quevedo, 2007; McDermott et al., 2013; Nelson et al., 2007; Van Ijzendoorn & Sagi-Schwartz, 2008). The developmental impact of institutional care on cognitive functioning can continue despite moving to alternative forms of care such as fostering

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and adoption. Although there is evidence of developmental ‘catch-up’, some difficulties have been shown to persist (Rutter, 1998; Sonuga-Barke et al., 2017; Zeanah et al., 2003). Children are also at risk of abuse within institutions (e.g. Rus et al., 2013). Yet many countries continue to place children in large institutions as a matter of preference, despite considerable evidence regarding the damaging effects on their development and welfare.

The United Nations General Assembly (2010b) emphasise that in order for deinstitutionalisation to be practically possible, a range of appropriate community-based alternatives should be developed, resourced and supported. These include children being supported to remain with their birth families, kinship care, foster care, small group homes and adoption. However, alongside the practical provision of these resources, a shift in the mindset of governments, donors to institutions and those in direct practice has been highlighted as being necessary (Dozier et al., 2012). Until the value of supporting children to remain with their families (especially those living in poverty and those with disabilities), and the appropriateness of and preference for community-based alternatives in promoting healthy child development is present, it has been argued that investment in and use of institutions will persist (Dozier et al., 2012; Williamson & Greenberg, 2010).

Linked to the use of community-based alternatives for children unable to remain with their birth parents, is the increased emphasis that has been placed on children having the capacity to able to participate meaningfully in decisions being made about them. As Cashmore (2002; 838) notes, for children in care, “participation has the potential to accord children recognition as well as protection”. Article 12 of the United Nations Convention of the Rights of the Child states that children have the right to express their views, ‘freely in all matters affecting the child [with] the view of the child being given due weight in accordance with the age an maturity of the child’. The United Nations Convention on the Rights of People with Disabilities (2009) also emphasises the rights of disabled children to meaningful participation in discussions about their lives. As Stalker and McArthur (2012: 173) note, ‘disabled children are children first and foremost’. How children and childhood are conceptualised by professionals is therefore important for gaining insight into the psychological processes that underlie and contribute to decision-making about children's residential arrangements.

The present study focuses on medical professionals' conceptualisation of children in three Easter European countries: Bulgaria, Moldova and Romania. In rural and urban areas of all three countries, mother and child care, as well as reproductive health, are reported to be tasks for family doctors or primary care physicians (including routine antenatal care, immunization and paediatric surveillance; WHO Regional Office for Europe, 2012a, 2012b). The WHO reports that challenges remain in ensuring access for some groups to high quality children care services, including those living in rural areas, the Roma population and children with disabilities (Rechel, Blackburn, Spencer, & Rechel, 2009). Many countries in Eastern Europe continue to have a medicalised care system and the engagement of the medical professional in de-institutionalisation and child protection reform remains problematic. Some authors have discussed their findings in relation to a ‘defectology tradition’, whereby families are regarded as unable to meet the complex needs of disabled children with institutions regarded as the preferred option (Tobis, 2000; Tomescu-Dubrow, 2005). A pervading ‘rescue mentality’, coupled with a focus on ‘inadequate’ parenting, has meant that paternalistic policies ensure a continued reliance on institutional care for children (Bilson & Markova, 2007). Furthermore, medical professionals in some countries have been seen to have a vested political and financial incentive to support institutional care for vulnerable and at-risk children (Dozier et al., 2012).

Medical professionals involved in supporting children in care and at risk of separation are at the forefront of the effects of a challenging set of economic and social circumstances that currently characterise a number of Eastern European counties. This is evidenced, in part, by Romanian data revealing that the majority of instances whereby children are apparently abandoned by their caregiver take place in maternity wards, closely followed by hospitals and paediatric wards (Dickens & Serghi, 2000). The underlying decision making processes that occur within healthcare systems in relation to such cases are not clear and nor are the likely complex views of professionals who undertake assessments of children and make recommendations for care arrangements in hospitals and clinics. Stativa, Anghelescu, Mitulescu, Nanu, and Stanciu (2005) described a fear among professionals engaged in child protection that child-focused reform may have turned parents into dependents of their children, with parents' access to certain benefits dependent on the presence of their children. More recently, Bilson and Larkins (2013) reported that parents of disabled children in Bulgaria were advised by medical staff in hospitals to give up their children into out-of-home care facilities. Parents complained that they were given no offers of support for children when making the decision whether to keep their child. State care for disabled children in Romania and Bulgaria is reported to be underfunded and inadequate, adding to the pressure on medical professionals and medical facilities in caring for children both in care and at risk of separation and apparent abandonment (Bilson & Larkins, 2013).

The overarching aim of this study was to evaluate the knowledge, attitudes and professional experiences of a group of medical professionals toward children identified as at risk of separation or those in care in Romania, Moldova and Bulgaria. Identifying the attributes that health professionals working in Eastern Europe associate with children, particularly vulnerable children, will highlight how children are conceptualised and understood by this professional group, and some of the possible influences present when medical professionals make decisions and recommendations about children's risk and vulnerability. The findings could, in turn, assist with the formulation and implementation of alternative models of family-based care, and could contribute toward the development of necessary policy and legislation that moves toward de-institutionalisation.

Our approach regarding how to study medical professionals' perceptions of children was informed by the social psychological literature on the topic of attitudes. An attitude refers to an individual's overall evaluation (e.g. like-dislike) of an object. Predominant theories conceptualize attitudes as having affective and cognitive components. The affective component refers to feelings or emotions an individual associates with the attitude object, whereas the cognitive component refers to beliefs or attributes that an individual associates with an attitude object (see Maio & Haddock, 2015). Attitudes are important because they influence how people process information and how they behave. A large amount of research has considered how individuals evaluate social groups in their environment. However, most of this literature has assessed evaluations of groups than can be differentiated on the basis of race, ethnicity, gender, or sexual orientation. As it stands, the literature assessing attitudes toward children is sparse, and the research that has been conducted has addressed issues such as whether outgroup children are perceived more negatively than outgroup adults (e.g. Wolf, Maio, Karremans, & Leygue, 2016) and whether adults, children and teachers show preferences for White versus Black children (e.g. Baron & Banaji, 2006; Downey & Pribesh, 2004; Goff, Jackson, Di Leone, Culotta, & DiTomasso, 2014). To the best of our knowledge, no empirical research has addressed how medical professionals evaluate children, whether they evaluate typical, at-risk, and children with diabilities with differing levels of favorability, and whether their evaluations impact the decisions they make about childrens' medical care. The current study addresses this gap.

We had three research aims:

1. Establish the perceptions medical professionals working in three Eastern European countries hold toward children identified as “typical”, “at-risk” and ‘with disability’.
2. Explore the existence of country-level differences in medical