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SERVICES TO CHILDREN AND FAMILIES

SOCIAL DEVELOPMENT

**Impact of
Holt Programs
in Romania.
Documentation
of outcomes**



Expert Projects



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FOREWORD

By Dan Lauer, Holt Children's Services Program

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FOREWORD

By Dan Lauer, Holt Director of International Programs

"Risk-takers abound throughout Romania resulting in new and innovative programs and services reaching out to families in crisis and children in need."

The graphic reality of thousands of children consigned to deplorable conditions in Romanian institutions burst upon the world media stage immediately after the fall of Nicolae Ceausescu in late 1989. Widespread international support as well as intense political pressure soon focused on Romania, all aimed at reforming Romania's child welfare system.

Much of the attention focused on Romania was overly sensationalized, and children's issues were severely politicized. In this charged environment, Romania was held to an intense degree of accountability for its care of homeless and abandoned children.

As the world watched, Romania struggled to meet the basic needs of its most vulnerable citizens. And today the central problem remains: Too many Romanian children continue to grow up in institutions.

Yet Romania has made profound changes, and reform is taking place at unprecedented speed impacting more and more children every day.

Romanians love their children as much or more than any country in the world, and Romanians have responded to the desperate needs of children left homeless. Families have opened their homes to children through adoption and foster care at unprecedented levels; orphanage staff have adapted new services and developed programs that are truly making a difference; and government officials are coordinating efforts and reforming the legislative framework of child welfare despite budget shortfalls and political priorities.

Risk-takers abound throughout Romania resulting in new and innovative programs and services reaching out to families in crisis and children in need. NGOs are filled with people who have dedicated their lives to making a difference

in children's lives, and more and more government officials are embracing change and advocating for reform. While the rhetoric surrounding child welfare reform has frequently overwhelmed the process, most people dedicated to change have simply rolled up their sleeves and done the best they possibly could to make a difference. Combined, these are the people who have paved the way for reform with their sweat and tears. And they have never given up hope that one day all children in Romania will have homes of their own.

Holt responded to the needs of children in Romania with our first program office opening in Bucharest in early 1991. Since then, with support from Holt International, USAID, and more than 15 other donors, Holt-Romania has developed program offices in four Romanian counties. Holt has contributed significantly to the development of innovative services to Romanian children for more than a decade providing direct services to over 21,000 children and 10,000 families. Holt has also provided training and technical support throughout Romania in partnership with a variety of government and NGO partners.

This report summarizes the outcomes for children and families served by Holt over the last five years in the five distinct program areas of: abandonment prevention, shelter services, reintegration services; foster care and domestic adoption. It is our hope that this review of impact not only helps Holt-Romania better understand and improve its services and programs but also contributes to the greater understanding of how overall reform efforts are making a difference in the lives of children and families and how these efforts can be strengthened in the future.

Acknowledgments

First and foremost Holt would like to thank the United States Agency for International Development for its long-term commitment to serving Romania's most vulnerable children and families. Your confidence in our programs, services, and staff over the years has helped Holt overcome the difficult challenges we have faced and achieve the outcomes we have all desired.

While many individuals at USAID have contributed to child welfare reform in Romania over the years, Holt would especially like to thank Lucia Correll for her professional guidance and support to our staff. Her unfaltering dedication to improving the condition of Romania's institutionalized children made a profound difference.

In completing this project Holt would also like to thank ICCV for its overall role in the collection and initial analysis of data collected. In addition to the ICCV authors listed on the title page, Holt would like thank the following people for

FOREWORD



A mother who participated in the Welcome Baby Program, part of family preservation.

their hard work and critical role they played in making this project a success. Field research operators, sociological instruments: Daniel Arpinte; Laura Balanescu; Orsolya Iszlai; Gabriela Neagu; Raluca Popescu; Simona Preda; Florina Nicolau. Psychological tests: Daniela Constantinescu; Anca Luca; Catalin Nedelcea; Anca Nicolae; Ovidiu Pop.; translator and English supervisor: Ovidiu Gavrilovici.

Holt also wants to extend a special thanks to Dr. Victor Groza, Mandel School of Social Work, Case Western University for his valuable comments and suggestions to the structuring and content of this report.

And last but not least, Holt would like to thank all the Holt-Romania staff (past and present) for their contributions to this project as well as their on-going commitment to serving children in Romania. We specifically thank the following staff for their dedicated hard work and long hours in completing this study: Antoaneta Ionita (former executive director); Livia Trif (executive director); Stefan Cojocaru (site manager); Luminita Costache (site manager); Elisabeta Buscu (site manager); Oana Dumitru (project logistic coordinator); Carmen Blegoi (financial manager); Nićulina Negutu; Margareta Marin; Irina Anghelescu; Felicia Gurglian; Manuela Iftimoaiei; Ramona Gottessman.

Thanks to them and to all persons who contributed in a way to accomplish our task.

EXECUTIVE SUMMARY

An overview of recent child welfare history in Romania and an introduction to Holt's research and general results of data.

"The evaluative research revealed that all Holt services were highly effective in terms of keeping the children in families and preventing institutionalization. The services were consistent with Holt's belief that the family environment is the best one in securing healthy development of a child."

INTRODUCTION

After the totalitarian regime was overthrown in December 1989, media reports in newspapers and television revealed a painful reality: there were thousands of institutionalized children as a result of misguided child and family policies. The statistical data¹ gathered after this awareness found that almost 42,000 children resided in isolated state institutions, living in substandard conditions and cared for by under-qualified staff. In addition, more than 43,000 children resided in special education programs. Overall 85,000 children were part of the Romanian social welfare system.

The child protection system was centralized and state policy was fragmentary, with services and different populations of children being coordinated by different ministries. While the plight of abandoned children in Romania became known around the world, the problem of institutionalized children did not become a public policy priority immediately after the revolution of 1989. International nonprofit organizations were on the forefront helping to deal with the crisis situation of Romanian children. Many nongovernmental organizations (NGOs) from around the world and numerous private donors from other countries offered

their support for improving the lives of abandoned children or children at-risk of abandonment. Holt International Children's Services was one of those organizations.

Holt Services in Romania

In 1991 Holt began working in Romania. By the end of that first year children from 23 orphanages had received assistance resulting in 88 children returning to their birth families, 24 children being placed with Romanian adoptive families, and 659 children being evaluated for permanency planning.

Over the past ten years, Holt has established child welfare programs in four sites (Bucharest, Iasi, Tirgu Mures, and Constanta). Services and number of clients served included:

- Counseling and sheltering single parents (120 mothers in 1997-2001);
- Preserving, rehabilitating, or reuniting birth families and children (10,789 served²);
- Providing technical assistance and promoting domestic adoption for children unable to return home (843 served);
- Providing temporary foster family care as an inherently more caring and viable method of child care over institutionalization (933 served);
- Facilitating or assisting intercountry adoption for children unable to be placed with families in Romania (246 to the United States and 146 to other countries);
- The total number of children served was 21,278.

Children at Risk of Abandonment After 1989

After 1989 birth rates decreased overall in the population because of contraceptive education and the repeal of laws outlawing abortions. However, the decrease was different depending on the socioeconomic status of the family. The largest decrease was in the average and high-income populations, and least decrease or no decrease at all was in the economically disadvantaged populations. This phenomenon provides a partial explanation of the reason that abandonment did not change significantly. Families with many children are the most affected by poverty in Romania, composing the group characterized by "extreme poverty." These families are the most at-risk for abandoning their children.

In May 2002³ 47,904 children were in public institutions (approximately 0.8% from a total young population estimated at 5.5 million persons under 18 years). The statistical data suggest that the number of children protected in social welfare

institutions (nurseries, orphanages, re-education centers, specialized units for children with disabilities) grew from 41,982 in 1990 to 49,589 in 1994 and decreased to 33,356 in 1999. In 2000 an increase was reported, but this was due to reclassifying children residing in special schools as part of the population of children institutionalized in Romania. Still, there is a trend toward deinstitutionalization. At the end of May 2002, there were 16.3% less children in institutions compared with 2000.

A special category of children in difficulty is children with HIV/AIDS. Romania has more than 52% of the HIV-infected children in Europe. As of early 2002, about 4,600 children were reported to have HIV and another almost 6,000 children have AIDS.

The main source of HIV infection in children is transmission via blood and other blood products (69% of cases). The vertical transmission from mother to child (5% of cases) became more frequent after 1994 (UNICEF, 2001). Birth cohorts of 1988 and 1989 are at the most risk of infection due to the then policy of transfusing low birth weight babies. Most HIV/AIDS cases in children come from these cohorts (1,112 new cases in 1988 and 1,151 new cases in 1989). In fact, 94% of Romanian children with AIDS were born between 1987 and 1990.

The national system of child protection has been through major restructuring. Taking into consideration the high level of need that remains for the care of abandoned and at-risk children, resources allocated are insufficient. In addition, it is necessary to improve services for assisting children to remain in their families and to continue deinstitutionalization.

Methodology

The objective of the research in Romania was to determine the impact of Holt services on children served over the past five years. Five services were identified for evaluation: abandonment prevention, shelter services, family reintegration, foster care, and domestic adoption. The evaluation research tried to answer questions of major importance to Holt, allied professionals, government officials and funders:

- Were the interventions/services effective?
- Is it possible to document long-term effects of the intervention (whether it be crisis intervention, family preservation or permanent placement/adoption)?
- What is the current developmental, social, and health status of children served by Holt?

- **What are the main health, developmental, and social differences between the children who remained in the institutions and those who were placed with families?**
- **What was the cost per child/service in selected case categories (institutionalized child, family preservation case, family intervention case)?**

The research design followed the conventions of social science evaluation research in the selection of subjects, the techniques and instruments used in data collection, data processing and analysis procedures, data interpretation, and discussing the implications of the findings. Respondents included a substantial number of persons who benefited from Holt services as well as key informants from the community and Holt-Romania staff.

Research instruments were developed through joint teamwork with members from Holt and the Institute for Quality of Life (ICCV) and followed the model of data gathering used in previous program evaluations and research in the United States and Canada. The following research instruments included:

- A questionnaire used to interview parents whose children benefited from Holt services between June 1997 and June 2001. Specific questions included the context in which they had benefited from services as well as their assessment on their child's social and behavior functioning (a sample of 654 biological parents and other persons providing care were interviewed);
- A questionnaire for teachers who had students who benefited from Holt services. The teachers were asked to assess the school behavior of the children (data for 52 children were collected);
- Structured interview guides including: one for professionals not associated with Holt; one for Holt's clients; one for Holt managers; and one for social workers working for Holt. We included items to examine their perceptions of the role of Holt in providing social services, including the quality of the services, and items identifying needs for social services in Romania (21 key informants from the community and 20 professionals working for Holt were interviewed);
- Standard developmental and psychological evaluations that used the Denver Developmental Assessment and the Raven test. The Denver Developmental Assessment is a screening device for assessing developmental function of young children (up to 6 years) and allows the classification of results as normal, abnormal, questionable, and not testable. The Raven test is available in two forms: one for children 6–10 years old, containing 36 items, and one for children older than 10, including 60 items. The raw score is typically converted to the percentile rank by using national standards (206 children were tested with Denver and 44 with Raven).

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An HIV-positive girl in foster care in Megidia.

In addition, a comparison was attempted between children with HIV who benefited from Holt programs and a sample of institutionalized children with HIV. The institutionalized children with HIV that were available in one of the four sites were in very bad health. Even though psychologists decided to use the easier form of the Raven test (the R1 test for those under 10 years even if the child was older than 10 years), the results couldn't be used because 20% of institutionalized children were not testable due to the advanced stage of their illness. This made communication between the children and the psychologist impossible.

In addition to these data collection instruments, a standard format for presenting case studies was developed. The purpose of the case studies was to highlight instances where Holt services were successful and cases where they were not successful (14 case studies were done based on 14 interviews with clients and 17 interviews with social workers who worked on specific cases).

A cost analysis of the services was designed in order to approximate costs by program and by client for one year of program services.

Field research for data collection was carried out between March and May 2002. Field researchers from ICCV gathered data in all four sites. The interviews with children's parents and child testing were done in arranged space in order to assure proper conditions for communication between subjects and operators. Teachers' questionnaires were mailed to them through regular post, and the interviews with professionals working for Holt or key informants not associated with Holt were carried out at their work place.

Impact of Holt-Romania Services on Children and Families

Child Status

The age of children assisted in Holt programs differs according to services provided. From the total of 654 children included in the sample, most children (64%) were under the age of 1 when services started. In the abandonment prevention program about 17% of mothers were assisted during pregnancy, so children were assisted before birth. The programs for HIV-positive children included the oldest children, with the average age more than 7 at the start of the intervention. Overall, the pattern of development and intelligence of children assisted by Holt is similar to that of the general population of Romania. Only for children younger than 6 years of age were there delays in development in comparison to the Romanian general population of children. Findings suggest that a larger percentage of younger children served by Holt have developmental deficits that require special attention and care.

Differences were observed in children by the type of program. The highest developed children were those in the foster care programs and adoption services. The lowest developed children were those in the reunification from institutions program. In general, children who spent time in institutions had a lower level of development in comparison to those kept in a family. For instance, for children who were in a residential institution, 52% were evaluated as normal and 20% as abnormal. The situation was very different for children who had been only in a family; 85% of them were evaluated as normal, and only 3% were abnormal.⁴

Family Status

Holt assisted families who were large in number. The average household was made up of 5.6 members, out of which three were children. Only 28.8% of adults were working. The average age of the biological children in families who received services was approximately 3 while the average of children in Romanian families is less than 2.

Most of the children assisted by Holt were coming from nontraditional families (single mothers, cohabitating adults, divorced, separated parent, deceased parent, parents in prison).

Families involved in family reunification services and abandonment prevention had the lowest incomes from among Holt's clientele. The sample's income per month and per capita average was only 291,837 lei (\$8.9), significantly different even from the extreme official poverty level⁵ in Romania at that time (600,000 lei; \$18.2). It is also less than half of average per capita income found within the Holt clientele sample (611,951 lei; \$18.6).⁶

More than 50% of parents (mothers and fathers) had a low educational level (8 grades or below) and just a small part had a high school or a graduate education. Most clients were employed in low-level occupations. Many parents worked only as unskilled workers, and many did not have a job (38% of men and 29% of women).

In general, with the exception of foster and adoptive families, Holt provided services to families with many risks and difficulties.

Program-Related Data

Abandonment Prevention

The main purpose of the program is to maintain the child with his/her birth family and to avoid abandonment. In order to achieve this objective the program supports pregnant women or those who have recently given birth and are in a crisis, assists them in improving the living standards of children and their families, and works to maintain the child within his/her family, community, and school.

The data suggest that the program's success rate was relatively high with more than 98% of the cases (n=391) remaining intact. The 2% of cases (n=7) in which the program was not successful include two children who are now in a residential center, two children being raised in the extended family, one child adopted, one child in foster care, and one child who ran away.

While intact, these families were still at risk because their standard of living was very poor and their average income less than the Romanian poverty level. This related to Holt clients evaluating "material support" as the most important help from the agency. This help was very important in order to overcome a crisis but was not a long-term solution for at-risk families.

The mothers included in this program had little knowledge about contraceptives. Most of them were not aware of and did not use contraceptive methods. This could result in continuing the high birthrate and consequently increase the risk of child abandonment in the future.

The data showed that the abandonment prevention program was important in order to solve the crisis situation, especially for families who were not totally prepared for the new parenting experience. It is also the most cost-effective way of preventing institutionalization of children. The abandonment prevention program is a part of family preservation category in the cost analysis showing that Holt was able to keep a child in the family for average cost of \$133.85 per case.⁷ The cost was moderately higher for HIV-affected families (\$165.56 per case).

Center for Mother and Child

This program is unique among Holt services and is located in Bucharest. It is a program for single mothers in distress who want to keep their child. The objective is to reintegrate the mother and child back into the extended family.

The program was very successful: 100% of children assisted by Holt through this program were living with their mothers at the time of the interview.

The center's clients were very satisfied with services received. Holt's help came in a very difficult period in their life, and they considered that Holt provided them with enough support to solve all their problems.

The children were cognitively and socially well developed for their age. Their health was very good and the cases requiring special care were very rare.

The risks to clients after services were decreased thanks to the program's success in reconnecting the clients with their families and helping them find jobs that secured their independent living once they moved out of the shelter.

Overall, the data suggest that this is a highly successful program although on the higher end of cost-effectiveness (\$1,158.90 per case).⁸

Domestic Adoption Services

The main objective of this program was to provide permanent families to abandoned children who cannot return to their birth families.

The data suggest that the program's success rate was 100% in that 50 children were successfully adopted. There were no disruptions or failure cases.

The impact of services upon the child and family life was positive. The data demonstrate improvement in children's health status: Health problems were resolved for the majority of children between the time of adoption and that of the interview. Also, children in the adoption program are very well developed intellectually as well as socially.

The data show that adoption services provided by Holt were of a high quality. Our respondents referred to the services they received in a positive way and reported themselves as either very satisfied or satisfied with Holt services. None of the parents ever thought of ending the adoption, and all the adoptive parents considered their life after adoption either as very good or good.

The data suggest that the national adoption program was a positive alternative for abandoned children who could not return to their birth families. It is also a highly costeffective way of reducing the number of institutionalized children (\$269.29 per case on average).

Reintegration Services

The purpose of this program was the reintegration with their biological/extended families of abandoned children from institutions and foster care.

The data suggest that the program's success rate was 88% for 60 cases. Despite a seemingly high rate of success, there were some problematic aspects related to the reintegration services. The data show that children in this program came from families with a low level of education and a low standard of living. In addition, about a third of mothers and more than 10% of fathers in the sample reported health problems that could add further to the risk of abandonment. The main reason for the child's institutionalization, according to parents, was a lack of resources. Another important reason parents indicated that they institutionalized their child was the poor health of the child. After Holt intervention, the health status of many reintegrated children remained poor. Some of them had to be hospitalized during the last year, and most of them continued to have health problems. Many of the children had disabilities, including mental retardation and developmental delays. The level of social development of reintegrated children was poor. There were still many risks for future problems in these families.

When evaluating the quality of services provided by Holt, the majority of parents reported that they were satisfied or very satisfied (68%).

Reintegration services is also a part of the family preservation category in the cost analysis with reported average cost of \$133.85 per case. Overall, we can consider that children and families served by this program confront serious health and developmental challenges that will require more and long-term/continuing services.

Foster Care Services

The main purpose of this program was to prevent abandonment and avoid institutionalization by providing children with a foster family until a permanent family was found or they were reintegrated into birth families. Both short-term and long-term foster care were offered.

The data suggest that the program was successful in meeting its objectives. These are different for the specific foster care programs developed by Holt. Short-term foster care included small children as a temporary solution until a permanency plan was achieved. Long-term foster care comprised older children, usually siblings, where adoption chances were less likely. Foster care for HIV-affected children was long-term foster care with added therapeutic components focused on proper management of the children's conditions.



A dedicated foster family.

With regard to short-term foster care, all cases evaluated were still open⁹ (permanent placement was not achieved yet). In this case, success meant absence of reported problems or complaints or absence of a need to re-assign a child to a different foster care family. Similar criteria were applied to longterm and HIV long-term foster care. An important sign of the quality of short-term foster care and achieving permanency for children was the length of time they spent in foster care before being placed in families. This would be typically around six months in Holt programs. The figures varied by site, and over the year of 2001¹⁰ range from just about two months to more than 14 months. The site in Iasi was most successful and had the shortest average foster care placement time.

The impact of foster care on children was positive. The data show important progress in children's health. Health problems were resolved for the majority of children between the time of entering foster care and at the time of the study. Overall, the evaluation of children's developmental status shows that the children were well developed both intellectually and socially.

Holt's impact on family life was also positive. While most parents reported that relationships within their families remained the same, there were many parents who said Holt's involvement had a positive impact on their families. None of the foster parents said that relations in the family changed in a negative way. Life after becoming a foster family was considered by the majority of parents as either very good or good.

The quality of services provided by Holt was positively evaluated. The vast majority of parents considered Holt's help very important, and the majority of foster parents report that they were satisfied with Holt services.

Overall, the program achieved its purpose. Although it was at the higher end of cost-effectiveness on a per case basis (\$1,208.64),¹¹ it was a relatively inexpensive alternative to institutionalization with as moderate cost of about \$150 per month.

Perception of Holt-Romania Services

The following data come from interviews with various key informants knowledgeable of the child and family welfare service field as well as Holt-Romania clients and Holt personnel reflecting on the quality of Holt-Romania services.

Overall, Holt was perceived in a positive way. The key informants working in the area of social services perceived Holt as an important provider of social services by professionally well-prepared personnel. According to the key informants, over the past 10 years, Holt contributed to the reshaping of the landscape of social services in Romania. Mentioned among Holt contributions included capacity building by creating the first Romanian foster care network, creating partnerships between organizations that traditionally worked separately (Department of Child Protection [DPCs], NGOs, hospitals, local councils), setting up offices for counseling at-risk families, developing prevention services at the community level, and providing preservation services to families with HIV-infected children.

Holt clients also perceived the agency positively, and a majority of beneficiaries (87%) reported satisfaction with the services they received.

The informants were also asked about specific or emerging needs in the social services field in Romania. Information obtained suggests a growing need for services to children and families, which is further amplified by the Romanian government's efforts to close as many institutions as possible in the years to come. Among the services with growing needs were programs for families at risk of child abandonment, HIV-infected mothers, HIV-infected and affected children, abandonment prevention for HIV-infected children, counseling families, foster care in general, foster care for HIV-infected children, and sustaining growth of support groups including parents of HIV-affected children.

Among additional services that need to be developed in response to the current situation within the country, informants mentioned programs for street children, parent education in general, daycare centers, services for alcoholic and/or abusive parents, family planning, adoption services, services for disabled children, centers for abused mothers, homeless shelters, programs for children leaving the placement centers at 18, services for juvenile delinquents, and community social services. While the whole spectrum of social services was mentioned, it was not elaborated how the government and private sector could or should collaborate in delivering the whole scope of services to the communities.



A road in Sighisoara where a foster family lives.

The Holt social workers expressed positive opinions on the agency. They felt both material and emotional support from the agency. The vast majority of social workers were satisfied with their work within the organization. The perceived needs were related to continuing education and training in areas focusing on abused children, teenage crises, HIV-related life crises, longterm foster care, parenting skills, medical information on HIV, child development issues, and related psychological counseling and therapies. They also felt a need for increasing their capacity and knowledge of grant writing, fundraising, laws governing the social welfare/protection field and children's rights, and NGO management.

Holt's Ethical Standards

Both qualitative and quantitative data show that there was no discrimination in providing services based on gender, ethnicity, religious affiliation, or any other characteristic.

Cost Analysis

Operational and Administrative Costs

The data show that direct programming costs in 2001 were \$475,053, 71.9% of the total expenditures that Holt incurred in Romania (\$660,645 in 2001). Indirect (administrative) costs are \$185,592, representing 28.1% of the total budget. The indirect cost was somewhat higher partly due to the cost related to moving the offices in Iasi where the administrative cost in 2001 was 37.4%.

Without this cost, one could expect the average to be closer to 25%, which was found in other sites.

Cost Structure by Programs, Sites, and Beneficiaries

Family preservation¹² was the most important program among Holt services not only programmatically but also in financial terms. Even without HIV-related services and without shelter services the total cost for these services accounted for 38.1% of the total programming cost (\$251,954). The services for HIV children would add \$61,918 (9.4%) and the shelter program \$37,085 (5.6%), totaling a cost of \$350,957 for family preservation, well above half of all direct programming expenditures of Holt-Romania in 2001 (\$660,344).

Family preservation was also clearly the most cost-effective way of dealing with child abandonment and institutionalization. In most typical cases, Holt was able to preserve families with average cost of less than \$125.

The foster care program also had an important share in the total costs (\$209,095, 31.7%), representing 36% of direct costs incurred by the five main evaluated programs (\$580,518). In the cost analysis of foster care programs, cases from all categories of the program were included (short/longterm and HIV long-term foster care). The average cost per beneficiary was the highest of all evaluated programs (\$1,208.64).¹³ A better insight into the cost-effectiveness of this program, however, is to look at it on a monthly basis. Using the month of September 2001 as an example, Holt had in Iasi 22 foster care placements with reported expenses of \$2,434.21. This results in a direct cost total of \$110.65 per placement. Even with an atypical 37% for local administrative costs added, this gives a cost per placement of \$151.58. The latter value better represents typical cost of short-term foster care that is used as a temporary solution (and replacement of institutions) for abandoned or orphaned children. This figure can be also more readily used for comparisons of costs between different organizations.

Domestic adoption expenditures in 2001 (\$20,466) represented only 3.1% of the total programming costs, and the program served only 88 clients during the evaluated period. The findings suggested difficulties in finding enough families willing to adopt less than perfectly healthy children. Children who belong to minority groups were also less likely to be adopted. Perhaps more resources for family recruitment, awareness campaigns, and education in this area would need to be allocated in order to change the current culture surrounding adoptions in Romania. This would be a very desirable change because adoption came in as second best in costeffectiveness in this study. On average, Holt was able to place a child with an adoptive family for about \$270.

The cost of shelter services were on the higher end of the spectrum (\$1,158.90 per case).¹⁴ They were comparable to, and in fact a little lower than, foster care

services. While relatively more expensive, the idea and the program have been adopted by local authorities in other counties that find this type of service needed.

The cost of the services offered by Holt varied both with the type of service and its location. Direct social services provided in Bucharest were the most expensive partly because costs related to having a national headquarters were difficult to separate entirely from direct services. The most cost-effective site was in Iasi followed by Tirgu Mures and Constanta. The added expenses of the latter two can be explained by the geographical spread of services provided from the central office to large rural areas.

Conclusion

The overall success rate of all programs was 98%. Out of 654 children in the sample, only 14 cases of failure were identified by our research¹⁵.

The evaluative research revealed that all Holt services were highly effective in terms of keeping the children in families and preventing institutionalization. The services were consistent with Holt's belief that the family environment is the best one in securing healthy development of a child. Domestic adoption may need more funding to align it with the importance that is placed on domestic adoptions in Holts' mission.

The most cost-effective service was family preservation. Even the most expensive programs (foster care, mother and child shelter) were relatively inexpensive alternatives to institutionalization. While comparable in cost to the state programs and institutional care, the family-based alternatives brought many long-term benefits to children, preventing developmental delays and keeping children healthier.

RATIONALE

The child welfare situation in Romania – an overview of recent history, policy, and research.

“The research survey in Romania has to determine the impact of Holt services on children served over the past five years. Five complex services have been identified: abandonment prevention, shelter for mother and child, family reintegration, foster care, and domestic adoption. Research would answer questions of major importance to Holt, allied professionals, government officials and funders.”

HOLT SERVICES IN ROMANIA

In 1991 Holt began working in Romania. By the end of that first year children from 23 orphanages had received assistance resulting in 88 children returning to their birth families, 24 children being placed with Romanian adoptive families, and 659 children being evaluated for permanency planning. Over the past ten years, Holt has established and refined child welfare programs that:

- Counsel and shelter single parents (120 mothers in 1997–2001);
- Preserve, rehabilitate, or reunite birth families and children (10,789 served*);
- Provide technical assistance and promote domestic adoption for children unable to return home (843 served¹);
- Provide temporary foster family care as an inherently more caring and viable method of child care over institutionalization (933* served);

*Cumulative totals taken from Holt International annual reports, 1991–2002

- Facilitate or assist intercountry adoption for children unable to be placed with families in Romania (246 to the United States and 146 to other countries*);
- Total children served was 21,278.

Holt concentrates its services on children at risk of abandonment by their parent/caretakers and children living in institutions. Holt considers the best interests of each child in seeking a permanent solution—one that allows him/her to live in a family environment to ensure a healthy development.

The services provided by Holt are based on a strong belief that children develop best in a family environment that can provide appropriate love and attention and meet other spiritual, psychosocial, and developmental needs of children. The family environment is a much better option in contrast to institutional care. Institutionalization has been proved to have detrimental short-term and long-term effects on child development and well-being. The services provided to children and families reflect this evidence and emphasize family preservation, family reunification, or adoption as alternatives to institutionalization, which is, unfortunately, too often seen as a viable option for dealing with the problem of child abandonment. Holt services focus on permanency planning that has the objective of finding a permanent and loving home for a child who is abandoned/institutionalized or at risk of being abandoned/institutionalized. Priority is given to family preservation because Holt's experience has shown that biological families given counseling and assistance, and sometimes material support, are far less likely to abandon their children. Often a child placed out of the home can be successfully reunified with the biological family if the parents receive help from social workers and other types of services. If the child cannot return to the biological family, Holt works toward finding an adoptive family for the child. To avoid institutionalizing a child waiting for a family, Holt provides caring foster families.

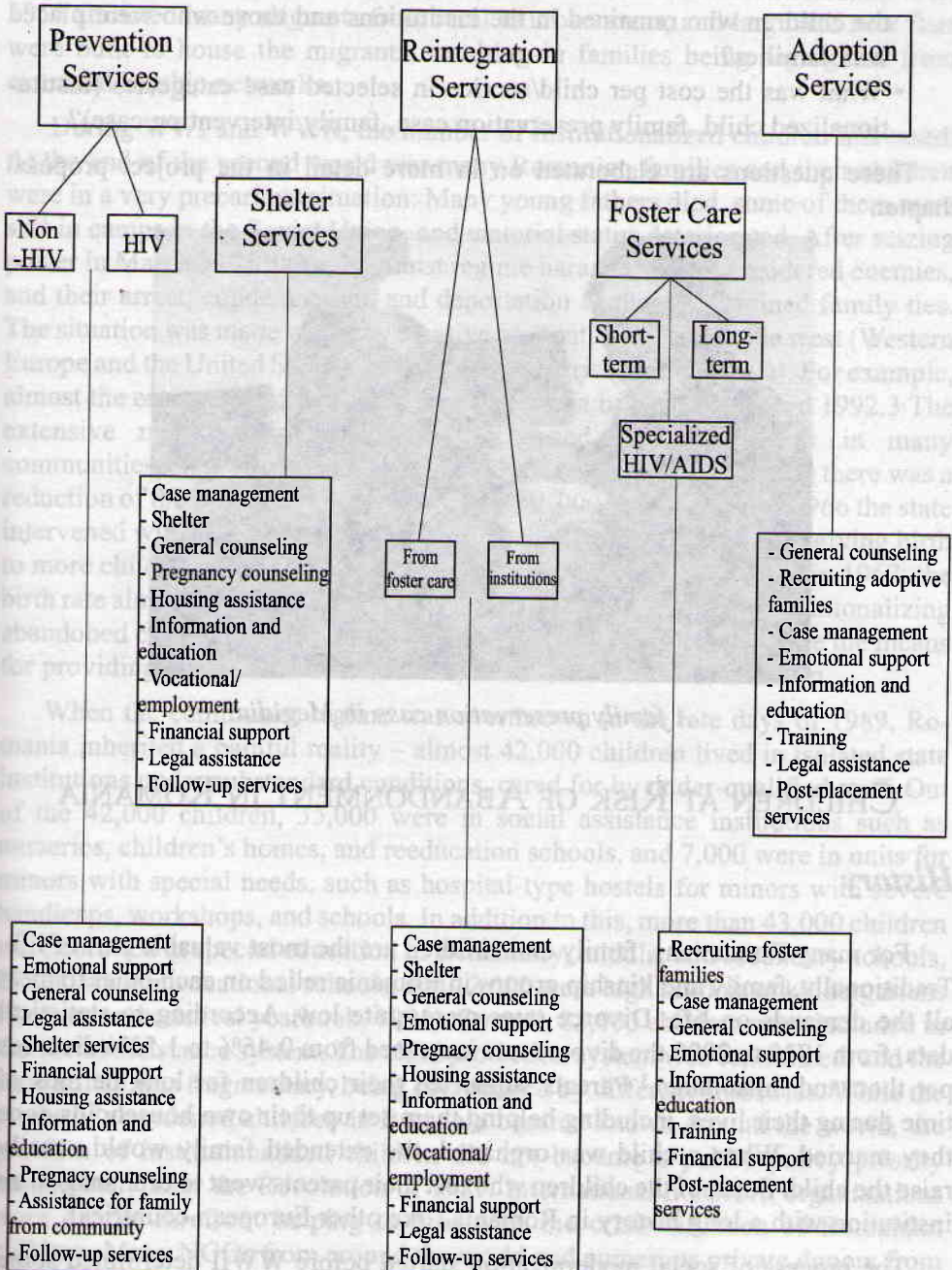
The research survey in Romania has to determine the impact of Holt services on children served over the past five years. Five complex services have been identified: abandonment prevention, shelter for mother and child, family reintegration, foster care, and domestic adoption. Research would answer questions of major importance to Holt, allied professionals, government officials, and funders. Of interest to all stakeholders are questions such as:

- Were the interventions/services effective?
- Is it possible to document long-term effects of the intervention (whether it be crisis intervention, family preservation or permanent placement/adoption)?

*Cumulative totals taken from Holt International annual reports, 1991–2002

Chart 1. Overview of Services

Services Provided by Holt in Romania 1997 – 2002



- What is the current developmental, social and health status of children served by Holt?²
- What are the main health, developmental and social differences between the children who remained in the institutions and those who were placed with families?
- What was the cost per child/service in selected case categories (institutionalized child, family preservation case, family intervention case)?

These questions are elaborated on in more detail in the project proposal chapter.



A family preservation case in Megidia.

CHILDREN AT RISK OF ABANDONMENT IN ROMANIA

History

For many Romanians, family and children are the most valuable part of life. Traditionally, family and kinship groups in Romania relied on each other to meet all the demands on life. Divorce rates were quite low. According to statistical data, from 1930 to 2000 the divorce rate increased from 0.45% to 1.53% divorces per thousand inhabitants.³ Parents supported their children for long periods of time during their lives, including helping them set up their own households once they married. When a child was orphaned, the extended family would usually raise the child. Some of the children who lost their parents went to orphanages, an institution with a long history in Romania (like other European countries).

The process of social modernization started before WWII determined some changes in family structure and traditional relations patterns. The nuclear family

(parents and children) became more spread, especially in urban areas. What began as a natural trend toward family transformation between the two world wars was stayed by communist general policy. Massive and forced industrialization after 1950 attracted many migrants from rural to urban areas, and large and new flats were built to house the migrants, resulting in families being segregated from extended kinship networks.

During WWI and WWII, the number of institutionalized children increased. At the end of the second world war many Romanian families and their children were in a very precarious situation: Many young fathers died, some of them were still in camps in the Soviet Union, and material status deteriorated. After seizing power in March 1945, the communist regime harassed those considered enemies, and their arrest, condemnation, and deportation further undermined family ties. The situation was made worse by massive emigration mostly to the west (Western Europe and the United States but also South America and Australia). For example, almost the entire population of Jews left Romania between 1945 and 1992.³ The extensive migration of population weakened social solidarity in many communities. At the same time that family ties were being weakened, there was a reduction of the birthrate (in 1966 it was 14.3/1,000 inhabitants). In 1966 the state intervened with a policy banning abortions. Soon poor families were giving birth to more children than they could financially support (after one year, in 1967, the birth rate almost doubled to 27.4/1,000).⁴ The state responded by institutionalizing abandoned children in residential homes that, most often, did not have the means for providing appropriate care and education to thousands of children.

When the communist regime was overthrown in the late days of 1989, Romania inherited a painful reality – almost 42,000 children lived in isolated state institutions under substandard conditions, cared for by under-qualified staff. Out of the 42,000 children, 35,000 were in social assistance institutions such as nurseries, children's homes, and reeducation schools, and 7,000 were in units for minors with special needs, such as hospital-type hostels for minors with severe handicaps, workshops, and schools. In addition to this, more than 43,000 children were enrolled in special education in elementary, middle, and secondary schools, 27,000 were in vocational schools, and 12,000 were high schools or kindergartens (Romanian statistical yearbook, 1991). Overall, 85,000 children were included in the social assistance system. The child protection system was centralized, and the state policy was fragmentary, being coordinated by different ministries. While the plight of abandoned children in Romania became known around the world, the problem of institutionalized children did not become a public policy priority immediately after the Revolution of 1989. International nonprofit organizations were on the forefront helping to deal with the crisis situation of Romanian children. Many NGOs from around the world and numerous private donors from other countries offered their support for improving the lives of abandoned children

or children at-risk of abandonment. Holt International Children's Services was one of those organizations.

Children At Risk of Abandonment After 1989

The liberalization of policies regarding abortions after 1989 was expected to reduce the number of children in at-risk situations, but the percentage of women becoming pregnant did not decrease significantly. Abortion became the major method for controlling family size. Instead of planning family methods, women seemed to prefer abortion. The official figures of 2000 show one abortion to one child born alive, without taking into consideration the abortions conducted outside of the knowledge of the health care system. Official statistics grossly underestimate the incidence of abortion. Relying on a more robust estimate, in 1990 the abortion rate increased six times, with an estimate that there are more than three abortions for every one child born alive. This information suggests that there is a lack of family planning "culture" inherited and maintained after 1989, with only 30% of the fertile women using contraceptives in Romania.⁵

Table 1. Poverty Rate and Number of Children per Family (2001)

	Poverty	Extreme Poverty
Families with four children or more	68.3	44.2
Families with three children	58.4	30.6
Families with two children	31.5	12.4
Families with one child	27.4	7.3
Total in the general population	29.6	11.9

Source: CASPIS, the Commission for Combating Poverty and Promoting Social Inclusion, 2002

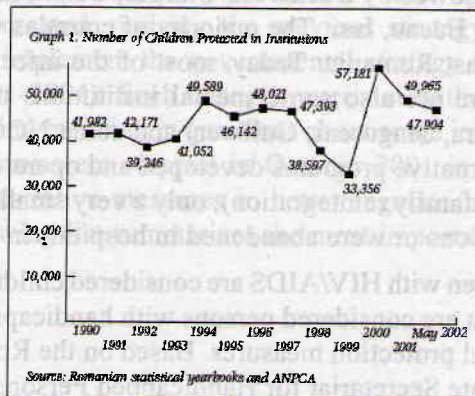
The repeal of laws outlawing abortion, while expected to decrease the number of abandoned children and, consequently, institutionalized children, did not do so. Child birth rates decreased overall in the population (from 16/1000 in 1989 to 10.5/1000 in 2000). The decrease was different depending on the socioeconomic status of the family. The largest decrease was in the average and high-income populations, and the least decrease or no decrease at all was in the economically disadvantaged populations. This phenomenon provides a partial explanation of the reason that abandonment did not change significantly. Families with many children are the most affected by poverty in Romania, composing the group characterized by "extreme poverty." Table 1 describes the rate of poverty by the number of children in the family, demonstrating that the number of children

becomes an important predictor of poverty. Every new child added to a family increases significantly the chances of a family becoming poor.

The poverty rate in large families worsens each year. Families with one or two children had a slight improvement in the last year studied, taking into account a general improvement in the standard of life. Children from larger families did not have this positive trend. For them, the poverty rate increased, especially in the case of families in extreme poverty. In the last year the poverty rate decreased 12.3% for families with one child and 6.6% for families with two children; the poverty rate for families with three or more children increased 10.8% (Commission for Combating Poverty and Promoting Social Inclusion, 2002). Almost 40% of Romania's children live in families with three children or more (ib.). A major "provider" of abandoned children, street children, and children in difficulty are large and extremely poor families because of the insufficient public material support for these families. As a matter of fact, we notice that some very poor families rely only on children allowances to make their living.

The Situation of Institutionalized Children

After several years of public and private interventions, about 47,904 children were in public institutions in May 2002 (approximately 0.8% from total young population estimated at 5.5 million persons under 18 years). Data from the Romanian statistical yearbooks show that the number of children protected in social work institutions (nurseries, orphanages, re-education centers, specialized units for children with disabilities) grew from 41,982 in 1990 to 49,589 in 1994 and decreased to 33,356 in 1999. In 2000 a new peak was registered because children attending special schools began to be considered as living in residential institutions.



Many of the institutions were lately restructured and some even closed. The deinstitutionalization trend was maintained after 2000. To the end of May 2002 there were 16.3% fewer children in institutions than 2000. Yet the situation of Romanian children remains, considering the number of institutionalized children, even more challenging than 10 years ago.

Children with HIV/AIDS

A special category of children in difficulty is children with HIV/AIDS. Romania has more than 52% of the HIV-infected children in Europe. As of early 2002, about 4,600 children have been reported to have HIV and another almost 6,000 children have AIDS.

Table 2. HIV/AIDS Cases in Children

AIDS				HIV	
Alive	Dead	Unknown	Total		
3,348	2,358	50	5,875	4,601	

Source: Anti-AIDS Committee, March 2002

The main source of HIV infection in children is transmission via blood and other blood products (69% of cases). The vertical transmission from mother to child (5% of cases) became more frequent after 1994.⁶ Birth cohorts of 1988 and 1989 are at the most risk of infection due to the policy of transfusing low birth weight babies. Most HIV/AIDS cases in children came from these cohorts (1,112 new cases in 1988 and 1,151 new cases in 1989). In fact, 94% of Romanian children with AIDS were born between 1987 and 1990.

With respect to the distribution of HIV/AIDS in various counties, the highest number of cases is in Constanta county (three to four times more than in any other Romanian county), followed by Bucharest, Giurgiu, Galati, Ialomita, Dambovita, Vrancea, Dolj, Mures, Bacau, Iasi. The majority of counties with high incidence are situated in southeast Romania. Today, most of the infected children live in their families but there are also some special institutions that host only HIV-infected children (Vidra, Singureni, Gulliver) and some NGO familytype social homes. Thanks to alternative programs developed and operated mostly by NGOs (foster care, adoption, family reintegration), only a very small number of children entered public institutions or were abandoned in hospitals in the last three years.

In Romania, children with HIV/AIDS are considered children with disabilities. The most serious cases are considered persons with handicaps of the first degree, benefiting from special protection measures. Based on the Romanian Ministry of Health and Family State Secretariat for Handicapped Persons records, at the end of 2001, 2,377 children with HIV/AIDS were registered as handicapped (2,233 first degree, 93 second degree, and 51 third degree).

Legislation on Child Protection in Romania

Romania ratified the United Nations convention on children's rights in 1990. In order to comply with this convention, Romania had to develop a global and coherent child protection system reform. The government initially concentrated on some specific measures concerning the protection of children with special needs (e.g., children with handicaps).

The child protection system reform started in 1997 and led to the decentralization of the child welfare system. The central purpose of the reform was the prevention of abandonment and the development of alternative services such as family protection centers, daycare centers, counseling centers, foster parent networks, etc. During this period, new standards regarding adoption were created, the most important being the law protecting children with special needs.

In 1999, the national agency for child protection rights reorganized all the activities of the national system. In 1999, it also created important programs for children with handicaps. During 2000 and 2001, other important measures concerning different particular situations were developed such as programs regarding street children, child exploitation or selling, youth prostitution and pornography, and children's involvement in the military.

One of the most important measures adopted so far was the transfer of various ministries to be under the Special Child Protection Public Services Department. Despite the difficulties involved, this transfer was designed to promote better assessment of children's needs and better collaboration with NGOs. Many institutions were restructured or closed.

In 2000 the government developed the first National Strategy for Child Protection. In 2001 the reform continued with more structural changes. The central national body was restructured, and the National Authority for Child Protection and Adoption was created, revising the previous strategy and starting a new operational plan to implement the governmental strategy for protecting special needs children (2001-2004). Such changes were not without problems. Due to insufficient monitoring resulting in questions about some international adoptions, international adoptions were stopped in October 2001 in order to develop legislative and administrative measures to better regulate international adoption activities. The following list summarizes the most important laws enacted since 1989.

List 1. The Most Important Legislative Measures in the Child Protection Field Taken after 1989

Law 18/1990 – ratifying UN convention concerning the child rights.

Government decision (GD) 1100/1990 – the set-up of the State Department for handicapped people (ISSH).

GD 1161/1990 – the roles, organizing and functioning of the State Department for handicapped people (ISSH).

GD 596/1990 – a measure concerning the improvement of carrying, instruction, and rehabilitation activities for handicapped children and adolescents, as well as for orphans.

Law 47/1993 – the judicial declaration of children's abandonment.

Hague Convention from 5.29.1993 – children's protection and cooperation regarding the international adoptions (Law no. 84/1994).

Emergency ordinance (EO) 26/1997 – protection of children with special needs, approved by Law no. 108/1998.

EO 25/1997 – adoptions approved by law no. 87/1998.

GD 502/1997 – organizing and functioning of the Romanian Committee for Adoptions.

GD 205/1997 – organizing activities for the Public Administration Authority in the child protection field.

GD 245/1997 – authorization criteria for private organizations involved in activities concerning adopted child protection.

GD 217/1998 – attaining authorization, authorization procedures, and status of professional "maternal assistant."

GD 117/1999 – organizing local public administrative authorities activities in child's protection rights, organizing and functioning of specialized public services in child protection as well as for methodological rules approval and transitory measures of some statements application from (EO) no. 26/1997.

EO 192/1999 – the set-up of the National Agency for Children's Rights Protection and reorganizing of child protections activities.

EO 102/1999 – special protection and restarting work for handicapped persons; modified and completed by OU 40/2000 and by OU 47/2001.

GD 54/2000 – criteria for local community determination from which handicapped children and children with special needs come.

GD 457/2000 – the approval of methodological rules for the financing level from the local communities for the protection of children with special needs,

handicapped children, and adult person, included in conditions described by art. 19 from OG 26/1997.

GD 626/2000 – methodological rules approval regarding hiring conditions, rights and obligations of “personal assistant” for handicapped person GD 628/2000—approval of agreement between Romanian and the United States, acting through the United States Agency for International Development, to promote economic rehabilitation and support the assistance program for helping orphans and handicapped children; modified by GD 1138/2000.

GD 380/2000 – the approval of national interest program called “street children’s social integration.”

Law 203/2000 – ratifying the “international organization convention of labor,” and 182/1999, concerning the interdiction of the most serious forms of children’s work and immediate action toward avoiding it, adopted by the 87th session of the “General Conference of International Labor Organization” in Geneva, held on June 17, 1999.

GD 96/2000 – organizing and functioning of national Agency for Children’s Rights Protection.

GD 260/2000 concerning the approval of national interest programs for children with special needs rights protection.

GD 261/2000 – reorganization of institutions, hospital departments, and other child special protection units from county councils or local councils from Bucharest districts.

GD 1315/2000 – some measures for adopted child rights.

GD 625/2000 – approval of reform national strategy of child rights protection system for the period 2000–2003.

GD 80/2001 – approval of organizing structure of State Department for Handicapped (ISSH).

GD 427/2001—approval of methodological normative regarding the hiring eligibility, rights, and obligations of handicapped “personal assistant.”

GD 552/2001—approval of national interest programs in child rights protection field.

Law 470/2001—ratifying the facultative protocol of convention regarding children’s rights, selling children, children prostitution and pornography, signed in New York, September 6, 2000, promulgated by D 690/2001.

Law 567/2001 – ratifying the facultative protocol regarding the children involvement in army conflicts and the convention for children’s rights, signed by Romania on September 6, 2000, promulgated by D 804/2001.

GD 611/2001 – approval of national interest program in the child protection field called “street children’s social integration.”

EO 12/2001 – the set-up of the National Authority for Child Protection and Adoption, approved by law 252/2001.

GD 216/2001 – organizing and functioning of National Authority for Child Protection and Adoption.

GD 121/2001 – temporary interruption of all procedures regarding international adoptions, completed by EO 161/2001.

EO 123/2001 – reorganizing of the Child Protection Committee at the county level.

GD 539/2001 – the approval of governmental strategy in the children with special needs protection field (2001- 2004) and operational plan for implementing the governmental strategy in the children with special needs protection field.

GD 29/2002 – donations for institutionalized children, children from specialized maternal assistants network reintegrated children in low budget families; modified by GD 304/2002.

ROMANIAN RESEARCH ON AT-RISK CHILDREN

After 1989, social science research in Romania on child welfare changed significantly. In the communist regime the main research themes were on adjustment, educational and vocational guidance and integration, social integration, social participation, deviant behavior, and delinquent behavior. After the revolution researchers explored new topics research on at-risk children, especially on child abandonment and child institutionalization and children with HIV/AIDS.

Abandonment and Institutionalization

At-risk children in poor families have become one of the most intensely researched topics in Romania. Even if the social welfare system provides some benefits to low-income families (financial benefits, direct services), there was a massive deterioration in the quality of life for many people after the socio-economic transformations occurring 1989. The social safety net that once existed has eroded, and the quality of social services available to single-parent families and families with many children is not sufficient to meet existing needs. Research (Zamfir, 1995) shows that increased poverty impacts child welfare problems, including:

- An increase of child abandonment despite a drastic reduction in birth rate;
- An increase in the rate of under-weight children, placing these children at high risk for future developmental problems;
- An increase in health problems in children from poor families, particularly tuberculosis and other infectious diseases;
- Documented developmental delays in children due to inadequate living conditions and improper nutrition;
- An increase in child abuse and neglect;
- An increase in juvenile delinquency, begging, etc.

The reasons for which children are abandoned or institutionalized are closely related to the material resources and array of problems a family faces. In 1991 UNICEF, the Ministry of Health, and The Institute for Mother and Child Care found that these factors correlated with risk for institutionalization:

- Children's health problems (dystrophy, anemia, rickets), many due to inadequate nutrition;
- High number of children in the family;
- Socioeconomic hardship (improper housing, homelessness, insufficient income, unemployment, low educational background of the parents);
- Young mothers, unmarried or divorced;
- One parent in prison or deceased;
- Alcoholic parents;
- Children with disabilities or HIV.

Research also documented worsening living conditions in Romania (UNICEF, IOMC, FICF, 1996), including the following:

- Extreme poverty and lack of any financial support—some families could not feed children or buy clothes and failed to support children in school;
- Family dysfunction—increases in divorce, separations, fathers who do not recognize paternity;
- Alcoholism, family violence, and sexual abuse;
- Unwanted children;
- Children with disabilities or HIV;
- Children with chronic illnesses.

Research on institutionalization (Alexiu, 1999) has documented the following factors as the most important risks contributing to institutionalization:

- The child is Roma/gypsy—the Roma population is a marginalized one that relies on institutionalization for survival and adaptation in the Romanian society;
- The child comes from a disorganized family, one that is unstable, single-parent, or the father does not recognize paternity;
- The child has a history of institutionalization or one of his/her siblings or one of his/her parents was in residential homes as a child;
- Family housing is inadequate;
- The family is in poverty or is low-income.

While research (UNICEF, 1991, 1996) shows that many families consider institutions to have better living conditions than home, families also reported that with appropriate support, their children could stay home. Although there is evidence at placement centers that families visit, placement centers lack personnel qualified to educate parents on how to reconnect with and stimulate their institutionalized child.

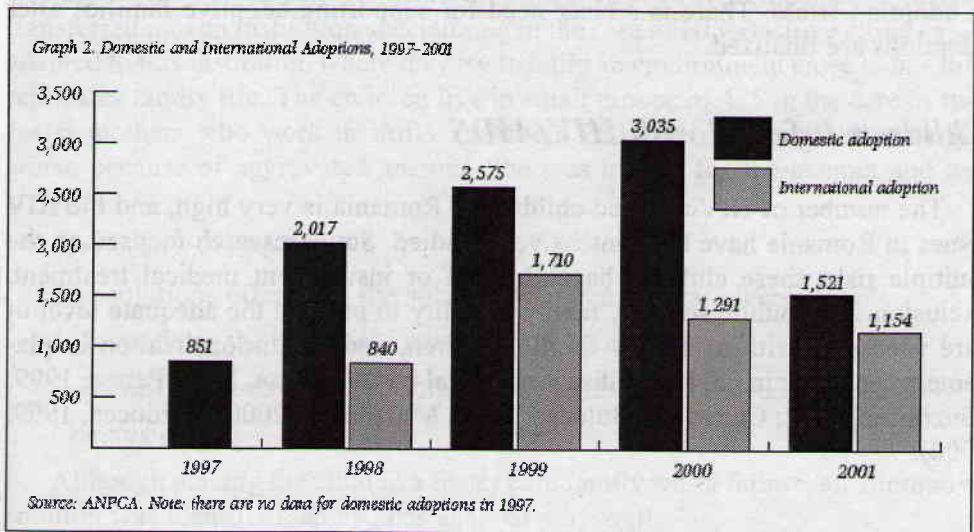
Even if placement centers in Romania have better conditions than the family homes, the majority of children show physical and psychological delays, mostly due to institutionalization. Recent research shows an improvement in the physical conditions and programs in institutions. This improvement has had a positive effect in reducing physical developmental delays, but less improvement in relation to psychological delays. This has a direct impact on school failure.

Alternative measures to institutionalization have been slowly implemented since 1997, but institutionalization persists due in part to resistance from institutions and local government staff. Similar to some families, the personnel in these centers believe that the institution is better than family life. Their hesitation persists even when there is evidence that the costs are far greater for residential facilities than family-based programs.

Adoption

A serious problem in the transition from communism developed with the “commerce of children” in some international adoptions. This has been one of the most debated social issues after 1989. In the first year after the revolution there were 10,000 Romanian children internationally adopted. This represented almost a third of the total number of all children adopted internationally that year. At the time this was considered “a national tragedy.” The “tragedy” was not that children “were saved” from institutions but that many were adopted directly from their biological families, usually for an amount of money or some inkind donation.

Despite a stabilization of international adoption in the middle 1990s, abuses were still occurring, and some questionable international adoptions were taking place. The poor monitoring system led to the government stopping international adoptions in 2001 to enable development of legislative and administrative controlling measures to improve it. Unfortunately, domestic adoptions, even though more frequent than five years ago, remain too infrequent to make significant changes in the dire situation abandoned children face. According to Holt staff experience, domestic adoptions are possible for that small percentage of children who are healthy and belong to the Romanian ethnic majority. The structure of children who fill the institutions, however, includes children who have a variety of health and developmental problems and ethnicities. The table below reports on adoptions from 1997-2001.



During this same period, adoption was one of the most disputed issues. At this time, a higher number of children were adopted internationally than domestically even with a low childbirth rate and high national adoption demand. There are cases of Romanian adoptive families' efforts to find a child they would adopt being blocked by the placement center's personnel. It was found that there was a practice of "hiding" highly adoptable children to have them available for international adoption.

Relating to the effects of adoption on Romanian children adopted by Romanian families, most children improved developmentally after the adoptive placement, most adoptive families are stable, the majority of children placed for adoption do not have health or sensory difficulties, parent-child relationships are good, and parents report few behavioral problems. There is large community for adoption. The main issues for adoptive families seem to pertain to the way parents

discuss adoption with the other people and their child (Groza, 1999). While results are very positive, it is also clear that children adopted from institutions tend to have more developmental, behavioral or health problems (Groza, 1996) than children adopted from foster care.

Groza (1999) indicates the major problem for domestic adoptions was adoptive families' dissatisfaction with bureaucratic procedures. Most families evaluated the adoption process as "discouraging." There is no formal support for adoption and most often families are left alone in these unique situations. The only support tends to be the informal support of the extended family or friends. While there are no formal services, parents expressed the need for financial support, for parental education and counseling, and for social contact with other adopting families. Post-adoption services do not exist, leaving families vulnerable to adoption stress. There is a clear need for supporting adoptive families after adoptions are finalized.

Children Infected with HIV/AIDS

The number of HIV-affected children in Romania is very high, and the HIV issues in Romania have been intensively studied. Some research focused on the multiple risks these children have: lack of or insufficient medical treatment, exclusion from public schools, family inability to provide the adequate level of care necessary with medically fragile children, and institutionalization in placement centers or in infectious disease hospital units (Matusa, 1994; Petrea, 1999; (Buzducea, 1997; Cupsa and Bulucea, 1998; Mihailescu, 2000; Buzducea, 1999, 2000).

SUMMARY

We can say that the national system of child protection has been through major institutional restructuring and some forms of public-private partnerships developed. Taking into consideration the high level of need in the area, resources allocated so far are insufficient. There is a lot of room for further improvement of services for children in need and continuing de-institutionalization.

Foster Care for HIV-Infected Children Unsuccessful Case—Constanta

Case History

R. was diagnosed with HIV at 17 months and abandoned in 1990, one year after her birth. In 1996 Holt identified a foster family who already had one HIV-positive child. In 1998 this child died. The unhappy event brought about conflicts. Often, the other children in the home, including R., were physically and emotionally abused by the father.

Holt Intervention

Social workers found out about the abuse and placed the girl R. into another foster family in early 2001. In this family, however, the girl was being neglected and the social worker saw deficiencies in their care. In November 2001 R. was transferred into an institution specializing in the care of HIV-positive children. R. adapted to this institution where they try to build an environment close to one that replicates family life. The children live in small groups of 4–5 in the care of two foster mothers who work in shifts. In March 2002 the child's health state got worse because of aggravated anemia. She was treated for the anemia and has stabilized.

Services Offered by Holt

The solutions offered by the social workers in this case were:

1. Identifying the maternal assistants and training them;
2. Identifying an alternative solution to the maternal assistance.

Conclusions

Although placing the child in a foster care family was a failure, an alternative solution was identified, and R. has adapted very well.

RESEARCH QUESTIONS

1. What are the long-term effects of Holt-Romania services on children and families who received help in the past? Were the services/interventions effective? Did they achieve the goals (permanent placement)?

• What is the developmental, social, emotional, cognitive, and behavioral status of children served by Holt? How do they compare to the norms reflecting Romanian population?

• Do the differences between children's status relate to the length of their institutionalization? Are there any significant differences between children representing established categories?

PROJECT PROPOSAL

Defining the objectives and research questions for this report.

"In the context of current Romania, which Holt services seem to be most relevant and needed? What other services in the area of child and family welfare that do not exist or are underdeveloped would be desirable?"

OBJECTIVES

- Describe, illustrate, and evaluate impact and effectiveness of Holt-Romania services to children and families;
- Evaluate the quality of selected Holt-Romania services;
- Identify and illustrate successful services and interventions—conduct case studies bringing insight into possible relationships between the services and achieved results.

RESEARCH QUESTIONS

1. What are the long-term effects of Holt-Romania services on children and families who received help in the past? Were the services/interventions effective? Did they achieve the goals (permanent placement)?

- What is the developmental, social, emotional, cognitive, and behavioral status of children served by Holt? How do they compare to the norms reflecting Romanian population?
- Do the differences between children's status relate to the length of their institutionalization? Are there any significant differences between children representing established categories?

- Does foster care contribute to eliminating developmental delays that are common among institutionalized children or those with history of institutionalization for a certain period in their life?
- What are the main health, developmental, social, or other differences between the children who remained in institutions and those who were placed with families?

2. What is the perception of Holt clients and other providers (e.g. representatives of public institutions, other NGOs, professionals working in hospitals, orphanages, maternity hospitals) regarding the quality of Holt services? What is self-reflection of Holt social workers suggesting?

Questions for the clients (family members):

- What was most helpful in dealing with the problem/crisis situation that was the primary cause for seeking Holt services?
- What was one most important factor/input/service that accounts for the successful outcome of this case?
- What additional services did clients receive thanks to Holt's referral?

Questions for other providers and/or collaborators (DPC, maternity hospital, etc.):

- How do you perceive the scope and quality of services that Holt provides? (Identify which services the respondents have with and which they refer to in their evaluations.)
- Are Holt services provided without biases and discrimination? How do ethical standards of Holt services reflect in practice? (Ask examples illustrating both good and bad practices.)

Questions for Holt-Romania staff:

- How difficult did you consider this case?
- What was most satisfying/dissatisfying in working on this case?
- Did the social workers have necessary resources, skills, support, etc. to do their job well?
- What are the training needs that the social workers perceive?

3. Was family preservation/reunification the best solution for the child (based on the current perspective of the status of both child and family)?

- Does the developmental, social, emotional, cognitive, and behavioral status of the child suggest she/he benefited from remaining in/returning to the family? Is the child happy and flourishing?
- Did the preserved/reunified family remain intact (how many)? If the child was abandoned (had to be removed from the family) later, what were the main reasons? Are they related to the original problem that was the reason for services provided by Holt? Why did the family not look for help again?

- Did any children from the category of preservation/reunification cases end up in institutions? What were the reasons?

4. What are the most effective intervention methods helping to prevent child abandonment?

- What are the possible causes of or factors related to increase of risk of child abandonment?
- What are the best intervention methods? What is an optimal or necessary time needed for providing the services? Is a six-month period¹ of working with a case optimal for considering successful and effective help and preservation?

5. What are the most frequent/typical factors causing child abandonment?

6. What is an average cost of services per child in different Holt programs? Do the results suggest a relationship between the cost and effectiveness? (Carry out an analysis of cost-effectiveness for services provided by Holt.)

7. What are the most visible results of Holt's work in Romania?³ What skills did Holt-Romania clients gain through Holt services (directly and indirectly)?

8. In the context of current Romania, which Holt services seem to be most relevant and are needed most? What other services in the area of child and family welfare that do not exist or are underdeveloped would be desirable?

INDICATORS CORRESPONDING TO RESEARCH QUESTIONS

1. What are the long-term effects of Holt-Romania services on children and families who received help in the past? Were the services/interventions effective? (Did they achieve the goals of permanent placement?)

- Developmental, social, emotional, cognitive and behavioral status of children;
- Significance of differences between children's status and the length of their institutionalization and significant differences between children representing established categories;
- Difference between children benefiting from foster care services and other (comparable, similar cases) categories of children who did not receive this service (e.g. children adopted directly from institutions);
- Absence of developmental delays (or their magnitude) typically found in institutionalized children (or with history of institutionalization);
- Health status of corresponding groups of children.

2. What is the perception of Holt clients and other providers (e.g. representatives of public institutions, other NGOs, professionals working in hospitals, orphanages, maternity hospitals) regarding the quality of services? What is self-reflection of Holt social workers suggesting?

- Responses of targeted respondents in interviews, questionnaires.

3. Was family preservation the best solution for the child (from the current perspective of the status of both child and family)?

- Developmental, social, emotional, cognitive, and behavioral status of the child, general conclusions related to child well being, happiness in the current situation;
- Absolute number and percentage of preservation cases that show long lasting effect (remained intact); number/percentage of families who may not have remained intact but whose "failure" is not attributable to the lack of services provided by Holt (e.g. death of a parent);
- List of main reasons (related to the original reasons for providing Holt services) that lead to child abandonment (or removal from the family). Reasons for not seeking help from Holt again;
- Number of children from the category of preservation cases who were institutionalized after Holt services were finished? List of reasons for institutionalization.

4. What are the most effective intervention methods helping to prevent child abandonment?

- List of possible causes of or factors related to an increase of risk of child abandonment;
- List of the best intervention methods. Optimal or necessary time needed for providing the services. Ratio between successful and unsuccessful cases (or percentage of successful cases).

5. List of the most frequent/typical factors causing child abandonment.

6. Average cost of services per child in different Holt programs (plus some nonmonetary indicators creating/contributing to the value of the service).

Correlations between the service cost and results, impact and other relevant indicators. (Carry out an analysis of cost-effectiveness for services provided by Holt.)

7. Short description of the most visible results of Holt's work in Romania⁴ (impact). List of skills and other benefits that Holt-Romania clients gained through Holt services (directly and indirectly).

8. In the context of current Romania, rank order of Holt services by need and relevance. List of services in the area of child and family welfare that do not exist or are underdeveloped but may be desirable in Romania.

Shelter Services Success—Bucharest

Case History

A., now 8 years old, was in danger of being abandoned when she was 11 months old because her mother had to leave where she was living due to conflict in the family. The property belonged to her husband's mother, but even though A.'s mother was married to her husband she had no legal forms to document the marriage. When she was evicted, A.'s mother tried to place her child in a foster care. Holt took the case and admitted the mother and child into The Center for Mother and Child for six months.

Holt Intervention

During the period when the mother was at the center, the social worker tried to intervene so that the mother could become independent. The main difficulty was that she could not find a job. The employers complained about her not having a permanent residence in the province. After leaving the center, A.'s mother moved to her mother's home and found a job. Holt staff thought the case was over.

Shortly after the move to the grandmother's house, she lost her job, and consequently all three family members were evicted from their house. A.'s mother came back to the center. During the same period, Holt had a supervisor's job available. Because A.'s mother already had the experience of being a mother who received assistance, the Holt team considered her appropriate for the job. At present, A. is a supervisor in the center and is highly appreciated for her abilities to work with mothers needing assistance.

The attempts of the social worker to mediate the relationship between her and her husband and mother-in-law have failed.

Services Offered by Holt

1. Admitting the mother and child in the center for a cumulative period of two years and three months;
2. Counseling the mother in order to help her deal with the emotional strain caused by her separation from her husband;
3. Helping her develop her parental abilities;
4. Facilitating the child's entrance to school;
5. Assisting in finding a job;
6. Providing occasional material support after the family left the center.

Conclusions

The family lives together with the maternal grandmother in a rented home. The child attends the first grade.

Family Reintegration Unsuccessful Case—Iasi

Case History

The child V., age 2, came from a family with eight other children, 3–17 years old. The oldest child was adopted when he was 3 years old by a relative. The parents kept in touch with the child and visited him periodically, especially the mother. The family lived in a three-room apartment. The mother, age 37, was a housewife. The father, 44 years, was a worker in public administration. Four of the children attended school. The family's income, the father's wages plus the children's allowance and the supplementary allowance, were insufficient to meet the family's needs. The debts accumulated at the public utilities and put the family at-risk of being evicted. The dwelling was cut off from the central heating and the hot water network. In addition, the financial problems and poor living conditions put the last-born child at risk for health and developmental problems. At two and a half months old, the child had been hospitalized with dysentery. After recovering, the child was transferred into the nutritional therapy ward because of malnutrition. He stayed there for a year and seven months.

Holt Intervention

Initially, the mother asked for the help of one NGO. During the period when the child was hospitalized she

turned to a different organization for material support. After the child was discharged, the mother came to Holt asking for help. The social workers developed an intervention plan with objectives to maintain the child in the family and to assure optimum conditions for his health.

The specific services included:

1. Facilitating the obtaining of ID documents (ID card for the mother, birth certificate for the child);
2. Post-natal counseling about health and development;
3. Material support (milk powder, food, medicines) for a two month period equivalent of 807,746 lei (\$27.79).

The intervention came to an end when the mother quit the program.

Conclusions

The family benefited from the help of three organizations for short periods of time. Holt and the first-solicited organization closed the case. Afterward, the mother turned to the second-solicited organization to place her child for adoption. Overall, the main difficulties were the lack of collaboration from the father, the parents' lack of motivation to change their situation, and failure to comply with the agreed-upon intervention plan. On the other hand, the intervention was focused on keeping V. in the family. Within the framework of low material support, the family was not able to deal with its serious difficulties. In March 2002, the

family's utility debt had grown considerably, which exposed the family to risk of eviction.

Long-Term Foster Care Success – Tirgu Mures

Case History

L. and N., brother and sister, were placed in an institution at ages 3 and 4 in 1989 after their father killed their mother. The father, 42 years, was sentenced to 17 years in prison and remains incarcerated. The children were placed together at the same placement center at the paternal grandparents' request. The children were not visited by extended family members. At the age of 14, N. was transferred from the institution into a home for girls.

L. and N. had two older sisters and one younger brother: A., 20 years, F., 19 years and V., 13 years. The social worker was able to obtain information only about the older sister, who had remained with the grandparents until she got married. The grandparents said that they did not know anything about her anymore, and the social worker could not add other useful information about the grandparents.

Holt Intervention

The social worker from Holt identified the case in 2000 and proposed a plan for placing the children in one foster family. The children were presented to a maternal assistant who had all the necessary skills and living accommodations to care for them. At the recommendation of a friend who was fostering three children, the maternal assistant decided to do the same "to feel useful" and "to help somebody." She was age 50 and retired due to medical problems. Her husband was age 56 and also retired.

Services Offered by Holt

1. Training the foster family;
2. Hiring teachers for private lessons for the children;
3. Participating at the meetings of the foster families every three months;
4. Monitoring and evaluating the children's progress;
5. Organizing extra school activities for the children;
6. Organizing parties for the children's birthdays;
7. Counseling and psychological support for the children;
8. Assuring access to specialized medical tests.

Conclusions

The problems with integrating the children into the foster family were easily solved. Also, the children's good behavior removed the maternal assistant's fears with regard to her adapting to the children. The children are doing very well in school. Their future plans are supported by the foster parents who intend to help them even after they turn 18.

METHODOLOGY

Research methodology for the documentation of the outcomes and impact of the services provided by Holt International Children's Services in Romania. An overview of research design and participation.

"Field research was carried out between March and May 2002. Data were gathered by field operators from ICCV in all four sites: Bucharest, Iasi, Tirgu Mures, and Constanta."

RESEARCH DESIGN

In order to conduct evaluation research with a high degree of accuracy, proper social science methodology was employed, including the selection of subjects, the techniques and instruments used in data collection, data processing and analysis procedures, data interpretation, and discussing the implications of the findings. In this study the design follows the requirements of the survey research.

We attempted to include in this evaluation a substantial number of persons who benefited from Holt services. The information collected from the beneficiaries was supplemented with information from staff from the Holt-Romanian and key informants from the community, including other service providers.

Research instruments were created together by a team from Holt and ICCV, starting with data gathering instruments used in previous program evaluations and research in the United States and Canada. This included the following:

- The questionnaire for the interview with parents whose children benefited from Holt services. Specific questions included the context in which they had benefited as well as their assessment on their child's social and behavior functioning;

- The questionnaire for teachers who had children who benefited from Holt services among their pupils. The teachers were asked to assess the school behavior of the children;
- Structured interview guides including one for professionals not associated with Holt, one for Holt's clients, one for Holt managers, and one for social workers working for Holt. We included items to examine their perceptions of the role of Holt in providing social services, including the quality of the services, and items identifying needs for social services in Romania;
- Standard psychological evaluations that used the Denver Developmental Assessment and the Raven test. Denver Developmental Assessment is a screening device for assessing developmental function of young children (up to 6 years) and allows the classification of results as: normal, abnormal, questionable and not testable. The test was designed in two forms: one for children 6–10 years old, containing 36 items, and one for children older than 10, including 60 items. The raw score is typically converted to a percentile rank by using national standards. Older children (6 and over) were tested by the Raven test. Developed in 1938 by John Carllyle Raven using Spearman's Theory of General Intelligence, the test is sometimes described as a measure of a person's capacity for coherent perception and orderly judgment. The Standard Progressive Matrices (SPM) was designed to measure a person's ability to form perceptual relations and to reason by analogy independent of language and formal schooling and may be used with persons ranging in age from 6 years to adult. While this measure of intelligence is far from an optimal measure of various abilities known to date, it is considered as a reasonable screening for persons with low level of cognitive abilities. The raw score is typically converted to a percentile rank by using the appropriate norms.

In addition to these data collection instruments, we developed a format for case studies for a comprehensive view of the cases' situations before and after Holt intervention. The purpose of the case studies was to highlight instances where Holt services were successful and cases where they were not successful. Finally, we employed a cost analysis of the services to approximate costs by program and by client. The analysis includes cost benefits and cost savings whenever we could obtain the data.

Field research was carried out between March and May 2002. Data were gathered by field operators from ICCV in all four sites: Bucharest, Iasi, Tirgu Mures, and Constanta.

The questionnaires with children's parents and children testing were done in arranged space in order to assure proper conditions for communication between subjects and operators. Teachers' questionnaires were mailed to them through

regular post, and the interviews with professionals working for Holt or key informants not associated with Holt were carried out at their work place.

PROGRAMS AND SERVICES

For assessment, we selected five programs of services that Holt-Romania provides to its clients (children and families), briefly labeled as: (1) prevention of abandonment; (2) Center for Mother and Child (shelter), (3) reintegration into the family of children living outside the home (institution or foster care); (4) foster care, including specialized foster care for HIVpositive children; (5) domestic adoption.

From these five major programs, the populations targeted include:

- Families at risk of abandonment;
- Pregnant and young mothers;
- Biological/extended families reintegrating a child from an institution;
- Biological/extended families reintegrating a child from foster care;
- Families wanting to adopt domestically;
- Children with HIV/AIDS;
- Children in institutions;
- Children in short-term foster care;
- Sibling groups in out-of-home care.

The specific components of services offered are:

- Shelter services;
- Emotional support;
- Financial support;
- Material support;
- Legal assistance;
- Vocational/employment assistance;
- Crisis intervention;
- Pregnancy counseling;
- Family planning services;
- Counseling, individual and family;
- Information and education;
- Training for foster care or adoption;
- Temporary care;
- Post-placement services;
- Permanency assessment and planning;
- Family preservation.

Table 1. The Structure of Beneficiaries by Type of Service—Cases Closed July 1, 1996–June 30, 2001

Type of Service	Branch				Total
	Bucharest	Constanta	Mures	Iasi	
Prevention (families at risk)	0	158	153	395	706
Prevention (pregnant and young mothers counseling)	0	626	218	238	1,082
Reintegration from institutions within the biological/extended family, directed from institutions	0	121	62	41	224
Reintegration from institutions within the biological/extended family, through foster care	0	24	11	1	36
Children in institutions	0	179	189	51	419
National adoption service	0	112	13	22	147
Services for HIV children	0	189	99	47	335
Short-term foster care	0	28	17	23	68
Maternal assistance services for HIV children	0	8	1	0	9
Long-term foster care	0	0	17	0	17
Shelter program for young mothers	74	0	0	0	74
Total	74	1,443	780	818	3,115

There are four branches or sites of Holt programs located in different cities: Iasi, Constanta, Tirgu Mures, and Bucharest. Each of the centers provides all types of services with a few exceptions. Long-term foster care for children with HIV/AIDS is provided only in Tirgu Mures and Constanta. The Bucharest branch currently provides only a shelter program for young mothers.

SAMPLING STRATEGY

Holt first established services more than 10 years ago. Due to the difficulty of tracking clients from the cases closed more than five years ago, the team decided to sample only cases served in the last five years (those served between June 30, 1996–July 31, 2001). A representative sample of clients (parents and children) designed in order to gather data by questionnaire and to test children was based on the above time framework.

Table 1 presents the numbers of cases served by location and type of service for the period 1996 to 2001.

Each of the four Holt branches was required to provide a full list of their clients within the last five years. They provided information concerning children and their families, the type of services provided by Holt, and year the case was closed. The aim was to develop a comprehensive list of cases by location and use conventional sampling techniques appropriate (random selection) for social science research. The second aim was to ensure that the size of the sample allowed for comparisons among the types of services and the four Holt branches.

METHODOLOGY

Table 2. The Structure of Beneficiaries by Type of Service

Type of Service	Constanta	Mures	Iasi	Bucharest	Total
Prevention (families at risk)	18	17	45	0	80
Prevention (pregnant and young mothers counseling)	185	65	70	0	320
Reintegration from institutions within the biological/extended family, directed from institutions	22	11	7	0	40
Reintegration from institutions within the biological/extended family, through foster care	16	8	1	0	25
National adoption service	39	4	7	0	50
Services for HIV-affected children	28	15	7	0	25
Short-term foster care	8	5	7	0	20
Maternal assistance services for HIV-affected children	8	1		0	9
Long-term foster care		17		0	17
Shelter program for young mothers	0	0	0	50	50
Total	324	133	144	50	651

The projected sample size was computed under the assumption of the (dichotomous) distribution of maximal variance of the frequencies of success/failure in intervention.¹ The size was further adjusted in order to ensure the possibility to compare among groups: We have increased the number of cases for the subgroups where fewer cases were included in the initial sample and for some services (foster care) we include all cases available.

The sample was stratified by services and sites. First, the target population was proportionally stratified by type of service. Second, for each type of service, the sample included cases from each Holt site, proportionally with the number of clients for which the respective site provided the respective service. Table 2 shows the final structure of the projected sample.

A replacement protocol was developed. The replacement rule specified that when a case chosen to be part of the sample could not be tracked, a substitute case was chosen that was similar from the point of view of the deliverance site and the service provided.

Data were collected from children, parents, teachers, and key informants. We have collected data from 654 parents whose children benefited from Holt services for at least six months before the start of our evaluation (before July 1, 2001). In all the cases from the sample, an interview to be carried out with the parent/tutor was designed.

Table 3 summarizes the number of cases, the cases projected to be interviewed, and the actual number of cases participating in the evaluation by type of service.

There are no significant differences between the structure of the projected sample and the collected one. Difficulties in reaching families decreased the number of cases obtained from the program of "reintegration

from institutions within the biological/extended family through the foster care," largely due to the Mures branch. More interviews were carried out for the "long-term foster care" program as the number of cases reported by Holt included families, and some of them had more than one child. In the Bucharest program (Center for Mother and Child), the team experienced difficulties in reaching the older beneficiaries. Many of their addresses were impossible to locate because of the high mobility of shelter beneficiaries, so fewer interviews were carried out.

The distribution of the collected data fairly reproduces the one from the population, the chisquare test indicating that one could guarantee with a 99.9% certainty that estimates from the analysis are representative of beneficiaries. The same conclusion is valid when one investigates the distribution by branches or the bivariate (by center and by type of service) distribution of the collected data and of the whole population of beneficiaries.

The sample size ensures a good precision of the study estimates. The sample size was computed for a proportion of success of 50%. The probability of success revealed by our study was much higher (98%). With this high rate of success the sampling error rests on $\pm 3\%$ with a probability of 0.99.

In order to screen/evaluate the intellectual development of children, we decided to apply psychological tests for a sub-sample of cases. We collected data on a sample of 250 children who benefited from Holt services. For prevention services we tested one third of child clients, and for six categories we tested all children available (they came with their parent for the interview). Table 4 describes the distribution of the subsample of children.

Table 3. Collected Data by Type of Service

Type of Service	Overall Population of Beneficiaries	Projected Data	Collected Data	Accomplishment Rate
Prevention (families at risk)	1788	400	398	99.99%
Reintegration from institutions within the biological/extended family, directed from institutions	224	40	35	88%
Reintegration from institutions within the biological/extended family, through foster care	36	25	25	100%
Short-term foster care	66	20	23	115%
National adoption service	147	50	50	100%
Services for HIV-affected children	335	50	50	100%
Maternal assistance services for HIV-affected children	9	9	8	88.88%
Center for mother and child	74	50	48	92%
Long-term foster care	17	17	10	111%
Total	2,698	661	654	99%

METHODOLOGY

Table 4. Subsample of Tested Children, by Type of Service and Branch

Type of Service	Bucharest	Constanta	Mures	Iasi	Total
Prevention (families at risk and pregnancy counseling)	0	53	28	34	115
Reintegration from institutions within the biological/extended family, directed from institutions	0	15	5	6	26
Reintegration from institutions within the biological/extended family, through foster care	0	14	5	2	21
Domestic adoption service	0	35	4	8	47
Services for HIV-positive children	0	3	2	0	5
Maternal assistance services for HIV-positive children	0	2	0	0	2
Long-term foster care	0	0	10	0	10
Short-term foster care	0	2	0	0	2
Center for Mother and Child	22	0	0	0	22
Total	22	124	54	50	250

Two hundred and six children were tested with the Denver test and 44 with the Raven test. In addition, we tried to make a comparison between Holt-assisted HIV-affected children and some institutionalized HIV-affected children. The HIV-institutionalized children available in one of the four sites were in poor health condition. Even though the psychologist decided to test these children (older than 10) with an "easier test" (the Raven test) we couldn't use the results because 20% were not testable. Due to the advanced stages of their illness communication with the researcher was not possible.

As for the qualitative part of the research, three different types of key informants have been included in the study. This included professionals not associated with Holt (people working for organizations in the field of social services, local authorities, NGO representatives, medical personnel, etc.), Holt's clients, and professionals working for Holt (center managers, social workers). We conducted 41 interviews. The design imposed an equal number of interviews with Holt affiliates and with people not working for Holt. Twenty interviews were carried out with Holt affiliates, and 21 with others. The subjects not affiliated with Holt-Romania were chosen based on several criteria: their involvement in the field of social services, that they were working for organizations providing services similar to Holt's, or that they were knowledgeable about the services provided by Holt. Table 5 summarizes the number of key informant data.

Table 5. No. of Interviews Carried Out to Analyze Perception of Holt Services

Professionals Not Associated with Holt		Professionals Working for Holt	
DPC	9	Center managers	4
NGO	5	Social workers	16
Hospitals, maternity hospitals	5		
Local authorities	1		
Other	1		
Total	21	Total	20

In order to illustrate successful and problematic practices, 14 case studies have been conducted. For seven types of service (abandonment prevention with two components: pregnancy counseling and families at risk, maternal center, family reintegration, foster care for HIV-positive children, long-term foster care and domestic adoption) two case studies are presented: one where there was success and one where there was no success or the case is unresolved. Success/failure were defined as fulfilling or failing to fulfill the objectives established in the intervention plan. Specific cases were recommended by the social worker. Data were gathered from 14 interviews with clients (biological parents, foster parents, children older than 10) and 17 interviews with social workers who had worked on specific cases.²

It also may be important to note that only one beneficiary per case was considered. The research was not designed to be specific enough in this area. One might reason that the entire family benefited or shared assistance provided by Holt. While this may not be important in general description of program effectiveness, it is an important issue once comparison between specific programs is attempted. The most vivid example is Center for Mother and Child program. Since both mother and child lived in the shelter, the expenses incurred are significantly higher than in cases where help could be provided to families living in their own homes.

Abandonment Prevention Unresolved Case—Iasi

Case History

C., 9 years, R., 8 years, A., 2 years and I., 2 months are the children of the L. family. Exploited by their own parents by being sent to beg on the streets, the children were in danger of being abandoned after their father's death in 2001 from cirrhosis. He graduated from a professional school and had worked as breakdown mechanic within the local postal office. The mother, 31 years, graduated eight grades and never worked legally. Both parents were well known as having drinking problems. The L. family had another two children who died, one at 3 months in the hospital and the other at 4 years in the family. The family was living in a house with two rooms, and the premises were in such an advanced state of decay that the family was living in only one room. The dwelling was cut off from electricity from not paying the bills. The children's allowances were the family's only permanent income (\$13.93 monthly for three children), occasionally supplemented with a small amount of money from occasional work for neighbors. Frequently, the children were sent to beg in order to provide food for the family. The material support received by the family from the local authorities and the Child's Protection Service was used by the parents to buy alcohol. At the request of a social worker of the local administration, the investigative body of the Child's

Protection Service visited the home to evaluate whether the parents were neglecting and abusing their children. The investigation confirmed abuse, and the CPS social workers decided in February 2001 to place the children C., R. and A. in the care of a Holt maternal assistant. The child I., dystrophic, went to a hospital.

Holt Intervention

The immediate objective of intervention was placing the children in foster care on an emergency basis. In the long term, the intervention hoped to assist the biological family in improving the living conditions necessary for the children to return home. When it became apparent that the children would not be allowed to return home, the objectives were modified. Although there were attempts to terminate parental rights, the local authorities did not agree with termination, deciding to offer the parents another chance. The authorities' decision to keep the children in their family was influenced by the community members and family relatives who said that in spite of difficulties children should remain in their family. In November 2001, the father died. The dwelling was inherited by the paternal aunt, and the mother moved in with her parents. Relatives of the children were contacted by the social workers from Holt to determine whether it was possible to reintegrate the children in the extended family, but nobody wanted to take such responsibility. Also the public social service notified the social workers from Holt that they could pursue family reintegration. As a result the social workers from Holt extended the period the children would remain in foster care.

Services Offered by Holt

1. Obtaining identity papers for the child I.;
2. Enrolling the children with a family doctor;
3. Facilitating the children's entrance into school;
4. Securing medical evaluations;
5. Collaborating with the local social worker;
6. Visiting the parents' home;
7. Monitoring the situation of the parents;
8. Exploring extended family as a placement option;
9. Placing the children in the care of a foster family from Holt's foster care network.

Conclusions

The children remain in foster care. They have adapted well to the foster family, although at first, there were problems with their integration. C. and R. returned to school. The lack of success in preventing abandonment was due to a series of factors, including: difficulties in the collaboration with the local authorities, the difficult situation of the family, the lack of involvement from the mother, the inability to find relatives willing to care for the children.

OVERALL PROGRAM PERSPECTIVE

Holt-Romania: a general description of programs and results from research data.

"Holt assisted families who were large. The average household sample was made up of 5.56 members, out of which 2.95 were children. Only about 30% of adults were working. The average age of the children who were coming from served families was 28 months. The range was very wide. It depended on the program and spanned from unborn children to adolescents."

OVERALL DEMOGRAPHICS

Children

The children were almost evenly divided between male (48.9%, 320 cases) and female (51.1%, 334 cases). Most children were under the age of 1 when services started, and about 70% were under the age of 2.

About seventeen percent of children were served before they were born in that the mother was assisted during pregnancy.

Table 1. Age of Child When Holt Started the Intervention Plan

Age	Frequency	Percent
0-1 month	246	37.6
2-6 months	112	17.1
7 months-1 year	60	9.1
1-2 years	54	8.3
2-4 years	47	7.2
4-6 years	22	3.4
6-10 years	60	9.2
10-14 years	40	7.5
14-18 years	4	0.6
Total	654	100

Families

Holt assisted families who were large.¹ The average household sample was made up of 5.56 members, out of which 2.95 were children. Only about 30% of adults were working. The average age of the children who were coming from served families was 28 months. The range was very wide. It depended on the program and spanned from unborn children to adolescents.

Table 2. Number of Children in Holt Families

	Biological		Adopted		Foster Care	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
	53	8.3	582	91.6	591	92.9
1 child	141	22.2	52	8	27	4.3
2 children	141	22.2	1	0.2	13	2.0
3 children	97	15.3	1	0.2	4	1.1
4 children	67	10.5			1	0.6
More than 5	137	21.5				
Total	636	100	63	100	636	100

Economic Status

Table 3. Main Expenses in the Household

Groceries	54.1%
Utilities and rent	21.6%
Clothing and shoes	6.6%
Gas and fuel	4.3%
Cigarettes	4.3%
Appliances (fridge, stove, TV), car	2.7%
Drugs	2.5%
Kindergarten/daycare	1.9%
School supplies for children	1.5%
Alcohol	0.4%

The average income per Holt family was about 2,625,000 lei (approximately \$79.78)² and the average income per person was 611,951 (\$18.6). In Romania the average salary for the same period of time was 3,965,851 (\$120.50). Holt's clients had lower incomes than an average Romanian. The declared income sources are presented in Table 4.

In Romania, 30% of total expenses go toward food, and in Holt families 54% went toward food. This gives further evidence of the difficulties Holt families encountered.

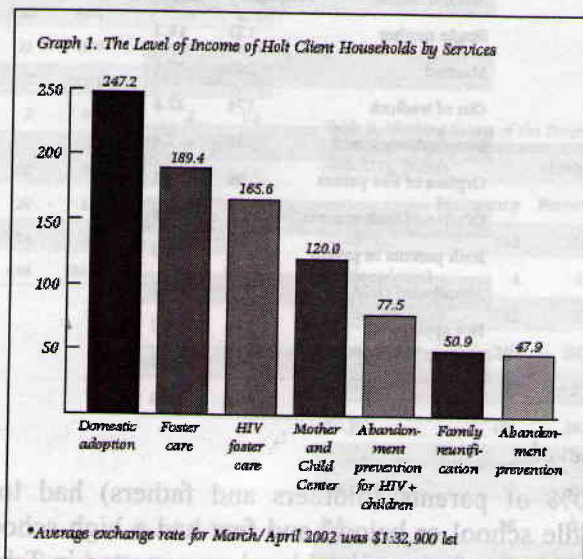
OVERALL PROGRAM PERSPECTIVE

Table 4. Sources of Families' Income

	Frequency	Percent
Children allowance	607	95.4
Regular salary with work contract (legally employed)	242	38.1
Occasional work without contract	137	21.5
Pension	119	18.7
Social welfare	102	16.0
Gifts in kind (money and products)	53	8.3
Regularly salary without work contract (illegally employed)	39	6.1
Unemployment allowance	32	5.0
Work paid in products	30	4.7
Loans	30	4.7
Alimony/pension	23	3.6
Gifts in kind	16	2.5
Private business (freelancer)	11	1.7
Maternity leave allowance	12	1.9
Investments (interest, profit)	6	0.9
Occasional work with contract	4	0.6

Note: Total is not 100% because a family could have many income sources.

Graph 1 reports average incomes of Holt clients by service. Families involved in longterm foster care and domestic adoption had the highest incomes. Families involved in family reunification services from foster care and abandonment prevention had the lowest incomes.



Ethnicity and Religion

Holt clients belong to different ethnic groups including Romanian, 74.2%; Hungarian, 7.9%; Roma, 10.7%; and Turks/Tatars, 6.8%. Clients reported different religions: Orthodox 78.3%, Catholic 6.3%, and other 14.1%.

Health Status

Few families report health problems. The frequency and percentage of health problems for the entire sample are presented in Table 5.

Table 5. *Health Status of the Family*

Health Problems	Mother		Father		Siblings	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Tuberculosis	14	2.2	14	2.2	10	1.53
HIV	2	0.3	1	0.2	4	0.6
Hepatitis	10	1.5	2	0.3	2	0.3
Mental disorder	14	2.2	4	0.7	7	1.1
Heart disease	7	1.1	1	0.2	1	0.2
Sexually transmitted diseases	4	0.7	0	0	1	0.2
Other diseases	10	1.6	12	1.9	78	1.1

Marital Status

Most of the children assisted by Holt came from nontraditional families (single mothers, cohabitation, divorced, separated parent, deceased parent, parents in prison). The majority did not come from two-parent, intact families (see Table 6).

Table 6. *Parents of Children Assisted by Holt International*

Marital Status	Frequency	Percent
Single mother	123	19.2
Married	243	37.2
Out of wedlock	174	27.6
Divorced/separated	49	7.6
Orphan of one parent	20	3.1
Orphan of both parents	5	0.8
Both parents in prison	5	0.8
Abandoned child	2	0.3
Not applicable	14	2.2
Other	1	0.2
Total	636	100

Educational Level

More than 50% of parents (mothers and fathers) had low educational achievement (middle school or below) and few had a high school or post high school education. Details of educational level are reported in Table 7.

OVERALL PROGRAM PERSPECTIVE

Table 7. Educational Status of Parents

	Mother		Father	
	Frequency	Percent	Frequency	Percent
No education	83	13.1	43	6.8
Unfinished primary school (under 4 grades)	34	5.3	11	1.7
Primary school (4 grades)	47	7.4	31	4.9
Unfinished middle school (5-8 grades)	56	8.8	54	8.5
Middle school (8 grades)	129	20.3	105	16.5
Vocational school	62	9.7	115	18.1
Unfinished high school	109	17.1	59	9.3
High school	80	12.6	88	13.8
Post high school training	13	2.0	11	1.7
College	17	2.7	19	3.0
NA	6	0.9	100	15.7
Total	636	100	636	100

Occupational Status of the Parents

Holt clients were employed in low-level occupations. Many parents worked only as unskilled workers, and many of them did not have a job (36.7% of men and 28.5% of women). Details of occupational level are presented Table 8, followed by Table 9, which details the parents' work status.

Table 8. Parents' Occupational Levels

Professional Status	Mother		Father	
	Frequency	Percent	Frequency	Percent
No training	433	68.1	274	43.1
Worker	121	19.0	200	31.4
Technician/foreman	7	1.1	9	1.4
Clerk	2	0.3	2	0.3
Other profession with high school	39	6.1	29	4.6
Graduate studies	20	3.1	20	3.1
NA	14	2.2	102	16.0
Total	636	100.0	636	100.0

Table 9. Working Status of the Parents

Working Status	Mother		Father	
	Frequency	Percent	Frequency	Percent
Working	162	25.5	200	31.4
Student/pupil	4	0.6	1	0.2
Maternity leave	11	1.7		
Homemaker	246	38.7	14	2.2
Retired	11	1.7	18	2.8
No job	181	28.5	240	37.7
Inactive from other reasons (sickness)	3	0.5	12	1.9
NA	18	2.8	151	23.7
Total	636	100	636	100

Demographics by Service Sites

There are some differences in demographics of the clients served by Holt at the four main sites. There are significant differences in marital status. For instance, in Bucharest the majority of the clients are single mothers basically due to the program structure (The Center for Mother and Child is only in Bucharest). Also, ethnicity shows a smaller proportion of Romanians in Tirgu Mures and Constanta. This was related to the distribution of ethnic minorities around Romania and the finding would be appropriate for the two regions (Transylvania and Dobrogea). A similar situation appeared in Tirgu Mures in religion. The proportion of Catholics was bigger than in other sites since the Hungarian minority belongs to the Catholic Church.

Income average per family varied in the four centers. In Bucharest the subjects declared the highest income in the sample (\$120 per month). The lowest income per family (\$56.4 per month) was registered in Iasi. It was significantly different from both the average income of the clients in Constanta (mean diff = -31.94, $p=0.013$)³ and Bucharest (mean diff = -63.62, $p=0.002$).⁴

There were also significant differences among the average of age of children assisted by Holt centers (between Bucharest, Tirgu Mures, and Iasi). The Center for Mother and Child assisted, in general, very young children, and the clients came usually directly from maternity hospitals. Table 10 presents data discussed above.

Table 10. Overall Services by City

		Bucharest	Iasi	Mures	Constanta	Total
Child's gender (%)	Male	56.5	51.7	39.2	50.9	48.9
	Female	43.5	48.3	60.8	49.1	51.1
Bio. parents (%)	Single mother	56.5	13.8	15.4	18.1	19.3
	Married	10.9	49.7	22.3	43.5	38.2
	Out of wedlock	19.6	16.6	40.8	27.9	27.4
	Divorced/separated	10.9	14.5	9.2	3.5	7.7
	Orphan of one parent	2.2	3.4	4.6	2.5	3.1
	Orphan of both parents		2.3	0.6	0.8	
	Other				0.3	0.2
	Parents in prison		2.1	0.8	0.3	0.8
	Abandoned child			1.5		0.8
	NA			3.1	3.2	2.2
Ethnic affiliation (%)	Romanian	97.8	95.2	35.4	77.1	74.2
	Hungarian			37.7	0.3	7.9
	Roma	2.2	4.8	25.4	8.6	10.7
	Other				13.7	6.8
	NA			1.5	0.3	0.5
Religion (%)	Orthodox	93.5	95.2	43.8	82.5	78.3
	Catholic	6.5	3.4	23.1	0.6	6.3
	Other		1.4	30.8	15.9	14.5
	No religion			0.8	0.6	0.5
	NA			1.5	0.3	0.5
Income (avg. in USD) per capita		31.1	11.7	14.4	21.7	18.6
Income (avg. in USD) per family		120.0	56.4	71.2	88.3	79.8
Child's age (avg. in months)		7.5	31.4	42.2	23.6	28.3

ABANDONMENT PREVENTION SERVICES

Details of program and impact on Holt clients.

"Abandonment prevention services target pregnant women or those who have recently given birth and are in a crisis, placing them at risk for abandoning their child. A special effort is made to target families with HIV-positive children who are at risk of abandonment."

DESCRIPTION OF HOLT SERVICES

Abandonment prevention services target pregnant women or those who have recently given birth and are in a crisis placing them at risk for abandoning their child. A special effort is made to target families with HIVpositive children who are at risk of abandonment.

Needs

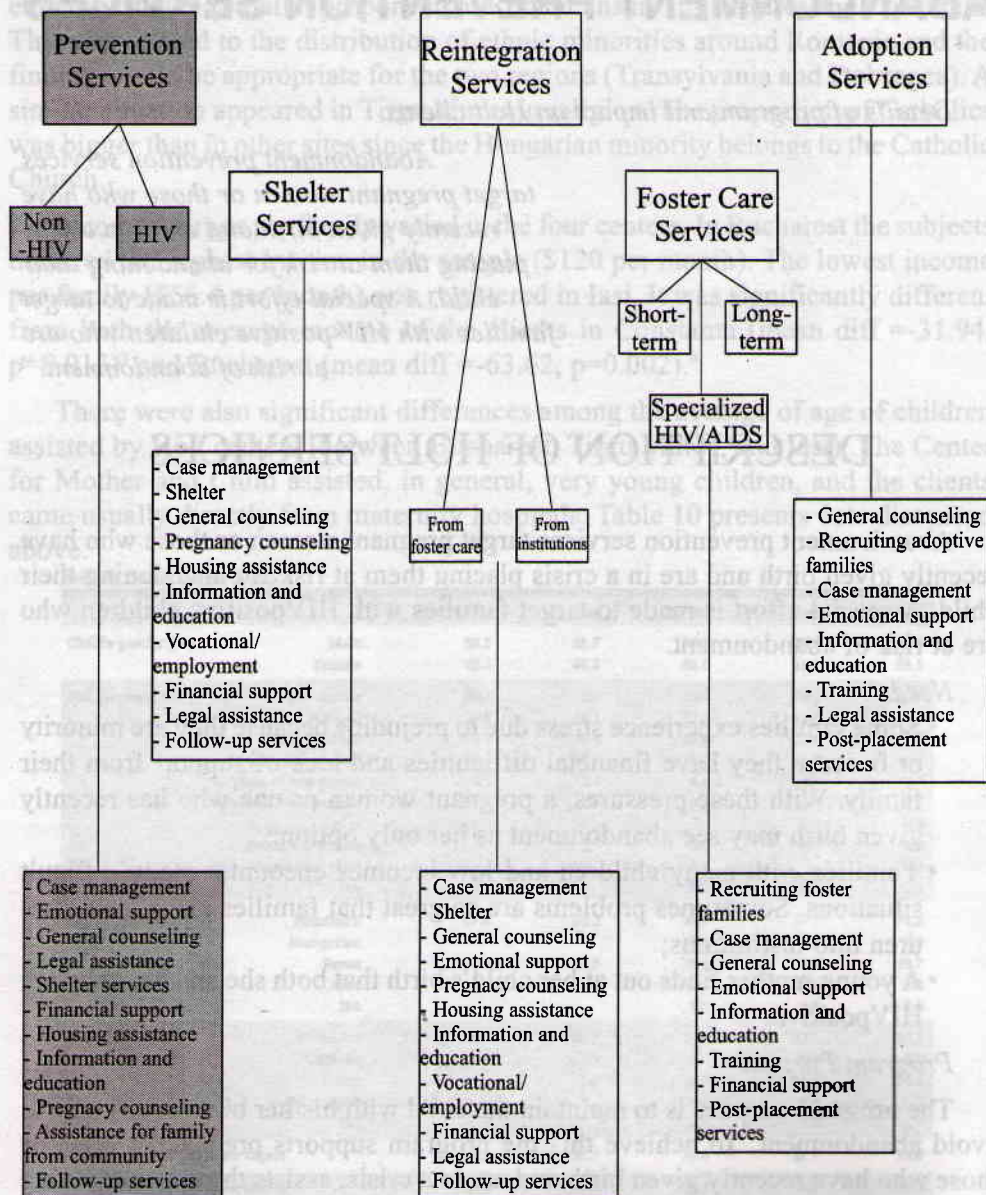
- Some families experience stress due to prejudice because they are minority or because they have financial difficulties and lack of support from their family. With these pressures, a pregnant woman or one who has recently given birth may see abandonment as her only option;
- Families with many children and low incomes encounter many difficult situations. Sometimes problems are so great that families place their children into institutions;
- A young mother finds out at her child's birth that both she and her baby are HIVpositive.

Program Purpose

The program purpose is to maintain the child with his/her birth family and to avoid abandonment. To achieve this the program supports pregnant women or those who have recently given birth and are in a crisis, assists them in improving the living standards of HIV-positive children and their families, and works to maintain the child within his/her family, community, and school.

Chart 1. Overview of Services

Services Provided by Holt in Romania 1997 – 2002



Program Services

- *Case management:* Initial assessment and planning of intervention, establishing the permanency plan, and follow-up on its resolution; assisting the families in obtaining their rights to services and resources; referring the clients to specialized community services; offering follow-up services; mediating the family-medical staff relationship; advocating for children and families;
- *Emotional support:* Relaying care, concern, and understanding of the client's difficulty. The social worker empathizes with the clients, helping them feel less alone in their struggle. They provide an atmosphere where the client feels he/she is not judged and can talk freely about feelings and concerns;
- *General counseling:* Social workers offer counseling to parents and single pregnant women in crisis and at-risk of abandoning their children. For those with HIV, counseling is provided "pre" and "post" HIV testing. The social worker assists the family in identifying the factors that contribute to the crisis, prepares the family to accept a child with HIV, helps parents identify the best solutions for their particular family situation, and prepares the family with HIV-positive children for the difficult period ahead of them;
- *Legal assistance:* The social worker offers support to the family in completing the documents required to obtain identity papers for the child and sometimes for mothers, too. They assist the mothers in obtaining their financial rights, including helping the mother complete the official documents for the CPC or town hall;
- *Financial support:* In order to ensure children remain with their families, Holt offers financial/material support so that parents can go to work. This includes food, clothes, milk (upon doctor's recommendation), the fee for the kindergarten/daycare, and other expenses required to cover primary needs;
- *Housing assistance:* The social worker helps the mother to find a house, including obtaining the forms from the town hall. Holt may provide the fee for renting a house;
- *Information and education:* The social worker offers information about current community resources, the clients' rights, and general information on family planning. Many times the social worker accompanies clients to family-planning centers. The social worker teaches parents skills to help their children develop, gives information about how they can access medications for HIV-positive children, provides education regarding this disease and needed therapies to treat the disease, informs families about the legal rights of HIV-positive persons, organizes support groups for families,

and provides logistical support for the development of parents' associations focusing on HIV;

- *Pregnancy counseling:* This service is offered to pregnant women and young mothers who have a child 6 months or younger. In order to prevent abandonment of a newborn baby, the social worker talks to the mother during the prenatal period, identifying potential solutions to resolve emotional and financial problems. The social worker together with the mother establishes a permanency plan for the child and follows up. Holt offers financial help to mothers in order to prevent abandonment;
- *Shelter services:* The length of stay in the Mother and Child Shelter is approximately six months, according to individual needs. After this period, follow-up services in the community begins. Follow-up services are flexible, depending on the specific case requirements. Services while in the shelter are those identified above (shelter services are presented in a separate chapter);
- *General information about family planning:* The social assistants offer general information about family planning, obtain gratuity for contraceptive pills for Holt clients, sometimes accompany the clients to the family planning specialists, and follow-up (if the clients keep in touch with these);
- *Follow-up services:* During follow-up services, the family benefits from support from the program. The family remains on the case load of the social worker from Holt and can ask for help as needed. Sometimes the family obtains financial support from Holt.

Program History

The crisis intervention program was established in 1995 as a result of the needs identified by women in crisis. Initially the program was carried out only from Holt-Romania offices. Subsequently, in 1996, The Center for Mother and Child¹ opened to help prevent abandonment through offering mother and child temporary shelter and services and helping mothers to continue care for their children after they graduated from the shelter. In 1997 the abandonment prevention program expanded to institutions, medical hospitals, and maternity hospitals either through opening offices for social workers or through regular visits by a social worker and collaboration with the staff of these institutions in identifying children who were at risk of abandonment. The program is presently serving families who are at risk of abandoning their children.

The social assistance program for HIVpositive children and their families started in 1995 as a result of the problem of HIV-positive children being abandoned and institutionalized as well as the tendency for HIVpositive people to be rejected by the community.

FINDINGS

Abandonment Prevention

The sample used in evaluation of these services included 398 families assisted by Holt in the last five years. They are from three Holt centers: Iasi, Tirgu Mures, and Constanta.

Profile of Children

The majority of children served in this program were very young. Out of a total of 398 children served, 67% (N= 267) were 6 months old or younger when the services began. Almost half of all children served (N=187; 47%) were served immediately after birth or even before they were born. The average age of children served was approximately 1 year. Fifty-one percent (N=203) of children assisted in this program were boys, and 49% (N=195) were girls. The following table shows the distribution of children's age at the start of Holt intervention.

Table 1: Age of Children

	Frequency	Percent
0-1 month	187	47.0
2-6 months	80	20.1
7 months-1 year	31	7.8
1-2 years	23	5.8
2-4 years	32	8.0
4-6 years	16	4.0
6-10 years	20	5.0
10-14 years	7	1.8
14-18 years	2	0.5
Total	398 ²	100.0

Profile of Families

From the total of 398 subjects, 89.4% (N=356) were the children's biological mothers, 5.5% (N=22) were fathers, 4.5% (N=18) were grandmothers, and 0.6% (N=2) were aunts. Biological parents responded in almost 95% (N=378) cases. About half of the clients served in this program live in rural areas (53%; N=211), the other half (47%; N=187) in urban areas.

Parents' profile was elaborated only for biological parents. The parents' ages varied between 16 and 52 years old, the average age being about 29 years. Most

of them were between 18 and 39 years old (86.3%, N=326 out of 378). Table 2 provides the age distribution of clients.

Table 2. Biological Parents' Age

	Frequency	Percent
Under 18 years	7	1.9
18-24 years	117	31.0
25-29 years	87	23.0
30-39 years	122	32.3
40 and over	45	11.9
Total	378	100.0

Most of the biological parents lived together (approximately 70%, N=278), while single mothers with children represented 18.3% (N=73). Approximately 7.8% (N=31) of parents were divorced or separated.

Most of the families served within this program were large. The average family in this sample consisted of 6.15 persons while the national average was 3.42 (the difference is significant, $t=19.23$, $p=0.00$, $df=397$).³

More than a half of interviewed families (51.6%, N=205) consisted of six or more persons, and 23% (N=92) included more than eight persons. The next table provides the family structure in the Holt sample.

The parents' educational level was rather low. Two thirds of mothers and almost half of fathers in this sample did not continue their education beyond middle school, leaving them in the pool of the lowest paid unskilled workers. This characteristic correlated with the high unemployment rate found within this program clientele (see Table 4). The preceding table gives details of parents' educational achievements.

Table 4. Parents' Level of Education

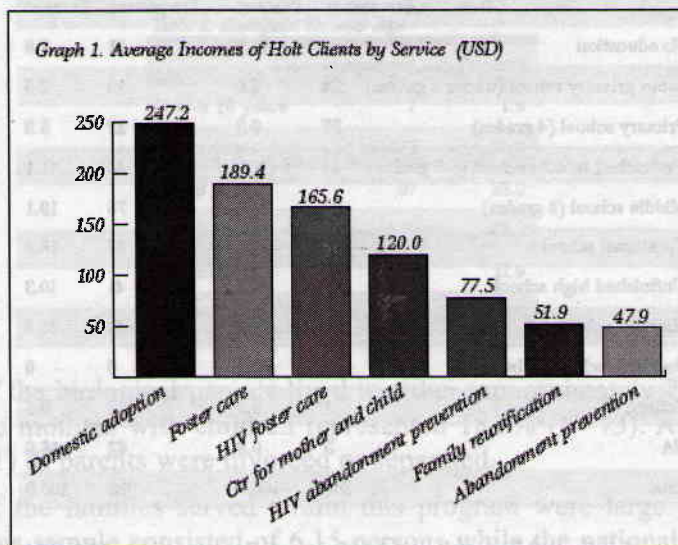
	Frequency	Mother Percent	Frequency	Father Percent
No education	64	16.1	31	7.8
Some primary school (under 4 grades)	24	6.0	10	2.5
Primary school (4 grades)	37	9.3	23	5.8
Unfinished middle school (5-8 grades)	44	11.1	44	11.1
Middle school (8 grades)	97	24.4	76	19.1
Vocational school	38	9.5	67	16.8
Unfinished high school	64	16.1	41	10.3
High school	25	6.3	42	10.6
Post high school training	1	0.3	0	0
College	1	0.3	2	0.5
NA	3	0.8	62	15.6
Total	398	100.0	398	100.0

Almost two thirds of interviewed adults did not work (61.3%; N=244). A third of households reported one employed member of household, and 8.4% (N=33) had two or more employed adults living in the household. Only 10% (N=40) of the interviewed mothers worked. Employment was reported for 23.9% (N=95) of fathers. Table 5 provides a summary of the job status of the mother and father in the family.

Table 5. Parents' Job Status

	Frequency	Mother Percent	Frequency	Father Percent
Working	40	10.1	95	23.9
Student/pupil	4	1.0	0	0
Maternity leave	8	2.0	0	0
Homemaker	190	47.7	8	2.0
Retired	2	0.5	4	1.0
No job	140	35.2	185	46.5
Inactive for other reasons (sickness)	3	0.8	11	2.8
NA	11	2.8	95	23.9
Total	398	100.0	398	100.0

As the graph below shows, the families included in this program are the most poor of those served by Holt.



The average income per household for the previous month was 1,576,653 lei (\$47.9⁴). The 2002 average in Romania was 3,500,000 lei (\$104.4), and the extreme poverty level was 600,000 lei (\$18.2 per person⁵). The sample's income per capita average was 291,837 lei (\$8.9), and only half of the extreme poverty level ($t=-25.8$, $p=0.00$, $df=390$). More details about the income levels in families included in the abandonment prevention program are below. The following table provides the frequencies of household income during the month preceding the interview.

The most common source of income in these families (97%, $N=387$) is the state child allowance for which almost all households qualify. Salaries based on a contract, occasional labor without a contract, and social welfare are other sources of income for more than 20% of these households. Table 7 on the following page summarizes all sources of income for the families.

More than 75% ($N=301$) of families lived in one- to two-room houses. On average, 3.8 persons lived in one room. Most of the interviewed people (about 70%, $N=277$) lived in a house with yard (two thirds of the respondents) and 20.4% ($N=81$) in an apartment.

Most of families (67.3%, $N=268$) owned their property. Approximately 15% ($N=56$) rented a city-owned home, 6.3% ($N=25$) rented from a private owner, 5.5% ($N=2$) lived in houses owned by relatives, and 3.5% ($N=14$) lived in houses owned by private businesses.

Table 7. *Income Sources of the Family—Multiple Responses*

	Frequency	Percent
Children allowances	387	97.2
Occasional work without contract	101	25.4
Social welfare	93	23.4
Regular salary with work contract (legally employed)	82	20.6
Pension	61	15.3
Regular salary without work contract (illegally employed)	27	6.8
Work paid in products	25	6.3
Gifts in kind (money and products)	23	5.8
Loans	20	5.0
Unemployment allowance	15	3.8
Gifts in kind	11	2.8
Alimony/pension	11	2.8
Maternity leave allowance	8	2.0
Social canteen	7	1.8
Private business (freelancer)	4	1.0
Salary for assistant of person with disability	4	1.0

In terms of ethnic background, there were 68.6% (N=273) Romanians, 14.1% (N=56) Roma/gypsy, 8.8% (N=35) Hungarians, and 8.6% other ethnic groups. The Romanian structure of population⁶ is different: 89.8% Romanians, 8.0% Hungarians, 1.4% Roma, and 1.8% other ethnic groups. The explanation for the over-representation of Roma population is related on the social and economical situation of this ethnic group and their specific need for social assistance. The data obtained in a Roma national survey⁷ sustain that they have a very low standard of living and in general are dependent on Romanian social welfare. The average of Roma family size is 5.5, a third of the Roma population are children, their most frequent income source is children allowance (66%), 40.7% of Roma adults are unemployed, and more than 22% of population over 10 years are illiterate.

One of the few characteristics of the families in this sample that looked more optimistic was the parents' health status, which was reported as good and very good by more than half of the respondents. Less than 15% considered their health status as bad or very bad. Table 8 summarizes each parent's evaluation of their health status.

Contraceptive Education

While educational activities targeting prevention of unwanted pregnancies were not part of Holt-Romania services, Holt did provide information on family planning and facilitated contact with appropriate service providers if mothers were interested in pursuing it further. The data collected on the topic of contraception suggest that it might be a useful enrichment of abandonment prevention programs in the future. The birthrate in these families was relatively high (3.8 births per mother). The total fertility rate in Romania⁸ for year 2000 was only 1.3. Pregnancy prevention programs were forbidden during the communist regime, and the level of awareness of contraception among women remains relatively low in this country.⁹ Many of the interviewed clients considered the topic too intimate to discuss with the researchers, and 3.4 abortions per mother in our sample is a sad reminder of the situation in this area. Almost 70% (129 women) of those who responded to the question reported one, two, or three abortions. Besides child abandonment, this is certainly an issue of women's health in Romania.

When parents were asked about how they received contraceptive information, the most frequent sources of referral and information were medical staff and friends. The Holt social worker was reported from less than 10% of the families as a source of contraceptive education. The data is presented in Table 9.

Table 9. Source of Awareness

	Frequency	Percent
Doctor	85	23.9
Relative/friend	42	11.8
Holt social worker	24	6.7
Mass media	21	5.9
Folders, booklets	9	2.5
Other	11	3.1
NA	164	46.1
Total	356	100

The findings call for review of effectiveness of the methods used for providing information about contraception. Perhaps more complex services that include providing condoms (very common practice used by many agencies fighting spread of AIDS, sexually transmitted diseases and unwanted pregnancies) could be more effective in delivering the message. Overall, the findings suggest that developing programs focusing on contraception could be a useful contribution to complex issues of abandonment prevention services.

General Information about Services Provided by Holt

Most clients learned about Holt through medical staff and direct outreach of Holt employees. Also, friends and relatives of the staff in maternity houses were frequent referral sources.

The majority of Holt clients lived in difficult economic and often inadequate housing situations. Eighty-five percent of interviewed subjects (N=339) reported material support as the services received from Holt, and 48% of respondents reported that main reason for seeking help from Holt was economic hardship and need of financial help. The following table provides the reasons mentioned by interviewed persons. It may be important to note that counseling was always a part of services provided to families by Holt. However, a majority of those served did not perceive counseling or emotional support as a service per se. Only about 19% considered counseling as a Holt service.

*Table 10. Services That Holt Provided—
Multiple Responses*

	Frequency	Percent
Material support	339	85.2
Training	3	0.8
Counseling	74	18.6
Nothing	27	6.8

*The total not 100% because a family could
receive more than one service.*

Among the persons reporting that Holt did not provide any support were 16 from Tirgu Mures, 10 from Constanta, and one from Iasi. Most of them (N=11) reported they had heard of Holt for the first time when they were invited to be interviewed for this survey. The follow-up with the staff in Tirgu Mures suggests that the perception may be the result of Holt's support being distributed by the mayors of the villages where beneficiaries reside. A direct link to Holt was missing. The detailed analysis of responses related to services received from Holt is in Table 11 on the following page.

Most clients benefited from Holt services for 4–6 months (4.8 months on average). Approximately 7% benefited from help for more than a year.

Table 12. Period of Support

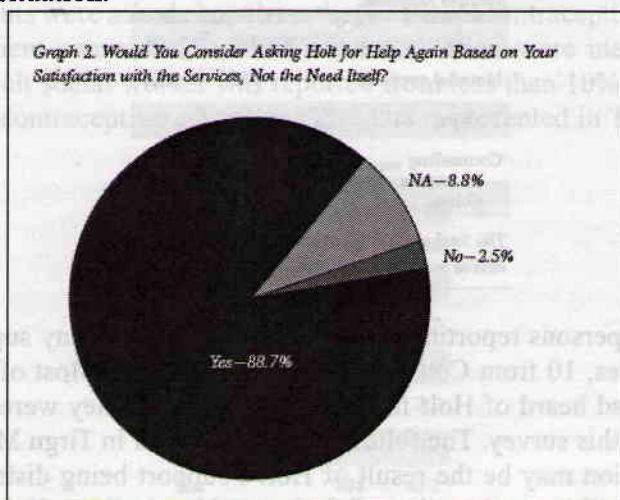
	Frequency	Percent
1–3 months	157	39.4
4–12 months	163	40.9
More than 1 year	27	6.8
NA	70	17.6
Total	398	100.0

Table 11. Reasons Services Not Provided, by Site

Center	We asked Holt for help but did not receive anything	I heard about Holt for the first time when I was invited here	I only talked on the phone with social worker once	I did not receive anything	Once a social worker visited us	A social worker came to visit us but we were not home	A relative /neighbor was assisted by Holt, but not me	Total
Iasi	1							1
Tirgu Mures	1	10	1	4				16
Constanta	4	1		1	2	1	1	10
Total	6	11	1	5	2	1	1	27

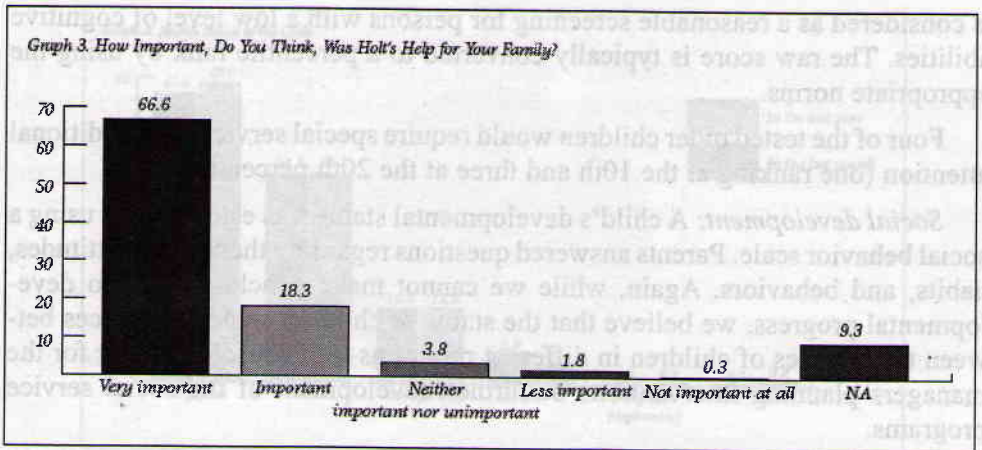
Impact of Abandonment Prevention Services

The graph below shows that the vast majority of clients (85%, N=338) consider Holt's support as important or very important, and only 2.1% (N=8) consider it unimportant in relation to how it may have contributed to resolving their difficult situation.



Only 1% (N=4) report being dissatisfied. Ninety percent (N=358) would refer Holt to others, and 88% (N=350) would consider reapplying for support at Holt (see Graph 2 on previous page).

The problem for which clients came to Holt was solved most of the time. A third considered it completely solved and a third reported it was solved for the most part. Only 5% thought the problem was not solved at all.



Impact of Services on Children

Holt did not gather data on child developmental status when the services in this program started. Serious problems calling for interventions by psychologists or other specialists would be screened by the social workers who served the family. While it is not possible, therefore, to make inferences about the program's direct impact, we believe that gathering data on the children's status was important in order to inform further planning and improvement of the services to this at-risk population.

Child Development

Cognitive abilities: One hundred six children (younger than 6) were tested with the Denver test. This is a psychological developmental scale that allows the classification of results as normal, abnormal, questionable, and not testable. The results show that most evaluated children fell into category "normal" (75.5%, N=80). Results in 16% (N= 17) of cases were "questionable" and would require re-evaluation should a follow-up and intervention be planned. Five children who fell into category "abnormal" (4.7%) would call for special services and four children (3.8%) who were classified as "not testable" would also require follow-up sessions to determine developmental status by a different method.

Another nine children (ages 6–10 years) were tested using the Raven test. Developed in 1938 by John Carlyle Raven using Spearman's Theory of General Intelligence, the test is sometimes described as a measure of a person's capacity for coherent perception and orderly judgment. The Standard Progressive Matrices (SPM) was designed to measure a person's ability to form perceptual relations and to reason by analogy independent of language and formal schooling and may be used with persons ranging in age from 6 years to adult. While this measure of intelligence is far from an optimal measure of various abilities known to date, it

is considered as a reasonable screening for persons with a low level of cognitive abilities. The raw score is typically converted to a percentile rank by using the appropriate norms.

Four of the tested older children would require special services and additional attention (one ranking at the 10th and three at the 20th percentile).

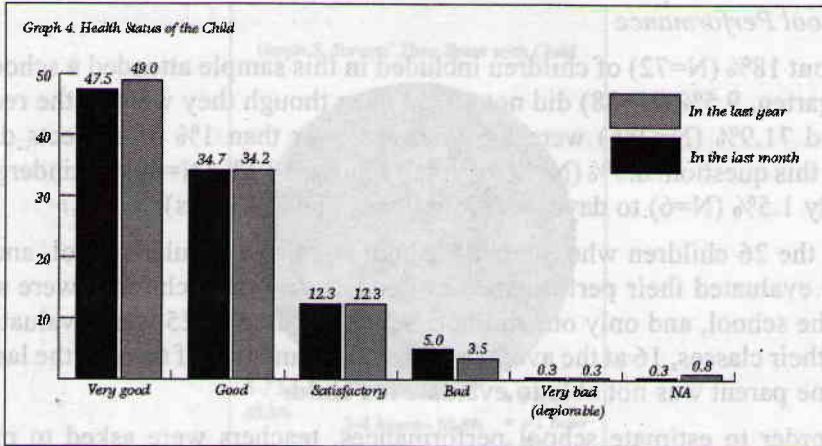
Social development: A child's developmental status was estimated by using a social behavior scale. Parents answered questions regarding their child's attitudes, habits, and behaviors. Again, while we cannot make conclusions as to developmental progress, we believe that the status of children—and differences between the statuses of children in different programs—offers useful insight for the managers planning interventions or further development of the social service programs.

Children in the abandonment prevention program obtained a score of 63.39¹⁰ on the social scale, significantly different than sample mean (65.43; $t^{11} = -2.57$; $p = .01$; $df = 395$). The difference¹² between children from this program and other evaluated programs was even more evident: The average score for children in foster care was 72.8 (mean difference = -9.41, $p = 0.000$). Children in domestic adoption programs also scored significantly better (average Score = 71.3, Mean diff = -7.9, $p = 0.00$).

Health Status

More than 80% ($N = 319$) of parents reported their children's health status as good or very good, and 5% ($N = 29$) considered their child's health status as poor or very poor. The differences in ratings of health status in the last month and during the last year were not significant. This suggests that health was steady for the majority of children. Graph 4 presents parent reports on their children's health in the last month and over the last year.

The parents were asked to mention different problems of children. Most frequently mentioned was urinary incontinence during the day. Even though 134 cases may seem like a lot, it was not a serious problem since 91% ($N = 122$) of children are under 3 years old. The U.S. National Kidney and Urologic Disease Information Clearinghouse website (www.niddk.nih.gov/health/urolog/pubs/uichild/uichild.htm) says that about 10% of 5-year-olds, 5% of 10-year-olds, and 1% of 18-year-olds experience episodes of incontinence. It is twice as common in boys as in girls. In our sample 19 out of 148 (10.7%) children between 3 and 5 years old were reported to be incontinent during the day. This looks very close to what may be expected. Episodic occurrence in children older than 5 years that was noted could be a reason for referrals to specialists.



Reported speech problems need to be considered in the same way. Approximately 80% (N=65) of the 82 children with reported speech trouble were under 3 years of age; 17 were 4–6 years. No child over 7 was reported to have problems expressing himself/herself verbally. Table 13 summarizes parents' opinion regarding children's problems. It is obvious that there is a small percentage of children who would benefit from more services and/or referrals to specialists who could provide appropriate interventions should more detailed evaluation substantiate perceived problems. Learning and emotional problems, mental handicaps as well as delays in motor development were perhaps the most urgent issues that call for follow-ups.

Table 13. Health Problems or Handicaps

	Frequency	Percent
Incontinence during the day	134	33.7
Delayed speech abilities (cannot speak well)	82	20.6
Hypersensitivity w/ touch, movement, places, or sounds	27	6.8
Hits himself	25	5.8
Cannot be consoled when angry	22	5.5
The activity level is too high for his age	19	4.8
Is always scared and is afraid	18	4.5
Learning difficulties (can not learn)	15	3.8
The activity level is too low for his age	14	3.5
Rocks himself	13	3.3
Retardation or mild mental handicap	10	2.5
Delayed fine motor abilities (no precision in movement)	10	2.5
Delayed motor abilities (has difficulties in movement)	10	2.5
Delayed social abilities	10	2.5
Physical disability	8	2.0
Deafness or hearing deficiency	8	2.0
Blindness/sight deficiency	6	1.5
Retardation or profound mental handicap	2	0.5
Retardation or moderate mental handicap	1	0.3

School Performance

About 18% (N=72) of children included in this sample attended a school or a kindergarten, 9.5% (N=38) did not attend even though they were of the required age, and 71.9% (N=286) were too young. Fewer than 1% of subjects did not answer this question. 6.5% (N=26) went to school, 10.1% (N=40) to kindergarten, and only 1.5% (N=6) to daycare (for children under 3 years).

All the 26 children who attended school went to a regular school, and their parents evaluated their performance as good. Twentyfive children were said to enjoy the school, and only one did not. Seven children of 25 were evaluated top five in their classes, 16 at the average of the class, and two of them in the last five. Only one parent was not able to evaluate his child.

In order to estimate school performances, teachers were asked to provide school information for children included in sample. Data were collected for 18 children. Teachers' opinions are summarized in the table below.

Table 14. Evaluation of Child's Academic Achievement

	Frequency
At the average level	5
Under the average level but not among the last children in class	4
Among the last children in class	4
Among the first students in class	3
Above the average level but not among the best students in class	2
Total	18

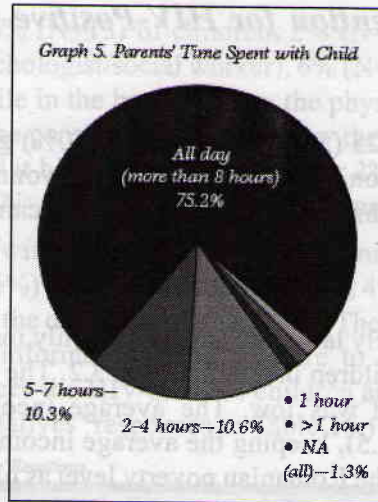
At the same time teachers predicted the highest level of education the student will reach. They considered six of the 18 children capable of attending at least high school, seven of them at vocational school level, and the other five maximum at the 8th grade school.

The Parent-Children Relationships

The parents reported positive relationships with their children. They reported speaking with children frequently (over 90%, N=358), and 75% of parents spent eight hours or more a day interacting or sharing activities with their children. The following diagram illustrates how much time parents spent with their children.

Parents said their most-common activity with the kids was "playing together." The next choices were household tasks, walking, and shopping. For older children, families spent more time helping with homework, doing written exercises, or reading together (one third of parents of school-age children).

Graph 5. Parents' Time Spent with Child



Success Rate

The success rate within the sample was 98.2% (N=391). Questionnaires revealed seven failure cases for prevention services, three from Iasi and four from Tirgu Mures. Of the seven children, two were still in the placement center, two were raised in the extended family, one was adopted, one was in maternal assistance/foster care, and one was a runaway. Only two children were institutionalized, both with a mean institutionalization time of one and a half years.

The following data are results of two case studies (one failure and one success) and interviews with parents, carried out in order to identify the success and deterrent factors.

The case studies revealed that success factors in the prevention services were related to close collaboration of Holt social workers and parents (the higher the degree of communication, the higher the chances of success), the parents' desire to keep their child (most of the parents did not have the intention to abandon their child), and finally, the degree of collaboration with the local child protection authorities (DPC) in solving each case.

Interviews show failure is predicted by:

- The poverty level of the family—the poorer the family, the smaller chances for success;
- Lack of collaboration between Holt social workers and the extended family—the lack of support of the extended family is one of the major factors leading to failure in preventing child abandonment;
- And, finally, by the poor collaboration with local authorities—lack of interest and limited involvement of local authorities in solving critical issues related to the case hamper the chances for success.

Abandonment Prevention for HIV-Positive Children

Profile of Children

The sample included 25 (50%) boys and 25 (50%) girls. The average age at starting of Holt intervention was 9.6 years old. The youngest child was almost 7 years old and the oldest child was 12. Most children came from rural areas 60% (N=30).

Profile of Families

Families were relatively large. The average family membership was five, and the average number of children in a family was 3.2. The income of families with children in this program was low. The average income per household was 2,549,088 lei/month (\$77.5), keeping the average income per person of 562.390 lei/month (\$17.1) below the Romanian poverty level as of April 2002 (600,000 lei or \$18.2). The average income for this sample was also lower than the average income of families served by Holt (\$74.91/family).

About 25% of the respondents were unemployed at the time of the interview. Table 15 presents information about job status for families served by the program.

The vast majority of parents in this sample had a low educational level. Only 20% of parents had completed high school or post secondary education, another 20% had uncompleted high school training, 18% had had vocational courses, and the other 33% had only completed middle school. One parent reported having no education.

Ninety percent (N=45) of the subjects were Romanian; minorities include three Hungarians, one Roma/gypsy, and a child of another ethnic group. Most of the families (92%, N=46) were Christian Orthodox.

Table 15. Job Status of Parents

	Frequency	Mother Percent	Frequency	Father Percent
Working	28	56.0	18	36.0
Homemaker	11	22.0	2	4.0
Retired	3	6.0	4	8.0
No job	6	12.0	16	32.0
Not applicable	1	2.0	5	10.0
No answer	1	2.0	5	10.0
Total	50	100.0	50	100.0

Child's Knowledge of HIV-Positive Diagnosis

Of the 50 children in this study 54% (N=27) knew they were infected with HIV, while 46% (N=23) did not.

Parents informed 26% (N=13) of children, 2% (N=1) learned the diagnosis from a professional (psychologist/social worker), 6% (N=3) found out by accident, 6% (N=3) found out while in the hospital from the physician, 2% learned thanks to their own initiative (the parents do not know how the child found out, but they know that he/she learned it himself/herself). Another 2% (N=1) found out from a grandmother, and 10% (N=5) found out by other means.

Children responded with various types of emotional reactions ranging from shock and denial (N=3; 6%) to crying and anger (N=2; 4%) to fury and depression (16%; N=8) to accepting the diagnosis (N=11; 22%). The absence of a professional approach to delivering information of this nature to children seems to be an obvious gap in the services the HIV-affected children and their families deserve. (See also list of other relatives' responses in Table 16.)

Table 16. Families' Reactions

Reaction	Frequency	Percent
Shock, anger	18	36.0
Acceptance	12	24.0
Denial	8	16.0
Crying	4	8.0
Bad feelings	1	2.0
My brother did not want to see me anymore	1	2.0
Protective	1	2.0
Disheartened	1	2.0
NA	4	8.0
Total	50	100.0

Relationship with Extended Family, School, and Community

In 52% of cases (N=26) all members of the extended family knew about the child's diagnosis. In another 14% of cases (N=7) the situation was known by grandparents, in 8% (N=4) by siblings, and in 16% by other relatives. The following tables summarizes the families' reactions to the diagnosis.

Out of 50 children included in the sample 33 were enrolled in school. Their health situation was known in 60.6% (20 out of 33 students). In 16 cases (45.5%) only teachers were informed, in another four situations everybody in school knew about it. In one case the secret about the infection was kept. Interestingly, 12 parents of 33 (23.4%) refused to answer this question. The school reaction on the perception of parents is presented in the table below.

Table 17. Reactions Toward HIV-Positive Child in the School

Reaction	Frequency	Percent
Acceptance	11	22.0
Schoolmates offended the child	3	6.0
Schoolmates physically attacked the child	2	4.0
The child was isolated by schoolmates (other students were afraid of a sick child)	2	4.0
The teacher did not want to let child pass the next grade (because of HIV infection)	1	2.0
The child was not accepted in school by teachers or schoolmates and was prevented from attending	1	2.0
The teachers and schoolmates helped the child	1	2.0
Disheartened	1	2.0
The child does not attend school	17	34.0
NA	11	22.0
Total	50	100.0

In the community, neighbors knew the situation in 48% (N=24) of cases, while in 10% (N=5) of cases only medical staff in the village were informed. Parents' coworkers knew the situation in only one case, city hall employers in another, and in two cases some friends of a family knew about the situation. Again, a third of the interviewed parents (N=17, 34%) refused to answer this question.

The community reaction was, in general, positive. There were only a few cases of offenses committed by neighbors (10%, N=5) and three cases of children refusing to play with an HIV-affected child. Similarly, most of the parents (82% N=41) said there was no social discrimination against their child in the extended family. Only 6% (N=3) feel their child was being discriminated against by relatives.

In spite of reported cases of discrimination and attacks on HIV-affected children and their families, only three of the families said their child was discriminated against in the school, and a full 46% (N=23) did not see discrimination as a problem for them in society. In the community, 14% (N=7) of the interviewed parents considered themselves discriminated against, whereas 52% (N=26) did not feel that way. It would be interesting to find out more about the more subtle issues that seem to surround the HIV-affected families and find out if the paradox in reported events and views are related to cultural or personal characteristic that make it difficult for a third of the parents to communicate about the HIV infection openly. Holt social workers were aware of cases of discrimination against HIV-affected children but did not have data to document the issue in this report.

According to article 16 of the UN convention, November 20, 1989, "protection of child privacy," the child has a right to confidentiality. This survey suggests that while confidentiality was kept within the extended family (in most cases), schools did not respect this principle. The families' considerations are presented in Table 18.

Table 18. Confidentiality of the Disease

Confidentiality	In Extended family		In School		In Community	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
It is respected	34	68.0	14	28.0	17	34.0
It is not respected	11	22.0	9	18.0	17	34.0
No answer	5	10.0	27	54.0	18	32.0
Total	50	100	50	100	50	100

Amount of Information about HIV; Means of Transmission, Treatment, and Medication

A four-point scale was used to find out the degree of knowledge related to HIV virus transmission, appropriate hygiene, and treatment of the affected child. The results show that 64% (N=32) of parents were convinced they knew everything they should about appropriate hygiene for the HIV-affected child. Regarding virus transmission, 72% (N=36) of parents were convinced they knew everything they needed to know, 24% (N=12) considered that they knew it to a degree, one parent was not sure (2%), and one was certain she did not know how to prevent the transmission of the infection.

Twenty-eight (56%) of the interviewed parents declared they knew for sure everything about the treatment of HIV. Over a third (N=18; 36%) considered that they knew it to a degree, and 8% (N=4) believed they did not know enough about it. The parents obtained relevant information mainly from Holt social workers (N=21, 14%). Mass media were given as the main source in 14% (N=7) of cases, 4% (N=2) took courses related to HIV infection, and one (2%) reported a hospital as the source.

Most parents (82% N=41) knew the medication administered to the child, while 16% (N=8) did not feel they know it. Most parents (N=34; 68%) felt responsible for compliance with administering the medication, while 10% (N=5) considered the hospital physician responsible for administering the drugs. In 20% (N=10) parents believed it was the child's responsibility, and for 2% (N=1) the responsibility belonged to some other person.

The situation of children and families affected by HIV/AIDS in Romania remains challenging. The number of cases is high, the situation of affected families is difficult, integration of and cooperation between the school and community is weak, and rejection/social isolation of HIV-affected children and their families is not uncommon. Raising the awareness and education related to HIV is even more

important as the affected children reach their puberty/adolescence and face other specific problems (sexual identification and sexual relationships, establishing their first friendships, social role etc.), which, for most of them, remain unsolved. In spite of some governmental programs (focused on allowances for child, salaries for parents taking care of the affected child, free public transportation), the private sector continues to feel a lack of governmental strategy that would include social service aspects and programs that provide continuing support to the affected families.

HOLT SERVICES EVALUATION

Of the 50 parents in this study, 40% (N=20) considered Holt's help for HIV-positive children to be very good, 20% (N=10) considered Holt an NGO that helps, 18% (N=9) considered the help received good, 12% (N=9) considered it not enough, and 10% (N=5) considered it not applicable. Of all families, 44% (N=22) participated in support groups, typically connected to their regular visits to the medical centers or hospitals.

Most of those who participated in support groups (N=15) kept in touch with the group.

Impact Of Service Upon Child

Child Development

Cognitive abilities: Five children (6–10 years old) of 50 included in this sample were tested with the Raven test (see the earlier test description). Three children obtained average or above scores (1, percentile 50; 1, percentile 60; and another percentile 80). Two of the tested children obtained very low results (percentiles 10th and 20th) and would require special attention.

Social development: The children's developmental status was evaluated by pro-social scale. Parents answered 26 questions regarding their child's attitudes, habits, and behaviors. The score obtained by children included in this sample was 71.4. In comparison with the general sample average (65.4) these children were socially better developed. This difference was significant ($t^{13}=3.38$, $df=49$, $p=0.001$, mean diff =5.99).

Health Status

Over the long term (year-long perspective), 42% (N=21) of parents considered their child's health as good or very good, while 20% thought it was not satisfactory or very bad. The following table presents parents' opinions about their children's health in the last month and year. Again, the data point to continuous need of providing appropriate support and medical attention to the specific needs of HIV-affected children and families.

Table 19. The Parents' Opinion on Child's Health Status

	Last Month		Last Year	
	Frequency	Percent	Frequency	Percent
Very good	5	10.0	3	6.0
Good	19	38.0	18	36.0
Satisfactory	16	32.0	19	38.0
Bad	8	16.0	8	16.0
Very bad (deplorable)	2	4.0	2	4
Total	50	100.0	50	100

Schooling

Of the 50 children in this study, 66% (N=33) were in school, and 34% (N=17) were not enrolled in school at the time of interview. Thirty-two children attended a public school, and one child attended a special school for children with disabilities. Of those who attend school 56% (N=28) were in "gymnasium" grades 5–8 (corresponding to middle school), and only 10% (N=5) were in primary education (grades 1–4). According to Holt social workers, children who dropped out of school did it because of their precarious health status and long periods of hospitalization leading to decreases in their school performances. The absence of special education services within Romanian public schools may have contributed to the results. The researchers were not able to gather information clarifying if and how school and authorities responded to drop outs related to children who were still within compulsory education age.

Parents said that in 36% (N=18) of cases children liked school very much, 20% (N=10) declared they liked it to a certain degree, 8% (N=4) were indifferent, and 2% (N=1) were not very happy to attend school.

SUMMARY

Abandonment Prevention

The families served within this program were large with many children and often live in substandard housing conditions. The standard of living of the interviewed families is very low, significantly below the national level of poverty.

Most children assisted by Holt were, at the time of the service period, very young, almost half of them less than 1 month old. The reported health status of the assisted children and their families was good.

The majority of clients perceived the material help provided by Holt as very important. It helped them overcome the critical crisis and kept the children with families, but it may not be a long-term solution for some of these at-risk families. For instance, the mothers included in this program had little knowledge about contraceptives. Most of them were not aware and/or did not use contraceptive methods. Because a serious lack of resources is associated with child abandonment, additional unwanted children born to these mothers could be therefore at high risk of abandonment.

The program success rate was very high. More than 98% of interviewed families still kept their children at home (n=391). Two of the assisted children were placed in a residential institution, one ran away, and one was placed in foster care at the time of the interview. An additional two children were raised by extended family, and one was adopted. These three cases, while counted here as not successful, did in fact result in permanent placements with families although Holt was not assisting with these placements directly.

Satisfaction with Holt services was very high. The vast majority of parents considered the help they received from Holt as either very important or important, and most of subjects declared that they could agree to refer other people to Holt agency.

The abandonment prevention program is a part of the family preservation category in the cost analysis showing that Holt was able to keep a child in the family for average cost of \$133.85 per case. The cost was moderately higher for HIV-affected families (\$165.56 per case).

Abandonment Prevention for HIV Children

HIV-affected children assisted within this program were on average about 10 years old. Similarly to the general clientele in this program, the families were very poor and had a low standard of living. The families were also large and many parents remained unemployed for extended periods of time.

Holt services for HIV-affected children were positively appreciated. The majority of parents evaluated Holt's assistance as very helpful. Many parents participate in support groups organized by Holt.

The data gathered on children suggest their developmental status was within range expected in normal population, in some areas above average. Some children did drop out of school, partly due to longterm hospitalizations and subsequent struggle with catching up with the curricula (and lack of special education services in the Romanian mainstream schools). Some parents indicated cases of discrimination, social isolation of children, and verbal or physical attacks on their children in schools if the health situation of the child was publicly known.

Only about half of the HIV-affected children in this program knew that they were infected with the AIDS virus. As they become older, more counseling on HIV-related issues will be needed to adequately serve this population of children and their families.

Abandonment Prevention Success—Iasi

Case History

In early 2001, A., 1 year old, was in danger of being abandoned. His parents, who are not married but cohabitate, requested support from Holt in April 2001 to help them with a crisis. The mother, age 21, graduated the seventh grade and was hired as a housekeeper and attendant for short periods of time but without proper, legal documentation. The father, age 22, graduated from the fifth grade. Both parents were jobless when they requested support. They also had lost their housing. They were required to leave the house of the father's parents because of a conflict between the wife and child's paternal grandmother.

Holt Intervention

The option of the mother entering a maternal center together with her child was refused by the family. The parents reported that they wanted to work in order to earn sufficient money to rent an apartment of their own. Mother got a temporarily job at 400 km from Iasi. The social worker and family decided to place the child in the care of a professional maternal assistant for a six-month period. Also, there were attempts to improve the relationship with the child's paternal grandmother so that the family could go back to their home.

Services Offered by Holt

1. Making the necessary steps to identify the maternal assistant;
2. Temporarily placing the child in care during the crisis situation;
3. Mediation with the members of the extended family;

4. Pleading for the case in front of the Child's Protection Commission in order to obtain the necessary approvals;
5. Monitoring the child and the family after reintegration;
6. Material support for a six-month period after the child's returned to the family. Monthly support in food and hygiene products was equivalent with financial value of 300-600,000 lei. The total support received for six months by the family was 2,350,000 lei (\$80.86). As long as the child remained in foster care, the father visited his child weekly. From May to September, the mother did not visit her child because she worked in a different locality. The conflict with the child's grandmother was resolved by the parents' agreement to pay utility bills. The child's parents were allowed to return to the house where they occupy one room. Unfortunately, both parents have only daily work and are concerned about their chance to have legal employment.

Conclusions

The social worker evaluated this case as being very difficult in the initial phase: "there was a high risk of abandonment in spite of their love for the child because they had no place to live." The success of the intervention was due to the fact that the child was visited while in foster care and returned to the family. The parents collaborated in and fulfilled their obligations to the intervention plan.

SHELTER SERVICES

Details of program and impact on Holt clients.

"Sometimes mothers go through desperate situations, and many of them do not have the emotional and financial resources to keep their children. The Center for Mother and Child is a program for single mothers in distress."

DESCRIPTION OF HOLT SERVICES

Shelter services are provided to young mothers who have recently given birth and are in a crisis that places the child at risk for abandonment or out-of-home placement.

Needs

- An adolescent suddenly becomes a mother and is rejected by her family and the community;
- A married mother has been abused by her husband and evicted from her home;
- A single mother has yet to complete her education and has been abandoned by her partner when he found out that she was pregnant.

Program Purpose

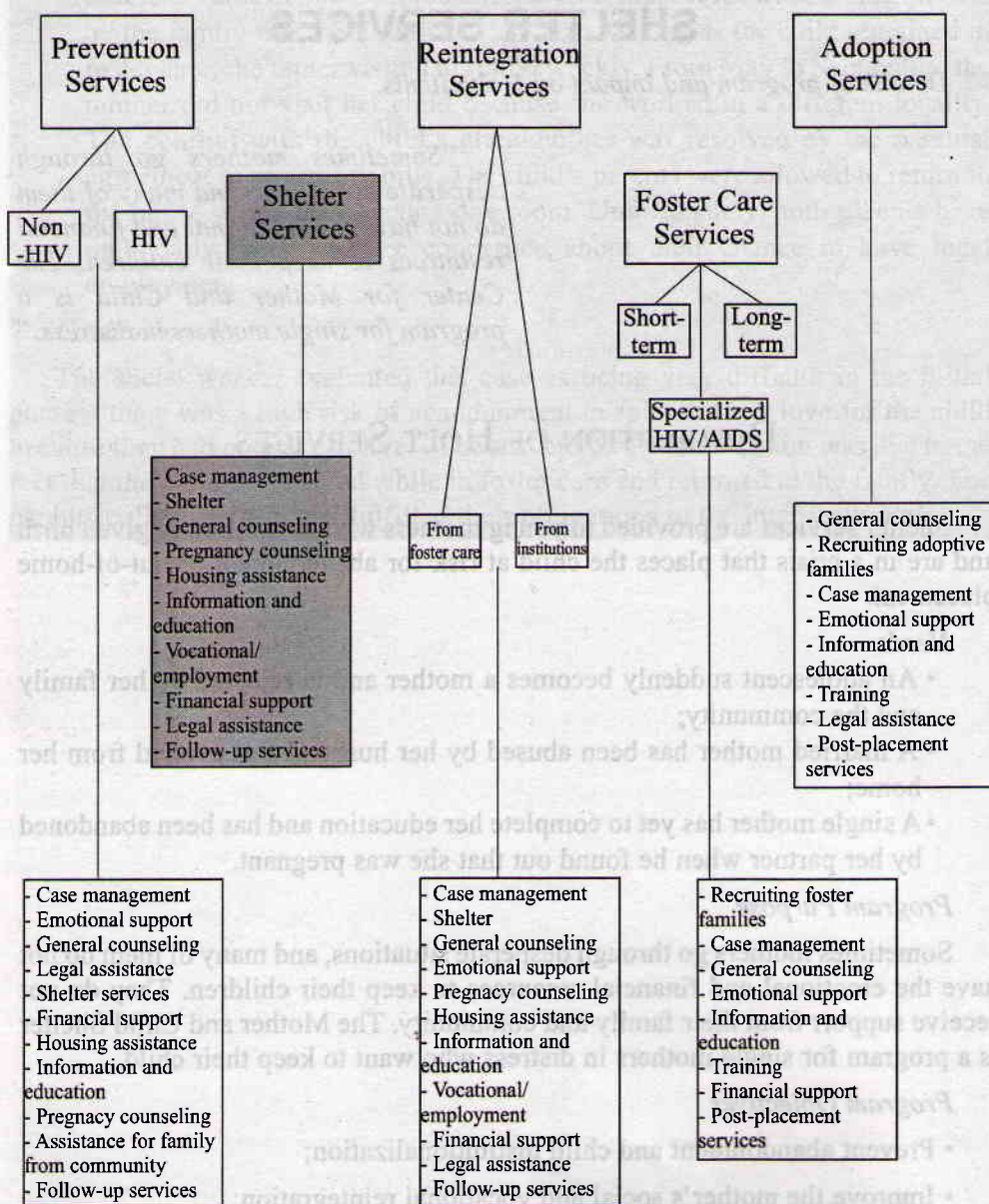
Sometimes mothers go through desperate situations, and many of them do not have the emotional and financial resources to keep their children. They do not receive support from their family and community. The Mother and Child Shelter is a program for single mothers in distress who want to keep their child.

Program Objectives

- Prevent abandonment and child institutionalization;
- Improve the mother's social and vocational reintegration;
- Strengthen the mother-child relationship.

Chart 1. Overview of Services

Services Provided by Holt in Romania 1997 – 2002



Program Services

- *Case management:* Initial assessment and planning of intervention, establishing the permanency plan, and follow-up on its resolution; assisting families in obtaining their rights to services and resources; referring the clients to specialized community services; offering follow-up services; mediating the family-medical staff relationship; advocating for children and families. The social worker contacts the extended family periodically, informing them about the progress made by the mother and child. The objective is to reintegrate the mother and child back into the extended family;
- *Shelter:* The length of stay in the Mother and Child Shelter is approximately six months, according to individual needs. After this period, follow-up services in the community begin. Follow-up services are flexible, depending on the specific case requirements;
- *General counseling:* The social worker organizes and conducts counseling sessions with the mother in order to discuss her problems. Together they identify solutions and decide upon the permanency plan for the child. The social worker educates the parents regarding any developmental problems the child may have, contacts the father, and organizes meetings with him in order to discuss the situation of the mother and the child in order to establish a future plan with his involvement. The social worker identifies resources with the extended family members who can support the mother and the child;
- *Emotional support:* Relaying care, concern, and understanding of the client's difficulty. The social worker empathizes with the clients, helping them feel less alone in their struggle. They provide an atmosphere where the client feels he/she is not judged and can talk freely about feelings and concerns;
- *Counseling during pregnancy:* This service is offered to pregnant women, young mothers, and shelter clients. In order to prevent abandonment of a newborn baby, the social worker talks to the mother in the prenatal period, identifying potential solutions to resolve emotional and financial problems. The social worker and the mother establish a permanency plan for the child, and the social worker follows up. Holt offers financial help to mothers in order to prevent the abandonment;
- *General information about family planning:* The social assistants offer general information about family planning, obtain gratuity for contraceptive pills for Holt clients, sometimes accompany the clients to the family planning specialists, and follow-up if the clients keep in touch with these;
- *Housing assistance:* The social worker helps the mother to find a house, including obtaining the forms from the Town Hall. Holt provides the fee for

renting a house short-term. The social worker mediates relations with the extended family or with the partner in attempt to have the mother move into the home of the partner or extended family;

- *Information and education:* The social worker offers information about current community resources and the clients' rights. The social worker organizes support groups for clients and teaches mothers to develop household abilities, including how to administrate their personal budget. They help mothers become independent;
- *Vocational/employment:* The social worker offers information on current job vacancies and orients the mothers to training courses. Social workers teach the mothers how to write a resume and letter of application. Social workers prepare mothers for interviews and sometimes recommend them for the job. After employment, they provide emotional support to help the mother keep the job;
- *Financial support:* In order to maintain children with their families, Holt offers financial/material support so that the mother can go to work. This includes food, clothes, milk upon doctor's recommendation, the fee for the kindergarten/daycare, and other expenses required to cover primary needs;
- *Legal assistance:* The social worker offers support to the family in completing the documents required to obtain identity papers for the child and sometimes the mothers as well. They assist the mothers in obtaining their financial rights, including helping the mother complete the official files for the CPC or town hall. They accompany the mother to court to establish paternity and obtain legal help from the biological father;
- *Follow-up services:* During follow-up services, the mother benefits from Holt support. She remains on the case load of the social worker from Holt and can ask for help. Sometimes she obtains financial support from Holt.

Program History

The Center for Mother and Child is a joint effort between Holt-Romania and the Directorate for Protection of Children's Rights from Bucharest, Sector 1. This shelter has been operating since April 1996 inside the Sf. Ecaterina Placement Center. Shelter is provided for 10 mothers and their children for an average period of six months.

FINDINGS

Overall

The sample from The Center for Mother and Child included 46 mothers and 46 children from Bucharest.

Profile of Children

Of children assisted, 56.5% were males and 43.5% were females. At the date of Holt intervention, the children were very young; the average age was 7.5 months, and 63% (N=29) of assisted children were younger than 3 months old.

Profile of Families

Most of clients were from Bucharest (41 cases of 46), with five from other counties. From 1996–2000 period the shelter accepted clients from all counties. The average age of mothers assisted was approximately 27 years. Forty-five percent were younger than 25 years.

The majority of mothers accepted to the shelter were unmarried single mothers (56.5%) and they usually (in almost 75% of cases) had their first child (the average number of children per mother is 1.35). Only 10.9% (N=5) of children lived in families with legally married parents. Some of the mothers (19.6%; N=9) had two children, 4.3% (N=3) had three children, and one mother had four children.

At the time of the interview five of the single mothers lived alone with their children. Twenty-one lived with extended families or with a partner other than the child's father. The average number of persons in a household was 4.07. In approximately 20% (N=9) of households no family member worked. In 28.3% (N=13) of households, there was one family member who worked; more than 50% (N=24) of households had two or more working family members.

For the large majority of the subjects, the most important source of income was a salary based on a contract (75.9%). The average income per family was 3,948,372 lei (about \$120), and the income per capita was 1,024,435 lei (\$31.14). The Romanian average salary for 2002 was 3,500,000 lei and the extreme poverty level 600,000 lei. This placed the groups above average income level among Holt's total client group (average income of Holt's clientele is \$79.91).

In 11 cases there was no information on economic or professional status of the father since he left the mother and child. As to the economic status of parents, 46.7% work (60.9% of mothers and 32.5% of fathers), while others either stayed at home (7.6%), were pensioners (2%), or were unemployed (17.4%).

Child Institutionalization

The risk of abandonment is usually very high if a woman becomes pregnant before she is married and the family rejects her due to perceived social stigma. Without resources, these young women either abandon their children right after giving birth or try to have an abortion. Holt's shelter services helped women at risk to keep their children and avoid child abandonment. No child was permanently institutionalized after being served by Holt. This was a strong and encouraging positive result for the program. Eight of the assisted children did spend time in an institution after being served by Holt, however. Five were in a hospital, two in foster care, and one left for a period of time in the maternity hospital. The average stay in the institution was about 19 weeks, which is relatively short time considering typical results in such cases. In only two instances did children stay longer (27 and 68 weeks, respectively). The reasons the mother used this extreme solution were related to the financial situation of the family, lack of housing, or because the mother had a work contract abroad or was a student and pursued her education.

Contraceptive Education

All mothers had been referred to the family planning offices while they were included in the mother and child shelter. A specialist was invited to the shelter to talk with mothers about contraceptive methods. The mothers also had medical checkups during the time they stayed in the shelter (approximate six months) and in the follow-up period for an additional six months.

With respect to family planning, 41.3% of mothers had never had an abortion, 17.4% had had one abortion, 10.9% had had two abortions, and 12% had had more than three abortions. The average number of abortions in this sample was 1.58.

The most well-known contraceptive methods were pills (more than 75% of answers) and condoms (60.9%). The intrauterine device (IUD) was mentioned by a quarter of the mothers (23.9%) as well as the vaginal methods (diaphragms and spermicidal creams). The most important ways the mothers learned about contraception information mentioned were mass-media (26.1%), medical staff (21.7%), and contraceptive education leaflets (17.4%), which suggested the mothers did not consider learning anything new through the program offered by the shelter.

Similarly to findings in other samples, more than half of mothers (56.5%) did not use contraception even if they knew about it. The most-used contraceptive methods were pills and condoms (N=8 and N=7 respectively).

General Information about the Program

Clients found out about Holt from friends and relatives and from social workers or staff at the maternity house. The data are presented in the next table.

Table 1. Sources of Information about Holt

	Frequency	Percent
Friends and relatives	13	28.3
Social workers (excluding Holt social workers)	10	21.7
Medical staff	10	21.7
Mass media	6	13.0
Other person helped by Holt	3	6.5
DPC	2	4.3
City hall	1	2.2
A nursery	1	2.2
Total	48	100.0

The reasons they accessed Holt services were mostly linked with the fact they were homeless; 54.3% (N=25), did not have adequate living conditions and had family problems (family rejected the child 26.1%, N=12) or were in conflict with other family members (8.7%, N=4). Financial reasons were mentioned by 10.9% (N=5) of the interviewees.

Holt services covered especially the material needs: a home with all conditions to raise a baby. About 39.2% (N=13) of mothers reported that "Holt had given them everything they needed." The detailed information on services provided by Holt is presented in Table 2.

Table 2. Services Provided by Holt—Multiple Responses

	Frequency	Percent
Material support—100%		
Shelter	38	82.5
Meal	32	69.6
Child stuff	18	39.1
Money	13	28.3
Clothes	5	10.9
Medicine and medical assistance for child	4	8.7
Everything he/she needs	13	39.2
Counseling—28.3% (N=12)		
Emotional help	9	17.4
Advising	5	10.9
Training—15.1% (N=7)		
Parent training	5	10.8
Help to find a job	2	4.3
Help to find a family for short-term foster care	1	2.2

The time the mothers would remain in the shelter typically ranged from 4–12 months. In a few cases, the clients were able to move out from the shelter earlier, while some would remain more than a year. On average, the shelter supported its clients for 8.3 months. The details are provided in the following table. Holt records suggest that this would be the average of overall support time (including follow-up services). Perception of the clients might suggest they received such significant follow-up help that they did not differentiate the services while they stayed in the shelter and the follow-up services (after they moved out).

Table 3. Length of Support

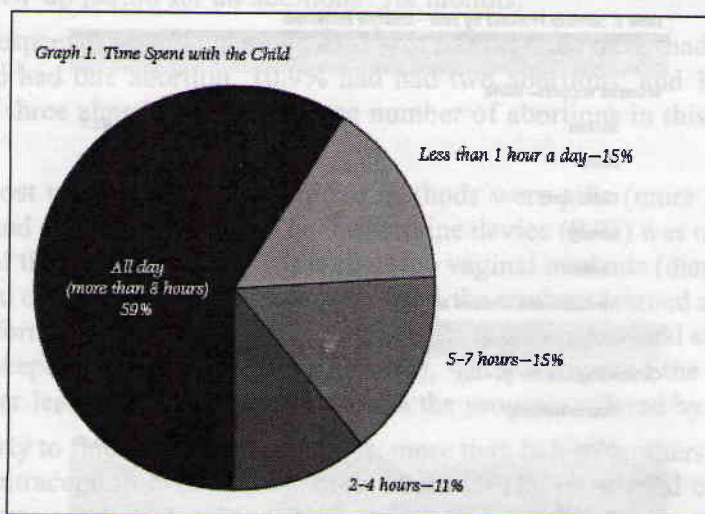
	Frequency	Percent
1–3 months	5	10.8
4–6 months	11	23.9
7–9 months	15	32.6
10–12 months	11	23.9
More than 1 year	4	8.7
Total	46	100.0

Evaluation of Life After Holt Intervention

Family Relationships

The clients reported good or very good relationships within the family, both between the parents and children and between the children and their siblings.

Almost all interviewed mothers ($N=44, 95.7\%$) reported that they speak to their children frequently and they spend a lot of time in direct contact/interaction with their children. Graph 1 presents the parents' time spent with their children.



Most common topics of interaction between the mother and child were general values (91.3%), culture (65.2%, N=30), hygiene (76.1%, N=35), cleanliness (63%, N=29), and health (47.8%, N=22). Preferred common activities were playing (87%, N=40), walking together (84.8%, N=39), and shopping (69.6%, N=32).

In nine cases children attend "weekly crèches" (children stay there overnights during the weekdays and go to their families for the weekends) because of the mothers' tight schedules and work commitments.

HOLT SERVICES EVALUATION

All its clients considered Holt's support important; the vast majority (93.1%) considered it "very important." All Holt clients were satisfied with services offered; 71.7% (N=33) were very satisfied, and 28.3 (N=13) were satisfied. Also, all mothers who were interviewed reported they would refer Holt to other mothers.

Relating to the problems they had when they requested Holt's support, a majority of them reported that their original problem was completely fixed (45.7%, N=21) or almost completely fixed (43.5%, N=20).

Also, Holt intervention was beneficial with respect to family members' relationships; 59% of respondents mentioned improving their relationships. The attitudes of the adult members of the families toward children and their relationships with children changed in a positive way. Many of them initially refused the unwed mothers to stay with the family. The work of the social workers with the family, mediation, and consultations helped achieve desired change.

About 23.9% (N=11) of the clients of the Mother and Child Shelter reported that they benefited from services of other organizations apart from Holt; 76.1% (N=35) reported no help from any other organization during the time they stayed in the shelter. Holt social workers were not aware of any help being available to the mothers during the time they were in the shelter. Some of the mothers received help covering about three months rent after they left the shelter. The list of organizations providing help is below.

Table 4. Other Organizations Supporting Holt Clients

	Frequency	Percent
Stnergi	2	4.3
Speranza	2	4.3
World Vision	2	4.3
ILAR NGO	1	2.2
Robin Hood	1	2.2
GRADO	1	2.2
Little Prince	1	2.2
Pentecostal Organization	1	2.2

Program Impact Upon Child

Child Development

The cognitive abilities of 18 children (younger than 6) were tested with the Denver test, a psychological developmental scale that allows the classification of results as normal, abnormal, questionable, and not testable. Seventeen of the tested children obtained a normal score, and only one child was abnormal.

Social development. The prosocial scale also tested the development of the child. The parents answered 26 questions about their child's behavior, habits, and attitudes. The children who comprised this sample obtained a score of 69.47 points, above and significantly different than the average of the general sample at 65.43 ($t=2.47$, $df=45$, $p=0.017$). While the use of this scale may not be entirely age appropriate, the questions targeting behavior were used to solicit reports that might suggest some problems now or in the future. The lack of such signs in the interviews suggest that the children's social development was within normal range. It may be reasoned that the shelter services did help prevent potential problems that could develop should the mothers and their children be left without resources, cut off their families and social networks, or if the children would have been abandoned and institutionalized.

Children's Health Status

More than 80% ($N=38$) of the mothers reported that their child's health status in the past year was "good" or "very good," while 15.2% considered it "satisfactory." Only one mother considered her child's health "poor." A majority of the children didn't have any serious health problems because their development level was between the corresponding parameters. For illustration of perceived issues the table with the categories of reported problems is presented below.

Table 5. Health, Psychological, Emotional, Developmental, and Behavioral Issues of Children Reported by Mothers

	Frequency	Percent
Incontinence during the day ^a	11	23.9
The activity level is too high for his age	5	10.9
Delayed speech abilities (can not speak well)	4	8.7
Is always scared and is afraid	4	8.7
Hypersensitivity when touched, movement, places, or sounds	4	8.7
Can not be consoled when angry	3	6.5
Physical disability	2	4.3
Learning difficulties (can not learn)	2	4.3
Hits himself	2	4.3
Rocks himself	2	4.3
The activity level is too low for his age	2	4.3
Blindness/sight deficiency	1	2.2
Retardation or moderate mental handicap	1	2.2
Delayed motor abilities (has difficulties in movement)	1	2.2

SHELTER SERVICES

Among other challenges the respondents named decreased immunity, heart problems (systolic murmur), weight, and some other problems. The following table provides the full list of other issues perceived as serious by the parents.

Table 6. Other Health Problems

	Frequency	Percent
Depressed immunity	4	8.7
Heart problems	3	6.5
Low weight (> normal weight) ²	3	6.5
Lactose intolerance	1	2.2
Anemia	1	2.2
Urinary malformation	1	2.2
Intestinal disease	1	2.2
Rickets	1	2.2
Bronchitis	1	2.2
Dermatological disease	1	2.2

Approximately 26% (N=12) of children were in a hospital in the past year due to an infectious disease or for medical tests or minor surgical interventions (8.7%).

Schooling

The majority of children participated in a school or pre-school program (N=25); of these, 21.7% (N=10) were not registered in school or daycare/kindergarten even if they fulfilled the age requirement. The mothers who did not have their children in daycare mentioned that they could not due to lack of resources (usually those unemployed). Only two children from the sample were old enough to be enrolled in school at the time of the interview.

Success Rate

Following their stay in the shelter all mothers kept their children. In order to identify less successful cases data had to be collected outside the sample. We used two case studies: one for success and another for failure. Case studies revealed several types of situations that pose risk of child abandonment. Some mothers continued having difficult relationships with the father of the child or with the extended family and face acute material problems (being considered below the poverty level). The case studies revealed that some children from this group do remain at high risk of abandonment. Two children remained at high risk of abandonment due to the fact their mothers were suffering from psychological disorders.

The most important success factor was the mother's desire to keep her child. None of the investigated mothers ever had an intention of abandoning their child. Mother participation in shelter activities was also beneficial. There were several

programs offered. For example seven mothers chose to enroll in dressmaker courses, two chose to take computer lessons, and all mothers participated in the nutrition courses offered by Holt. The flexibility of Holt in extending the period of stay in the shelter if the situation was not fully solved was another important factor (the mother felt the support was real, and her motivation grew).

The factors contributing to failure seemed to be related to weaker collaboration between the mother and her family, the father, or the extended family. The mediation offered by Holt was not successful either. In the identified case, it looks as if the educational level of the mother and the lack of vocational training impeded her efforts in finding a job to solve her economical situation. To strongly prove this, the failure factors would require additional study.

SUMMARY

The majority of women who benefited from this program were single mothers and their children, who were also typically the only child of the mother. The program was very successful: 100% of children assisted by Holt through this program were living with their mothers at the time of the interview.

The educational level of mothers was higher than mothers of children assisted through other programs. Most of parents included in this program had a high school diploma or university degree. At the time of the interview the majority of them were economically active and had a job.

The level of awareness of contraceptive methods was also relatively high as well (the majority of mothers mentioned at least one contraceptive method, the most frequent being pills and condoms). More than half did not use contraception, however.

Children assisted were typically very young at the moment of Holt's intervention (more than 60% were younger than 3 months). Although the risk of abandonment was very high, the majority of children were kept with their family. For the institutionalized ones, the period of institutionalization was relatively short (weeks or months rather than years). The main reasons mothers asked for Holt's assistance were living conditions (the lack of resources, inadequate housing conditions) after they have found themselves rejected by the families and/or the biological father of their child. In some cases family violence was reported as a reason for seeking shelter services.

The majority of the children were enrolled in some type of daycare system, a few using also weekly crèches. The health status of children was good. Very few serious health problems were reported. The development levels of children were within normal ranges for their age.

SHELTER SERVICES

Holt offered needed material and emotional support. Holt's assistance was evaluated as very important, and all clients were satisfied with the quality of services. For most of the cases, the initial problem for which the clients sought Holt's assistance was solved entirely or to a great degree. Many clients reported that Holt gave them "all that they needed."

REINTEGRATION SERVICES

Details of program and impact on Holt clients:

"It may be important to note that children who spent their time in foster care instead of institutions did not show the same amount of delays. Their average was at the same level as the overall average of children served by Holt. This might suggest that foster care did prevent the deterioration of development that is commonly found within the population of children living in institutions."

DESCRIPTION OF HOLT SERVICES

Reintegration services target children abandoned in institutions (maternity hospitals, placement centers, medical hospitals) or children who were placed in foster care.

Needs

- For a child who was abandoned in the maternity hospital, often doctors have little information about the parents. Typically, the mother gives a false identity and leaves the hospital immediately after giving birth.
- A child is abandoned in the placement center for a few years, not visited, has no clear legal situation, and no relative to take an interest in the child.
- A child is placed in foster care for a short period in order to prevent his or her institutionalization and plan for reintegration in the biological family.

Program Purpose

The program's purpose is the reintegration of abandoned children from institutions and in foster care with their biological/extended families.

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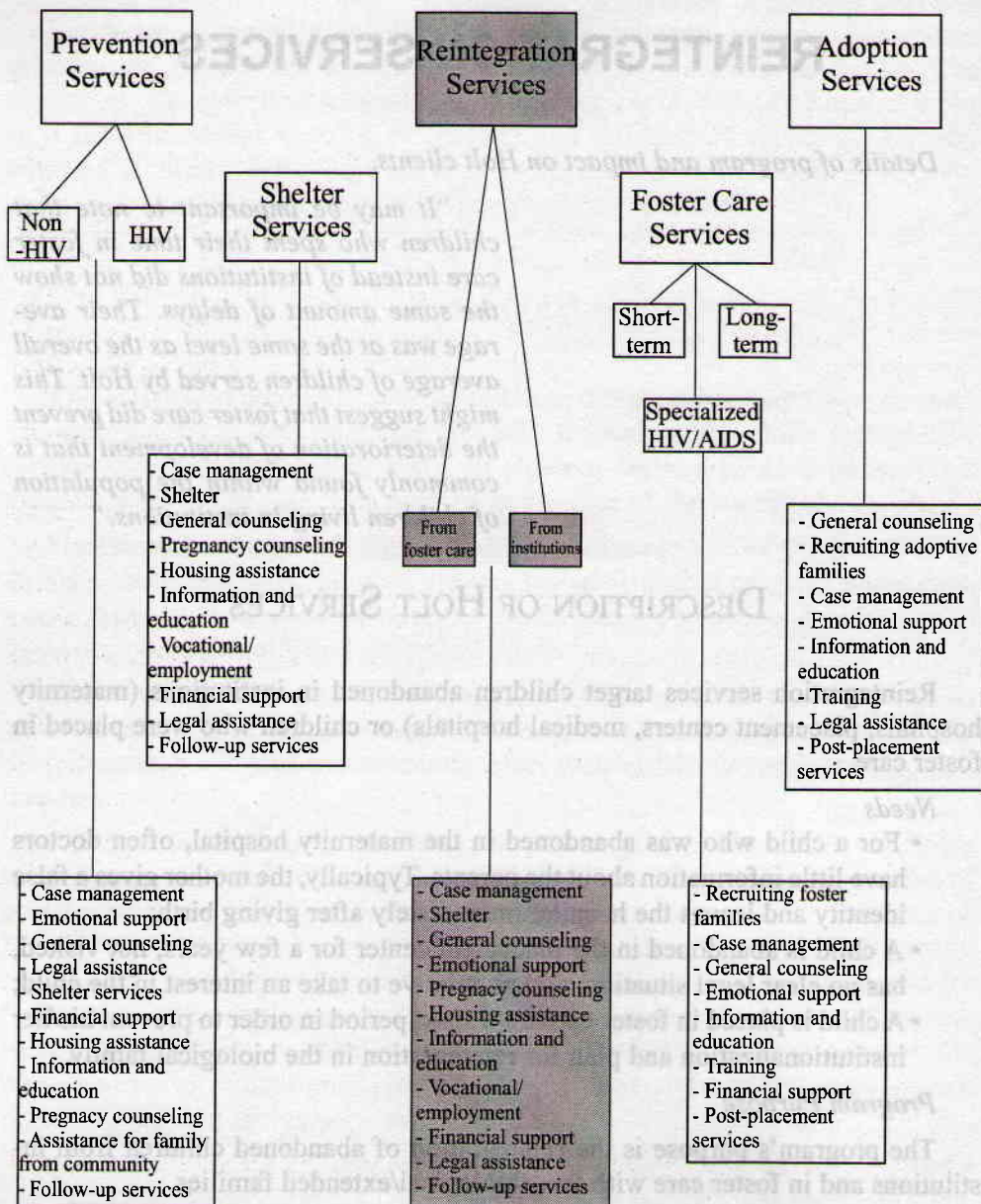
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Chart 1. Overview of Services

Services Provided by Holt in Romania 1997 – 2002



Program Objectives

- The reintegration of abandoned children living in institutions or foster care to their biological/extended family;
- The reduction in the number of abandoned children in institutions;
- The strengthening of inter-family relations.

Program Services

- *Case management:* The social worker conducts the initial evaluation of the family status of the targeted child, establishes the permanency plan, encourages the family to reestablish and maintain a relationship with the child, and organizes meetings between the family and child. The meetings can occur in the institution, foster home, or birth family home. The social worker prepares the file for presenting the case to the County Commission for Child Protection about the child's reintegration in his/her family. The social worker refers clients to other organizations that offer assistance in finding a job, assists families in obtaining their rights to services and resources, refers the clients to specialized community services, offers follow-up services after reintegration of the child, and advocates for children and their families;
- *Emotional support:* Relaying care, concern and understanding of the client's difficulty. The social worker empathizes with the clients, helping them feel less alone in their struggle. They provide an atmosphere where the client feels he/she is not judged and can talk freely about her feeling and concerns;
- *General counseling:* The social worker offers counseling to children and parents. When opening the case, the Social worker works more with the child, and after the parents are found, they discuss the problems in the family, the abandoned child and the child's needs, and the possibilities of the family reunifying. The social worker informs the family about the current health status, development, and overall psychosocial functioning of their child. Together with the family, the social worker establishes activities necessary for the family and children to be reintegrated. After the child's reintegration, the social worker remains in close contact with the family and offers counseling services and emotional support to preserve and strengthen the family;
- *Information and education:* The social worker offers information about current community resources, the clients' rights, and general information on family planning. Many times the social worker accompanies clients to family-planning centers. The social worker teaches the parent skills to help their child develop, gives information about how they can access various services such as medical care, and organizes support groups for families;

- *Legal assistance:* The social worker offers support to the family in completing the documents required to obtain identity papers for the child and sometimes for mothers, too. They assist the mothers in obtaining their legal rights, including helping the mother complete the official documents for the CPC or town hall. In the event that the parents do not visit their child for six months or parents cannot be found, the social worker prepares the file for court to obtain the decree of abandonment, allowing the child to be free for another permanency arrangement;
- *Financial support:* In order to maintain children with their families, Holt offers financial/material support. This includes food, clothes, milk (upon doctor's recommendation), and fees for kindergarten/daycare, school supplies, and other expenses required to cover primary needs to support family reintegration. This financial support is usually offered for a six-month period of time;
- *Housing assistance:* The social worker helps the family to find a house, including obtaining the forms from the Town Hall. Holt may provide the fee for renting a house for a limited period of time and may pay the costs of renovation of the house to make it possible for the child to go live with the family;
- *Post-placement services:* The social worker supports the families and children after their reintegration. The average period of time of support is six months after the reintegration of the child in the biological or extended family. During this period of time the families benefit from financial support and counseling to maximize the adjustment of the family to the child's return.

Program History

The reintegration program was established in 1995. The services were located at the interface between the medical and social services (e.g. maternity hospitals) due to the fact that many of the children were abandoned in hospitals even though this fact was not officially recognized. In addition to Holt offices, social worker also worked directly in placement centers. In order to prevent children from being institutionalized, those who were left abandoned were, as much as possible, placed with foster families who had been selected and trained for that purpose. While in foster care, a permanency plan for each child was developed (both reunification or adoption were considered).

FINDINGS

The sample included 53 persons (49 parents and 4 grandparents). Thirty-five parents reported on 35 children who had been reintegrated into the family from institutions, and 19 parents provided information on 25 children who had been reintegrated into the family from foster care. Seven children who had been reintegrated from foster care were in institutions at the date of the interview. One single mother reported having two children in an institution, another mother reported having three children in institutions and keeping one at home, and one mother had two children placed in institutions and two with extended family. These are the sources for "lessons learned."

Children's Profile

The majority of the children in foster care were females (58.3%, N=35), while 41.7% (N=25) were males. The following table shows the gender of children by type of service.

Table 1. Gender of Child by Type of Service¹

	Reunification from:		Total
	Institutions	Foster Care	
Male	12	13	25
	34.3%	52.0%	41.7%
Female	23	12	35
	65.7%	48.0%	58.3%
Total	25	25	60
	100.0%	100.0%	100.0%

No significant relationship between gender and type of service (chi-square = 1.88, $p = 0.170$).

The vast majority of children who had been reintegrated into their families (90%, N=54) were younger than 6. This was consistent with this program's focus, which was meant to be an early intervention primarily for children from 0–6. Many children in Romania are abandoned soon after being born and left in maternity hospitals. The program also targeted children who were in institutions but not legally abandoned (there was no official decision of the County Commission for Child Protection issued yet). The goal was to reunite them with their families before they were transferred to the "placement centers" (orphanages). All children reintegrated into the family from institutions (N=35) were younger than 6. Only 24% (N=6) of the children reintegrated from foster care were older than 7.

In case of children who have been reintegrated into the family from foster care (N=25), 76% (N=19) were younger than 6, 12% (N=3) were 7–12, and another

12% (N=3) were 13–17. Table 2 below presents the distribution of children's age by type of service.

Table 2. Age (Years) by Type of Service

	Family Reunification from Institutions	from Foster Care	Total
1-3	17 48.6%	14 56.0%	31 51.7%
4-6	18 51.4%	5 20.0%	23 38.3%
7-9		2 8.0%	2 3.3%
10-12		1 4.0%	1 1.7%
13-15		2 8.0%	2 3.3%
16 and above		1 4.0%	1 1.7%
Total	35 100.0%	25 100.0%	60 100.0%

Families' Profile

Families were almost equally divided between urban (49.1%, N=26) and rural (50.9%, N=27) locations.

Most of the parents (60.4%, N=32) were younger than 30 years. The following table shows the age distribution of parents served by the program.

Table 3. Age of Parents (Years)

	Frequency	Percent
20-25	16	30.2
26-30	16	30.2
31-35	6	11.3
36-40	4	7.5
41-45	8	15.1
46-50	1	1.9
51 and above	2	3.8
Total	53	100.0

Households

As the table below shows, family households in terms of their composition were very diverse. There were seven families with only one adult (in one case the mother lives alone and the children are currently in institutions). There were 23 nuclear families comprising two adults and children. There were 23 households with extended families including grandparents and children.

Table 4. Number of Children by Number of Adults in the Household

Children	1	2	3	4	5	6	10	Total
0	1.9% (1)							1.9% (1)
1	1.9% (1)	9.4% (5)	1.9% (1)	3.8% (2)				17% (9)
2	1.9% (1)	3.8% (2)	1.9% (1)	3.8% (2)	1.9% (1)			13.2% (7)
3	3.8% (2)	18.9% (10)	3.8% (2)					26.4% (14)
4	1.9% (1)	3.8% (2)	5.7% (3)			1.9% (1)	1.9% (1)	15.1% (8)
5		1.9% (1)	3.8% (2)	1.9% (1)	3.8% (2)			11.3% (6)
6	1.9% (1)	3.8% (2)						5.7% (3)
7			1.9% (1)					1.9% (1)
8		1.9% (1)	1.9% (1)					3.8% (2)
10				1.9% (1)		1.9% (1)		3.8% (2)
Total	13.2% (7)	43.8% (23)	20.8% (11)	11.3% (6)	5.7% (3)	3.8% (2)	1.9% (1)	100% (53)

The most common household structure was parents living together but not married (45.3%, N=24). About one fourth (26.4%, N=14) were legally married. The following table presents household type.

Table 5. Marital Status of Children's Biological Parents

	Frequency	Percent
Single mother	9	17.0
Married	14	26.4
In cohabitation	24	45.3
Divorced/separated	4	7.5
Deceased father	1	1.9
Both parents in prison	1	1.9
Total	53	100.0

Families had a low standard of living. The average income of the household in this group was 1,708,900 lei/month (\$51.94/month) resulting in a per capita 310,923 lei/month (\$9.45/month). These figures are significantly below average salaries in Romania (3,500,000 lei/month; \$106.3/month) and the officially recognized minimal individual income, which was 600,000 lei per capita at around the time of interview² ($t=-4.57$; $df=55$; $p=0.00$).

Parents from this program had a low level of education (see Table 6). Only eight (8.3%) of the parents of the children in our sample had graduated from high school, two of them having post-secondary training. An additional 15 of the parents (15.5%) graduated from vocational school or finished 10 grades of formal schooling. The remaining 74 parents (76.3%) did not have enough education to qualify for any skilled job, leaving them basically out of the job market and dependent on social welfare, state benefits, and occasional income.

Table 4. Number of Children by Number of Adults in the Household

Children	Adults						Total
	1	2	3	4	5	6	10
0	1.9% (1)						1.9% (1)
1	1.9% (1)	9.4% (5)	1.9% (1)	3.8% (2)			17% (9)
2	1.9% (1)	3.8% (2)	1.9% (1)	3.8% (2)	1.9% (1)		13.2% (7)
3	3.8% (2)	18.9% (10)	3.8% (2)				26.4% (14)
4	1.9% (1)	3.8% (2)	5.7% (3)			1.9% (1)	1.9% (1)
5		1.9% (1)	3.8% (2)	1.9% (1)	3.8% (2)		11.3% (6)
6	1.9% (1)	3.8% (2)					5.7% (3)
7			1.9% (1)				1.9% (1)
8		1.9% (1)	1.9% (1)				3.8% (2)
10				1.9% (1)		1.9% (1)	3.8% (2)
Total	13.2% (7)	43.8% (23)	20.8% (11)	11.3% (6)	5.7% (3)	3.8% (2)	1.9% (1)
							100% (53)

About half (54.7%, N=29) of the families assisted by Holt within reintegration services were Romanians, 9.4% (N=5) had a Hungarian ethnic affiliation, 18.9% (N=10) were Roma, and 17% (N=9) had other ethnic affiliations. The representation of these groups in the general Romanian population is different: 89.9% are Romanians, 8% are Hungarians, 1.4% are Roma, and 1.8% belong to other minorities. Over-representation of Roma in Holt's clientele is not surprising. Other research³ indicates that the Roma population has the characteristics of low socioeconomic status, low education, and more social assistance needs.

Most of the parents (58.5%, N=31) reported themselves as Christian Orthodox, 9.4% (N=5) as Catholic, and 28.3% (N=15) as other religious groups, while 3.8% (N=2) indicated they didn't belong to any religious group.

Health Status of Parents

The health status of most mothers (45.3%, N=24) and most overall (52.9%, N=28) was good. About a third of the interviewed mothers (30.2%, N=16) and 13.2% (N=7) of fathers, however, considered their health bad or very bad. There were nine families where a family member suffered from tuberculosis (four families with both the mother and children ill, four families with the father and children ill, and one in which one child was ill). Among the other diseases reported by families were hepatitis (one mother), asthma (one mother), syphilis (three mothers), fainting spells (one), and ulcer (one father).

The scope and seriousness of the reported health issues suggest that these might be factors that continue to pose high risk for the families and put children at high risk of abandonment and/or institutionalization.

The issue of family planning and contraception seems also to overlap several areas including health. The tables below show that the mothers from this group had, on average, more abortions (4.43) than live births (4.11). While part of the services provided within this program was counseling the women on family planning, the current situation calls for more focused actions. The interviewed mothers, for instance, mentioned birth control pills more frequently (15 mothers) than more easily available methods like use of condoms (four mothers).

Table 7. Number of Child Deliveries in the Sample (N=44 Mothers)

	Frequency	Percent
1	5	11.4
2	8	18.2
3	10	22.7
4	6	13.6
5	5	11.4
6	2	4.5
7	1	2.3
8	3	6.8
9	2	4.5
10	2	4.5
Total	44	100.0

The research did not collect data targeting the reasons behind the high number of abortions among the mothers assisted by Holt. The social workers believe that many women do not use contraception because it is expensive as well as due to mixture of cultural barriers that surround contraception methods in Romania. Abortion is often perceived as a method of preventing birth of an unwanted child. The finding does confirm that fewer than half of the mothers (40.9%, N=18) in the sample knew specific methods of contraception and only 15.9% (N=7) used such methods.

Table 7. Number of Child Deliveries in the Sample (N=44 Mothers)

	Frequency	Percent
1	5	11.4
2	8	18.2
3	10	22.7
4	6	13.6
5	5	11.4
6	2	4.5
7	1	2.3
8	3	6.8
9	2	4.5
10	2	4.5
Total	44	100.0

Child Placement History

The range of time children from our sample spent in an institution was very broad—from a few weeks up to four years with no obvious typical or most frequent category. Interestingly, 29 mothers did not provide any information regarding institutionalization of their children.

Parents indicated the amount of time children spent in orphanages for only 22 children. This information is provided below.

Table 9. Total Time Spent in Institutions

Months	Frequency	Percent
Less than 1	7	11.7
1-3	4	6.7
4-6	1	1.7
7-9	3	5.0
10-12	6	10.0
13-24	6	10.0
25-36	3	5.0
More than 37	1	1.7
No time/NR	29	48.3
Total	60	100.0

Table 10. Time Spent in Orphanage

Months	Reunification from Institutions	from Foster Care	Total
1-3	2 5.7%	1 4.0%	3 5.0%
4-6	1 2.9%	1 4.0%	2 3.3%
7-9	2 5.7%		2 3.3%
10-12	3 8.6%	4 16.0%	7 11.7%
13-24	3 8.6%	1 4.0%	4 6.7%
25-36	1 2.9%	2 8.0%	3 5.0%
> 37	1 2.9%		1 1.7%
No time/NR	22 62.9%	16 64.0%	38 63.3%
Total	35 100.0%	25 100.0%	60 100.0%

REINTEGRATION SERVICES

Many of the children who had been reintegrated into the family from institutions spent some time in hospital (see Table 11). Obviously, the length of that stay suggests that the children stayed in the hospital for other than medical reasons.

Table 11. Time Spent in Hospital

Months	Family Reunification from Institutions	from Foster Care	Total
Less than 1	3 8.6%	2 8.0%	5 8.3%
1-3	4 11.4%		4 6.7%
4-6	2 5.7%		2 3.3%
7-9	6 17.1%		6 10.0%
10-12	4 11.4%	1 4.0%	5 8.3%
13-24		1 4.0%	1 1.7%
No time/NR	16 45.7%	21 84.0%	37 61.7%
Total	35 100.0%	25 100.0%	60 100.0%

Table 12. Parents' Perception of Services Provided by Institution

	Frequency	Percent
Very good	9	40.9
Good	5	22.7
Very bad	1	4.5
NA/NR	7	31.8
Total	22	100.0

Table 14. Parents' Perception of Foster Care Services

	Frequency	Percent
Very good	19	76.0
Good	3	12.0
Neither good nor bad	1	4.0
NR	2	8.0
Total	25	100.0

About one third of children (32%, N=8) who had been reintegrated into the family from foster care spent less than six months living outside of their biological families. Most of them (40%, N=10) spent between seven and nine months in foster care. Table 13 presents time in months spent by children in foster care. It does look that reunification from foster care was more speedy. It might be interesting to see if the reasons were in any way connected to the process of selection or other aspects of the services provided within this program.

Table 13. Time Spent in Foster Care

Months	Reunification from Institutions	from Foster Care	Total
1-3		1 4.0%	1 1.7%
4-6		7 28.0%	7 11.7%
7-9	1 2.9%	10 40.0%	11 18.3%
10-12	1 2.9%	4 16.0%	5 8.3%
13-24		1 4.0%	1 1.7%
No time/NR	33 94.3%	2 8.0%	35 58.3%
Total	35 100.0%	25 100.0%	60 100.0%

Twenty-two of the parents who had had children in institutions evaluated the quality of services provided by the institutions. Most parents (63.6%; N=14) perceived the services their children received in orphanages positively. One parent evaluated the services negatively, and seven (31.8%) did not answer. Evaluation of foster care resulted in 88% (N=22) of those interviewed being satisfied. Only one gave a neutral response, and two withheld their opinion.

The lack of resources was most often mentioned (21.6%, N=13) as the main reason for child institutionalization. Another important reason parents indicated was the poor health of the child (13.3%, N=8). One might argue, however, that rarely would a child need to stay for extensive periods of time in a hospital for purely medical reasons. The lack of outpatient care and services available to families with children with longlasting health issues may be partly blamed for the currently prevailing practice of leaving such children in care of hospitals. Once the child stays in a hospital for a long time, the family may be reluctant to take the burden of care back on their shoulders.

Among other reasons mentioned were: mother's poor health (5%, N=3), family rejecting the child (3.4%, N=2), a deceased parent (3.3%, N=2), parents in jail (6.7%, N=4), abandoned child (1.7%, N=1), divorce of parents (1.7%, N=1), or single mother (1.7%, N=1). Overall the findings call for elaborating the broad spectrum of potential risk factors that lead to child abandonment identified in this survey. It might be surprising to see that being a single mother is not so frequently related to child abandonment as one might expect.

Family Life

The parents reported positive relationships with their children. They also reported speaking with children frequently (80%, N=48). The children were involved in a lot of activities with their parents, mostly contributing to the household duties (see the table below). Playing together and walking also were mentioned frequently.

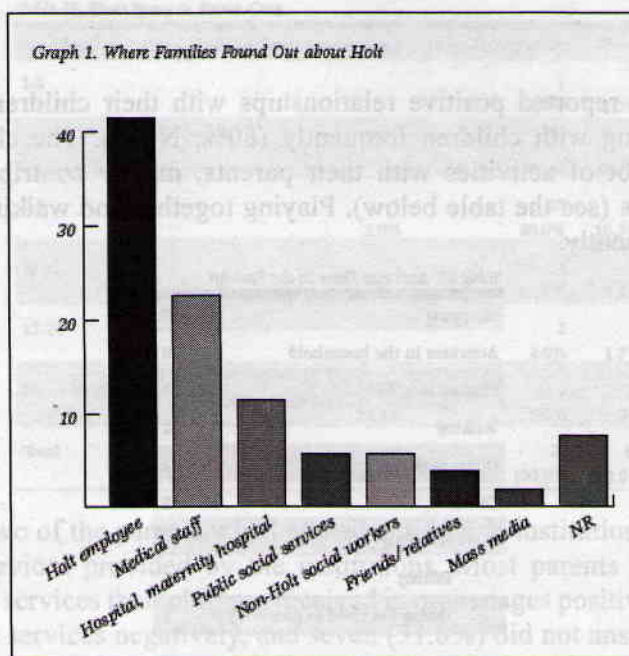
Table 15. Activities Done in the Family^a

Shopping	17
Activities in the household	36
Playing together	33
Walking	31
Going to shows	2
Other:	3
Traveling	1
Talking	1
Taking the child to parent's job	1

HOLT SERVICES EVALUATION

The most important source of information about Holt services within this group of clients were the social workers of the agency (41.48%, N=22). This was consistent with a program philosophy that stipulates proactive identification of children suitable for reintegration through surveying the institutions and active collaboration with the agencies that may take care of abandoned children or come in contact with families thinking or seeking institutionalization of their children. Typically, the social workers would track down the parents and offer the services. The social workers reported that in many cases the parents visiting their children in institutions would not consider taking them home until they were informed that a set of services may be available to the family even if the child is brought back home. This is in spite of the fact that only about 10% (N=6) had the intention of abandoning their child. Obviously, they saw keeping their child in the institution as the only way to provide adequate services, food, and shelter.

Other sources mentioned by parents were: staff of the hospitals (22.64%, N=12) and maternity wards (11.32%, N=6). Friends and relatives (3.77%, N=2) or mass media (1.89%, N=1) were also mentioned.



The majority of the parents (58.3%, $N=35$) collaborated with Holt due to the lack of resources. Parents reported that they received from Holt material support⁵ (86) and counseling (15). Most clients seem not to view counseling as a direct service that they received. Parents typically believed that their needs were purely economic.

The average period of time parents received services was 6.36 months. Typically, an intervention would be planned for three to six months in order to avoid building a sense of dependence on aid. The period was adjusted according to the parents' and children's needs. Usually, if the child was left abandoned/institutionalized for shorter periods of time, the period necessary for intervention was smaller. This would underline the need for a proactive search of suitable cases and early intervention. As the length of institutionalization increased, interventions were more difficult and required more time.

The range of time families received services are reported in the following table.

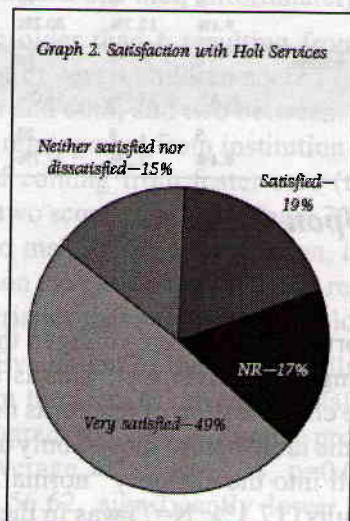
The majority of parents considered the help they received from Holt as either very important (52.8%, $N=28$) or important (20.8%, $N=11$). A small portion (3.8%, $N=2$) indicated that Holt's help was neither important nor unimportant or considered it less important (5.7%, $N=3$). Some families (17%, $N=9$) didn't answer.

REINTEGRATION SERVICES

Table 16. Period of Providing Services

Months	Frequency	Percent
1-3	17	32.1
4-6	10	18.9
7-9	4	7.5
10-12	3	5.7
13-16	2	3.8
17 and more	3	5.7
NR	14	26.4
Total	53	100.0
Mean	6.36	

Parents also evaluated the quality of services provided by Holt. The majority declared themselves either satisfied or very satisfied (68%, N=36) with the services. Only 15% (N=8) were neither satisfied nor dissatisfied and 17% (N=9) didn't answer. Graph 2 presents this information in visual form.



The majority of parents (69.8%, N=37) would ask Holt again for help if they needed it, while 11.3% (N=6) wouldn't consider it, and 18.9% (N=10) didn't give any answer. The majority of parents (81.1%, N=43) would agree to refer other persons to Holt while 7.5% (N=4) would not refer people to Holt and 11.3% (N=6) didn't answer.

When considering the way their problem has been handled by Holt, 34% (N=18) of the parents said that their problem was solved entirely, 18.9% (N=10) indicated the problem was solved almost entirely, 11.3% (N=6) said their problem

was solved to a lesser degree, 17% (N=9) said the problem was not solved, and 18.9% (N=10) didn't answer.

Holt's Impact on Family Life

After Holt's intervention the relationships among adults inside the family improved in 22.6% (N=12) of the families. Relationships among adults and children improved in 18.3% (N=15) of the families, and those among children improved in 20.7% (N=11) of the families. A relatively high number of respondents did not answer these items, raising questions regarding the current status of relationship in these families. Should any follow-up social services be planned, these would be the issues a social worker could consider including into the agenda with families. More detailed data are presented in the table below.

Table 17. Change in Family Relationships after Holt Intervention

	Relationships Became Better			NR/NA	Total
	Relationships Became Very Good	Relationships Remained the Same			
Among adults	5 9.4%	7 13.2%	16 30.2%	25 47.2%	53 100%
Among adults and children	6 11.3%	9 17.0%	18 34.0%	20 37.7%	53 100%
Among children	5 9.4%	6 11.3%	20 37.7%	22 41.5%	53 100%

Impact of Services Upon Child

Child Development

Cognitive abilities: Forty-one children younger than 6 were tested for intellectual development using the Denver test. This is a psychological developmental scale that allows the classification of results as normal, abnormal, questionable, and not testable. As the table below shows, only about half of the evaluated children (48.8%; N=20) fell into the category "normal." A relatively larger proportion of the sample's results (17.1%; N=7) was in the category "questionable." An alarming number of children (N=12; 29.3%) fell into the category "abnormal," which was significantly more than one would expect in a standard population (typically 2.8%). While the characteristics of the group of children who were served within this program included those with mental defects, it is also quite likely that these handicaps were intensified by living in a less stimulating environment both at home and even more so in institutions that are known for delaying child development (see, for instance, Johnson, 1996). In any case, the results do suggest that successful reunification requires long-term services that should include special education in order to compensate for some of the characteristics putting the child at risk of abandonment.

REINTEGRATION SERVICES

Table 18. Denver Test Results by Type of Service

	Reunification from Institutions	from Foster Care	Total
Normal	8 33.3%	12 70.6%	20 48.8%
Abnormal	9 37.5%	3 17.6%	12 29.3%
Questionable	6 25.0%	1 5.9%	7 17.1%
Not testable	1 4.2%	1 5.9%	2 4.9%
Total	24 100.0%	17 100.0%	41 100.0%

An interesting result was also the trend suggesting that children who were reintegrated from foster care tended to have better results than those reintegrated from institutions. While we do not have data to control for conditions that led to assigning children to foster care vs. institutions, it is a result worth further investigation. If confirmed, it would further strengthen the argument for preferring family-type care to institutional one that, unfortunately, still prevails in Romania.

The data for children older than 6 resulting from the the Raven test show similar patterns: three out of seven children scored between 10th and 40th percentile, two between 50th and 60th, and two between 70th and 100th percentiles. Again, the three children reintegrated from institution had lower scores (10–30th percentiles) than those of coming from foster care (two scored in the 50–60th percentile range, another two scored above average, 70–100th percentiles). While the sample is too small to make any generalization, the results correspond to a pattern one would predict on the basis of known facts related to institutionalization and other at-risk characteristics that shaped the development of these children.

Social development: Evaluation of the social skills of children complements information obtained from the Denver developmental scale and the Raven test. Children served in this program scored 60.15 on the pro-social scale, significantly lower than the sample average, 65.43 ($t=2.28$, $p=0.02$). Children reintegrated from institutions scored 56.62, significantly lower than the sample average ($t=2.67$, $p=0.01$). It may be interesting to note that children reintegrated from foster care scored at the average level (65.08) of the whole sample. This might suggest presence of compensatory effects of foster care that are missing in institutional care. Again, the children reunited with their families after living in institutions obtained significantly lower scores than children reunited from foster care. While we need to remain cautious about generalizing, the results fit to the patterns found in other studies (Johnson, 1996) describing detrimental influence of institutionalization on child development in general and compensatory effects of a family-type alternative to institutionalization, in this case foster care. More data would be necessary to confirm statistical significance of the difference.

School

Children reintegrated from institutions: About one fourth (23.3%, N=14) of the children attended either school (N=5) or kindergarten (N=9). Four children who should have been enrolled in the school were identified as not attending school at the time of the interview. In one case, the parents indicated lack of resources as the main reason. We were unable to elaborate the cases further. It may be important to find out if the attendance problems were in any way related to the services provided to these families.

Children reintegrated from foster care: Four children attended kindergarten and five attended school. In all five cases the parents reported that children enjoyed school very much. Parents reported satisfaction with the academic achievement of their children. According to parents, two of the children ranked in the top five in their class, two would be in the average of their class.

Health Status

Objectively, many of the children had disabilities (38.3%, N=23): 6.6% (N=4) were blind/seriously visually impaired, 5% (N=3) were deaf/hearing deficient, 11.7% (N=7) had physical disabilities, 11.7% (N=7) were mildly mentally handicapped, and 3.3% (N=2) were moderately mentally handicapped. Other health problems mentioned by parents were low weight (5%, N=3), anemia (1.6%, N=1), pneumonia (3%, N=2), fainting spells (1.6%, N=1), and intestinal parasitism (1.6%, N=1). Three of the children also suffered from genetic diseases. Considering the long institutionalization of many children in this sample (often in hospitals), one might find surprising then that in 90% of cases the interviewed parents described the child's health status as "very good" or "good." Only 5% (N=3) responses indicated a "bad" health status of the child (see Table 19).

Table 19. Evaluation of Children's Health Status by Their Parents

Status of Child's Health	Family Reunification from Institutions	Family Reunification from Foster Care	Total
Very good	14 40.0%	14 56.0%	28 46.7%
Good	17 48.6%	9 36.0%	26 43.3%
Satisfactory	2 5.7%		2 3.3%
Bad	1 2.9%	1 4.0%	2 3.3%
Very bad		1 4.0%	1 1.7%
NR	1 2.9%		1 1.7%
Total	35 100.0%	25 100.0%	60 100.0%

It might be interesting for those planning interventions and services to note also the range of other developmental issues mentioned by parents during the interviews (see Table 20).

Table 20. Developmental Issues Presented by Parents

Delayed fine motor abilities (has no precision in movement)	13.3% (N=8)
Delayed motor abilities (has difficulties in movement)	11.7% (N=7)
Delayed speech abilities (cannot speak well)	28.3% (N=17)
Delayed social abilities (cannot relate to other people)	3.3% (N=2)
Learning difficulties (cannot learn)	8.3% (N=5)
Incontinent during the day	10% (N=6)
Hits himself	8.3% (N=5)
Rocks himself	15% (N=9)
Is always scared and is afraid	8.3% (N=5)
Cannot be consoled when angry	6.7% (N=4)
Hypersensitivity when touched, movement, places, or sounds	10% (N=6)
Unusually strong reaction to pain	1.7% (N=1)
The activity level is too high for his age	5% (N=3)
The activity level is too low for his age	8.3% (N=5)

Children's health continues to challenge families assisted by Holt. Almost one fourth (23.3%, N=14) of the children spent some time in the hospital during the last year: four children spent less than 1 week, four stayed for two weeks, two spent between three and six weeks, and one was in a hospital for six months. Parents did not respond in three cases. The reasons the children were in the hospital were: tests (2), pneumonia (2), dysentery (3), tuberculosis (1), convulsions (1), enteritis (1), or other infectious diseases (2).

Rate of Success

The rate of success was 88%. Within the randomly selected sample only seven failure cases were identified. Children were residents of a placement center, three were institutionalized for one year, four were there for two years, and one child for more than two years. Two of the cases were in Tirgu Mures, and five were in Constanta.

It is encouraging to see that in spite of serious disabilities, health, and psychological challenges that these children bring to their families, it is possible to keep them with families. More services and continuing support would be needed to ensure optimal development and well-being of the children and families who, thanks to initial intervention and help, have a chance to continue living as an intact family.



A shy boy in an orphanage.

The following data came from the analysis of four case studies and analysis of parents' interviews. The analysis seeks to identify factors that might be related to success/failure.

The main factors for successful family reintegration seemed to be collaboration with parents and with the extended family. Frequency of visits (the visits of the parents in the institution or foster family, prior to reintegration) and continuous contact with Holt during the whole period of separation of the child from family were good indicators of success. Counselling and material support constituted a necessary basis for maintaining collaboration of the family.

The major factors predicting failure identified in interviews seem to pertain to the lack of collaboration of parents and the lack of participation of the extended family in solving the problem. The social workers perceived low level of parents' motivation to solve the problems. Failure to implement the intervention plan commonly agreed to also emerged as a common denominator of the unsuccessful cases. We believe that the above conclusions are solid generalizations, but more qualitative studies would be needed to prove these conclusions.

SUMMARY

The main reason for initial children institutionalization was, from the parents' selfreporting, lack of resources. Another important reason parents indicated was the poor health of the child. Many children did spend extended periods of time in hospitals. Their stay, however, may have been longer than necessary for the treatment of the health problem for which the children had been admitted to hospitals.

Children reintegrated into the family from institutions were typically younger than 6. Holt services do illustrate that it was also possible to reintegrate older children (12%, N=3 were 7-12; 12%, N=3 were 13-17 years) and those who spent years institutionalized.

The data show that families usually had a low level of education and low standard of living. Along with that, serious health problems of the parents may have added to the set of risk factors leading to child abandonment and institutionalization. About a third of the interviewed mothers and more than 10% of fathers in this sample reported serious health problems.

The children served within this program do seem to score low on the developmental scales and test of intelligence that was used. While we can't draw any direct links, the finding would be predicted on the basis of the findings of other more rigorous studies. Many of the children in this group have different disabilities, including mental retardation and developmental delays probably worsened by the previous institutionalization. The level of social development of reintegrated children was found poor, for those from institutions significantly lower than the average sample.

It may be important to note that children who spent their time in foster care instead of institutions did not show the same amount of delays. Their average was at the same level as the overall average of children served by Holt. This might suggest that foster care did prevent the deterioration of development that is commonly found within the population of children living in institutions.

The health status of many reintegrated children remained poor. Some of them had to be hospitalized during the last year and most of them continued facing health challenges. Due to serious health and developmental challenges that many children and families being served by this program face, more and long-term/continuing services are needed in order to provide appropriate conditions for child development within families who did accept their children back from institutions or foster care. To obtain a more accurate picture of children's reintegrated from institutions and foster care, however, would require additional study.

Family Reintegration Success—Iasi

Case History

ND is 32 and works as a caretaker. She does not own a home and is hosted by an old lady in exchange for care. She has three children: two from a first marriage and one from a short-term relationship. In 1997 ND's husband died because of a road accident. Her parents died also and she had to take care of three siblings along with her first child Nicoleta, age 7. As she had to leave home and had no income ND decided to put her three siblings and her first born, Nicoleta, in a placement center in Cozmesti, Iasi county.

While Nicoleta was in the placement center, her mother kept in touch with her and took care of her, visiting her very often and taking her home on vacations. During the past three years ND tried to take back the girl in the family as she considered her situation improved and was able to take care of all her three children. She thought that the placement center didn't offer her child a suitable environment for her development and feared that she would pick up "bad habits" from the system ("The older children were giving her various punishments, and I was afraid that my intervention would only make things worse.") She also was preoccupied with her girl's school situation as she was going to a village school, which was not a competitive environment for Nicoleta.

ND made many formal requests to the DPC but her efforts to bring the child in the family were not successful as DPC considered that she "didn't meet the conditions."

Holt Intervention

At the beginning of 2001, ND heard of Holt from a friend and decided to ask for help in order to take her girl back home. She asked to receive assistance in order to persuade the DPC that she was able to look after her child. After an initial evaluation of the family situation she was included in the Holt program. She received counseling and six months of material assistance that she thinks was "an unexpected help." The total amount of material support from March to July 2001 in writing materials, clothes, food, and hygiene products was 2,383,613 lei (\$82). The child's situation was medically and legally evaluated and also prepared for reintegration within the family. After two months ND was able to bring her child home.

The mother is now determined to take care of all three children in her home.

A volunteer was involved who helped the girl adapt to her new school. The case was followed up for a year and a half and close communication maintained with the mother and child. Nicoleta is now getting along very well with her brothers and mother and doing very well in school.

Conclusions

The conclusion was successful despite the fact that the child was 15 (usually successful reintegration is accomplished for smaller children) and that the case had a history of many unsuccessful attempts to take the child back.

FOSTER CARE SERVICES

Details of program and impact on Holt clients:

"Impact of foster care upon children was positive. The data show an important progress in children's health. Most health problems the children had upon entering foster care were resolved within a few months. The cognitive and social development of the children in foster care was within parameters of normal population. This group of children had significantly better results in social development than the average reflecting all children served by Holt."

DESCRIPTION OF HOLT SERVICES

Holt developed three types of foster care programs in Romania: short-term foster care (STFC), long-term foster care (LTFC), and specialized HIV/AIDS foster care (HIV FC).

- STFC program is a program designed for young children. This program offers children the chance to live in a family temporarily until they return to their biological family or are adopted (when possible).
- LTFC is a program developed in Tîrgu Mureş for sibling groups of abandoned children who do not have any chance to either be adopted or be reintegrated into their biological family. It was the last program to be developed.
- HIV FC is a program designed for HIV-positive children who are abandoned; it is a long-term family-based living arrangement for these children.

Program Services

- *Recruiting the foster families:* Awareness campaign about abandoned children, campaign for promoting foster care, letters to the priests and social workers from communities, posters in strategic places (in public

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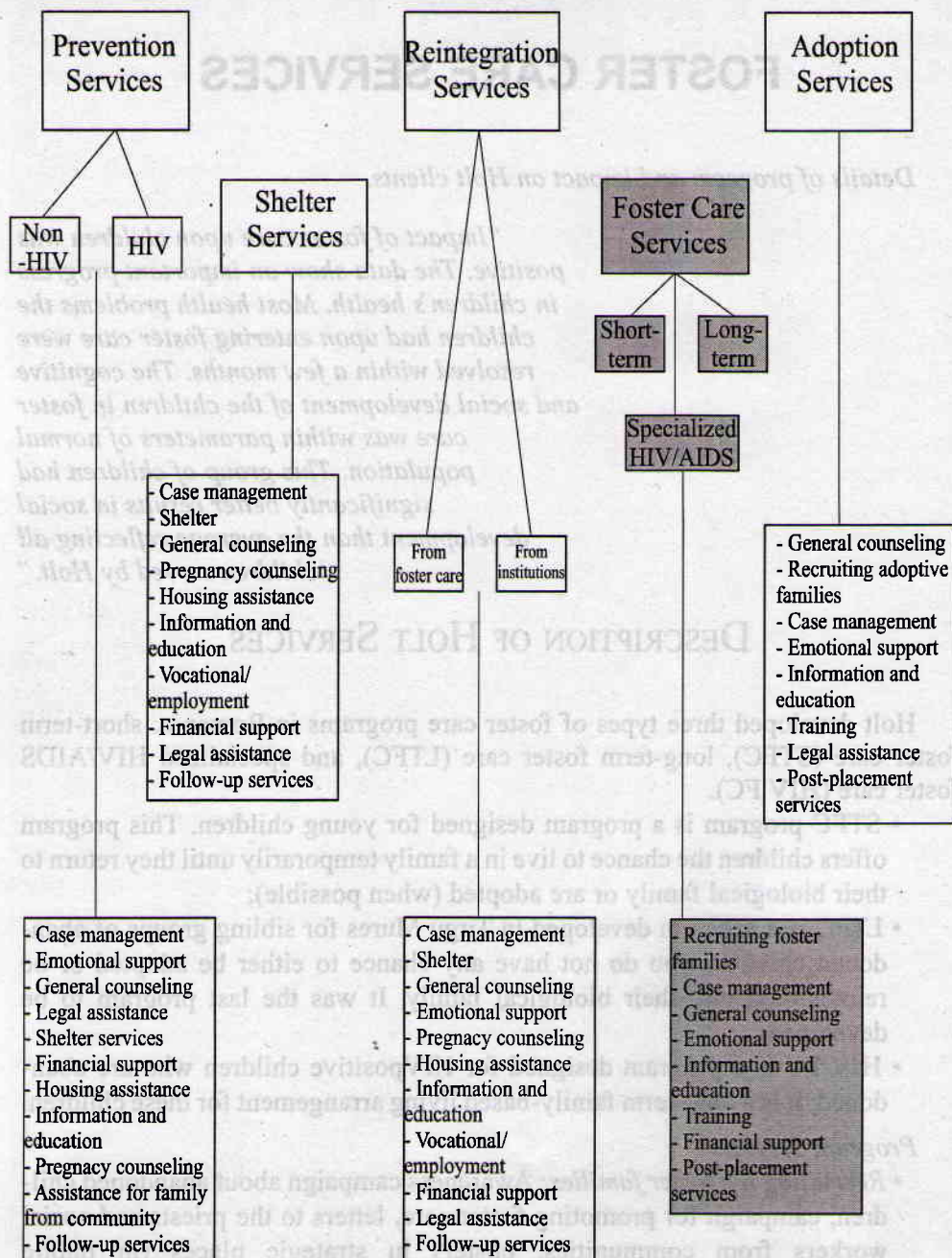
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Program Services

- *Recruiting the foster families:* Awareness campaign about abandoned children, campaign for promoting foster care, letters to the priests and social workers from communities, posters in strategic places (in public places).

Chart 1. Overview of Services

Services Provided by Holt in Romania 1997 – 2002



articles in newspapers, interviews to radio and TV, and meetings with the staff from placement centers, etc.;

- *Case management:* The social worker conducts the initial assessment of the foster family, trains the foster family, assists the foster family in getting the certification from the Commission of Child Protection, prepares the family for receiving the child in placement, informs the foster family regarding the temporary nature of foster care, identifies and evaluates the child entering foster care, identifies and organizes the preparation for placement period, assists the maternal assistants in the Commission for Child Protection to obtain the placement decision of the child, recognizes the placement of the child in the foster family, provides equipment for the child, monitors and continuously assists the placement, support for the foster families when having problems with the children (medical, school, social, behavioral), refers the children to the specialized community services, writes periodical evaluation reports of the child and foster family and gives them to the DPCs, and prepares for the child's placement in the biological family or the adoptive family;

- *General counseling:* Holt offers counseling to the person who wants to become a foster parent and to the rest of the family members. The social worker offers her support on identifying the abilities of the foster families to care for the children. The social workers offer their support in identifying the family characteristics and in doing the matching of the family with the children, in preparing the family to receive children in placement, and in preparing the foster family for the contract with the biological family (reintegration from foster care) or with the adoptive family (adoption). They support the family when they have problems with their children, and they support the foster family when confronting internal problems.

- *Emotional support:* Relaying care, concern, and understanding of the client's difficulty. The social worker empathizes with the clients, helping them feel less alone in their struggle. They provide an atmosphere where the client feels he/she is not judged (can talk freely about feeling and concerns);

- *Information and education:* The foster families receive information on children's rights and their responsibility, the history of the child and the child's legal status, permanency planning of the child, the child's placement and displacement into/from foster care, and the evaluation/re-evaluation of the status of the child;

- *Training:* Training courses have been organized in collaboration with the DPCs on different programs. The foster families receive practical and theoretical training. The practical training was on the following

subjects: child development, communication, foster family relationships (with the agency, local authorities, the child, biological family, adoptive family), legislation on child protection, supervision and monitoring, parenting education program, etc. The practical training consisted of visits with Holt maternal assistants and discussions with the families and children, etc.;

- *Financial support:* Holt employed the foster families for many years, but starting with the year 2002 this responsibility was transferred to the DPCs. Holt supports their salaries and gives supplementary support for the children such as equipment, (bed, stroller, clothes, etc.), and other expenses such as medical tests, treatment uncovered by medical insurance, and special kindergartens;
- *Post-placement services:* The foster family receives case management and visitation on regular basis to monitor the child's care and assist with any family or child need that may arise.

Short-Term Foster Care

Needs

- A child is not cared for over a certain period of time because his birth family is confronting major social/economic problems;
- A child is abandoned in an institution and being deprived of a family's warmth.

Program Purpose

Holt proposes to prevent abandonment and avoid institutionalization by providing children a foster care family until a permanent family is found or they are reintegrated into birth families.

Program Objectives

- Recruiting, assessing, and training of foster care families;
- Establishing a professional maternal assistants network;
- Supervising a child's placement in the foster care family and monitoring his development during this period;
- Setting up a future permanent plan for each child in the foster care family system.

Program History

STFC program was started in 1993 as a result of the large number of institutionalized children and the need of every child to have his own family. It was established, developed, and implemented as an alternative to institutionalization for children.

Long-Term Foster Care

Needs

- A sister and brother are abandoned at birth in an institution. Now they are 10 and 11 years old, and nobody visits them. They are too old to be adopted and will remain in the institution until they are 18 years old;
- Three brothers are placed in the institution after their parents die. They have now reached adolescence. They do not have the chance to be together and have their own family.

Goals of the Program

Holt's goal is to offer the chance of having a family and a home to institutionalized sibling groups and older children (over 10-12 years old) who cannot go back to their biological families.

Program's Objectives

- Recruitment, evaluation, and foster care family training;
- Recruitment and evaluation of eligible children;
- Creation of a network system of professional foster care parents specializing in long-term care;
- Supervision of the placement of the children in a long-term foster care family and follow up on their evolution during the placement;
- Creation of a stable family environment, in which every child can develop normally;
- Access to education for every child in the state school system;
- Preparation of the child for life and social integration;
- Development of a permanency plan for each child from the system and helping them become independent after they reach 18 years of age and finish their studies.

Program Services

The program supports the community reintegration of the children in school; gives supplementary support to prepare homework, organize outings, trips, and picnics; gives support for educational and professional orientation, psychological intervention and counseling of the child; deals with behavioral problems that have appeared as a result of a long period of institutionalization; and finds the parents and relatives to re-establish their relationships.

Program History

The program started in Mures County in 1999 as a result of a large number of schoolage children and their need to have a family. This is a project of

collaboration between Holt, Lift Foundation, and the Mures County Direction of Child Protection.

The implementation of this project was made possible by foster families willing to take care of institutionalized sibling groups.

HIV Foster Care

Needs

- An infant is abandoned in a maternity hospital and is subsequently found to be HIV-positive;
- The family cannot care for an HIV-positive child;
- A young mother finds out at her child's birth that both she and her baby are HIV-positive;
- A school-aged HIV-positive child is denied the right of education.

Program Purpose

Through this program, Holt proposes to contribute to the normalization of living standards of HIV-positive children and their families, while maintaining the child within the family, community, and school.

Program Objectives

- Prevention of abandonment of HIV-positive children;
- Reintegration within the natural family of HIV-positive child;
- Providing an alternative to HIV-positive child's institutionalization;
- Improving the crisis situations that occur in the HIV-positive child's family;
- Social reintegration for children and families impacted by HIV/AIDS;
- School reintegration for HIV-positive children.

Specific Program Services

Counseling of the child and his/her family "pre" and "post" HIV testing and in the crisis periods as well, information and education regarding this disease and needed therapy, information regarding the legal rights of HIV-positive persons, assistance in order to get their legal rights, and connection to the community and institutional resources.

Program History

HIV FC began in 1996 and tries to prevent HIV-positive children's abandonment and promote their reintegration within biological families when they already have been institutionalized.

FINDINGS

The evaluation of this program included a sample of 31 foster care parents from three sites: Iasi, Tirgu Mures, and Constanta. Twenty-two parents reported on 23 children in short-term foster care and nine parents provided information on 19 children in placement for long-term foster care.

Profile of Children in Foster Care

Most of the children in foster care were females, (66.7%, N=28), and 33.3% (N=14) were males. Table 1 shows the gender of children by type of service.

Table 1. Gender of Child by Service¹

	Short-Term Foster Care	Long-Term Foster Care	Total
Male	9 39.1%	5 26.3%	14 33.3%
Female	14 60.9%	14 73.7%	28 66.7%
Total	23 100.0%	19 100.0%	42 100.0%

Most of the children in foster care (40.5%, N=17) were 1–3 years old. Holt uses short-term foster care as a temporary solution until a permanency plan for the child is prepared. About 65.2% (N=15) of them were up to 3 years old. The average age of a child in short-term foster care was 3.43 years.

Holt created the long-term foster care program for older children, usually older and/or siblings who were less likely to be adopted. About 90% (N=17) of the children in long-term foster care were older than 10 at the time of the interview (12.11 was average age). The following table presents the distribution of children's age at the date of the interview, in years, by type of service.

Table 2. Age of Children in Foster Care at Date of Interview by Type of Service

Age (years)	Short-Term Foster Care	Long-Term Foster Care	Total
1-3	15 65.2%	2 10.5%	17 40.5%
4-6	4 17.4%		4 9.5%
7-9	3 13.0%		3 7.1%
10-12	1 4.3%	7 36.8%	8 19.0%
13-15		7 36.8%	7 16.7%
Over 16		3 15.8%	3 7.1%
Total	23 100.0%	19 100.0%	42 100.0%
Mean	3.43	12.11	7.36

The majority of children (78.6%, N=33) lived in urban areas. Only 21.4% (N=9) were now part of foster families living in rural areas (see Table 3). Foster care parents for small children were recruited purposefully from urban areas, as they needed fast access to medical services and services for children with special needs. It was also easier to provide necessary support and services from Holt's office. In some of the sites (e.g. Iasi), DPC requested that foster parents for small children be from Iasi. Due to the novelty of the program, DPCs were anxious to remain in close contact with those families and have relatively easy access to supervision.

Table 3. Place of Residence by Type of Service

	STFC	LTFC	Total
Urban	19 82.6%	14 73.7%	33 78.6%
Rural	4 17.4%	5 26.3%	9 21.4%
Total	23 100.0%	19 100.0%	42 100.0%

Holt set high standards for selecting and training of the families for each type of foster care program. In Iasi, the ratio between those who applied and those selected was 17:1.

Profile of Foster Families

The average age of a foster care parent was 43.58 years. Most of these parents (48.4%, N=15) were between 36 and 45 years old. The age distribution of foster parents is listed in the following table.

Table 4. Age of Foster Parent

Age	Frequency	Percent
25-30	1	3.2
31-35	5	16.1
36-40	6	19.4
41-45	9	29.0
46-50	5	16.1
51-55	1	3.2
56-60	1	3.2
Over 61	3	9.7
Total	31	100.0
Mean	43.58	

All foster parents were experienced parents, having had children of their own. 32.3% (N=10) of them had one child, 54.8% (N=17) had had two children, 6.5% (N=2) had had three children, and 6.2% (N=2) had had four children. They also received initial training and continuing support from Holt.

Most short-term foster care families (14) had one child in their care. Seven foster care families had two children (siblings) in their care, and one foster family had three children (siblings) in their home.

Among the nine families having children in long-term foster care, there were only two with one child. Four families had two children who are siblings, and three families had three siblings.

Long-term foster families usually took care of older children, most often siblings, because the likelihood of adoption for these children was small. In this situation, longterm foster care seemed to be the most appropriate solution as it provided a family environment rather than institutionalization.

Short-term foster care households had the following composition:

- Six were single parent families, three with one child and three with two children;
- Ten were nuclear families: one had only one child, four had two children, two had three children, and three had four children (including their own children);
- In six cases the foster care family was an extended one including grandparents: three had one child in care, two had two children, and one had five children (including their own).

Long-term foster care were households composed of:

- Four nuclear families, one having one child, two having two children, and one having four children;
- Five extended families including grandparents: two having two children, two having three children, and one having four children (including their own).

The average household income in this group was 6,232,258 lei/month (\$189.42/month) and the per capita income was 1,314,541 lei/month (\$40/month). This income was significantly higher than the poverty level in Romania at the given time. Then the average salary in Romania was 3,500,000 lei/month (\$106.30/month), and state guaranteed minimum per capita income was 600,000 lei/month (\$18.20/month).

Most adoptive parents had some type of secondary education or vocational training (52%). Ten percent finished their schooling after graduating from the 10th grade. An additional 10% had college degrees or postsecondary training. Relatively solid education was certainly one of the factors contributing to a better-than-average socioeconomic status of these families.

Table 5. Foster Parents' Level of Education

	Mother		Father		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
No education			1	3.2	1	2
Primary school	2	6.5			2	4
Middle school	5	16.1	1	3.2	6	10
Vocational school	5	16.1	13	41.9	18	29
Some high school	5	16.1	1	3.2	6	10
High school	10	32.3	4	12.9	14	23
Post h.s. training	2	6.5	3	9.7	5	8
College			1	3.2	1	2
NR	2	6.5	7	22.6	9	15
Total	31	100.0	31	100.0	62	100
Mean	3.43	12.11	7.36			

The majority of foster parents (77.4%, N=24) were Romanians, 19.4% (N=6) were Hungarians, and one reported another ethnic affiliation. The majority of foster parents (80.6%, N=25) were Christian Orthodox, while 19.4% (N=6) were affiliated with other religious groups.

Children's Life Before Foster Care

According to foster parents (later confirmed by checking Holt files), most children in short-term foster care came from families with parents either married or in cohabitation (47.8%, N=11). Only two children came from single mothers (8.7%), three from disorganized families (13%), and one in which the child's parents died. In six cases (26.1%) the family situation of the child was unknown.

The children placed in long-term foster care more often needed these services due to having their mother (N=7, 36.8%) or both parents (N=6, 31.6%) deceased. Only one child came from a single mother and two were abandoned. In three cases, the family situation of the children was not known.

It might be interesting to note that, contrary to popular belief, the risk of abandonment was not higher with single parent families. Most abandoned children in this sample come from families where both father and mother live together.

About 26.1% (N=6) of children now in short-term foster care were taken directly from their biological families. Two children (8.7%) were placed to foster care from a placement center (orphanage), and seven (30.4%) were placed from

the hospital. Five children (21.7%) were placed from another foster family, usually due to slow or no progress in development in the previous foster family.

Almost all children (94.7%; N=18) who were in long-term foster care were taken from an orphanage and one (5.3%) came from another foster family.

Table 6. Biological Parents of Children Placed in Foster Care

	Short-Term Foster Care	Long-Term Foster Care	Total
Single mother	2 8.7%	1 5.3%	3 7.1%
Married/in cohabitation	11 47.8%		11 26.2%
Divorced/separated	3 13.0%		3 7.1%
Deceased mother	1 4.3%	7 36.8%	8 19.0%
Orphan of both parents		6 31.6%	6 14.3%
Abandoned child		2 10.5%	2 4.8%
NA	6 26.1%	3 15.8%	9 21.4%
Total	23 100.0%	19 100.0%	42 100.0%

Family Life

For the children who are part of families with more than one child, parents report that the children got along very well with the other children in the family (94.1%, N=22). Only in two cases (5.9%) did the foster parents give a neutral response.

Foster parents talked to the children either very frequently (88.1%, N=37) or frequently (11.9%, N=5). In almost all cases (95.2%, N=40), parents spent more than eight hours a day with them, and in 4.8% (N=2) of cases parents spent five to seven hours a day with them. This may be an important source of stimuli for development that is so difficult to provide for children living in institutions.

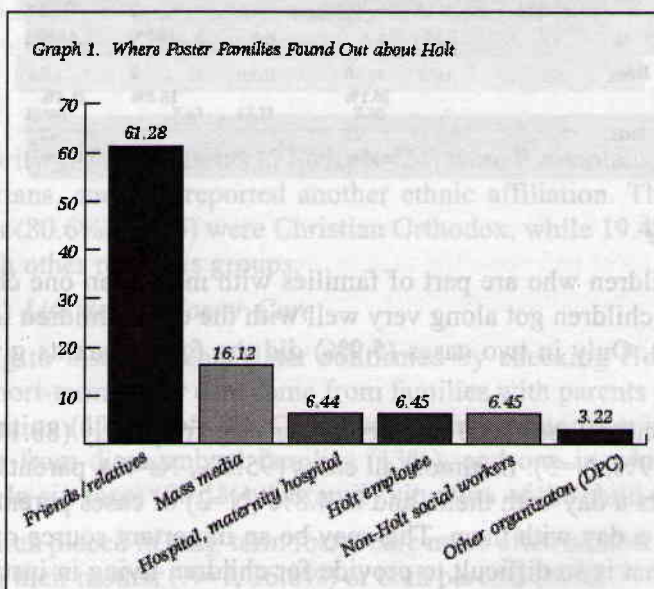
The children were involved in a lot of activities together with their parents. Those activities are summarized in the table below. Household activities, shopping and walking are mentioned most frequently.

Table 7. Family Activities Done Together²

Shopping	34
Activities in the household	36
Playing together	25
Walking	23
Going to shows	2
Other activities	
Singing, dancing	1
Doing homework	1

Holt Services

Friends and relatives were most foster families' main source of information about Holt's foster care program. The second most important source was mass media. Graph 1 shows all main sources of information about Holt reported by foster care parents. It may also suggest the areas suitable for targeted development in continuing family recruitment.



It may be seen as encouraging that most foster care parents (64.5%, N=20) reported they became foster parents so that they could help the children in need. An additional 10% (N=3) reported that they had had a specific desire to become foster care parents. Another 22.6% (N=7) became foster parents in order to have a job and stable income, and 3.2% (N=1) went to Holt for other reasons.

When asked what type of services Holt provided to them, foster care parents, similarly to other groups of clients, acknowledged as "service" material help in the first place. The job opportunity itself comes as second. Training and continuing

FOSTER CARE SERVICES

counseling seems to be rarely recognized as a service that Holt provided. The following table presents foster parents' reports on Holt services.

The average length of time the children in foster care and foster care parents received Holt services was 30.5 months for short-term foster care (more than one child stayed with the foster family during that time) care and 23.11 months for long-term foster care. Long-term foster care is a newer service, and therefore the length of time is relatively shorter. The services will continue, however, until the children reach maturity.

Almost half (41.9%, N=13) of the foster parents interviewed already had several children in their care (see Table 8 and Table 9).

Table 8. Services³ Provided by Holt

	Frequency
Material support	28
Foster care job	20
Training	4
Counseling	1

Table 9. Number of Children Foster Parents Have Had in their Care During their Collaboration with Holt

	Frequency	Percent
1	1	3.2
2	4	12.9
4	1	3.2
5	2	6.5
6	2	6.5
11	2	6.5
30	1	3.2
Didn't have children	18	58.1
Total	31	100.0

All parents who had children in foster care more than once considered parting from the child either very difficult (76.9%, N=10 parents) or difficult (23.1%, N=3 parents). This might be an area suitable for further improvement of the program. Helping foster parents deal with emotions during the transitions may be a crucial service for preserving foster parents' emotional well-being and keeping them willing to opening up and bonding well with other children who come to their homes to be served.

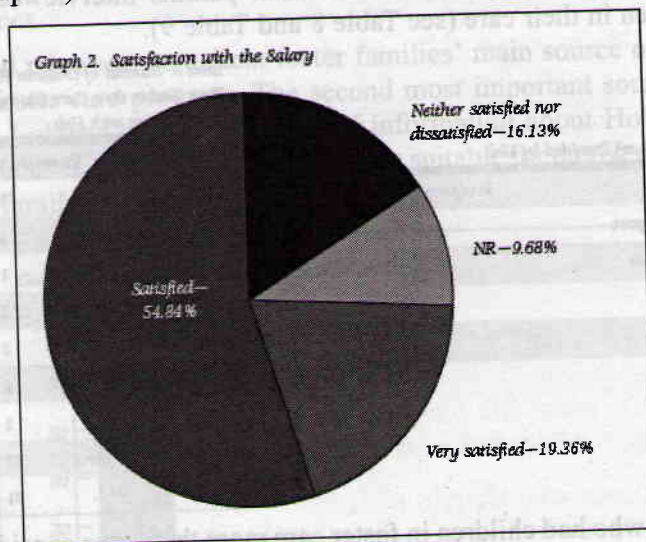
Holt did provide support for the foster parents. The majority of foster parents (71%, N=22) took part in support groups. While they were not specific about the benefits resulting from attending the group, the majority (N=19; 86%) felt it was good for them. One participant mentioned that the support groups were a way of getting advice on how to deal with the children. Two parents declined to answer this question. At the time of interview 16 parents (52%) continued attending the support groups.

Seven foster parents said they received counseling; one indicated training. Five viewed receiving another child in placement as a form of support (because it

secured continuing employment and income as well as filled in the gaps that may have been left due to "losing" the child they cared for before).

Holt's help was considered very important by the majority of parents (80.6%, N=25), as important by 6.5% (N=2), and 12.9% (N=4) didn't answer the question.

Satisfaction with Holt services was very high among foster parents. Seventy-one percent of parents felt very satisfied, and an additional 16% satisfied. Thirteen percent did not answer this question. The majority of foster parents (74.2%) also declared they were either very satisfied or satisfied with the salary they receive from Holt (Graph 2).



The majority interviewed (83.9%, N=26) considered serving as foster care parents in the future. Only in one case (3.2%) was it reported that they would give up this activity. Four (12.9%) did not answer. None of the foster parents ever thought of giving up their job as a foster parent. General satisfaction may also be reflected in that the majority of foster parents (87.1%, N=27) would ask Holt for help again and would agree to refer other people to Holt (90.3%, N=28).

Impact on Family Life

While most parents reported that relationships within their families remained the same, there were many parents who indicated that Holt's intervention and becoming foster parents had had a positive impact on their families. None of the foster care parents said that relations in the family changed in a negative way. Most importantly, change was produced in the relationships among the adults and children. See Table 10.

Table 10. Changes Produced in Family Relationships as a Result of Becoming Holistic Foster Parents

	Became Very Good	Better	Same	Worse	Worst	NR
Among adults	12.9% (N=4)	9.7% (N=3)	51.6% (N=16)			25.8% (N=8)
Among adults and children	19.4% (N=6)	16.1% (N=5)	45.2% (N=14)			19.3% (N=6)
Among children	16.1% (N=5)	9.7% (N=3)	45.2% (N=14)			29% (N=9)

Majority of foster parents (78.5%; N=33) perceived that the children had had a positive influence on their family life. Six believed the children did not influence their family in any significant way. Three interviewed parents did not answer this question.

Life after becoming a foster family was reported as either very good (67.7%, N=21) or good (19.4%, N=6). Only in one case was the answer neutral, and three parents did not answer the question.

IMPACT OF FOSTER CARE UPON THE CHILD

Child Development

Two children younger than 6 were tested for intellectual development with the Denver test, which allows classification into four groups: normal, abnormal, doubtful, and not testable. These two children both tested normal.

Ten children older than 6 years were tested for intellectual development with the Raven test. Developed by John C. Raven using Spearman's Theory of General Intelligence, the test is sometimes described as a measure of a person's capacity for coherent perception and orderly judgment. The Standard Progressive Matrices (SPM) was designed to measure a person's ability to form perceptual relations and to reason by analogy independent of language and formal schooling, and may be used with persons ranging in age from 6 to adult. While this measure of intelligence is far from being an optimal measure of all cognitive abilities known to date, it is considered a reasonable screening device in identifications of persons with low levels of cognitive abilities. The raw score is typically converted to a percentile rank by using the appropriate norms. The evaluations suggest that seven children were 10–40th percentiles, one at the 60th percentile, and two at the 70th percentile.

Social Development

A child's developmental status was estimated by using a social behavior scale. Parents answered questions regarding their child's attitudes, habits, and behaviors. Again, while we cannot make conclusions as to developmental progress we believe that the status of children – and differences between the statuses of children in different programs – offers useful insight for the managers planning interventions or further development of the social service programs.

The average level of social development of children in foster care (72.80) was significantly higher than the average of the whole sample (65.43; $t=3.97$, $p=0.00$). Children in short-term foster care obtained an average score of 69.89 on pro-social scale. While there is no significant difference between the children in short-term and long-term foster care (69.89 and 76.42 respectively) (Tamhane test, mean difference= 6.59, sign=0.92), the trend might suggest that one could see cumulative positive impact of foster care on children's social development (longer time in the foster family-type environment, higher scores for social development of children). In any case, the social development status of children placed in Holt foster care families was good and significantly better than in other groups of clients served by Holt.

Impact of Placement on Child

For the vast majority of children in foster care, parents considered that the impact of the placement was positive: For 92.8% ($N=39$) of the children, parents declared that the functioning of the child improved. Three interviewed parents (7.1%) did not answer.

School

Almost half of the children in foster care (45.2%, $N=19$) are enrolled in school or attend kindergarten (9.5%, $N=4$). Table 11 presents school enrollment by type of service. For the 19 children enrolled in school, 73.7% of the foster care parents ($N=14$) reported that children liked school very much, 15.8% ($N=3$) reported that children liked school to a certain degree, and 10.5% ($N=2$) reported that children didn't like school.

Table 11. School Enrollment by Type of Service

	Short-Term Foster Care	Long-Term Foster Care	Total
Kindergarten	2 .7%	2 10.5%	4 9.5%
School	2 8.7%	17 88.5%	19 45.2%
Don't attend	19 82.8%		19 45.2%
Total	23 100.0%	19 100.0%	42 100.0%

Also, 42.1% (N=8) of the parents reported their children ranked in the top five in the class, 47.4% (N=9) indicated that the children ranked in the average of the class, and 10.5% (N=2) indicated that the children ranked among the last five in the class.

About one third of foster parents (36.8%, N=7) of the children in school indicated that they were very satisfied with the children's results, 42.1% (N=8) were satisfied, 10.5% (N=2) were neither satisfied nor dissatisfied, and 4.8% (N=2) were not satisfied with the way children were doing in school.

The relationships in school with classmates and teachers were overall considered positive by the foster care parents: 94.7% (N=18) of the children were getting along very well/well with their classmates and all the children (100%, N=19) were getting along very well/well with their teachers.

Health Status

Most foster parents (95.2%, N=16) considered the health of the children as either very good or good during the month preceding the interview. One foster parent (2.4%) considered it satisfactory and one did not answer. The table below shows the evaluation of health status by service.

Table 12. Evaluation of Health Status by Service

	Very good	Good	Satisfactory	NA	Total
Short-term foster care	15 65.2%	7 30.4%		1 4.3%	23 100.0%
Long-term foster care	1 5.3%	17 89.5%	1 5.3%		19 100.0%
Total	16 38.1%	24 57.1%	1 2.4%	1 2.4%	42 100.0%

About 8.7% (N=2) of children in shortterm foster care suffered from blindness/sight deficiency, 4.3% (N=1) had a physical disability, and 17.4% (N=4) had retardation or mild mental handicap. None of those in long-term foster care had disabilities.

It is important to note that all foster care parents who cared for children with health problems (33.3%, N=14) reported that the children's health status improved. According to foster parent reports, the health problems had been resolved for the majority of children between the time of entering foster care and at the time of the study. The data in Table 13 show an important progress in children's health status. Few children (24%, N=6) spent time in a hospital last year either for minor surgery (N=3), allergy (N=1), food poisoning (N=1) or sinusitis (N=1).

SERVICES TO CHILDREN AND FAMILIES / DOCUMENTATION OF OUTCOMES

Table 13. Child's Health Status at Entering Foster Care and at Time of Interview

	STFC		LTFC	
	Placement	Now	Placement	Now
Delayed fine motor abilities (has no precision in movement)	17.4% (4)	4.3% (1)	15.8% (3)	
Delayed motor abilities (has difficulties in movement)	17.4% (4)	4.3% (1)	10.5% (2)	
Delayed speech abilities (cannot speak well)	43.5% (10)*	26.1% (6)	5.3% (1)	5.3% (1)
Delayed social abilities (cannot relate to other people)	17.4% (4)		31.6% (6)	
Learning difficulties (cannot learn)	8.7% (2)	8.7% (2)		
Incontinent during the day	8.7% (2)		21% (4)	
Hits himself	4.3% (1)	4.3% (1)	5.3% (1)	
Rocks himself	13% (3)		36.8% (7)	
Is always scared and is afraid	26.1% (6)	4.3% (1)	57.9% (11)	
Cannot be consoled when angry	4.3% (1)		5.3% (1)	
Hypersensitivity when touched, movement, places, or sounds	8.7% (2)		10.5% (2)	
Does not respond to the normal level of stimulation or pain	8.7% (2)		5.3% (1)	
The activity level is too high for age	4.3% (1)			5.3% (1)
The activity level is too low for age	21.7% (5)		5.3% (1)	

Rate of Success

Success rate within the randomly selected sample was 100%. There were no failure cases within foster care services found. In order to better show both factors related to success and the issues that may need improvement, an additional case that was not part of the research sample was found to illustrate a failure case.

Success was related to good collaboration of the organization with the foster parent, the county DPC, and all local authorities. A second factor often related to success was the experience of the social worker. The degree and range of experience in child care was found important, particularly with the cases of HIV-infected children.

Failure correlated with reported changes in children's attitude or behavior after the placement. The behavior challenges that the child placed with the foster family posed were not handled well and led to the disruption of placement. Also, health conditions, disabilities, or handicaps seemed to impede on the quality of the placement. Additional case studies and more deep investigation would be useful in determining the causes of failure in specific cases and to allow planning of improvements of foster care services that, in general, do seem to work very well.

FOSTER CARE FOR HIV-POSITIVE CHILDREN

Holt was the first organization that succeeded in placing an HIV-infected child in foster care in Romania. During the last few years, Holt has placed 11 such children in foster care. The following data reflect a sample of seven foster care parents who provided information on eight children.

Four of the foster parents got involved in the program to help children, one parent because of his love for children, and one for the job itself, while one parent didn't answer.

Six families took care of one child, and one had two children. Four of the children were taken to foster care from a placement center and the other four from a hospital.

Seven children knew about their illness; one did not know yet. Four of those who were aware of their illness were informed by a professional (psychologist, social worker or physician), and one by the biological parents. In other foster care cases there were other sources of information or parents did not know how the child learned about being HIV-infected. Children's emotional responses to learning about the disease varied, and some did not understand HIV's significance.

Four foster families indicated that everybody in their family knew about the children's health situation. An additional two families reported that the extended family members and relatives knew the children's health status. In three cases the teachers knew about their pupils' illness. In two cases the whole school knew about it. In one case only the school principal knew. People in school reacted caringly when they learned about the HIV infection. In the community, neighbors knew about the illness in the case of three children, everybody knew in one case, and for another child a local NGO knew about the HIV infection. Also, people in the community reacted compassionately when they learned about the infection.

Impact Upon the Child

For all eight children, parents declared that the placement had had a positive impact upon children and their status had improved as a result of the placement.

Family Life

All the families considered their life as foster care parents either very good (N=3) or good (N=4). In fact, families declared that receiving the child in their family had improved their lives either to a very large extent (N=5) or to a large extent (N=2). None of the parents ever thought of giving up this activity. They

didn't have any other children in placement before. They all thought of being foster care parents again in the future.

Holt Services

Six of the families who take care of HIV-positive children declared themselves satisfied with the salary received, while only one was neutral. Only one family took part in support groups but had good results and remained in touch with the group.

SUMMARY

The profile of children in foster care varied according to the specific service. Short-term foster care included small children as a temporary solution until a permanency plan was achieved. Long-term foster care comprised older children, usually brothers whose chances for being adopted were small. The children entered foster care from institutions.

The impact of foster care upon children was positive. The data show an important progress in children's health. Most health problems the children had upon entering foster care were resolved within a few months. The cognitive and social development of the children in foster care was within parameters of normal population. This group of children had significantly better results in social development than the average reflecting all children served by Holt.

The foster parents considered the impact of the placement on the children being positive. Those interviewed reported that becoming foster parents had had a positive impact on their families. Life after becoming a foster family was considered by the majority of parents as either very good or good.

General satisfaction and quality of Holt services were both evaluated positively. The vast majority of parents considered Holt's help very important. Positive results were found also for HIV-infected children placed in long-term foster care.

Long-Term Foster Care Success—Tirgu Mures

Case History

Sisters J. and C. are the youngest children of the P. family. Both of their parents died in 1994, and afterwards their brothers asked for the local authorities' support in order to place the two younger sisters, then age 4 and 11, into foster care. Instead the girls were institutionalized in February 1995, and no family visited them. The social worker found two of the sisters' siblings before the girls were placed in foster care, but both had families of their own.

Holt Intervention

In 1999 the social worker obtained an agreement from an older brother to place the girls in long-term foster care.

Services Offered by Holt

1. Initial evaluations of foster family and the children
2. Preparing, monitoring foster family and children's placement
3. Facilitating the children's school enrollment and private lessons
4. Medical and psychological evaluations for the children
5. Counseling the children and the foster family
6. Mediating conflicts between the sisters and the foster parents
7. Organizing parties and vacations
8. Organizing quarterly meetings with other children from LTFC
9. Family planning training for the girls

Conclusions

The sisters, who are now 17 and 14, adapted well in the foster family. School deficiencies were made up with the help of private lessons.

birth;

- A family has no resources to raise the child and abandons her/him in an institution;
- Rejected by her family and society, a single mother rejects her own child;
- A family desires to give a chance to an abandoned child by providing their love.

Program Purpose

Through this program, Holt proposes to provide a permanent family to abandoned children who cannot return to their birth family.

Program Objectives

- Encourage and support domestic adoption as a way of protecting the abandoned child;

DOMESTIC ADOPTION SERVICES

Details of program and impact on Holt clients.

"The adoption had a positive impact on both the child and family. Improvements were reported in all areas including child's development (cognitive and social) and health as well as the family's relationships. None of the parents ever thought of disrupting the adoption, and all the adoptive parents considered their life after adoption being either very good or good."

DESCRIPTION OF SERVICES

The domestic adoption program encourages and supports adoption as an alternative solution to institutionalization.

Needs

- A child has been abandoned in a maternity hospital shortly after his/her birth;
- A family has no resources to raise the child and abandons him/her in an institution;
- Rejected by her family and society, a single mother rejects her own child;
- A family desires to give a chance to an abandoned child by providing their love.

Program Purpose

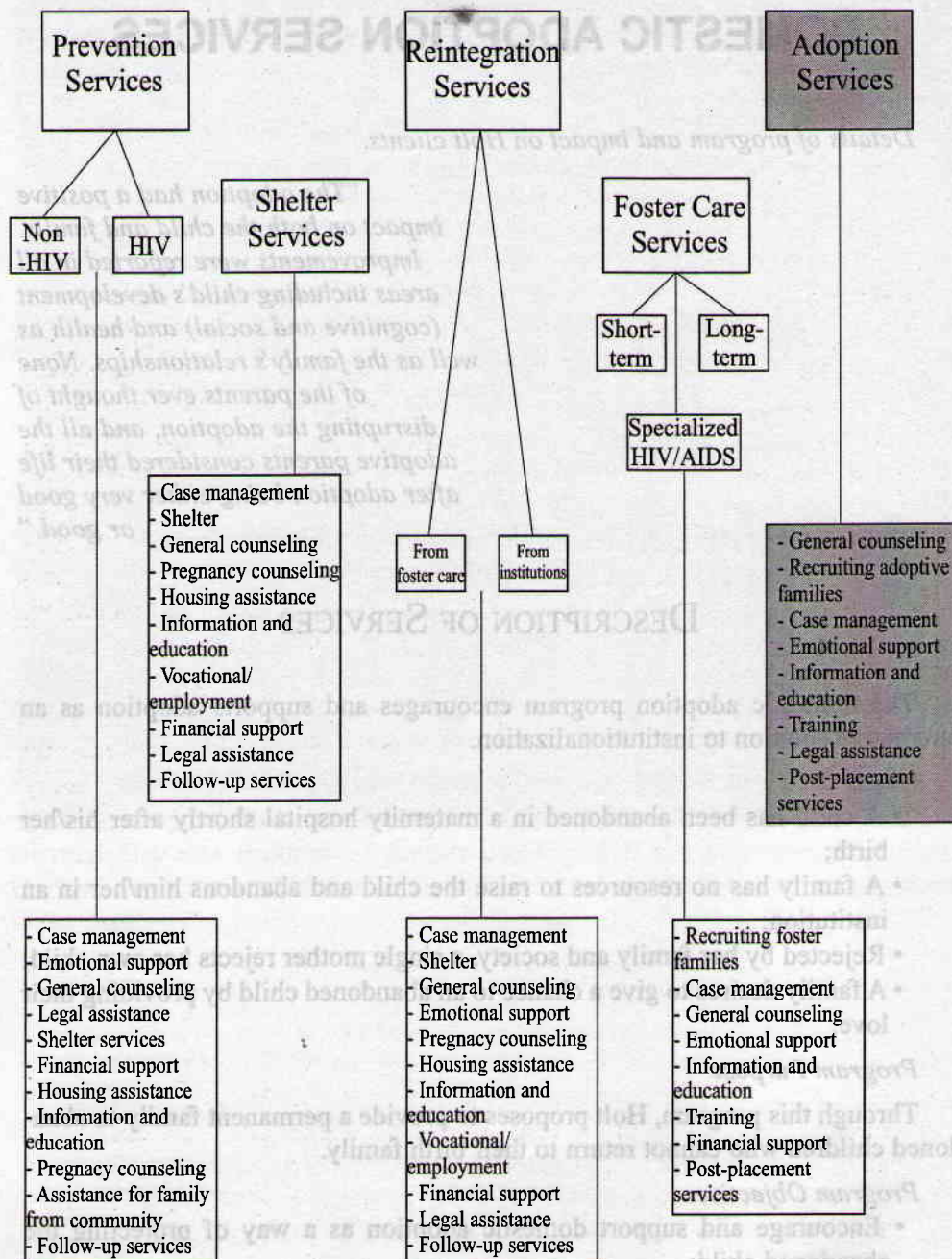
Through this program, Holt proposes to provide a permanent family to abandoned children who cannot return to their birth family.

Program Objectives

- Encourage and support domestic adoption as a way of protecting the abandoned child;

Chart 1. Overview of Services

Services Provided by Holt in Romania 1997 – 2002



- Recruit families who want to adopt a child;
- Assess the family considering the moral, health, and material criteria;
- Identify children eligible for adoption;
- Assist the family pursuing adoption;
- Post-placement follow-up—adoptive family support, child's adjustment within the family.

Program Services

- *General counseling:* a) Counseling with the adoptive family to prepare them for adoption and to identify the fears of the families regarding the adoption process and eliminate their prejudices regarding adoption (e.g. genetics, ethnic origins, religious background, medical problems of the child and the biological family, support for making the decision for adoption); b) Counseling with the extended family in order to build their support for the future adoptive family; the extended family members help the future adoptive family during the entire process and during the placement of the child with his adoptive family, eliminating the prejudices of the extended family regarding adoption; c) Counseling with the child in order to prepare the child for adoption, to meet his adoptive parents, and to help the child adapt in the new family situation;
- *Recruiting adoptive families:* Awareness campaign about abandoned children, campaign for promoting adoption, letters to priests and social workers from communities, posters in the strategic places (in public transportation, family planning offices, in hospitals, maternity wards and medical units), articles in newspapers, interviews to radio and TV, support groups for adoptive families, and community meetings, etc.;
- *Case management:* Initial assessment of the capacity/abilities of the family to adopt, training of adoptive families before adoption, informing the family about legal adoption procedures, discussions with the extended family regarding adoption, gathering information from the community, support in making the decision upon adoption, planning the steps in adoption process, assisting the adoptive families in getting the certification from the Commission of Child Protection, preparing the family to receive the child in placement, identifying and evaluating the child, reporting children eligible for adoption to the local DPC, informing the family regarding the status of child who shall be placed in adoptive family, identifying and organizing the preparation for placement, assisting the adoptive family in the Commission for Child Protection to obtain the placement decision of the child, monitoring and continuously assisting the placement, supporting the adoptive family when having problems with the children (medical, school, social, behavioral), post placement follow-up services, making periodical

evaluation reports of the child and give them to the DPCs, and assistance in court for legal process for adoption;

- *Emotional support:* Concern and understanding of the client's difficulties. The social worker empathizes with the clients, helping them feel less alone in their struggle, and helps the adoptive families in making a good decision. They provide an atmosphere where the adoptive families trust their honesty and confidentiality, etc.;
- *Information and education:* The adoptive families receive information on children's rights and their responsibility about the legislation and legal procedures in adoption, the history of the child, the child's legal status, permanency planning of the child, the child's placement and displacement into institutions or foster care, the evaluation/re-evaluation of the status of the child, the services offered, and how they can tell the child he/she is adopted;
- *Training:* Training courses organized in collaboration with the DPCs on different subjects, child development, child care, communication, adoptive family relationship with the agency and the local authorities, legislation on child protection, supervision and monitoring, etc., how the adoptive parents can tell the child who is adopted, and parenting education programs;
- *Legal assistance:* The adoptive family receives support preparing the files for Commission for Child Protection in order to obtain the certificate and legal approval for placement, assistance in court for legal process for adoption, help in sending the adoptive families' files to the CRA in order to obtain the decision of the CRA and clarifying the legal status of the child;
- *Post-placement services:* The adoptive family receives support from social workers after the child come into family, the social worker collaborates to improve their capacities/abilities to care for the child, organizes support groups with adoptive families and offers information to the families on how to tell the child he/she was adopted.

FINDINGS

The evaluation of this program included a sample of 50 adoptive parents from three sites: Constanta, Iasi, and Tirgu Mures. These families provided information on 50 adopted children.

Profile of Adopted Children

About half of the adopted children (56%, N=28) were females, and 44% (N=22) were males. Half of the children (50%) were younger than 6 months at the time of adoption. The following table presents the distribution of the child's age at placement, in months.

Table 1. Age at Placement (Months)

	Frequency	Percent
1-6	25	50
7-12	10	20
13-36	11	22
37-48	2	4
49 and above	2	4
Total	50	100

The vast majority of children (80%, N=40) were adopted by couples living in urban areas. Only 20% (N=10) of the children were adopted by families living in rural areas.

Profile of Adoptive Families

The majority of adoptive parents (46%, N=23) were younger than 35. An additional 38% were between 36 and 45 years old. Only a few families (16%, N=8) chose to adopt a child when they were over the age of 46 (see Table 2).

The majority of families (84%, N=42) who adopted children were nuclear families consisting of two adults and the adopted child. There were three families who adopted while having biological children (two having one and one couple three children of their own at the time of adoption). About one fifth of families (16%, N=8) lived with extended families, most often together with grandparents. A few of the adoptive families (8%, N=4) had made prior attempts to adopt and had another child in placement.

Table 2. Age of Respondent (Years)

	Frequency	Percent
26-30	5	10
31-35	18	36
36-40	10	20
41-45	9	18
46-50	7	14
51 and above	1	2
Total	50	100

Adoptive families had a relatively high standard of living.¹ The average income of the household was 8,131,632 lei/month (\$247.15/month) and the per capita income was 2,581,632 lei/month (\$78.46/month). The average salary in Romania at the given time was 3,500,000 lei/month (\$106.30/month).

The level of education among the adoptive families was relatively high. Most adoptive families (39%) had high school training, 14% had undergraduate degrees, 8% had post high school training, 10% had graduated from middle school (8 grades), 17% had graduated from vocational school, and 11% had graduated 10 grades. Table 3 presents parents' level of education separately for mothers and fathers.

Table 3. Parents' Level of Education

	Mother		Father		Total	
	N	%	N	%	N	%
Middle school (8 grades)	6	12	4	8.0	10	10
Vocational school	7	14	10	20.0	17	17
Attended high school (10 grades)	6	12	5	10.0	11	11
High school	20	40	19	38.0	39	39
Post high school training	3	6	5	10.0	8	8
College	8	16	6	12.0	14	14
NA	0	0	1	2.0	1	1
Total	50	100	50	100.0	50	100

Only 4% (N=2) of the adoptive parents had an ethnic affiliation other than Romanian. The vast majority (94%, N=47) identified as Christian Orthodox, and 6% (N=3) were affiliated with other religious groups.

Pre-Adoption History of Adopted Children

According to adoptive parents' recollection, 20% (N=10) of the adopted children came from single mothers, 74% (N=37) had both parents either married

or cohabitating, 2% (N=1) had divorced biological parents, and 2% (N=1) had biological parents in some other type of situation. In one case (2%; N=1) the adoptive parents didn't know the status of the child's biological parents.

Before adoption, 28% (N=14) of the children spent more than one month in the maternity hospital after birth. An additional 20% (N=10) of the children spent more than three months in hospital being abandoned there. Fourteen percent (N=7) spent more than one month in an orphanage: five of the children were in the orphanage for up to one year, one spent one and a half years, and one as many as three years in the orphanage. When parents evaluated the quality of the placement center, two adoptive parents considered the quality good, two perceived it negatively, one answer was neutral, and two did not respond to this question.

Many (36%, N=18) of the adopted children had been in foster care. Eighteen percent (N=9) spent less than six months in foster care, 14% (N=7) between six months and one year, and 4% (N=2) up to two years.

More than 80% (N=15) of the parents whose children were in foster care considered the quality of foster care good, 5.6% (N=10) evaluated it negatively, and two responses were neutral.

About one-third (36%, N=13) of the children were adopted directly from extended family or grandparents (most frequently) who were taking care of the children prior to adoption. Table 4 at right summarizes where children had been before adoption.

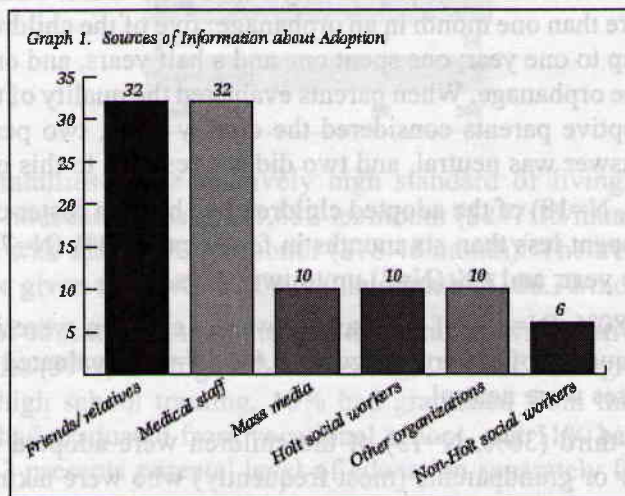
Table 4. Placement of the Child Prior to Adoption

	Frequency	Percent
Foster care	21	42.0
Maternity hospital	16	32.0
Orphanage	9	18.0
Biological family	2	4.0
TBC hospital	2	4.0
Total	50	100.0

Sources of Information About Adoption

The chart below shows that the main source of information about Holt's adoption services were "friends and relatives" or medical staff. About one third (32%, N=16) of the adoptive parents found out about Holt in an informal way, from parents who previously adopted children from Holt or knew adoptive families. Another 32% (N=16) were referred to Holt by medical staff working in hospitals, medical units, or maternity hospitals. The second most important source of information on Holt were Holt's social workers (10%, N=5) and the mass media (10%, N=5). Ten percent (N=5) of adoptive parents mentioned other

organizations that referred them to Holt (DPC, city hall, church, other NGO) and 6% (N=3) mentioned social workers from organizations other than Holt. The pattern of sources underlines importance of networking and informal relationships that the agency facilitating adoptions may benefit from. It also points to the areas where additional outreach could result in a growth of interest in adoption (for instance, mass media).



Adoption Process Facilitated by Holt

The main reason that guided people to Holt was interest in adopting a child (76%, N=37). Some couples (22%, N=11) were motivated by desire to help abandoned children. In one case the family was initially seeking counseling.

Before asking Holt for help, 12% of the adoptive parents had contacted other organizations in order to adopt a child. They ended their association with these organizations (NGOs or public social services) due to several reasons. Lack of cooperation and overwhelming amount of formalities required were mentioned as reasons for switching to Holt. In some cases prospective adoptive parents hoped to find a more suitable child after the other agency offered a child who did not meet their expectations regarding the child's health status.

As for services provided by Holt, agency clients reported being helped with the adoption process (mentioned by 43 of the adoptive parents). Training was indicated by two persons and help with the documents by one respondent.²

Typically, the prospective adoptive families would receive Holt's assistance 7–12 months (38% of the cases). The average was 9.7 months³ (see the next table for details). The shorter period of assistance was related to the cases that were referred to Holt by other organizations (DPCs). These organizations provided

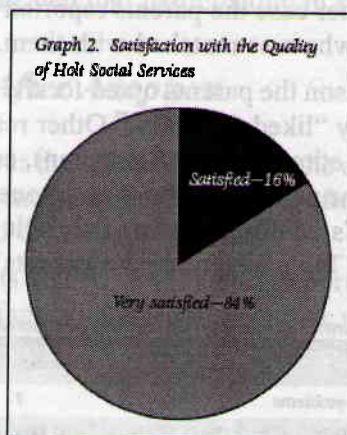
DOMESTIC ADOPTION SERVICES

follow-up services after the adoption had taken place. Holt's role was in preparing a match file for the Commission for Child Protection.

Table 5. The Length of Holt's Assistance

Time (Months)	Frequency	Percent
1-3	6	12
4-6	5	10
7-9	10	20
10-12	9	18
More than 12	3	6
NR	17	34
Total	50	100
Mean	9.73	

Holt's help was considered by the vast majority of adoptive parents (84%, N=42) as very important, and by 14% (N=7) of the parents as important. In one case the evaluation was neutral. The quality of services provided by Holt were positively evaluated by all adoptive parents: 84% (N=42) of them reported themselves as very satisfied and 16% (N=8) as satisfied. This data is presented in the following figure.



Ninety-four percent (N=47) of the adoptive parents said they would contact Holt for help again if needed, while 6% (N=3) didn't think of this aspect.

Most adoptive families (98%, N=49) would refer other people to Holt; one respondent declined to answer this question.

The data show that the adoption services provided by Holt were of a high quality. Families evaluated the services they received in a very positive way. Declining to answer questions related to services was very rare.

The average time the children spent in placement before finalization of the adoption was 9.26 months. Fourteen percent (N=7) of the adopted children were finalized in less than 3 months, 18% (N=9) were finalized in 4-6 months, 26%

(N=13) in 7–9 months, 14% (N=7) in 10–12 months, 8% (N=4) in 13–15 months, 6% (N=3) in 16 months, and 14% (N=7) didn't answer. The vast majority of adoptive parents (96%, N=48) considered the time child spent in placement before finalization as sufficient in order to make a decision about the adoption, and 4% (N=2) didn't answer.

During the placement, most (76%, N=38) of the adoptive parents maintained close contact with Holt; 22% (N=11) rarely contacted Holt and one family has never been in touch with the agency during that time.

The majority of parents (54%, N=27) decided to adopt the first child who had been introduced to them while 26% (N=13) needed to see two children before making the decision. Only 6% (N=3) decided after seeing more than two children. Seven respondents (14%) declined to answer this item.

Among the reasons for refusing the first child matched with the family were health problems (33.3%, N=5), prematurity (one case), child's ethnic origin (13.3%, N=2), information they received about the biological parents of the child (13.3%, N=2), and the gender of the child not corresponding with their preference (13.3%, N=2). In one case the biological parents withdrew from placing their child for adoption. In another case the parents reported not making an emotional connection with the child who was matched with them.

The most important reason the parents opted for the child whom they adopted was an emotional one: they "liked the child." Other reasons were an absence of health problems, desirable ethnic origin (Romanian), and gender of the matched child corresponding with the parent's preference. In one case the parents reported that after seeing the child's health problems they felt that they could help this child by adopting him/her. Table 6 summarizes parents' reasons for selecting the child they did.

Table 6. Adoptive Parents' Main Reasons for Accepting the Matched Child

	Frequency	Percent
Absence of health problems	7	14
Desirable ethnic origin	7	14
I liked the baby	25	50
Desire to have a child in the family	4	8
The child was very quiet	1	2
Gender of the child matching preference	3	6
Other reasons	2	4
No response	1	2
Total	50	100

The vast majority of adoptive parents (84%, N=42) considered the child evaluation done by Holt social workers accurate. Only 6% (N=3) of the parents

considered the evaluations either overestimating or underestimating the child's abilities. Ten per cent parents (N=5) did not answer this item.

Twenty-eight percent (N=14) of the parents indicated they experienced difficulties during the adoption process. There were multiple reasons for family frustration. The adoption process was considered as difficult, time consuming, and stressful. Parents mentioned dealing with the bureaucracy as a major difficulty. This included the change of the adoption law that caused delays in some cases. Parents thought there were too many documents to file and too many hearings in courts. Also mentioned by two parents was the fact that the adoption file was lost. Other parents indicated they could not find the biological parents of the child in order to obtain their consent, and one mentioned problems in their own family.

About one third of the parents (36%, n=18) attended support groups organized by Holt. Ten parents remained in contact with these groups after the adoption process ended. Adoptive parents reported that all the adoptive parents they met were satisfied with their children. Some parents also mentioned they got moral support and advice on how to deal with difficult situations from the group. In general, many parents indicated that participating in support groups was good.

Evaluation of Life After Adoption

None of the parents ever thought of disrupting the adoption. Almost all (98%, N=49) of the adoptive parents considered their life after adoption very good. The remaining couple reported their life was good.

Most adoptive parents (82%, N=41) also reported that the relationships between adults inside the family changed in a positive way after adoption. In only one case did the relationships get worse, and one respondent declined to answer the question.

Regarding the relationship and interaction between the parents and the adopted child, all parents indicated that they talked to their children either very frequently or frequently.

The vast majority of parents spent a lot of time with their children as Table 7 shows. Most spent all day with their children.

Also, the children are involved in many activities together with their parents. Parents usually took their children along while shopping, went for walks with them, or kept them close while working around the house.

Table 7. Time Spent by Adoptive Parents with their Children

	Frequency	Percent
All day (>8 hours)	31	62
5-7 hours	15	30
2-4 hours	3	6
1 hour	1	2
Total	50	100

Table 8. Activities Done Together in the Family

Shopping	45
Activities in the household	46
Playing together	48
Walking	47
Going to shows	13
Other activities	
Traveling	6
Reading, writing, homework	2
Helping in tailoring	1

Impact of Adoption Upon Child

Child Development

Cognitive abilities: Thirty-nine children less than six years old were tested for intellectual development with the Denver test, which allows classification into four groups: normal, abnormal, doubtful, and not testable. The vast majority of children (84.6%, N=33) fell into the category "normal," 12.8% (N=5) "doubtful," and one (2.6%) was not testable. None of the adopted children were classified "abnormal."

Eight children older than 6 were tested for intellectual development using the Raven test. Developed by John C. Raven using Spearman's Theory of General Intelligence, the test is sometimes described as a measure of a person's capacity for coherent perception and orderly judgment. The Standard Progressive Matrices (SPM) was designed to measure a person's ability to form perceptual relations and to reason by analogy independent of language and formal schooling, and may be used with persons ranging in age from 6 to adult. While this measure of intelligence is far from being an optimal measure of all cognitive abilities known to date, it is considered a reasonable screening device in identifications of persons with low levels of cognitive abilities. The raw score is typically converted to a percentile rank by using the appropriate norms. The data show that children are very well developed intellectually. Only one scored relatively low (30th

percentile), and the rest of the children scored between the 60th and 100th percentile of the scale.

Social Development

Evaluation of the social skills of children complemented information obtained from the Denver developmental scale and the Raven test. When tested for social development, adopted children obtained a score of 71.28 on pro-social scale, significantly higher than the average of the sample (65.43) ($t=3.79$, $p=0.00$). *Impact Upon Child From Parents' Reports* The majority of parents (92%, $n=46$) reported that the adoption had a positive impact on the child's development and that the child improved as a result of adoption. One family reported that the child remained the same, and three families declined to answer this question.

School

The majority of adopted children attended school (66%, $N=33$); this included school ($N=3$), kindergarten ($N=29$) or a daycare center ($N=1$). All three children who attended school were reported by their parents to rank in the top five in class, and the parents were very satisfied with their child's progress in school.

Health Status of Child

The data in Table 9 show progress in children's development from the time of adoption to the time of the study. The data suggest all adopted children benefited from being adopted. All difficulties reported at the time of adoption had either decreased or disappeared over time.

Table 9. Health of the Child

	Moment of Adoption	At Study
Delayed fine motor abilities (no precision in movement)	30% (15)	0
Delayed motor abilities (difficulties in movement)	20% (10)	0
Delayed speech abilities (cannot speak well)	20% (10)	8% (4)
Delayed social abilities (cannot relate to other people)	14% (7)	0
Learning difficulties (cannot learn)	6% (3)	0
Hits himself	2% (1)	1
Rocks himself	8% (4)	1
Is always scared and is afraid	10% (5)	1
Hypersensitivity at touch, movement, places, or sounds	4% (2)	1
Reacts under the normal level to stimulation or pain	6% (3)	0
The activity level is too high for his age	2% (1)	6% (3)
The activity level is too low for his age	8% (4)	0

Success Rate

There were no failure cases within adoption services, so the success rate within the sample is 100%. However, in order to better illustrate success factors and deterrent factors within this program, one case of failure was identified that was not part of the randomly selected sample. The following resulted from analyzing the selected cases.

Success stories were related to child characteristics such as young age, good health, desirable ethnic origin, positive preplacement history (successful history of foster care, short-term institutionalization), and with good collaboration with DPC. Case studies suggest that adoption has more chances to succeed if the child is younger, with no health problems, was in foster care or in institutions for a shorter period of time, and Holt-DPC collaboration was good.

Failure in adoption was related to a history of institutionalization. According to the case studies it seems institutionalization and resulting developmental delays, behavioral problems and health issues made the domestic adoptions less likely to succeed. However, to strongly prove this relationship would require an additional study.

SUMMARY

The data show that the national adoption program proves to be efficient in finding suitable adoptive families for abandoned children who could not return to their birth family. As the cost analysis reported in a separate chapter shows, it was also a very costeffective way of addressing child abandonment and institutionalization in Romania.

Most of the adopted children were younger than 6 months. The age of adopted children probably reflects both the fact that Holt was able to identify adoptive families and conduct services with them within a short period of time and that families had a preference for younger children as opposed to those who have been waiting in institutions for many months or years.

The data suggests that adoptive families provide a stimulating environment that facilitates children's development. These families had a higher level of education that may also help them maintain a relatively high standard of living. The majority of children (80%) were adopted by families living in urban areas.

The data also demonstrate that Holt was a well-known organization in the field of social services in Romania and the partnership between Holt, medical staff, and other organizations proved to be productive in the area of family recruitment.

The data also show that the adoption services provided by Holt were of high quality. The interviewed subjects always referred to the services they received in a positive way and declared themselves as either very satisfied or satisfied with Holt services.

The adoption had a positive impact on both the child and family. Improvements were reported in all areas including child's development (cognitive and social) and health, as well as the family's relationships. None of the parents ever thought of disrupting the adoption, and all the adoptive parents considered their life after adoption being either very good or good.

Domestic Adoption Success—Constanta

Case History

B. was born in February 2000 and abandoned by his mother in a maternity hospital even though she received support from Holt as part of the abandonment prevention program. His mother was taking care of five other young children and living in bad conditions.

Holt Intervention

The social worker's attempts to reintegrate the child into the biological family ceased when the police reported that "the mother could endanger her child's life." The child was transferred from the maternity hospital to the pediatric ward of the same hospital. After six months, the social workers decided to place the child in foster care. At the same time, they obtained the agreement from the biological family to place the child for adoption in an approved adoptive family. One year after placing the child in foster care, the child was presented to the V. family. The V. family delayed in making a decision about whether to accept the child, so the social worker presented the child to another family. In August 2001 the L. family decided to adopt the child, and two weeks later the child was placed with them. The decision to adopt the child was discussed and supported by the parents of the adoptive father.

Services Offered by Holt

1. Identifying a maternal assistant for the child and temporarily placing the child in foster care for a period of one year and two months;
2. Assisting the adoptive family in obtaining the legal papers for adoption;
3. Pleading this case in front of the Commission for Child's Rights Protection;
4. Counseling the adoptive parents;
5. Informing the adoptive parents with regard to the biological family of the child and the health state of the biological family;

6. Recommending a lawyer to the adoptive family;.
7. Supporting this family in front of the court, which granted the adoption.

Conclusions

The child is well integrated in the adoptive family, who considers him their child. The success with this adoption has resulted in the adoptive family considering the adoption of another child if they have the financial resources. As the adoptive parent remarked, "if we have an acceptable material situation, because I do not want the child to suffer, we said that maybe we would adopt a girl too. I cannot find words to say how happy we are."

Domestic Adoption Unresolved Case—Constanta

Case History

The child H., 7 years old, was abandoned in a maternity hospital by his mother immediately after birth in 1995. The child's mother was illiterate and without any income or permanent residence. The boy was transferred from the maternity ward to the pediatric ward of the hospital. After almost three years in the hospital, the child was placed by Holt in foster care. It was found that, because of the hospitalization, the child had developmental delays. An intervention plan was developed.

Holt Intervention

In 1998 the child was placed in the M. family for adoption. The decision to adopt a child was made by the wife. The family was presented the information about the child's state of health and about his delays in development due to prolonged institutionalization. During the initial phase of the adoptive placement the family did not express any concerns about the child's health or development. In 2000 the family completed the process of adoption, but the birth certificate of the child was not obtained because of some judicial errors. Shortly after the adoption was finalized, the parents began to recognize the delays in the child's language development. The parents decided to try folk remedies instead of taking the child to a doctor. They went to "an old woman who charmed the problem away in a small glass. I don't know what she did but the child got better. My wife also went to the church, speaking with priests, and all of them said that the child will speak." When the child did not take his medication, he was hyperactive and destructive, and the difficulties were aggravated by domestic conflicts. Finally, the parents asked for help from Holt. The social workers tried to find solutions for the child's health and developmental problems; he was hospitalized in Bucharest. The doctors' diagnosis was "concentration disorder in expressive language" and "superkinetic (hyperactive) syndrome." The child's development corresponds to the age of 1.3–1.6 years.

Services Offered by Holt

Social workers offered services from the moment they took the child out of the hospital. Actions taken were:

1. Placing the child in foster care.
2. Teaching the maternal assistant techniques to help ameliorate the child's developmental deficiencies caused by the long period of hospitalization.
3. Counseling the adoptive family.
4. Informing the adoptive parents about the child's health problems.
5. Taking steps for placing the child in care for adoption.
6. Covering the expenses necessary for the child's hospitalization (9 days) for medical tests.

Conclusions

At present, the child is in a foster center again. The adoptive parents report that they want the child to return to the adoptive family provided that his progress in language development becomes visible. This case remains unresolved in part because of the lack of a speech therapist with expertise in working with an older child.

PERCEPTIONS OF KEY INFORMANTS

Holt began working in Romania in 1991 and gradually developed programs focused on the prevention of child abandonment, family preservation, and domestic (in-country) adoption. Responding to the needs of the community, additional programs were developed over time (including long-term foster care for HIV-infected children and siblings, a shelter for mother and child, and short-term foster care). The ultimate goal of the services, as reflected in Holt's mission statement, is to find permanent families and homes for children who, for various reasons, would otherwise live in an institution.

The following chapter is an attempt to summarize views of various key informants knowledgeable of the child and family welfare service field as well as Holt-Romania clients reflecting on the quality of Holt-Romania services. The interviews with Holt social workers provided some additional information that allowed insight into the programs. Quotes are used to illustrate points, and each quote represents a separate individual.

PERCEPTIONS OF QUALITY OF SERVICES

Interviews with clients and other key information of Holt practices, including Holt staff and staff of government and partner NGOs.

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Perception of Holt Services and Impact

Holt was perceived as one of the most important providers of social services in Romania. Its activity was described as reliable and consistent. Its services were considered comprehensive, the personnel highly competent, and the work conducted very professional.

"It is one of the organizations that offered services of a high quality in the field of child protection. Their personnel is very well trained, their work is very efficient, and they have proved to be reliable partners." (DPC director)

"To the people they help, Holt is the vital spring from where they take their energy when there is no other solution for living." (Deputy mayor)

"We have cooperated with them since 1997 and they are very good professionals, both in their work with families and in the relationship with the authorities... I think they are the best in the county. They are serious and always available." (DPC psychologist)

"They always have a door open for people in need. All families counseled and helped by Holt felt safe. They felt they received the right child (adoptions, foster) or they received clear and good reasons if they were not selected for a particular program. I know they have a positive image." (IOMC professional)

"I was impressed by the fact that they want a family for every child, and we are very happy when they are able to find one." (Medical assistant, maternity hospital)

"We as DPC collaborate with many organizations but Holt is one of the oldest friends and we can always rely on them. We hope that our cooperation will continue." (Director of DPC)

According to the key informants, during the past 10 years Holt has had a major impact on the landscape of social services in Romania. Some services have been created from scratch, such as foster care. Others have been completed or changed. All the key informants in the field of social services acknowledged Holt's contribution to the development of this domain.

In addition to positive comments about social service capacity building in the communities, many acknowledged that an important contribution and impact of Holt services in Romania was in creating partnerships between organizations that traditionally worked separately.

"They provided a great deal of experience to the local community. They gave us a trained social worker for the city council. They have very good resources that reach to the community." (Deputy mayor)

"Holt was the initiator of the foster care system when there was no legislation. It took courage and perseverance to do it. Also, it proved to be the beginning of one of the most important innovations in child protection." (DPC general director)

"Taking part in their training, I acquired new skills, I borrowed from them new methods and tools, and I improved my work standards.... They helped me very much." (DPC social worker)

"Thanks to their work, by 1998 when the law for foster care was passed, we had 30 to 40 foster care parents in the county." (Service chief for DPC)

"Holt helped us with training for foster parents..." (DPC psychologist)

"We cooperated with Holt in workshops and seminars to produce some working tools that are adapted to the local situation in Romania." (DPC director)

"It is maybe fashionable to say that the partnership is not working well, but in our county there is a real partnership. Some problems cannot be avoided but we can learn from each other. We have programs like foster care that were handed over to DPC or domestic adoption which is developed in partnership with other organizations and they worked out very well. There are always things that need improvement but, generally speaking, the partnerships are going well." (Center manager)

"To a very large extent, the partnership between Holt and DPC is working very well, especially in contrast to the partnerships with other organizations of this kind." (General director, DPC)

Holt tried to bridge medical and social services by creating partnerships between DPC, NGOs, hospitals, and local councils in order to provide comprehensive services. They created services that were afterwards handed over to DPC. They set up the first offices providing counseling to families at risk of abandoning children in hospitals and maternity hospitals (this is the case in Iasi).

"We noticed that there were many children abandoned in hospitals and we decided to create services within hospitals. One of the most important characteristics of our activity is that we tried to develop services in communities where social services were mostly needed." (Center manager)

"Holt was among the first trying to develop social services at the community level, acknowledging the importance of community leaders and a network of community services. This is the case in Constanta county where 4 social workers have worked in communities and developed prevention programs. In Iasi county Holt developed a social office network in the community located in maternity wards, two in medical units, one in a hospital for infectious diseases and one in distrophic center. This was more like a model of good practice, to show the people how important and useful these kinds of programs are and how many children remained in families and avoided institutionalization." (Center manager)

"The maternal center in Bucharest created six years ago has been considered as a model and we had so many visits that finally we decided to accept visitors only two times a week, otherwise the mothers were complaining for being disturbed and feeling like they are in a museum." (Center manager)

Regarding difficulties in cooperation, there was only one case of unsatisfactory communication between Holt and DPC reported. Another respondent mentioned that the foster care network was not large enough for the need in this field. Among other remarks that could serve for further improvement of the programs were the following:

- Physical location of some existing programs (center for family support);
- Communication with partner institutions (during the holidays and week-ends);
- Public relations (with other NGOs).

"The relocation of the center for family support to Saint Ecaterina Placement = 1 in Bucharest makes it almost impossible to refer families in difficulty. It is very difficult to replace the two social workers that used to work inside the institute for mother and child (IOMC)." (Professional for IOMC)

"We did not have major difficulties but there were moments when we did not communicate well, for example on holidays. It would be better if they could provide staff for weekends and holidays." (Medical doctor at hospital)

"At first there were cases of poor communication." (Psychologist from DPC)

"I think it is a matter of style, attitude and the way they perceive themselves as an organization in the community. It's true they are private but they are private in the public domain. You should take it into consideration. I never received an annual report from Holt in which they say these are our activities and these are our results." (NGO)

The quantitative data show that Holt clients had a positive perception on the services provided by the agency. Taking into consideration that Holt clients evaluated Holt services after a period of time since they benefited from these services, this allowed us to understand better the impact of the services on their situation. About 87% of the interviewed persons considered the help received from the agency as important or very important, and only 2% has a negative perception (less important or not important at all).

The table below presents clients' opinion on the importance of help offered by service. All the women assisted by The Center for Mother and Child considered the help provided by Holt as very important. Also, the clients from the domestic adoption program and social services for children with HIV had a overwhelmingly positive opinion regarding Holt services.

PERCEPTIONS OF QUALITY OF SERVICES

Table 1. Clients' Opinions on the Help Provided by Holt-Romania (Percentages)

	Very Important	Important	Neither Important Nor Unimportant	Less important	Not Important At All	NR	Total
Abandonment prevention	66	18	4	2		9	100 (N = 398)
Family reunification	53	21	4	5		17	100 (N = 53)
Foster care	80	7				13	100 (N = 31)
Domestic adoption	84	14	2			2	100 (N = 50)
Abandonment prevention for HIV-positive children	66	28	6				100 (N = 50)
Foster care for HIV-positive children	50	37				13	100 (N = 8)
Center for Mother and Child	91	7				2	100 (N = 46)
Total	70	18	3	2		8	100 (N = 636)

Scope and Quality of Holt Services

According to the respondents' opinion (see Table 2), the three best services provided by Holt were foster care, abandonment prevention, and counseling. It is important to note that we do not know if all informants knew about all services that Holt provides. For instance, The Center for Mother and Child in Bucharest may not be known by key informants in Iasi. The responses, therefore, do not allow comparisons between the Holt services. Rather they represent general awareness of individual programs among the professionals in the child welfare field and are probably best interpreted with caution since the geographic location of the informant influenced their report. Responses were gathered from a total of 16 interviews. Some services were mentioned more than one time by the same respondent.

Table 2. Number of Times Service Was Mentioned as Very Good

Abandonment prevention	8
Service for families in need	2
Material support	2
Counseling	8
Documents (ID)	1
HIV-positive children	5
Counseling in dispensaries	1
Domestic adoption	4
Foster care	9
International adoption	1
Maternal center	2
Reunification	3

The comments regarding abandonment prevention suggest that Holt services in this area are effective, inexpensive and well targeted to an at-risk population.

"[They have] good results, inexpensive." (DPC general director)

"Their strength is the [services in the] maternity hospital, which is the key point in abandonment prevention." (NGO)

"It is a good idea to educate young mothers prior to and after delivery about how to take care of her child in order to prevent abandonment." (Deputy mayor)

Holt has been recognized as a leader in building foster care services in Romania. While practically nonexistent in the early 1990s, foster care has become a service embraced by the government and integrated into the scope of services provided by the DPCs.

"Holt was the first to create a network of foster parents. An important part of their work is following up foster care cases. Their work is of a high quality and prevents unhappy situations in which children are not well treated in the sfostert family." (Medical doctor)

"Counseling is highly needed because we don't have enough personnel to handle this aspect of social work. They are doing a wonderful job." (Social worker, DPC)

In addition to the foster care mentioned above, Holt focused on providing a family environment for children while a permanent family was found or a crisis was mitigated. Holt is one of a few private, nonprofit agencies that provides family preservation services to families with HIV-infected children. Holt has also proved that it was possible to prevent institutionalization of HIV-infected children, either by helping biological families to accept an HIV-infected child or finding a long-term foster family who could provide these children a family environment and support.

Table 3. Satisfaction with Quality of Holt Services (Percentages)

Holt Program	Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied	NR	Total
Abandonment prevention	67	19	3	1		10	100 (N=398)
Family reunification	49	19	15			17	100 (N=53)
Foster care	71	16				13	100 (N=31)
Domestic adoption	84	16					100 (N=50)
Abandonment prevention for HIV-positive children	60	32	8			12	100% (N=8)
Foster care for HIV-positive children	38	50					100 (N=46)
The Center for Mother and Child	72	28				9	100 (N=636)
Total	67	20	4				

"There are very few organizations at the county level providing services for HIV-positive children." (DPC general director)

Quantitative data reinforced the qualitative data that Holt services were perceived in a positive way. The majority of Holt clients considered themselves satisfied with the quality of services. One hundred percent of the persons assisted in The Center for Mother and Child, and more than 90% of people assisted in the foster care program and reintegration from institution program or foster care program were satisfied with the services provided by Holt-Romania. Table 4 summarizes the data on satisfaction with Holt services.

Table 4. Satisfaction with the Quality of Holt Services by Residence

Holt Program	Very Satisfied	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	Very Dissatisfied	NR	Total
Urban	67	21	4	1		7	100 (N=343)
Rural	65	20	5			10	100 (N=293)
Total	67	20	4			9	100 (N=636)

Following the same pattern, clients from both rural and urban area are satisfied with Holt services as table above demonstrates. There is no statistically significant difference between urban and rural reports (Pearson chi-square=2.43, asymp sig=0.65)

The vast majority of clients (88%) were satisfied with Holt services, and they would think of asking the agency again for help. At the same time, 91% of them declared that they would refer other people to Holt services.

Impact on Family Relationships

Regarding the impact on family, Holt had either a good influence or did not change the relationships. About 1% of interviewed persons declared that Holt had had a negative impact on their families' life. The following table shows the change in family relationships as a result of Holt intervention.

Seventy four percent of Holt clients indicated that Holt reached its goal (the problem was solved entirely or almost completely). On the other hand, 12% of

Table 5. The Change Produced in the Relationships within Family as a Result of Holt Intervention (Percentages)

	Relationship Became Very Good	Relationship Became Better	Relationship Remained the Same	Relationship Became Worse	Relationship Remained the Worst	Not Applicable	Total
Among adults	21	19	24		1	35	100 (N=636)
Among adults and children	21	19	24			36	100 (N=636)
Among children	11	13	21			55	100 (N=636)

respondents reported that their problems were solved to a lesser degree, and 5% said that their problems were not solved.

Holt's Ethical Standards

Equality in access to social services is an important aspect of any welfare system striving for justice and reaching out to those who need it most. Our data suggest that there was no discrimination in providing services by Holt that would be based on gender, ethnic, or religious affiliation or in any other characteristic.

"They didn't discriminate against anyone because of their ethnic affiliation or age.... They worked with Roma people even if it is very difficult to work with them.... They only refused a case when they didn't have room for it." (DPC social worker)

"The services are provided according to their own criteria: families at risk, families in difficulty, no income, etc." (NGO program coordinator)

"There was only one case of a single person who wanted to adopt a child and they refused to take care of the case because it was a person and not a family. This is a little bit discriminatory." (NGO)

"In my opinion Holt worked correctly. The American experience that they used in Romania is not discriminatory and they applied in a correct manner the principles used in other countries." (NGO)

The table below presents respondents' opinion on Holt's contribution to the development of social services. Data was reported as percentages of respondents ranking a specific service. Non responses were not reported, they were mainly due to the fact that not all the services are provided in all sites.

The data show that Holt's contribution to the development of social services was acknowledged as extremely important. Only a few considered Holt's contribution as less or not important at all. In the case of preventing child abandonment and prevention of institutionalization through the maternal center, 31% of the people interviewed considered Holt's contribution as less or not at all important. This may be due to the fact that not all sites developed this type of service.

As for the contribution to the increase in domestic adoptions, 30% of the respondents reported that Holt contributed to a lesser extent or not at all. This may be also due to the fact that some sites did not provide this service or because in this field there are many organizations developing adoption programs. While a third did not acknowledge Holt's contribution to domestic adoption, most respondents detailed and emphasized the way Holt contributed to the development

PERCEPTIONS OF QUALITY OF SERVICES

of adoption services. They pointed out the quality of adoption services, which were considered complete and responsive to needs.

Table 6. Subjects' Opinion on Holt's Contribution to the Development of Different Fields of Social Service

	To Very Large Extent	To Large Extent	So, So	To Lesser Extent	Not At All	Total
Family preservation (preventing child abandonment and institutionalization through family intervention)	58% (n-11)	37% (n-7)	5% (n-1)			100% (N-19)
Preventing child abandonment and institutionalization through maternal center	38% (n-5)	15% (n-2)	15% (n-2)	23% (n-3)	8% (n-1)	100% (N-13)
Reunification of children from institutions	56% (n-10)	28% (n-5)	6% (n-1)	6% (n-1)	6% (n-1)	100% (N-18)
Increase in domestic adoptions	25% (n-5)	45% (n-9)		5% (n-1)	25% (n-5)	100% (N-20)
Counseling/training adoptive families	55% (n-11)	45% (n-9)				100% (N-20)
Development of short-term foster care	50% (n-10)	35% (n-6)	6% (n-1)			100% (N-17)
Development of long-term foster care	25% (n-2)	25% (n-2)	38% (n-3)	13% (n-1)		100% (N-8)
Development of services to children with HIV	62% (n-8)	15% (n-2)	15% (n-2)		8% (n-1)	100% (N-13)
Development of foster care for children with HIV	88% (n-6)		14% (n-1)			100% (N-7)
Training for professionals in child protection	36% (n-5)	57% (n-8)			7% (n-1)	100% (N-14)

"Their national adoption program was very well set up and developed. They are the only ones who provide a full range of services in this field." (DPC service chief)

"Holt contribution was exemplary. They emphasize the matching between family and adopted child... The adoptions they worked on were very good because the adoptive parents got to know the child before adoption and, also, they followed up the case after adoption." (DPC deputy director)

There was only one opinion disagreeing with the fact the Holt had contributed to training of professionals in the field of social protection.

"I, as a law professional, got the first information in the field of child protection thanks to Holt who organized training courses and seminars. They do it on a permanent basis." (Chef service for DPC)

"Very little. I think they are egotistic from this point of view. They are one of the most closed organizations." (NGO)

Perceptions of Holt-Romania Staff

All social workers within Holt said Holt provided the necessary material resources for their work. They reported emotional "support" from Holt. All of them mentioned good communication within their teams as a strength.

"There is a very good atmosphere in our organization. We laugh a lot and we always have open discussions when we say what our problems are." (Social worker for Holt)

"Communication within the team was most important." (Social worker for Holt)

Two of the social workers interviewed considered support groups as an important part of the support received from Holt. Also, two of them mentioned the need for a psychologist that could help them in dealing with the emotional problems resulted from their difficult work.

"A very good thing was the support groups for social workers even though lately they have not been organized very often." (Social worker for Holt)

"I think we need a psychologist, even though we discuss issues with our colleagues, because we need someone who is qualified for this job." (Social worker for Holt)

The vast majority (75%, N=12) of social workers for Holt declared themselves very satisfied or satisfied with their work within the organization, though 6.25% (N=1) were neutral while 18.75% (N=3) didn't answer. Satisfaction came from the nature of work and also from the emotional support they receive from Holt.

"I am satisfied. The greatest joy is to see children developing well even though mothers don't act always as they should." (Social worker for Holt)

"I am very satisfied because we are a real team in this county. But, if we have problems and we need some information then all the others from other counties will help. We are a team overall." (Social worker for Holt)

"There is a great satisfaction when you do some good for people. When you have a difficult case and you get it done then you will feel very good, especially when people in need come to you and say that they are doing well thanks to your work." (Social worker for Holt)

Needs Regarding Future Training

Holt staff mentioned the good training they received since the organization began working in Romania when there were no professional social workers (the college of social work was founded in 1990 and the first social workers began to graduate in 1995). They went through extensive training at first and lately Holt hired social work graduates from the university. The interest for training is continuous within the organization and Holt staff expressed the needs for further training. Table 7 is a list of topics that they would like to receive training on.

Table 7. Number of Times the Training Courses Were Mentioned as Needed

Abused children	2
Child psychology; teenage crises; HIV-positive crises	2
Long-term foster care	1
Parenting skills	2
Medical information on HIV	2
Counseling	2
Child development, both medical and psychological aspects	2
Contraceptive methods so they can obtain a certificate and feel they have the competence to provide information on this issue	2
Grant writing	2
Fundraising	2
Therapy	1
Law changes in the field of social protection	1
NGO management	1
Case management	1
Child development for older children (older than 6)	1
Organizing seminars, workshops in which to share experiences with other NGOs, organizations in the field of social protection	3

Organizing seminars and workshops in which to share experiences with other NGOs, organizations in the field of social protection seemed to be important to the social workers within Holt and they expressed the need for learning from positive practices and share their own models of good practice with other organizations.

Other needs have been expressed from the point of view of updating the information the staff already have about child development, counseling, and parenting skills. In addition, as a result of social service environmental changes, staff reported that they needed more training around legal changes in the field of social protection, grant writing, fundraising, and NGO management.

The managers of the four centers were asked to rank the training courses according to their usefulness to their organization (see table below). The data show that all courses were considered very important or important but opinion reached consensus on grant writing courses. Also very useful were the courses on fundraising. The table below present the data.

Table 8. *Opinions of Centers' Managers on Training Needs*

	Very Useful	Useful	Less Useful	Not Useful at all
Financial management	1	3	0	4
Fundraising	3	1	0	4
Strategic planning	2	2	0	4
Volunteer management	1	3	0	4
Team building	0	4	0	4
Networking	2	2	0	4
Promotion techniques	1	3	0	4
Mass media	2	1	1	4
Project management	1	3	0	4
Grant writing	4	0	0	4
Bargaining techniques	2	2	0	4

Optimal Time Needed for Providing Services

There was no general agreement on the optimal time needed for providing services. The only agreement was that it depends both on the type of service provided and on the specific case issues.

"We work on the cases around 12 months, six in the maternal center, and six months follow up. There are mothers with whom we keep in touch for years. It is not recommended to keep them in the maternal center for more then six months. We don't want them to become dependent. There is a category, though, of students who need 12 months assistance in the center because they can go to school and still be with their children." (Social worker for Holt)

"In most cases, six months is enough time but if the case is not finished, I don't close it." (Social worker for Holt)

"It depends very much on the case. Sometimes we can resolve a case in four to five months. Sometimes we need more than one year. Six months is still too short." (Social worker for Holt)

"I think one year would be ideal but we should work on fewer cases because it is quality that matters." (Social worker for Holt)

"In the case of HIV it takes until the child is deceased and then we continue with counseling." (Social worker for Holt)

"There is no optimal time for [working with children who are] HIV-positive." (Holt social worker)

"There are cases when six months is too long, but, on average, six months is enough." (Holt social worker)

"If there is nothing changed during 6 months, then people don't want to be helped." (Social worker for Holt)

"The follow up period of six months is too long." (Social worker for Holt)

The need for services in the area of child and family welfare are changing. The institutions are being closed and alternatives to them have to be found.

"The challenge in the future year is to change radically the actual situation of institutions. Eighty of the children in protection services are now in institutions. This should change in favor of family alternatives." (DPC general director)

There were two ranges of opinions on the most relevant and needed services in Romania. One group indicated that it was important to focus on existing services and increase the capacity Holt has. The other group suggests that there are other needs that should be covered by Holt in addition to their current programs.

"They should intensify and broaden their activity with foster care, especially for HIV-positive children. Also, they have had good results with abandonment prevention and they should continue in this field." (Manager of NGO)

The tables to the next page present the data on the need for services. Besides the needs mentioned so far, our respondents indicated also the need for community social services in order to reach out to the people in local communities. It seems to be an increasing awareness of the fact that a network of social services is needed at the community level.

"They should do community social work, trying to raise consciousness among mayors in local communities in order for them to know what they can do in their own communities. They can also work with Muslim and Roma community." (Deputy mayor)

"There is a need for mobile units and meetings with people in communities." (Director of DPC)

SERVICES TO CHILDREN AND FAMILIES / DOCUMENTATION OF OUTCOMES

Table 9. Subjects' Opinion on Services that Need To Be Continued and Extended (Number of Times these Opinions Were Expressed)

Families at risk	3
HIV-positive mothers & children, abandonment prevention for HIV-positive children	1
Counseling in families	2
International adoptions	1
Poster care	1
Poster care for HIV-positive children	2
Abandonment prevention	2
Parents' associations	1

Table 10. Subjects' Opinion on Social Services that Need To Be Developed in Response to the Current Needs (Number of Times these Opinions Were Expressed)

Services for street children	6
Lack of knowledge on raising a child (development, etc.) even in the normal families	1
Center for families with children above 3 years who cannot be hosted by maternal centers	1
Daycare centers	2
Services for alcoholic mothers	2
Services for abused mothers	2
Family planning, contraceptive education	3
Adoption services for children older than 3	1
Services for disabled children	2
Center for abused mothers, for homeless people	2
Programs for people leaving the placement centers at 18	1
Services for juvenile delinquents	1

Specific needs were mentioned according to local conditions in each site.

"DPC Bucharest has set up a new service for preventing school drop-outs and supporting families in need...We would be glad to work together if they can provide financial effort assistance." (General director for DPC)

"If they could continue their activity within IOMC Bucharest as they used to they would be a great help to the families in need." (Professional for IOMC)

"Thinking of the future, maybe they can involve themselves in the project that we carry out in Ludus. There are two family models trying to provide a family for children. With the support from other NGOs we could develop these models... and this will be a great benefit for children." (Psychologist for DPC)

"There is the need for Holt to share their experience with other actors in the field of social services." (Social worker for DPC)

Summary

Holt was perceived as one of the most important providers of social services in Romania. Its activity was described by research subjects as reliable and consistent; its services were considered comprehensive, the personnel highly competent, and the work conducted was very professional and ethical.

According to data, Holt has had a major impact on the landscape of social services in Romania. Some services have been created from scratch, such as foster care. All the key informants in the field of social services acknowledged Holt's contribution to the development of this domain.

Holt was among the first trying to develop social services at the community level, acknowledging the importance of community leaders and network of community services.

Another important contribution and impact of Holt services in Romania was in creating partnerships between organizations, which traditionally worked separately.

Holt bridged successfully the medical and social services by creating partnerships between DPC, NGOs, hospitals, and local councils in order to provide comprehensive services. Some of these were afterwards handed over to DPC.

Holt is one of a few private nonprofit agencies that provides family preservation services to families with HIV-infected children. Holt has also proved that it was possible to prevent institutionalization of HIV-infected children either by helping biological families to accept HIV-infected child or finding a long-term foster family that can provide these children missing family environment and support.

Qualitative as well as quantitative data show a high level of satisfaction with the quality of services provided by Holt.

Abandonment Prevention Success—Tirgu Mures

Case History

R., a 17-year-old 11th grader, got pregnant and in November 2000 gave birth to the child V. The child's father, 22 years old, did not recognize paternity. R. came from a one-parent family, and she was living in a house with her father, brother, and sister (both students), but the entire family had only one room. During the time when she was at the maternity hospital, the young mother's family refused to offer support. The chief of the newborn ward identified this case as being one with risk for abandonment and requested assistance from Holt.

Holt Intervention

Immediately after the child's birth, R. requested that her child be placed in a foster home. The mother's family had material difficulties (the total income was 835,000 lei, approximately \$28.73), the housing was improper for raising a baby, and the child's father refused to recognize paternity. The social worker began to arrange foster care but the fact that the mother was not resident of Tirgu Mures slowed down the process. During this period, the new family obtained the support of the mother's grandmother and foster care was postponed. Five months after the birth, the mother's grandmother died. With Holt's support, the family obtained funeral assistance and emergency financial support. The mother's sister quit school and got a job in order to support the family. After graduation, the brother got hired and finished rebuilding the house. The family's finances improved.

Services Offered by Holt

The primary objective was to prevent abandonment, so the mother was provided material assistance. A long-term objective was strengthening the parent-child relationship. Specific services offered were:

1. Psychological counseling and legal advice;
2. Informing the mother about contraceptive methods;
3. Facilitating access to a lawyer in order to intent a process against the father to establish by court the child's paternity;
4. Making the necessary steps in order to obtain a residency visa;
5. Taking both the mother and the child to a family doctor;
6. Material support for eight months and at the end of services;
7. Monthly evaluation of the child's situation.

Conclusions

The abandonment risk does not exist anymore. The mother collaborated well during the intervention and the extended family supported her.

COST ANALYSIS

Detailed cost comparison of individual Holt programs, including cost structure and comparison with other social service providers.

"On average, less than \$125 can help the family stay intact, keep the child at home, secure a more optimal environment for development, and save costly care in institutions known for the lack of healthy and safe environment fostering optimal development of children."

PRELIMINARY REMARKS

The 2001 expense and statistical data on services and beneficiaries was used in preparing the cost analysis since it was the first year in which all program activities were fully implemented in each site for the entire year. The data also reflect the most recent levels of cost and may be, therefore, most relevant for planners and decision makers.

The administrative structure of Holt's offices comprises a national headquarters office and related staff located in Bucharest, and four field offices (sites) in Bucharest, Tirgu Mures, Iasi, and Constanta. The Bucharest office also provides direct services for shelter care, foster care, national adoption, and parent education. Each site office has a small administrative staff comprised of a site director, financial officer, and drivers. The Iasi and Constanta offices also have an office assistant.

Operational and Administrative Costs

The costs in connection with the activities within the services provided by Holt programs in 2001 can be synthetically presented in two categories: direct (operational) and indirect (administrative) costs.

1. Direct costs, which refer to the expenditures made in a direct dependency with the number of beneficiaries. All costs that are clearly associated with a particular activity are captured as direct costs for the particular program;
2. Indirect costs, which refer to those expenditures made for functioning and development of programs. Costs that support all direct program activities Holt reports as indirect costs under administration.

Direct costs for program activities include:

1. Program salaries, and related expenses
2. Child care, clothes, and medicine
3. Professional fees
4. Supplies
5. Postage and shipping
6. Telephone
7. Printing, publications, and other graphics
8. Motor vehicle and travel
9. Staff development
10. Other expenses

Indirect Administrative Costs Include:

1. Administrative salaries and related expenses
2. Supplies
3. Telephone
4. Building occupancy and equipment Maintenance
5. Rental of equipment
6. Printing, publications, and other graphics
7. Travel and allowances
8. Other expenses

Because some of the general administrative cost of Holt-Romania is included at the headquarters office in Bucharest, it was necessary to reallocate this amount to each site proportionally to the level of programming. Also, we allocated indirect cost at national level to each site.

There are several methods that could be used to allocate the general (Holt-Romania) administrative costs:

1. Distribute based on the number of staff in each site;
2. Distribute costs for each site on an equal percentage basis;

3. Distribute based on the program costs for each site;
4. Distribute based on the number of clients served in each site.

Together with Holt International we chose to distribute administrative costs based on the number of staff since the national level administration is charged with supervision of the field offices, and not individual cases. Taking into consideration the number of staff as criteria is consistent with Holt practices.

The second option does not account for differences in program activity levels, nor any variation in the amount of supervision required from the headquarters office for different levels of staffing.

The other methods have various reasons for their usage but because some programs have higher direct costs than others, and are not present in all sites, it was felt that using program costs did not necessarily correspond to the level of involvement from the headquarters staff.

Finally, to break down costs to a service level the combined site and national indirect costs are allocated to each program activity based on the number of clients served. This allows us to take into consideration number of beneficiaries for each service.

A total of \$102,361 was redistributed to each site from the total administrative cost of \$185,592. We consider this a reallocation from national coordination expenses between national and Bucharest site expenditures (\$83,143).

Because a part of administrative costs at site level include some amount in direct connection with services, we redistributed from administrative site expenses to operational:

- 100% supervisors salaries;
- 90% from travel and allowances cost;
- 50% from telephone cost;
- 30% from site manager salaries.

Redistribution of the Administrative Cost

After applying the rules listed above, Table 1 was created. The resulting analysis shows that out of the total expenditures (\$660,645 in year 2001), \$475,053 (71.9%) represent direct cost (programming) and \$185,592 (28.1%) are indirect (administrative) costs. The high administrative cost in Iasi (37.4%) is related to moving the site offices to a new location, which resulted in supplementary expenses (contract for telephone, electricity, methane gas, registration fees). In addition, the rent had to be paid for 12 months in advance (the whole year's cost appears in the 2001 budget). Iasi site includes administration of five outreach offices for social assistance (in Cuza Voda Maternity, Tatarasi dispensary,

Cantemir dispensary, Section for Dystrophics, Hospital of Infectious Diseases in Iasi) and paid fees (as a supplementary salary) to a lawyer who worked with Holt-Romania (in a partnership with DPC in Iasi) on clarifying the legal status of children abandoned in institutions. The other three sites' indirect expenses are probably more representative of the level of administrative costs for programming at Holt-Romania. They were all close to 25% of the total cost (Tirgu Mures 24.3%, Constanta 26.4%, and Bucharest 26.2%).

Table 1: Direct and Indirect Cost by Sites

	Iasi		Constanta		Mures		Bucharest		Total	
	\$	%	\$	%	\$	%	\$	%	\$	%
1. Direct cost by site	82,737	62.6	160,538	73.6	104,870	75.7	126,696	73.8	475,053	71.9
2. Total administrative cost (total 1a+1b)	49,369	37.4	57,599	26.4	33,597	24.3	44,939	26.2	185,592	28.1
2a. Administrative cost directly by site	29,396	59.5	32,633	56.7	21,114	62.8	*	*	83,143	44.8
2b. Administrative cost for national coordination (redistributed by site)	19,973	40.5	24,966	43.3	12,483	37.2	44,939	100.0	102,361	55.2
3. Total costs (1+2)	132,106	100.0	218,137	100.0	138,467	100.0	171,635	100.0	660,645	100.0

Cost Structure by Programs and Sites

In 2001 Holt used for programming in Romania a total of \$660,344 (see Table 2). In order to show the cost of foster care, domestic adoption, family preservation, and HIV services (that were carried out mostly in Iasi, Constanta, and Tirgu Mures), services for The Center for Mother and Child (shelter) were separated. Similarly, other programs (operated from the Bucharest site) were calculated separately in order to allow better comparison of costs of the above four programs. These four programs accumulated for \$543,434 in 2001. Other services (see notes below) used \$116,911 from the total budget.

One may note that abandonment prevention and family reunification are not listed separately in the cost analysis since the accounting system did not differentiate between these two programs (also due to the same social workers covering the cases in these two programs). Instead family preservation category has been created to reflect the cost of the two programs.

We have also decided to make a separate line for a special project funded by a partner agency. The reason is that the support for this special case (one family) is more than five times the average cost of family preservation case in Bucharest (\$2,752.66 vs. \$525.14). The cost-effectiveness of Holt programs is more realistically described without expenses incurred for this special project.

The category "other services" was created to capture expenses that were not directly related to the evaluated programs or those whose nature was beyond typical service (for instance, production of a film used for parenting education,

COST ANALYSIS

cost of remodeling service space, "Welcome Baby" packages distributed to significant number of mothers having their first child who were not Holt's clients beyond this engagement with them).

A lesson learned from the exercise related to tracking expenses related to each program suggests that local and national administrative cost should be allocated down to the program level as they are incurred. This would allow more continuous access to information that would be readily available for better management of the cost related to the programs.

Family Preservation

It may be noted that family preservation accounted for 75% of all caseloads or Holt clientele. An important finding is that pre-serving family is by far the most economical way in preventing child abandonment (and higher costs related to social services resulting from the abandonment). In the chapters related to child abandonment and family reunification one may also note that the families in these two programs are typically extremely poor. Moderate financial help along with counseling services may go a long way and both help families stay together and save the society (tax payers) a lot of money. It may be very appropriate, therefore, to allocate a significant portion of available resources to this type of service. In Holt's case, well above half of all programming resources were allocated to the family preservation category⁶ (\$251,954; 46,3% of the total amount allocated to

Table 2. Direct and Indirect Cost by Sites (USD)

Type of Services	Bucharest			Iasi			Constanta			Mures			Total Holt		
	Total Costs	No. Benef. ¹	Cost/ Benef.	Total Costs	No. Benef.	Cost/ Benef.	Total Costs	No. Benef.	Cost/ Benef.	Total Costs	No. Benef.	Cost/ Benef.	Total Costs	No. Benef.	Cost/ Benef.
Family preservation	39,911	76	525.14	68,768	821	83.76	89,070	700	127.24	45,947	366	125.54	243,696	1,963	124.14
HIV family preservation	15,636	42	372.29	9,975	83	120.18	23,160	161	143.85	13,147	88	149.40	61,918	374	165.56
Special case family preservation ²	8,258	3	2,752.66										8,258	3	2,752.66
Foster care	5,378	7	768.29	47,554	49	970.49	84,830	62	1,368.23	71,333	55	1,296.96	209,095	173	1,208.64
Domestic adoption	9,062	8	1,132.75	5,809	34	170.85	5,194	26	199.77	401	8	50.13	20,466	76	269.29
Total four services	78,245	136	575.33	132,106	987	133.85	202,254	949	213.12	130,828	517	253.05	543,433	2,589	209.90
Shelter	37,085	32 ³	1,158.90										37,085	32	1,158.90 ⁴
Total five services													580,518	2,621	221.29
Other services ⁵	56,304			0			15,883			7,639			79,826		
Total others services	93,389			0			15,883			7,639			116,911		
Total costs	171,634			132,106			218,137			138,467			660,344	2,621	251.24

the four main programs). Another point to note is that once a program is sufficiently robust, the cost-effectiveness usually improves. (The lowest cost was registered at the site with the highest number of clients served, the highest with the smallest number of beneficiaries.) The uneven allocation of resources for programming in the family preservation area was the result of USAID focusing on Iasi and Constanta counties.

The cost per beneficiary varies from county to county and is related on several factors including the scope of the program, geographical area served, and the needs related to individual cases. The highest cost per beneficiary (\$525.14) was in Bucharest. The case of a family with three children supported by Lift Foundation was separated from other program costs due to its atypical nature and the very generous support that Lift Foundation decided to allocate to the particular family. Yet the question remains regarding the significantly higher cost per case incurred by the family preservation program in Bucharest as compared to other sites. Follow up discussions with staff do suggest there may have been costs related to the national administration still hidden within this and perhaps other programs in Bucharest since all tasks related to the national coordination would be done in the Bucharest office. This would call for refining accounting methodology to allow higher precision of reporting related on specific services provided by the organization.

The site office in Iasi is an example of high efficiency of using available funds (\$133.85 per beneficiary on average; \$83.76 per beneficiary in family preservation field). The reasons we were able to identify the rest with what could be called "local offices network" strategy. In Iasi, service delivery has been set up in several offices placed in critical locations (two dispensaries in Cuza Voda Maternity Hospital and the Section for Dystrophics). Furthermore, most family preservation cases in Iasi were from the city of Iasi. This is in contrast, for instance, with Constanta,⁷ where the centralized office serves a large rural area and setting small offices in villages is impractical. The impact of the services, however, can be seen as higher because in these local rural communities no one except Holt offered social services. These services often included services done by the state social workers (birth registration). Load of late birth registrations was handled by the Holt social workers during the time of the project. This may explain to a large degree 40% higher costs (\$127.24 per beneficiary) for the family preservation program in Constanta compared to Iasi.

In Tirgu Mures the cost per beneficiary (\$125.54) was close to the one in Constanta and to the medium one at the national level. Similarly to Constanta, most cases were located in rural areas and served by Holt social workers using the Holt car for transportation. On top of regular program costs, economic support for 90 families worth \$10.00/month over the period of three months was provided in years 2000–2001. Decision regarding such support is with the local management and was usually approved by Holt.

Social Services for HIV-Affected Children and Families

The cost for family preservation cases targeting families with HIV-affected children were separated since the cost in this type of service is higher. Holt would regularly pay for prescription medicine as well as nutrient supplements that HIV-affected children need in their fight against the deadly virus. As the table shows, the cost per beneficiaries increased in all sites but Bucharest.⁸ The average cost per beneficiary was \$165.56, higher than in family preservation cases that did not include HIV issues. As in other programs, somewhat higher expenses in Constanta and Mures as compared to Iasi can be explained by geographic nature of service area (rural vs. urban). In Bucharest additional cost was incurred due to the death of one of the HIV-affected children and foster care provided to another HIV-affected child.

Domestic Adoption

Second in the preferred permanent solution for children (after family preservation) in Holt philosophy of social work comes domestic adoption. Only \$20,466 were spent in this category, however. The interviews with the social workers suggested difficulties in finding enough families willing to adopt less than perfectly healthy children. Children who belong to minorities are also less likely to be adopted. Perhaps the programming would need to allocate more resources for family recruitment, awareness campaigns and education in this area so that more families can open their homes for children in need in the future. Planning more resources in congruence with the organization's philosophy might result in desirable growth in this program area.

One hundred and forty one children⁹ found new homes through this program between October 1998 and September 2002. While the number of adoptions is relatively small (compared to thousands of children left abandoned or orphaned living in institutions), Holt-Romania proved that private nonprofit organizations could successfully facilitate the whole process of adoption in Romania. The cost (\$269.29 per child) is very moderate and cost effective considering the continuing funding needed for children living in institutions. The cost included legal fees paid to attorneys helping with the case as well as the fees associated with the medical tests done during the process of child health status evaluation.

The cost per child in Bucharest is again the highest one but also least representative of program services cost. The social worker assigned to this program in Bucharest spent most of her time in developing activities covering all sites and only a fraction of the time (less than 10%) developing the core direct service (placements of children with adoptive families). This social worker also covered the needs of the foster care program in Bucharest.

The cost registered in Mures is the other side of the extreme since there was no social worker allocated to domestic adoption program in 2001 and the pla-

cements were done within the duties of the social worker assigned to the long-term foster care program. The cost of adoption program is best represented by averages achieved in Iasi (\$170.85 per beneficiary) and Constanta (\$199.77).

The cost of an adoption is so low and the benefits for the child so lasting that this is definitely the most cost-effective option for children who cannot return to their biological families. Even with moderate support on per month basis that state could offer in promoting adoptions, significant funds could be saved from the state budget that are currently spent on running institutions.

Foster Care

Holt was the first organization in Romania to develop the foster care program. Over the years Holt developed three types of foster care programs: short-term foster care (STFC), long-term foster care (LTFC), and specialized HIV/AIDS foster care (HIV FC). STFC program is designed for young children. It is used mostly for child who have a chance to return to their biological families or be placed with adoptive families. LTFC was developed for older children or sibling groups who do not have a real chance to either be adopted or reintegrated into their biological family. HIV FC is a program designed for children abandoned due to being affected by HIV. It is a long-term family based type living arrangement for these children.

In the cost analysis of foster care, cases from all categories of the program were included. The average cost per beneficiary is the highest of all evaluated programs (\$1,208.64). The total spent on foster care (\$209,095) represents 36% of the total cost of the five main evaluated programs (\$580,518).

The spending pattern in foster care underlines Holt's philosophy and practice of providing all necessary family-type care to children while a permanent solution (and preferably permanent family) is found. Holt would, for instance, always buy a crib/bed, clothes, or other items that a child placed with foster family would need. Holt also regularly paid for all medical exams/tests/check-ups and medicines that might be needed to both update the child's health status and assist with any necessary medical interventions that might be needed (improving child's health increases chances for being adopted). Again, in case of long-term foster care, these material needs reemerge as the children grow and new clothes and equipment/furniture need to be bought.

Obviously, the long-term foster care and foster care for HIV-affected children increased the average cost per beneficiary since children remain in foster care supported by Holt for many years. In contrast, shortterm foster care average cost per beneficiary, if calculated on per month basis, is different. Using the month of September 2001 as an example Holt had in Iasi 22 foster care placements. The direct costs reported for these cases totaled \$2,434.21. This results in a direct cost total of \$110.65 per placement. If we add 37% to account for local administrative

costs, this gives a cost per placement of \$151.58. The latter value better represents typical cost of short-term foster care that is used as a temporary solution (and replacement of institutions) for abandoned or orphaned children. This figure also can be more readily used for cost comparisons between different organizations. The research team was not able to gather enough comparative information to evaluate all programs. For instance, there are no data on similar services provided by other private organizations in Romania. Some relevant information was found in relation to the state system of foster care. While not exhaustive, it may give initial grounds for comparisons.

Holt Expenses Compared to Those of Public Service Providers

The local authorities adopted the idea of foster care and started to develop the state foster care system in 1998, about five years after Holt's implementation of the program in Romania. In Romania the name of foster care is maternal assistance. In the state system the reported monthly expenses for maternal assistance in 2001 were approximately \$100 (the medium exchange 1 USDâ29,061 lei). This includes salary for the maternal assistant, the child's state allowance and the allowance from the Labor Office. If we use an example from the section on foster care above, direct monthly expenses incurred by Holt (\$110.65) come very close to the expenses reported by the local authorities even though it looks like Holt is more generous with providing coverage of initial costs related to foster care. Even with somewhat high administrative costs in Iasi (37%), \$151.58 per month may look like a very reasonable price for the benefits being secured for the child and for preventing long-term consequences related to institutionalization.

Of course, the time a child needs to spend in foster care before being reunited with her/his family or adopted is yet another strong indicator of the quality of the program. We do not have data allowing comparison between Holt and other agencies. The reports for 2001 show that in Constanta, the time spent in foster care increased from an average six months reported during the first two quarters of 2001 to 12.8 months during the third and 11.25 in the fourth quarter. Similarly in Mures, the initial six-month average changed into 8.5 months in the third and 14.3 months in the fourth quarter of 2001. In Iasi the trend was opposite: it was reduced from an initial eight months into only 2.3 months in the third and 5.8 months in the fourth quarter. These are the facts that clearly demonstrate the need for using indices reflecting per-month cost along with average stay in foster care. These two indicators can uncover where the reserves in programming may be. They may also clarify if the cost-effectiveness was influenced by the quality of the program or the circumstances that lay beyond the influence of the organization. It is reasonable to connect the increase of time spent in foster care by the specific situation that developed as a result of the moratorium on intercountry adoption declared by the Romanian government in June 2001. The moratorium caused many children who were placed in short-term foster care to wait much longer to

be adopted. As mentioned elsewhere in this report, the number of children adopted by Romanians has been constantly lower than the number of children placed internationally since 1990. Furthermore, prospective Romanian adoptive families usually prefer perfectly healthy children of Romanian origin. Foreigners tend to be open to more health issues reported with children, partly due to more resources and services these parents can use in dealing with/correcting the problems the child comes into the family with. As a result, a significantly higher number of children remained in foster care over one year in Constanta and Mures. The Iasi office, however, managed to place children within the year following their placement in foster care.



Mother and Child Center, Bucharest.

The reasons why the programs in Constanta and in Mures were more expensive than the one in Iasi (comparable in size given the number of beneficiaries) lay in several areas: first, serving the large rural areas contributes to high travel costs. Similarly, the time lost by commuting by the social workers reduces the number of cases they can handle during office hours.

In Mures, the foster care program included specific activities related to the long-term foster care cases that included private classes (helping children to make up for lost schooling or underachievement), psychological counseling, and medical assistance needed usually at the time the children were transferred from placement centers to families and had problems with integration into school and society.

The program in Mures also included birthday and holiday parties, picnics, and vacations in the mountain resorts. While these activities served more general

roles (building awareness in the communities, attracting attention of the media and local authorities) all such expenses were added on top of regular cost of this program.

Interestingly, the cost per beneficiary was the lowest in Bucharest (all other programs incurred the highest cost per beneficiary in Bucharest). This is partly due to having no social worker position assigned to the foster care program in Bucharest in 2001. The cases were handled by a social worker assigned to the domestic adoption program on top of her duties.

Shelter Services

Shelter services were developed mainly to serve young mothers who have recently-given birth and are in a crisis that places the child at-risk for abandonment or out-of-home placement. This program was developed by Holt only in Bucharest and it was the first Shelter for Mother and Child in Romania. The model is considered so successful that it was adopted and used by the local authorities in other counties that currently operate similar shelters. Holt is also aware of some agencies claiming their involvement or support to this program even though there is no such involvement present now or in the past. While the cost of these services are on the higher end of the spectrum (\$1,158.90 per case¹⁰) it is comparable to, and in fact a little lower than, foster care services.

Summary and Conclusions

The cost of services offered by Holt varies both with the type of service and its location. Direct social services provided in Bucharest were the most expensive partly due to incurring the costs related to the national headquarter expenses that were difficult to separate entirely from the direct services. The most cost-effective site is Iasi followed by Tirgu Mures and Constanta. The higher expense in the latter two can be explained by the geographical spread of services provided from the central office to large rural areas. In Iasi majority of clients were from the local urban area. Furthermore, several small local offices placed in well selected institutions (for instance maternity hospitals) allowed for very cost-efficient services that eliminated almost any travel to the clients' homes.

As in other areas of social work (for instance drug and alcohol abuse), prevention is the most efficient way to fight against child abandonment and sad consequences related to long-term institutionalization. On average, less than \$125 can help the family stay intact, keep the child at home, secure a more optimal environment for development, and save costly care in institutions known for the lack of healthy and safe environment fostering optimal development of children. In addition, every dollar spent on prevention is saving the tax payers. If the state needs just about \$100/month per child, with about 50,000 children currently in

Romania, the cost amounts to \$60,000,000 a year. While it is not possible to close all institutions and there will always probably be need for high quality institutions caring for children who can't live with families, it is obvious that a significant portion of the funds currently spent on institutions could be saved even with very generous subsidies provided to the families who often decide to abandon their children out of economic necessity and believe the institution can provide at least the basics they can't: food and shelter.

Adoption is the next most effective way of preventing institutionalization and securing a family environment for the child. While the program is inexpensive to run, a lot more needs to be done on the nation-wide scale in raising awareness of adoption as a valued and preferred way to handle the child abandonment now so massively present in Romania. Public awareness campaigns may need to be developed programmatically in order to prepare more families for becoming adoptive parents even if they have children of their own. Currently the majority of adoptive families are recruited only from among childless couples. Holt also may be a good example that private nonprofit organizations with appropriately trained staff can handle the whole process of adoption to the satisfaction of both adoptive parents and state authorities.

It is more difficult to interpret the results of cost analysis of the foster care system since per month cost, length of stay of the child in foster care, and total cost needs to be seen in relationship to and interpreted within the appropriate context (short-term foster care for children who have a chance to be placed permanently with families, long-term foster care for children who are already too old to for adoption before growing up, or special foster care for children with special needs such as HIV infection). In cases where reunification or adoption is a viable option (STFC), the program in Iasi seems the best example. It shows that for about \$1,000, a child can be prevented from experiencing institutionalization and can be spared of the health, safety and developmental risk associated with institutionalization.

There was not enough data and time for elaborating LTFC and foster care for HIVinfected children. The results of the evaluation of the status of the children and satisfaction of both the clients and independent significant players in the social work arena in Romania does suggest that the overall benefits surpass the moderate costs involved with these services.

The process of reviewing the costs incurred by specific programs uncovered the difficulties that may call for a review of accounting systems used by Holt-Romania. While it was possible to account for every penny spent in general, the indirect cost allocation had to be recalculated several times to capture expenses in specific programs more accurately. The managers responsible for the programs would probably benefit from having the type of cost analyzed in this study readily available on a monthly basis or as needed.

ENDNOTES

EXECUTIVE SUMMARY

1. Romanian Statistical Yearbook, 1991
2. Cumulative totals taken from Holt International annual reports, 1991–2001
3. National Authority for Child Protection and Adoption
4. Denver test
5. In March and April 2002
6. Average exchange rate for March/April 2002 (\$1=23,900 lei)
7. See more details in the section on cost analysis, page 105.
8. See more details in the section on cost analysis, page 105.
9. This was needed to accommodate the need for evaluating the children's health and developmental status at the time while foster care could be seen as a dominant factor.
10. The moratorium on international adoption that came into effect in June 2001 caused many children, placed in foster care while waiting to be adopted, to wait much longer. New permanency plans had to be developed for those who had been assigned to foreign adoption agencies.
11. See more details in the section on cost analysis.
12. Family preservation represents both "Abandonment Prevention" and "Family Reintegration" programs. Philosophically, both fit under the umbrella of family preservation. Similarly, The Center for Mother and Child would go under family preservation. It was separated in the cost analysis due to significant differences in the programming and costs involved.
13. Holt would always provide benefits that may be considered higher than standard (buying a crib/bed, clothes, or other items that a child placed with a foster family might need and paying for all medical exams/tests/check-ups and medicines that might be needed to both update the child's health status and assist with any necessary medical interventions that might be needed). Improving a child's health increases his or her chances for being adopted.
14. There are 32 mothers and 32 children considered as beneficiaries of this service.

15. A failure case was defined as one in which Holt staff did not achieve the goal selected as the best for the immediate resolution of the crisis situation.

RATIONALE

1. We asked this with the understanding that the children and families served also may have received help from other sources and that the Holt support (typically lasting for six months) might not solve the clients' crises entirely. We did, however, want to see if, under these circumstances, we could see Holt's services being part of the successful intervention. Equally important was to know how well the children and families, who usually remain an at-risk group, were doing. We believe that evaluating the current status of children and families served over the period of five years will allow for identifying their long-term needs and planning improvements to services provided to children and families in crises situations.

2. Romanian Statistical Yearbook, 2001

3. In 1930, 451,000 Jews and 633,000 Germans lived in Romania. Only 964 persons declared themselves as Jews and 98,000 as Germans in the 1992 population census.

4. In time, the birthrate decreased. It was 16% in 1989.

5. UNICEF, 2001

6. UNICEF, 2001

PROJECT PROPOSAL

1. Typical period considered for accounting successful preservation at Holt

2. It is known from other studies that poverty alone is not a strong enough factor to cause abandonment.

3. Both in general and specifically by programs

4. Both in general and specifically by programs

METHODOLOGY

1. $N = t^2 (1-p)/e^2$, where t represents the value of the student distribution for the probability level with which one desires to guarantee the sampling error. At the probability level 0.99, $t=2.58$. The sample size was computed for a proportion of success of service intervention of $p=50\%$ and a theoretical error of sampling, $e=\pm 5\%$.

2. It may be noted in the chapters describing specific programs that in order to find examples of program failure, Holt staff had to look for additional cases because there were no such cases in the randomly selected sample.

OVERALL PROGRAM PERSPECTIVE

1. Sample included 654 children and 636 families, 18 of which had two or three children. The analysis regarding the family takes into consideration 636 subjects.

2. We used the average exchange rate for March and April 2002 (1USD=32,900 lei).

3. Tukey test

4. Tukey test

ABANDONMENT PREVENTION SERVICES

1. Because of its uniqueness, scope of services, and relatively autonomous operation, The Center for Mother and Child was evaluated in this report separately as a distinct program. The nature of the program does ensure that it belongs under the family prevention umbrella.

2. We took into consideration only mothers and fathers, excluding other relatives.

3. A national survey, "Public Opinion Barometer," May 2002

4. We used the average exchange rate for March/April 2002 (\$1=32,900 lei). The National Institute of Statistics Yearbook 2001 says the average netto salary in Romania in 2000 was 1,857,799 lei (\$85.69).

5. The legislation regarding the national minimum income guaranteed by the Romanian state

6. A national survey, "Public Opinion Barometer," May 2002

7. Roma population in Romania, representative sample (1,765 households), ICCV, 1998

8. Romanian Statistical Yearbook 2001

9. In this survey, almost half (46.3%, N=165) of the interviewed mothers did not know any contraceptive method. Most of the mothers (78.7%, N=280) didn't use contraceptive methods. For those who did, the most used method was contraceptive pills (37.3%, N=22), IUD (18.6%, N=11), and condoms (16.6%, N=8).

10. The theoretical maximum is 78 on a scale of 26 items.

11. T test
12. Tamhane test
13. T test

SHELTER SERVICES

1. Due to the age of the children (many less than 3), this is more of a parent's perceived issue than a real health problem.
2. Mothers said the children appeared thin.

REINTEGRATION SERVICES

1. All relationships between variables in crosstabs throughout this chapter were tested for statistical significant differences where possible. Only where there was an association between variables were the details given.
2. Official levels reported for March and April 2002
3. Roma population in Romania, representative sample (1,765 households), ICCV, 1998
4. Parents could choose more than one answer.
5. Parents mentioned more than one answer.

FOSTER CARE SERVICES

1. All relationships between variables in crosstabs throughout this chapter were tested for statistical significant differences where possible. Only where there was an association between variables were the details given.
2. Parents could choose multiple answers/activities.
3. Parents could choose multiple answers/services.
4. Some are due to child's age.

DOMESTIC ADOPTION SERVICES

1. This group of Holt clients' average income was significantly higher than the minimum guaranteed by the state, which was 600,000 lei/month (\$18.20) and per capita at that time.
2. Some of the parents mentioned more than one service.

3. Holt followed the adoption from the beginning to the end in 96% (N=48) of the cases, and 4% received additional support from DPC (N=2).

PERCEPTIONS OF QUALITY OF SERVICES

1. In the sample were 636 parents and 654 children.

COST ANALYSIS

1. In the table we considered beneficiaries to be children. We reported only one child in the family even if the beneficiaries are the family and other siblings.

2. Sponsored by the Lift Foundation

3. For shelter services we have an exception of considered beneficiaries. In this specific program, we considered beneficiaries to be the mother-child couples because we offered shelter services for them.

4. In case of the shelter services, both mother and child received direct services, but the number of beneficiaries used considers only children (N=32). It might be more appropriate, therefore, to use the term "cost per case" in this category. If both mother and child were considered beneficiaries, the cost-benefit index would be only 50% of the one reported in this table.

5. Other services included: remodeling of parent resource center (\$15,000), production of a video film for parent education (\$10,000), Welcome Baby bags (\$15,883), long-term foster care services (\$79, 826), the national adoption training project, and the intercountry adoption program that is accounted for in the Bucharest site.

6. In the table, family preservation targeting HIV-affected families, the special family preservation project funded by a Holt partner organization, and The Center for Mother and Child in Bucharest were separated from the most typical family preservation programs in order to highlight specific costs that related to these services. These components, however, do belong under the umbrella of family preservation. It may be noted that the family preservation total (\$313,872 without the shelter services) represents 53.1% (\$350,957) of total direct costs (\$660,344).

7. The project requested that the services be delivered to all of Constanta County. The two offices (Constanta and Megidia) served more than 70 rural communities; a smaller part of the case load was represented by the two urban areas.

8. It was more difficult to capture program expenses in the Bucharest office because they easily overlapped with other activities coordinated by the national

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headquarters. The lower cost per beneficiary for HIV-related cases in Bucharest was an unexpected finding. A more detailed cost analysis would be needed to explain the finding.

9. An internal evaluation report on the USAID project 10. Both 32 mothers and 32 children were beneficiaries.

1. Due to the age of the children (many less than 3), the sample was skewed towards a real health problem.
2. Mothers said the children had health problems.

COST ANALYSIS

1. In the table we considered beneficiaries to be children who were reported only one child in the family even if the beneficiaries are the family and other siblings.
2. Sponsored by the Life Foundation
3. For shelter services, we have an exception of considered beneficiaries to be the mother-child couple because we offered shelter services for them.
4. In case of the shelter services, both mother and child received direct services but the number of beneficiaries used considers only children (N=32). It might be more appropriate, therefore, to use the term "cost per case" in this category.
5. Other services included: remodeling of parent resource center (\$215,000), production of a video film for parent education (\$20,000), Income Baby bags (\$215,883), long-term foster care services (\$75,820), the national adoption training project, and the intercommunity adoption program that is accounted for in the Bu...
6. Family preservation project funded by a 1001 partner organization and The Center for Mother and Child in Bucharest were selected from the most typical family preservation programs in order to highlight specific costs that related to these services. These components, however, do belong under the umbrella of family preservation. It may be noted that the family preservation total (\$313,872 without the shelter services) represents 31.1% (\$235,097) of total direct costs (\$756,344).
7. The project requested that the services be delivered to all of Constanta County. The two offices (Constanta and Medgidia) served more than 70 rural communities; however, part of the cost load was reflected by the two urban areas (\$2,815) through the 2005 row which was by distributing minimum...
8. It was more difficult to capture program expenses in the Bucharest office because they easily overlapped with other activities coordinated by the national...

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Romanians love their children as much or more than any country in the world, and Romanians have responded to the desperate needs of children left homeless. Families have opened their homes to children through adoption and foster care at unprecedented levels; orphanage staff have adapted new services and developed programs that are truly making a difference; and government officials are coordinating efforts and reforming the legislative framework of child welfare despite budget shortfalls and political priorities.

Holt responded to the needs of children in Romania with our first program office opening in Bucharest in early 1991. Since then, with support from Holt International, USAID, and more than 15 other donors, Holt-Romania has developed program offices in four Romanian counties. Holt has contributed significantly to the development of innovative services to Romanian children for more than a decade providing direct services to over 21,000 children and 10,000 families. Holt has also provided training and technical support throughout Romania in partnership with a variety of government and NGO partners.

Dan Lauer, Holt Director of International Programs

DEZVOLTARE SOCIALĂ

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